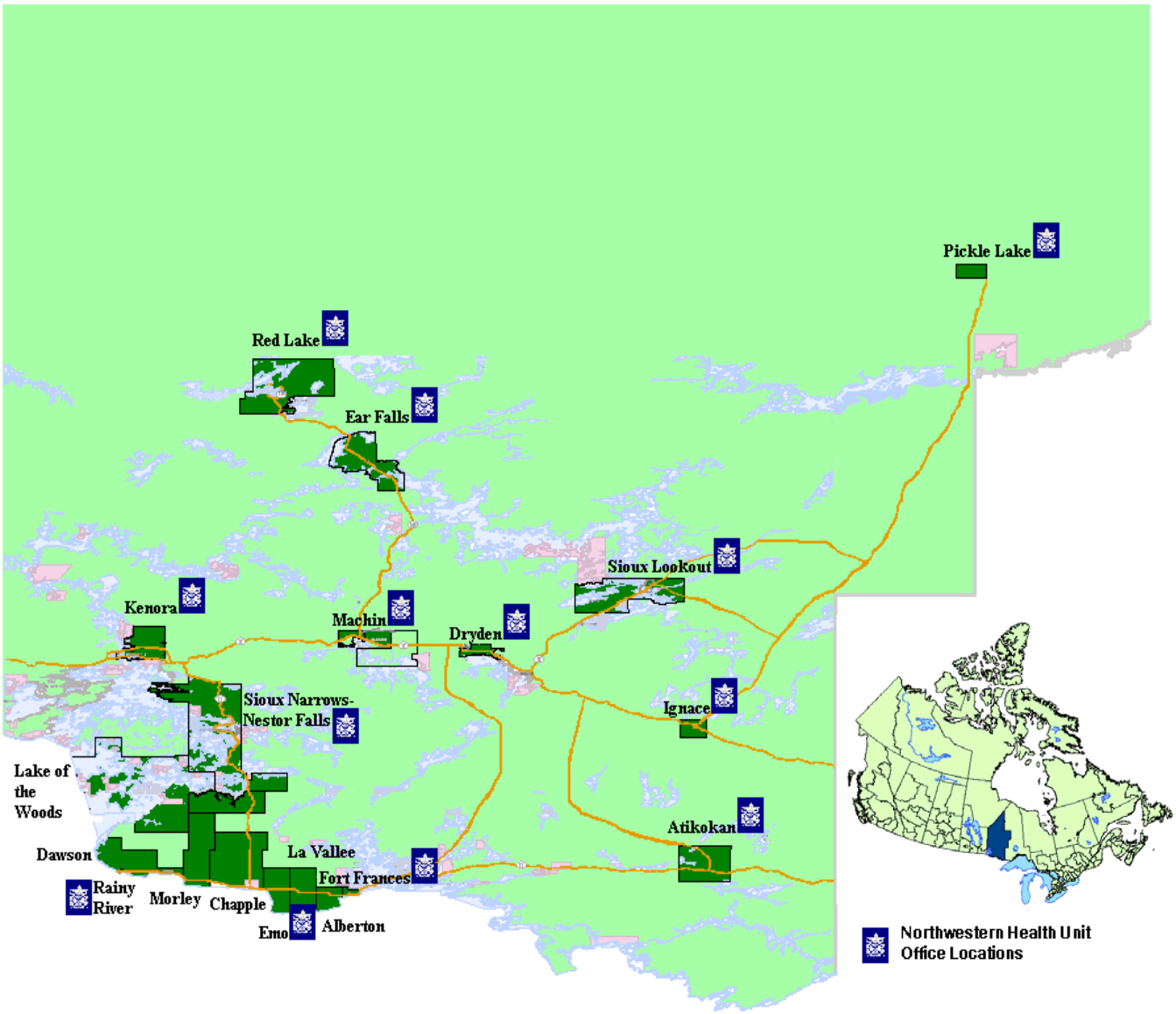
Northwestern Health Unit

Encouraging healthy behaviours by promoting and protecting conditions in which all people can achieve an optimal level of health



Strategic Plan 2008

Northwestern Heath Unit Catchment Area

The Northwestern Health Unit is the most westerly situated of all Ontario's 36 public health units, serving the Kenora (part) and Rainy River Districts. The catchment area for the Northwestern Health Unit comprises 166,514 square kilometres of that area or approximately one-fifth of Ontario.

The population of approximately 85,000 is widely scattered across the Northwestern Health Unit catchment area with a population density of approximately 0.5 people per square kilometre compared to 12.6 people per square kilometre for the province.

The Northwestern Health Unit includes 19 municipalities and two unincorporated territories; Kenora (Unorganized) and Rainy River (Unorganized). There are over 150 townships and 40 First Nation communities within the unincorporated territories. In order to serve the widely dispersed population, there are 14 Health Unit offices in 13 municipalities.

Northwestern Health Unit offices:

ATIKOKAN, 115 Main Street
DRYDEN, 75D Van Horne Avenue
EAR FALLS, 25 Spruce Street
EMO, 76 Front Street
FORT FRANCES, 396 Scott Street
IGNACE, Hwy 599 & 17
KENORA, 21 Wolsley Street / 308 Second Street South, Market Square
MACHIN, 75 Spruce Street
PICKLE LAKE, 3 Anne Street
RAINY RIVER, 210 Atwood Avenue
RED LAKE, 234 Howey Street
SIOUX LOOKOUT, 47B Front Street
SIOUX NARROWS-NESTOR FALLS, Hwy 71

Mission Statement

The mission of the Northwestern Health Unit is to encourage healthy behaviours by promoting and protecting conditions in which all people can achieve an optimal level of health.

The Northwestern Health Unit achieves its mission by:

- Promoting the health of the communities by enabling people to increase control over the determinants of health;
- Preventing the occurrence and spread of disease and reducing resulting disability;
- Protecting the health of the community by eliminating or reducing health hazards;
- Providing appropriate, efficient and effective programs;
- Advocating for conditions for the achievement of health;
- Working with individuals, communities and service providers;
- Collaborating with other organizations, agencies and health units;
- Promoting equitable access to health programs and services;
- Participating in undergraduate, graduate and continuing education;
- Participating in evaluation and research to address current questions/issues, including the dissemination and incorporation of results into programs and services.

Principles & Values

The Northwestern Health Unit:

- Is **accountable to the people** in our catchment area through the Board of Health and through professional and legal obligations. We strive to operate with clearly established goals;
- Ensures all employees have the **appropriate professional qualifications** including current license if applicable. Employees strive to maintain the highest ethical, professional, and legal standards;
- Focuses our efforts on **programs and activities which have the greatest impact** in optimizing the health potential of the members of the communities. Such efforts utilize the expertise of individual employees working alone or with others as part of **inter-disciplinary** teams;
- Believes **partnership is important** to help identify and respond to health needs. Partners include, but are not limited to, our communities, First Nations, institutions, organizations, community agencies, and local, provincial and federal governments. We focus our efforts and attempt to address those needs of highest priority, giving regard to an equitable allocation of resources;
- Values **quality and innovation**. We recognize the capability of employees and strive to create a work environment which promotes communication, fosters trust, ongoing learning, development, and mutual respect;
- Strives for excellence through the integration of **services, education and research**, in a manner that responds **to the needs of our communities**.

Role of Public Health

Health is viewed as a resource for everyday living and in turn is influenced by the everyday environment. Studies have repeatedly shown that broad determinants of health (such as level of income, social status, education, employment opportunities, workplace environment, physical environment, and family/friend supports) have as much or more to do with influencing health than does the presence of health care practitioners and facilities. Health care is important, but availability of medical care is only one piece of community health.

Public Health is concerned with the health and well-being of the whole community, rather than the treatment of illness and disability, and focuses on four areas:

- Preventing conditions that may put health at risk (**protection**);
- Early detection and prevention of health problems (**prevention**);
- Changing people's and society's attitudes and practices regarding behaviours and societal choices (**promotion**);
- Evaluating the health of populations including tracking and forecasting health events (**assessment and surveillance**).

Public Health delivers its programs and services using a population health approach. This means that programs are targeted to either the public as a whole (e.g., physical activity, dangers of second-hand smoke) or to specific sub-groups of the population such as expectant mothers (prenatal health), high school students (drinking and driving), or women (breast cancer screening).

Public Health practitioners, through advocacy, aim to influence politicians and policy writers, at all levels, to consider the health implications of proposed policies.

The Northwestern Health Unit develops its programs and services within the context of the community as a whole. It creates and delivers programs in partnership with other sectors, agencies and volunteer community groups or coalitions. It provides leadership in identifying issues and developing services, integrating them with other services in the community and advocating for those which fall outside its mandate.

The Health Unit fosters the creation of supportive environments for health including active participation by citizens in decisions which affect their own health.

Through its knowledge of community health and community participation, and with the use of ongoing planning, program evaluation, priority setting, and needs assessment, the North-western Health Unit ensures that programs are adapted to effectively address local needs.

Governance & Mandate

The **Board of Health** is legally accountable to residents of the catchment area of the Northwestern Health Unit and to the provincial government under the ***Health Protection and Promotion Act*** (HPPA) for effective and efficient management and delivery of Public Health programs and services.

The Board of Health is the governing body of the Northwestern Health Unit and is comprised of eight municipally appointed members, up to seven publicly appointed members, and may include additional appointees named by First Nation communities where the Board has agreed to provide Public Health services.

The HPPA is the principal enabling and operating statute for the Board of Health. The Board of Health, as defined by the HPPA, must provide or ensure Public Health programs and services as specified in the Mandatory Health Programs and Services Guidelines, 1997.

It is also expected that the Board of Health will deliver additional programs and services in response to local needs, as acknowledged in Section 9 of the HPPA. They are also directed by federal, provincial and municipal legislation other than the HPPA.

The Board of Health and the provincial government assigns responsibility to administer these programs to the Medical Officer of Health in his/her capacity as the Chief Executive Officer of the Northwestern Health Unit.

2007 Board of Health

John Albanese (2007 Chair) - **Public Appointee**

Julie Roy (2007 Vice-Chair) - **Public Appointee**

Mel Fisher - **Dryden, Machin**

Russ Fortier - **Public Appointee**

Margaret Harland - **Ear Falls, Red Lake**

Dianne Loubier - **Ignace, Pickle Lake, Sioux Lookout**

Jerry O'Leary - **Sioux Narrows-Nestor Falls, Kenora**

Gerd O'Sullivan - **Alberton, Chapple, Dawson, Emo, La Vallee, Lake of the Woods, Morley, Rainy River**

Paul Ryan - **Fort Frances**

Chris Van Walleghem - **Kenora**

Charles Viddal - **Atikokan**

NWHU Areas of Effort & Priority—2008

➡ **Increased Public Health programs and services will be received by all Northwestern Health Unit constituents.**

- *continue to adjust Health Unit programs and services to measurably meet the communities' needs, using epidemiological data, evidence- based practices and evaluation to ensure effectiveness and efficiency*
- *achieve accreditation status by 2008*

➡ **Increased accessibility to programs and services will be available for all Northwestern Health Unit constituents.**

- *continue to increase services to all under-serviced areas and/or populations*

Advocacy regarding the social determinants of health will be emphasized within all areas of programs

➡ **Continued linkages and partnerships with existing and new partners.**

- *work with coalitions and/or partners to identify problems unique to our area; seek solutions for these problems*
- *develop and/or keep coalition working groups that implement realistic strategies that reduce barriers for all constituents*
- *continue involvement in research*

➡ **Increased awareness of the need for and importance of Public Health and Public Health services will be demonstrated by constituents, partners and funding agencies.**

- *improve public awareness of our services*
- *continue to promote our public image/relations*

➡ **Increased advocacy for Public Health services from all levels of government.**

- *continue advocacy role to effect change*

Board of Health Member-Specific Priority Issues—2008

➡ **Increased Public Health programs and services will be received by all Northwestern Health Unit constituents.**

- *represent public, municipal and Aboriginal interest by advocating for a diverse Board*
- *advocate for development of public policies, protocols, by-laws and legislated laws to support health*
- *increase advocacy regarding funding*
- *support accreditation*
- *continue support for staff*
- *continue Board education*

➡ **Increased accessibility to programs and services will be available for all Northwestern Health Unit constituents.**

- *continue service provision review*
- *advocate for accessibility to distance-education technologies for delivery of Public Health education to be available to all Northwestern Health Unit constituents*

➡ **Continued linkages and partnerships with existing and new partners.**

Including, but not limited to:

- *Ministries of Health and Long-Term Care, Health Promotion, Children and Youth Services, and Aboriginal Affairs*
- *Public Health Division, Ministry of Health and Long-Term Care*
- *Northern Ontario Municipal Association/Kenora District Municipal Association/Rainy River District Municipal Association/ Municipalities*
- *First Nation communities and related agencies*
- *District Service Area Boards*
- *Association of Local Public Health Agencies, Ontario Public Health Association and Canadian Public Health Association*
- *other Boards of Health*
- *Boards of Education*
- *Northwestern Ontario Local Health Integrated Network*
- *local service providers*
- *Northern Ontario Medical School*
- *any common interest groups*

➡ **Increased awareness of the need for and importance of Public Health and Public Health services will be demonstrated by constituents, partners and funding agencies.**

- *continue Board of Health advocacy for Public Health*
- *continue to inform municipalities and media about arising Public Health issues*
- *continue encouragement of Board of Health participation in public health events while presenting a unified voice*
- *encourage local Board of Health representation at staff service presentations to the public*
- *encourage staff innovation for promotion of awareness of Public Health*

➡ **Increased advocacy for Public Health services from all levels of government.**

- *assist/support staff in their ongoing efforts to effect change*

This document will be reviewed annually in September. (Revised 2007)