

Public Health Report Card
for

2015

Wellness Health
Community Engagement Innovation Service Professionalism
Excellence Integrity
Priority Populations
Longer Lives Lived Well
Equity Compassion Valued Standards Communication Transparency
Environmental Stewardship
Respect
Balanced Partnership



Northwestern
Health Unit

www.nwhu.on.ca

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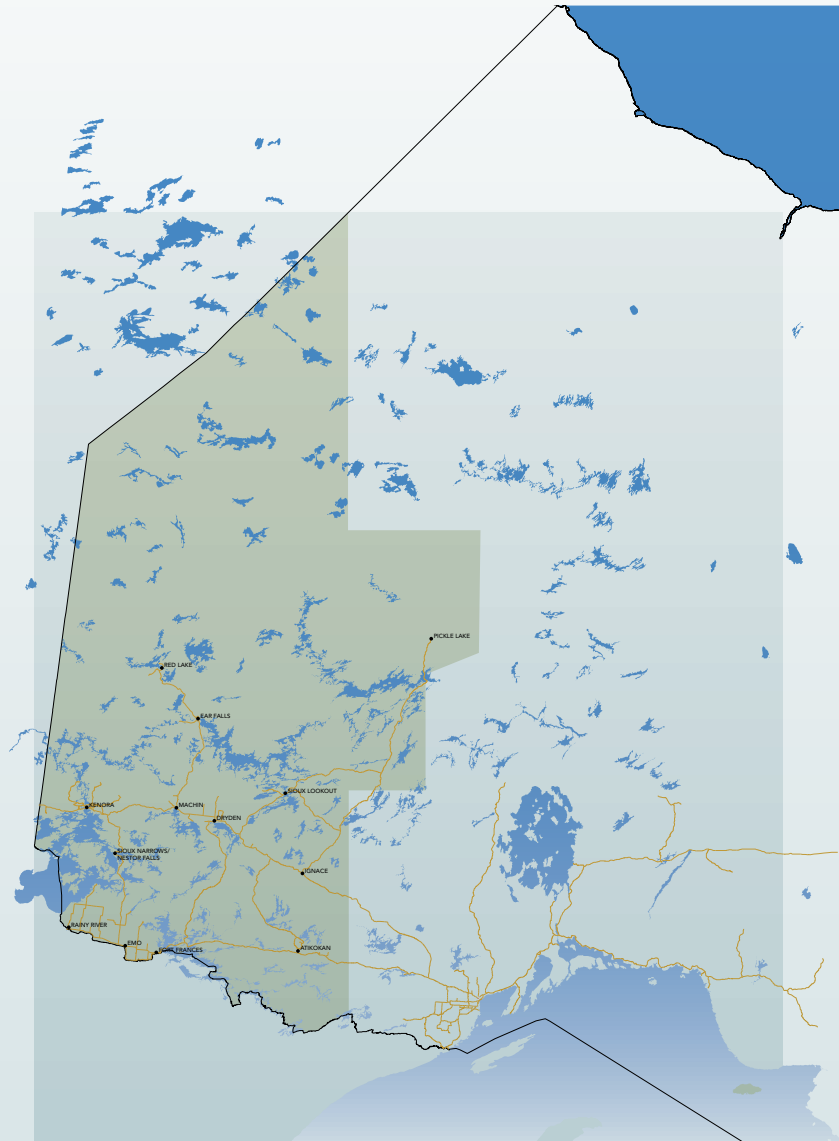
Who We Are

THE NORTHWESTERN HEALTH UNIT (NWHU) SERVES THE RAINY RIVER DISTRICT AND THE WESTERN PART OF THE KENORA DISTRICT. THIS AREA INCLUDES 19 MUNICIPALITIES, 39 FIRST NATION COMMUNITIES AND TWO UNINCORPORATED TERRITORIES (KENORA UNORGANIZED AND RAINY RIVER UNORGANIZED).

The health unit provides a wide range of services under the authority of the Health Protection and Promotion Act, related legislation, regulations and service standards. We work with individuals, families, groups, partner agencies and communities to provide services in several broad areas:

- **Health Promotion** – promoting health of the public by changing knowledge, attitudes, practices and environmental supports for health-related behaviours.
- **Disease and Injury Prevention** – preventing or limiting substance misuse, injuries and the spread of dental decay and infectious diseases.
- **Health Protection** – reducing risks to human health in the environment caused by unsafe food, water, air or other health hazards.
- **Population Health Assessment and Surveillance** – monitoring and understanding the health conditions and issues in the area.
- **Emergency Preparedness** – coordinating our planning and response to emergencies such as forest fires, floods or chemical spills with local partners and municipalities.

The Northwestern Health Unit is governed by a Board of Health that includes municipal and provincial appointees. The health unit has about 140 full and part time staff in offices in 13 communities across the region, led by a Medical Officer of Health and a Chief Executive Officer.



A Message from the Board of Health Chair



I AM PLEASED TO REPORT THAT THE NORTHWESTERN HEALTH UNIT WAS AWARDED BRONZE LEVEL CERTIFICATION IN THE EXCELLENCE, INNOVATION AND WELLNESS PROGRAM BY EXCELLENCE CANADA IN THE FALL OF 2015.

The award is important because it is a sign of our on-going commitment to providing the best services that we can to the people and communities of northwestern Ontario. The work with Excellence Canada helps us to understand, and explain what we mean by that.

First and foremost, we want to provide excellent customer service to everyone who uses our services. That means providing accessible and timely services, treating people with respect and empathy, and listening to our service users to understand their needs at the individual and collective level. To help us know how we are doing, we collect client satisfaction surveys regularly in our offices and on our website. In 2015, 93.3% of the service users who completed customer satisfaction surveys said that they were satisfied or very satisfied with the services they received from the health unit.

Second, we mean the effective and efficient use of resources. The health unit is funded by taxpayer dollars, and it is important to us that we use those dollars wisely. Our programs and services are based on the best available evidence so that we can be as sure as possible that the work we do is making a difference. We use information from local health statistics, the community, and our funders to decide where to focus our efforts. We continuously review and improve our internal processes to reduce waste and increase efficiency.

Third, excellence means that the health unit works with our many community partners so that together, we can better meet the needs of our communities. We know that the health unit cannot succeed alone. By working

with and learning from others, the health unit can better understand the needs of the people in northwestern Ontario, we can reach people that we could not otherwise reach, and we can provide better services than we could ever do on our own. In 2015 health unit staff served on approximately 130 networks and coalitions with community partners. In an independent telephone survey of our partners in the fall of 2015, 88.6% of the 211 respondents rated their partnership with the health unit as positive or very positive. These important relationships increase our ability to have an impact in our communities.

Finally, the Excellence Canada award recognizes the health unit's commitment to a healthy workplace. This is important to us for several reasons. To start, our employees are also citizens' of northwestern Ontario. We are committed to their well-being as much as we are the well-being of everyone else we serve. Healthy workplace policies like the Baby Friendly Initiative, our Healthy Meeting Guidelines, and our staff immunization requirements not only contribute to the wellness of our staff, but serve as examples for other employers in the community. As well, we know that healthy and satisfied employees are more engaged and productive, and that too will help us to provide the best possible services that we can to the people we serve.

Which brings me to the opportunity to thank the staff and Board members of the Northwestern Health Unit for all of their hard work over the past year.

The Board of Health is made up of 11 members appointed by one or more of our local municipalities, or by the Ministry of Health and Long-Term Care. Board members provide direction to the health unit and they act as important advocates for public health in their local communities. I want to thank every member of the Board for their work on our behalf in 2015. A special



thank you goes out to John Albanese, who served on the board for many years, and whose tenure on the Board of Health ended part way through the year.

In closing, I want to thank the staff of the Northwestern Health Unit. At the Board of Health we see your dedication and your expertise, and we hear about the excellent work you are doing in our communities. We know that the award by Excellence Canada is an

affirmation of your on-going commitment to provide the best possible services that we can with the resources that we have. Thank you for the efforts you make every day to improve the quality and length of life of people living in northwestern Ontario.

Julie Roy,
Chair, Board of Health

2015 Board of Health members (listed with appointing municipalities)



Julie Roy
(Chair)
(Provincial
Appointee)

Paul Ryan
(Vice-Chair)
Councillor, Fort
Frances
(appointed by
Fort Frances)

Councillor
Carol Baron,
Red Lake
(appointed by Ear
Falls and Red Lake)

Mayor Dennis
Brown, Atikokan
(appointed by
Atikokan)

Councillor
Yolaine Kirlew,
Sioux Lookout
(appointed by
Ignace, Pickle Lake
and Sioux Lookout)

Joe Ruete
(appointed by
Dryden and
Machin)



Trudy Sachowski
(Public Appointee)

Councillor
Sharon Smith,
Kenora
(appointed by
Kenora)

Bill Thompson
(appointed by
Kenora &
Sioux Narrows-
Nestor Falls)



A Message from the Medical Officer of Health



FOR TRUE ADVANCES IN THE HEALTH OF OUR POPULATION, BOLD ACTIONS MUST BE TAKEN.

Health care services (hospitals, family health teams, community health centres, physicians, nurses, home care and community care, long term care homes etc) are in crisis with the burden of patients and disease within our community. Health care services are only a part of the solution to improving the health of our community. As a society we must recognize and focus our efforts on promoting health and preventing disease. This is not as simple as telling people to eat healthy and be more physically active, it includes consideration of creating supportive environments, building healthy public policy and strengthening communities. Real change in the social, cultural and physical environment we live, work and play is imperative to improvements in population health.

For Northwestern Health Unit, partnership and collaboration is and will continue to be a key principle by which we function. We have partnerships with a variety of stakeholders including municipalities, schools and school boards, workplaces, non-profit organizations, government agencies, Indigenous organizations, police and health care services. These partnerships are vital in providing public health services to the community, allowing comprehensive community engagement, producing change in built environments and allowing the development of healthy public policy. As an organization, NWHU has worked towards strong productive partnerships. This has led to a positive perception of NWHU from community stakeholders and the recognition of the positive value of our partnerships. I congratulate staff and management on this collective effort of enhancing and leveraging collaborative partnerships in progressing the health of the communities.

But there are substantial challenges ahead. Problems of poverty, unemployment, inadequate housing, lack of access to healthy food, cancer, heart disease, addictions and mental illness plague our communities, particularly those most vulnerable. These problems are complex; they are often a symptom of other complex problems with subsequent negative physical, mental and social impacts. There is usually no simple or immediate solution and improvements require concerted and coordinated efforts from multiple jurisdictions and sectors.

Partnerships and collaboration is imperative in addressing these complex issues. While NWHU carries knowledge and expertise, other sectors may carry the authority to bring about effective and lasting change. Both recent federal and provincial budget announcements recognise the importance of dedicating funds to the social determinants of health and reducing the health inequities within our communities. It is up to us as individuals, communities, leaders and organizations to work together to produce a political, social, economic and cultural climate of healthy communities and inclusiveness of our most vulnerable populations, which would resonate into positive change for future generations.

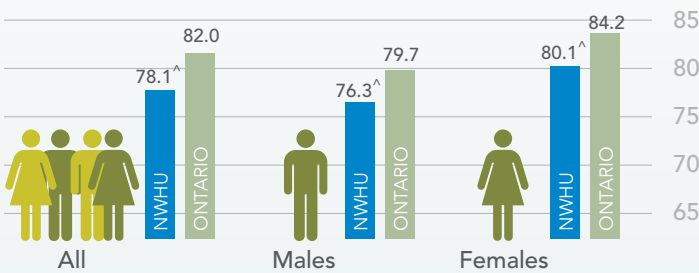
Dr. Kit Young Hoon,
Medical Officer of Health



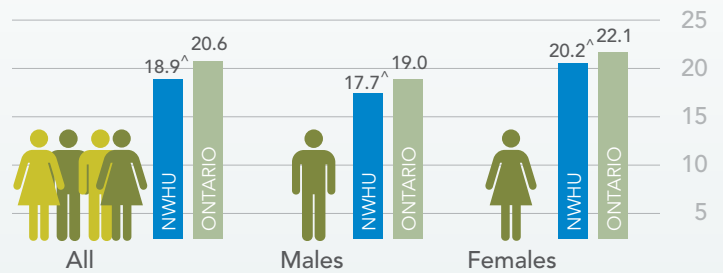
NWHU Health Status

LIFE EXPECTANCY

LIFE EXPECTANCY AT BIRTH
3-year combined 2009-2011



LIFE EXPECTANCY AT AGE 65
3-year combined 2009-2011



Source: Ontario Mortality Data 2009-2011, Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: February 15, 2016
[^]Difference between NWHU and Ontario is statistically significant

LEADING CAUSES OF DEATH

Leading causes of death, rates per 100,000, 3-year combined 2009-2011	NWHU	Ontario
All causes of death	635.4 [^]	483.3
All cancers	168.8 [^]	144.6
Colorectal cancer	17.4	17.5
Lung cancer	47.5 [^]	37.9
All circulatory diseases	159.3 [^]	123.7
Ischemic heart disease	80.6	70.5
Cerebrovascular diseases	34.5	26.7
All respiratory diseases	52.3 [^]	37.1
Unintentional injuries	50.1 [^]	20.0
Intentional self-harm	25.8 [^]	9.4

Source: Ontario Mortality Data 2009-2011, Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: February 15, 2016
[^]Difference between NWHU and Ontario is statistically significant

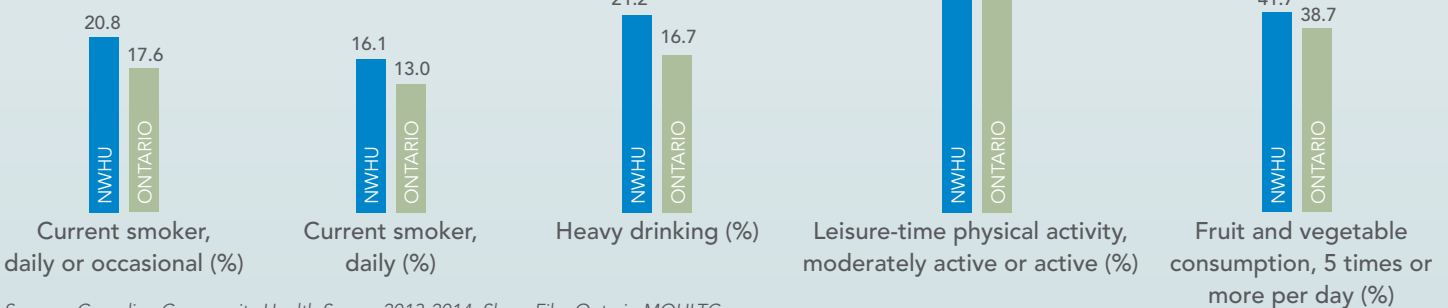
HEALTH CONDITIONS

Health conditions, 2013/14	NWHU	Ontario
Overweight or obese (%)	61.3 [^]	54.1
Overweight (%)	35.6	34.9
Obese (%)	25.7 [^]	19.2
Arthritis (%)	24.0 [^]	18.1
Diabetes (%)	8.8	7.0
Asthma (%)	8.9	7.6
High blood pressure (%)	21.2	18.5
Stroke hospitalization rate (per 100,000)	117.9 [^]	79.1
Cerebrovascular disease hospitalization rate (per 100,000)	129.8 [^]	95.9
Ischemic heart disease hospitalization rate (per 100,000)	363.2 [^]	253.5
Injury hospitalization (per 100,000)	763.5 [^]	437.0

Sources: Canadian Community Health Survey 2013-2014, Share File, Ontario MOHLTC Inpatient Discharges 2013-2014, IntelliHEALTH Ontario, Ontario Ministry of Health and Long-Term Care, Date Extracted: March 10, 2016
[^]Difference between NWHU and Ontario is statistically significant

HEALTH BEHAVIOURS

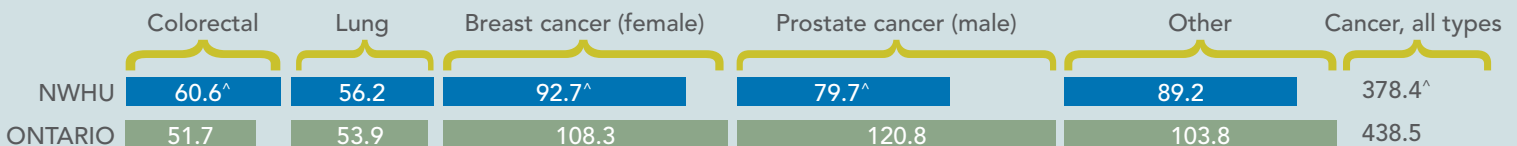
Health behaviours, 2013/14



Source: Canadian Community Health Survey 2013-2014, Share File, Ontario MOHLTC
[^]Difference between NWHU and Ontario is statistically significant

CANCER INCIDENCE

Cancer incidence, Rates per 100,000, five-year combined 2008-2012



Source: CCO SSER Stat Package Release 10 – OCR (Aug. 2015)
[^]Difference between NWHU and Ontario is statistically significant

A message from the Chief Executive Officer



AT THE END OF 2015 JOHN ALBANESE RETIRED FROM THE BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT AFTER 26 YEARS; MANY OF THOSE YEARS HE SERVED AS THE CHAIR.

His legacy is a decentralized Northwestern Health Unit with well equipped, decent offices across our region. As board chair, John spearheaded the idea that citizens across northwestern Ontario should have equal access to services because they contribute the same amount to the health unit in the form of a tax levy. Just as important to him was that all staff in the health unit, no matter what community they worked in, should have the same level of equipment and support as those in the largest offices.

I am happy to say that this vision has been for the most part fulfilled, with much of the recent credit going to our IT and Operations team. In 2015 we completed renovations to our CityView Office in Kenora. Changes to that office included a new wheelchair ramp with the help of an accessibility grant from the federal government, one of many improvements we have made to our buildings to make them more accessible. This brought all of our offices up to an acceptable standard compatible with the size and location of the communities they serve.

Just as important, all of our staff can now connect with each other through live face-to-face communications, send instant messages, and see when others are available using Microsoft Skype for Business. Also in 2015 we began the upgrade of our intranet site, which acts as our staff's go-to place for corporate-wide news such as new hires, an agency document repository, and provides team sites for collaboration and document development within and across health unit programs.

Our Human Resources and Finance Department continues its focus on the health and wellness of our staff. One of our stated objectives was to reduce our scattered sick days, which are random days off, as opposed to time taken off for things like surgery. There are many reasons for scattered sick days, but the science has shown that a high usage of scattered sick days could be the result of systemic problems in the workplace such as low employee engagement or workplace stress. The health unit has put a lot of effort into employee wellness and mental health and our efforts appear to be paying off. Our sick leave usage has declined by about 10% since 2013, which has exceeded the objective in our strategic plan. Our staff satisfaction surveys, which we run annually, indicate that the vast majority of our staff are satisfied with their jobs, their manager and their coworkers.

Raising the profile of the health unit through community engagement serves many purposes. From a corporate point of view, it opens up our pool of candidates for positions by making us an employer of choice, especially among disadvantaged groups. It creates a sense of unity and trust. And, it is of course just fun to meet new people. This past year the health unit participated in many community events; we sponsored and participated in the first Pride Week held in Kenora and we partnered with the Kenora Chiefs Advisory and the Blue Jays Foundation for Right To Play, a baseball event for indigenous youth.

Our profile has also received a major boost from our Communications Department. They work hard to ensure consistent professional looking resources, a fresh and engaging website, integrated campaigns, and a social media presence across multiple platforms



Julie Roy, Board Chair recognizes the contribution made by John Albanese to the health unit during his many years as a Board of Health member, and establishes the *John Albanese Award of Excellence* on February 19, 2016 in Fort Frances.



for the health unit. Their work has contributed to increased awareness of our programs and services as a recent survey has shown.

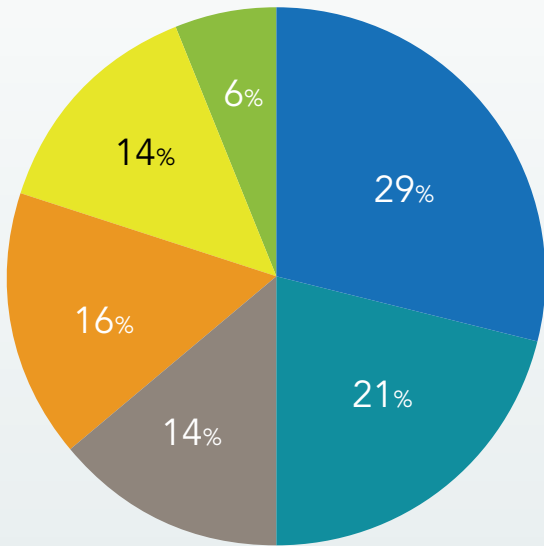
Financially the health unit ended the year in good shape thanks partly to the Public Health Funding Review. The Review created a funding formula that divides the \$575 million in provincial funding for Ontario's 36 health units based on local need and various drivers of cost. NWHU did not get any increase in our cost shared budget; only 6 large health units received an increase in 2015. But, we did get substantial increase of \$414,217 to our Unorganized Territories Grant. According to the new formula this amount is still about \$500,000 short of what we should

be receiving based on our geography and population. Overall, we ended our financial year balanced.

Our mission at the Northwestern Health Unit is to improve the quality and length of life in our population, put slightly differently, to help create a happy, healthy and productive society. The administration of the health unit aim to create a work environment that supports healthy, happy and productive employees working in an efficient and sustainable workplace as a part of, and connected to, our communities. Thanks to everyone at the health unit who has contributed to these efforts in 2015.

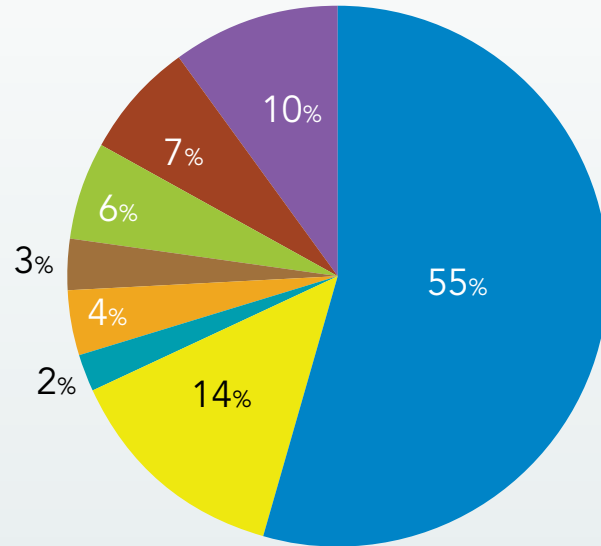
Mark Perrault,
Chief Executive Officer

2015 Sources of Funding



- Ministry of Health and Long-Term Care
- MOHLTC Health Promotion Division
- MOHLTC Unorganized Territories Grant
- Ministry of Children and Youth Services
- Municipal Levies
- Other Revenue & User Fees

2015 Expenses



- Mandatory Cost-Shared and Other Related Programs
- Unorganized Territories
- Smoke Free Ontario Programs
- 100% Funded Programs
- Healthy Smiles Ontario
- Healthy Babies, Healthy Children
- Speech, Hearing & Vision Programs
- Other Expenses

Sources of Funding 2015	Total	%
Ministry of Health and Long-Term Care	\$ 4,755,974	29%
MOHLTC Health Promotion Division	\$ 3,505,252	21%
MOHLTC Unorganized Territories Grant	\$ 2,241,500	14%
Ministry of Children and Youth Services	\$ 2,582,630	16%
Municipal Levies	\$ 2,337,805	14%
Other Revenue & User Fees	\$ 1,002,278	6%
Total Revenues	\$16,425,439	

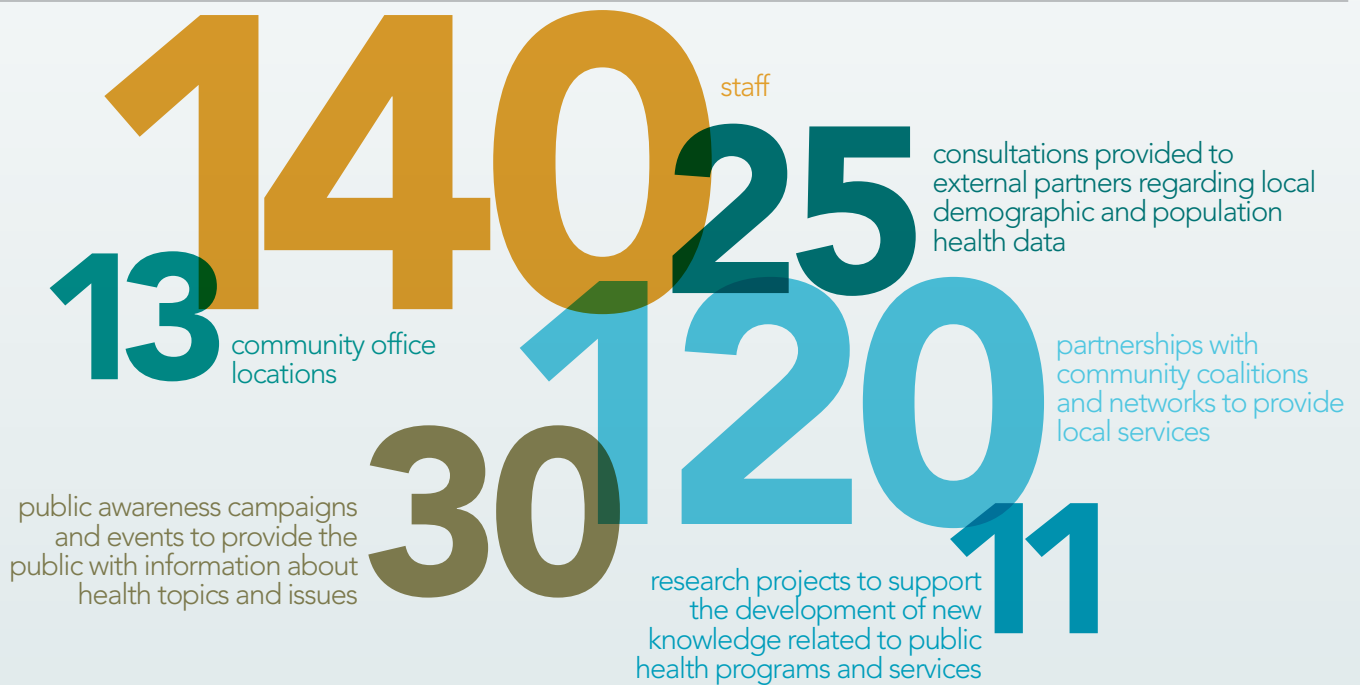
Expenses 2015	Total	%
Mandatory Cost-Shared and Other Related Programs	\$ 8,970,736	55%
Unorganized Territories	\$ 2,241,500	14%
Smoke Free Ontario Programs	\$ 304,657	2%
100% Funded Programs	\$ 665,400	4%
Healthy Smiles Ontario	\$ 473,188	3%
Healthy Babies, Healthy Children	\$ 958,947	6%
Speech, Hearing & Vision Programs	\$ 1,131,037	7%
Other Expenses	\$ 1,676,875	10%
Total Expenses	\$ 16,422,340	

2015 Highlights

What we do

Public health focuses on the health and well-being of the whole community rather than the treatment of illness and disability. Health is viewed as a resource for everyday living, and in turn is influenced by the everyday environment that we are part of.

Public health by the numbers



Northwestern Health Unit Reports and Statistics



Public health focuses on three areas of the health and well-being of our communities

Protecting the public from conditions that may put health at risk.

This includes work in the areas of food and water safety, environmental risks such as toxic waste handling and air pollution, second-hand smoke, public sanitation, the spread of rabies and vaccinations against major communicable diseases.

Preventing future disease and injuries.

This includes falls prevention programs for seniors, car seat safety programs, and screening programs (such as dental and infant hearing) where early detection of illness can lead to significant improvements in health.

Promoting health by changing people's knowledge, attitudes and practices about health-related behaviours and supports.

This includes education and support for healthy behaviours on topics like tobacco use prevention, nutrition, physical activity, sexual health, reproductive health and breastfeeding.

Chronic Disease and Injury Prevention



51 people participated in an online discussion panel to gather community feedback. **2,577** people were reached through social media with the NWHU Nutritious Food Basket results.

Environmental Health



150+ septic permits reviewed.
1,190 water sample results provided.

Infectious Disease Prevention and Control



15,219 immunization shots.
615 travel health consultations.

Speech, Hearing & Vision



700 newborn babies received a hearing screen. **520** children received speech language services.

Dental Health



1,920 procedures provided by the NWHU mobile dental team. **26** classrooms participated in the Sip! Smile! Snap! Campaign & submitted over **200** photos.

Family Health



1,490 home visits by a Public Health Nurse or Parenting Partner. **412** prenatal education sessions.

Sexual Health and Harm Reduction



1,374 birth control consults.
57 sexual health and **38** safe needle pick-up presentations.

Presentations, Coalitions and Networks



978 events with **27,328** people in attendance. Staff work with over **120** community coalitions and networks.

Mission, vision and values



Our Mission

Improve the quality and length of life in our communities: healthy lifestyles, longer lives, lived well.

Our Values

Accountability and Transparency

- We are responsible and answerable for our actions, assignments, and duties within the Northwestern Health Unit and we are honest and fair with stakeholders.

Environmental Stewardship

- We are committed to foster, to respect, and to care for the environment.

Innovation and Excellence

- We are committed to positive change and improvement by challenging ourselves to deliver increasing value to our clients and by giving our best effort in everything we undertake.

Our Vision

We are recognized as a valued and integral partner in health.

Integrity and Professionalism

- We do the right thing, not the easy thing, and we follow the highest standards of technical and ethical conduct.

Partnership

- Teamwork is paramount in all that we do: in our relationships with clients, with partners and with each other.

Respect and Compassion

- We treat people with equality, dignity, compassion, and respect.

Wellness

- We are committed to promoting the principles of healthy living in our organization and our communities.



2015 Results – Ministry Accountability Indicators

- We met 62.5 % (10 of 16) of the ministry targets for 2015.
- For 5 other indicators, we came within 5% (absolute value) of the ministry target.

- Ministry target achieved
- 2015 actual is within 5% (absolute value) of the ministry target
- 2015 actual varies from the ministry target by greater than 5%
- ⊖ Monitoring indicator, no ministry target

	Health Promotion Indicators	2014 actual	2015 target	2015 actual	
1.1	% of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines	n/a	n/a	n/a	⊖
1.2	Fall-related emergency visits in older adults aged 65+	n/a	n/a	n/a	⊖
1.3	% of youth (ages 12 – 18) who have never smoked a whole cigarette	n/a	n/a	n/a	⊖
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	97.1 %	> 90%	97.9 %	●
1.5	% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA)	100 %	100 %	100 %	●
1.6 a)	% of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA) – Non-seasonal	97.8 %	100 %	98.8 %	●
1.6 b)	% of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA) - Seasonal	100 %	100 %	90 %	●
1.7	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke- Free Ontario Act (SFOA)	99.2 %	100 %	99.1 %	●
1.8 a)	Oral Health Assessment and Surveillance Indicator: % of publicly funded schools screened, 2014/15 school year	n/a – new	100 %	100 %	●
1.8 b)	Oral Health Assessment and Surveillance Indicator: % of JK, SK and Grade 2 students screened, 2014/15 school year	n/a – new	100 %	100 %	●
1.9	Implementation Status of NutriSTEP® Preschool Screen	Preliminary	Intermediate	Intermediate	●
1.10	Baby-Friendly Initiative (BFI) Status	Advanced	Advanced	Advanced	●



PUBLIC HEALTH REPORT CARD

	Health Promotion Indicators	2014 actual	2015 target	2015 actual	
2.1	% of high-risk food premises inspected once every 4 months while in operation	100%	Monitoring, no target	98.9 %	⊖
2.2	% of moderate-risk food premises inspected once every 6 months while in operation	98.9%	Monitoring, no target	98.4 %	⊖
2.3	% of Class A pools inspected while in operation	100%	100 %	100 %	●
2.4	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	100%	100 %	100 %	●
2.5	% of public spas inspected while in operation	100%	Monitoring, no target	100 %	⊖
3.1	% of personal services settings inspected annually	96.4 %	Monitoring, no target	96.3 %	⊖
3.2	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	94.4%	97.5 %	96.7 %	●
3.3	% of confirmed gonorrhea cases where initiation of follow-up occurred within two business days	100 %	Monitoring, no target	95.8 %	⊖
3.4	% of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	100 %	Monitoring, no target	100 %	⊖
3.5	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	66.7%	77.6%	82.4 %	●
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines	n/a	Baseline	45.8 %	⊖
4.1	HPV vaccine wastage	n/a	1.5%	2.3 %	●
4.2	Influenza vaccine wastage	n/a	2.0%	2.2 %	●
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	97.0 %	100 %	100 %	●
4.4	% of school-aged children who have completed immunizations for hepatitis B	76.5 %	Monitoring, no target	76.1 %	⊖
4.5	% of school-aged children who have completed immunizations for HPV	58.4 %	Monitoring, no target	49.1 %	⊖
4.6	% of school-aged children who have completed immunizations for meningococcus	78.5 %	Monitoring, no target	86.3 %	⊖

Improve the quality and length of life in our communities: **healthy lifestyles, longer lives, lived well.**

We are **recognized** as a valued and **integral partner in health.**

Public Health staff deliver information and programs from each of our offices.

Atikokan	597-6871
Dryden	223-3301
Ear Falls	222-3098
Emo	482-2211
Fort Frances	274-9827
Ignace	934-2236
Kenora	468-3147
Machin	227-2088
Pickle Lake	928-2234
Rainy River	852-3268
Red Lake	727-2626
Sioux Lookout	737-2292
Sioux Narrows	226-9626

Publication date June 2016



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