2016 PUBLIC HEALTH REPORT CARD

Northwestern Health Unit

www.nwhu.on.ca

Table of Contents

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.

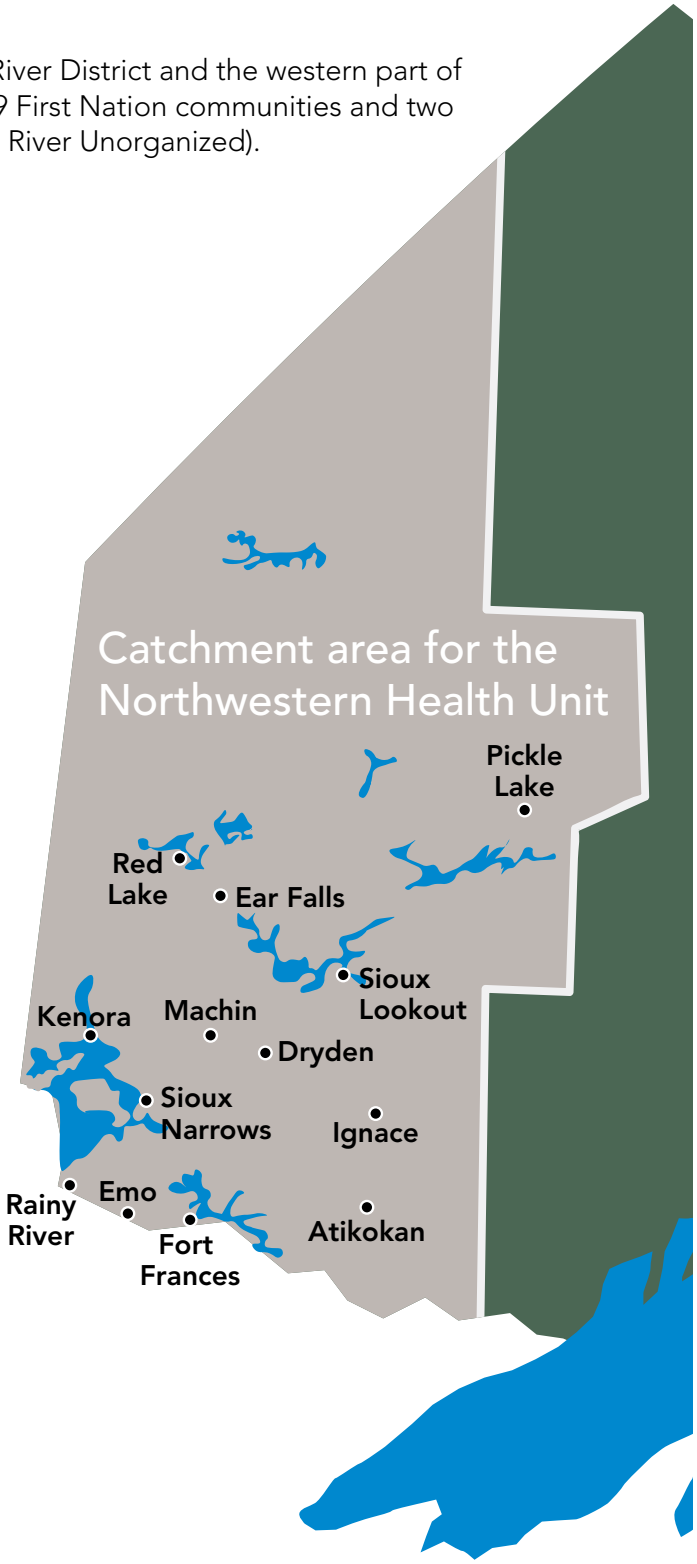
Disease and Injury Prevention – preventing or limiting substance misuse, injuries and the spread of dental decay and infectious diseases.

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 150 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 Chair, Board of Health

As the new Chair of the Board of Health for the Northwestern Health Unit I am pleased to present the Public Health Report Card for 2016.

Paul Ryan

The report card provides a snapshot of some of the important work done by the health unit to improve the quality and length of life of the people living in northwestern Ontario.

I am happy to report that we made progress in every area identified in the objectives of the 2013-2016 Strategic Plan. We achieved or essentially achieved 81.3% (13 of 16) of the targets set. The Board of Health was pleased to see that community awareness of the health unit increased, client satisfaction levels have remained consistently high, and both internal and external partnerships and collaboration increased significantly over the course of the 4 years covered by the strategic plan. The health unit also achieved strong results in several corporate service and foundational areas.

As the final year of the strategic plan, 2016 was also the year that we developed the new strategic plan for the health unit for 2017-2020 – Creating Healthy Communities: Moving Upstream. Many thanks go to our Strategic Planning Working Group who led the year-long process to develop our new strategic plan, and included steps to collect and include input from the general public, partners and stakeholders, the health unit staff and Board of Health members. The new strategic plan builds on our past learning and successes, and we look forward to seeing results on the new goals and objectives identified in the plan.

All of the great work that we have done, and will continue to do, would not be possible without the people who make up the Northwestern Health Unit.

The Board of Health is made up of 10 people appointed by one or more of our local municipalities, or by the Ministry of Health and Long-Term Care. We were sad to say goodbye to Julie Roy, our past chair, who left the Board in late 2016 after serving the health unit for many years. The Board welcomed two members in 2016: Lucille MacDonald who serves as the Alberton/Chapple/Emo/Dawson/La Vallee/Lake of the Woods/Morley/Rainy River Municipal Appointee, and Doug Squires, who returned to the Board as a provincial appointee. I want to thank all of the Board of Health members for their thoughtful contributions to the Board's discussions, and their support and dedication to the health unit.

Finally, on behalf of the Board of Health, I want to recognize the professional and excellent service that is provided by the staff of the Northwestern Health Unit. We see the results of your work every day in the programs and services provided in our local communities and we are confident that your efforts are helping to improve the quality and length of life in northwestern Ontario.

Northwestern Health Unit
Board of Health Members

Paul Ryan
Chair
Fort Frances
Municipal Appointee

Doug Squires
Vice Chair
Provincial Appointee

Carol Baron
Ear Falls/Red Lake
Municipal Appointee

Dennis Brown
Atikokan
Municipal Appointee

Yolaine Kirlew
Sioux Lookout/Ignace
Pickle Lake
Municipal Appointee

Lucille MacDonald
Alberton/Chapple/Emo/Dawson/
La Vallee/Lake of the Woods/
Morley/Rainy River
Municipal Appointee

Joe Ruete
Dryden/Machin
Municipal Appointee

Trudy Sachowski
Provincial Appointee

Sharon Smith
Kenora
Municipal Appointee

Bill Thompson
Sioux Narrows-Nestor Falls/
Kenora
Municipal Appointee

A message from the Medical Officer of Health

Northwestern Ontario has a health crisis. We have low life expectancy, high rates of chronic disease such as heart disease and cancer, and high rates of mental illness and addictions.

Visits to the emergency room and hospitalization rates are high per capita for many of these diseases and health care services can't keep up with the demand. The problem is big and messy. So what is the solution?

Dr. Kit Young Hoon

There are groups and individuals crying out for more; more funding for emergency services, health care services, and treatment services. Unfortunately, this doesn't address the cause of the health problem. If we don't focus on the causes or on preventing the health problems that plague our community, then our children's children will be spinning their wheels in frustration with this same problem; spinning their wheels and not getting anywhere.

True, long lasting solutions to a problem (ANY problem) needs to consider the root cause of the problem. Why has Northwestern Ontario gotten into this mess in the first place? What makes us different that our health problems are that much worse than the rest of the province and most of the nation?

About half of a population's overall health is determined by social factors. Low-income/poverty, low education, unemployment, lack of access to healthy foods, homelessness, early childhood experiences and social exclusion/racism can all have substantial and long lasting effects on the health of a population. Statistically Northwestern Ontario has significant challenges with many of these social factors. Nearly 1 in 5 children live in low income households (poverty has negative impacts on a child's early life experiences). Over 1500 people don't have regular access to healthy foods and the cost of nutritious food is the highest in the Ontario. Education rates are lower and unemployment rates are higher than the province.

Indigenous people also have additional challenges which impact health. The legacy of the residential schools and experiences of racism/discrimination increases the risk of many chronic and acute illnesses. Not being connected with one's culture or language and the lack of belonging can also negatively influence health. On-reserve populations face many additional barriers with much worse statistics on social factors such as income, education, employment, adequate housing, and access to healthy foods.

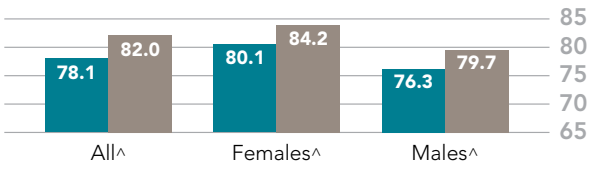
The main cause of our health crisis are these social factors that impact on health. Addressing the cause requires awareness, knowledge and concerted efforts to bring about a real change to these social factors.

There has been some change with increased investment and focus on poverty, housing, education and indigenous health. The reports on the Truth and Reconciliation commission has increased the awareness of the experience of residential schools. The Basic Income Guarantee (guaranteed adequate income for all) will be piloted in Ontario.

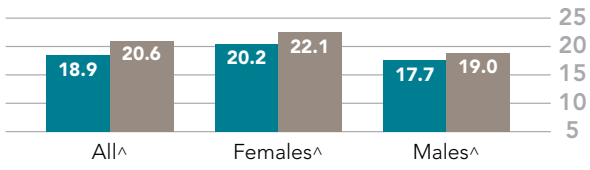
Despite these successes, more is required to ensure a sustained and effective improvement. It has taken us a long time to get to this point, and it will take a long time to improve it. Efforts are required from many organizations, government agencies, non-profits and the public to insist on a society where none are left without the basic necessities to achieve good health. With an eye on the vision of "health for all", let's take a deep breath and dive on in.

Northwestern Ontario
Health Status Summary

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
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
2013-2014

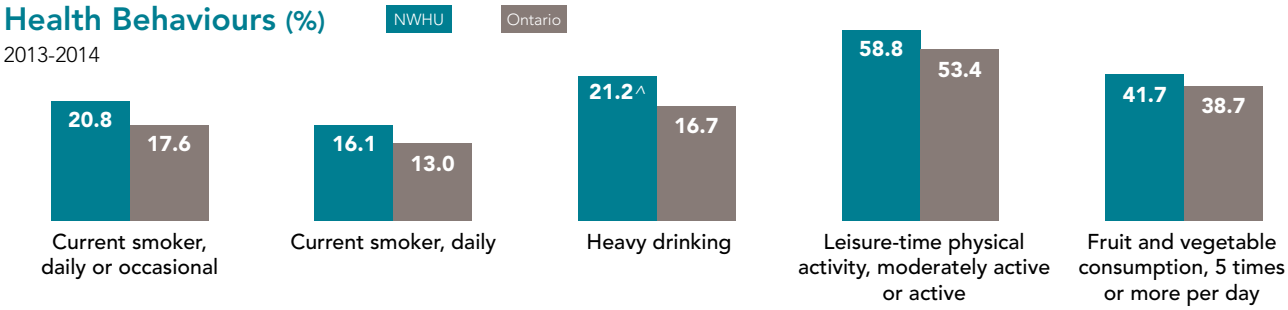
	NWHU	Ontario
Overweight or obese (%)	61.3^	54.1
Overweight (%)	35.6	34.9
Obese (%)	25.7^	19.2
Arthritis (%)	24.0^	18.1
Diabetes (%)	8.8	7.0
Asthma (%)	8.9	7.6
High blood pressure (%)	21.2	18.5

Hospitalization rate per 100,000

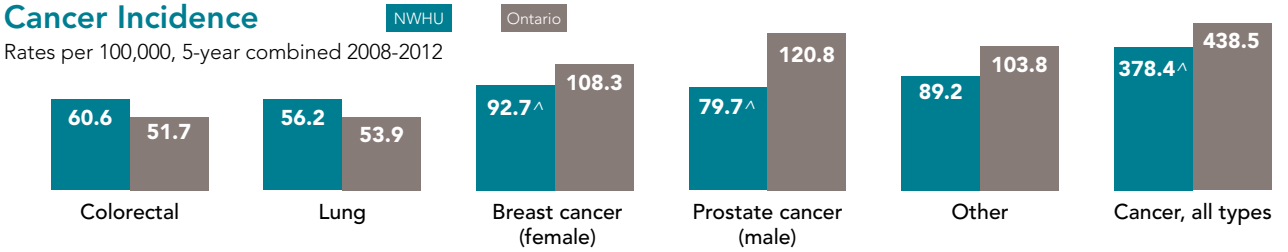
Stroke	117.9^	79.1
Cerebrovascular disease	129.8^	95.9
Ischemic heart disease	363.2^	253.5
Injury	763.5^	437.0

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: Mar. 10, 2016
^Difference between NWHU and Ontario is statistically significant

Health Behaviours (%)
2013-2014



Cancer Incidence
Rates per 100,000, 5-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

In 2008 the Board of Health adopted its mission statement to improve the quality and length of life of our population.

In order to achieve that goal, the same rigor that is put into our programs must also be applied to all aspects of the organization. Based on best evidence at the time, the Institute of Clinical Evaluations Studies Balanced Scorecard for Public Health was adopted. It ensured we didn't lose focus on the supporting functions which allow us to deliver our programs; our client relations, our partner relations and our internal resources, which in a human service industry, is focused on our people.

Mark Perrault

The organizational model for the health unit has evolved from a Classical model when the Medical Officer of Health was the decision making expert and where staff assisted them. A Human Resource model was then adopted where the Medical Officer of Health remained in full control but additional staff were hired that had added responsibilities, this included a business administrator and up to two levels of content experts, directors and managers who provided advice and direction to staff.

In 2012 our Board of Health adopted the High Performance Model focused on continuous quality improvement both in innovation and risk management. With organizational excellence as the goal; from board governance, management, human resource best practices, privacy, information systems and facility design, it is all to meet the highest expectations of the law and society. This requires a learning organization by design as formal education ends when school ends; and the complexity of the world requires continuous learning so that we can properly evaluate opportunities and risks resulting in better outcomes.
A concerted effort has been put forth investing in our staff and making their engagement our priority. We spend 80% of our money on our approximately 150 staff. A difference of 10% engagement means we either gain or lose the output of 12 full time positions. Work life balance also matters. Our sick time has been reduced by 3.62 % thanks to a series of initiatives including early intervention, workplace wellness and flexible work schedules.

We are seen as leaders in literally every area of our operations. Impressive for a heath unit our size. Engaged staff have contributed to us keeping our municipal levies at a lower rate than in 2008. Our finance team's integration of a new financial reporting system and an updated chart of accounts has saved hundreds of hours; simple ideas like shortening our account codes by 5-7 digits has reduced repetitive strain activity by 25% and saved time. These changes have increased team efficiencies and has advanced our reporting processes.

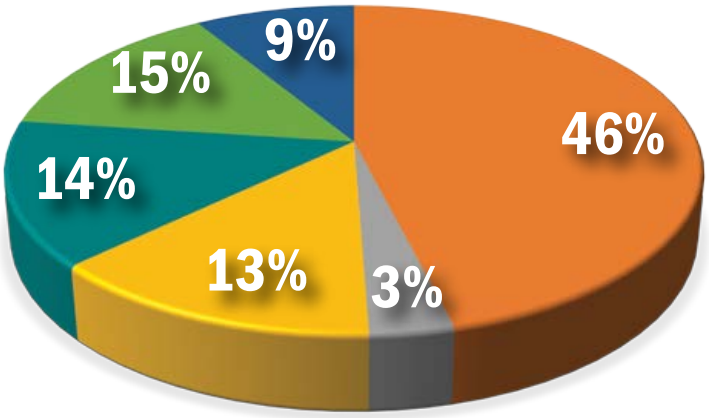
SharePoint, our intranet has generated tens of thousands of dollars in savings on shared travel calendars alone and also serves as our collaboration centre - soon hosting a new learning management system.

Our operations team which includes our receptionists have found nearly a full time position in savings over the past few years implementing our green plan working with our foundations teams CQI leads.

While our staff and our board deserve full credit for the results that they achieved, it is the truth that we could not have made this journey over the past four years without the support of our main funder, the Ministry of Health and Long-term Care Public Health Division. They have been completely transparent with us over the years and the trust we have with their staff allows us to be agile and make decisions more confidently and more rapidly to adapt to constant change.

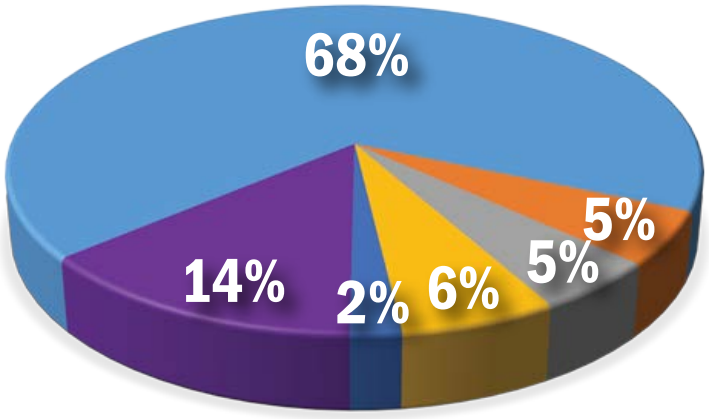
2016 Financial Summary

Sources of Funding



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

Expenses



- Mandatory Cost-Shared and Other Related Programs
- Speech, Hearing and Vision Programs
- Healthy Babies, Healthy Children
- Smoke-Free Ontario Programs
- Healthy Smiles Ontario
- Other Expenses

Sources of Funding 2016	%	Total
Ministry of Health and Long-Term Care	46	7,995,161
MOHLTC Health Promotion Division	3	580,276
MOHLTC Unorganized Territories Grant	13	2,337,600
Ministry of Children and Youth Services	14	2,459,202
Municipal Levies	14	2,462,435
Other Revenue and User Fees	9	1,515,916
Total Revenue	**100**	**$17,350,590**

Expenses 2016	%	Total
Mandatory Cost-Shared + Other Related Pgms	68	$11,668,869
Healthy Babies, Healthy Children	5	909,728
Healthy Smiles Ontario	5	874,081
Speech, Hearing & Vision Programs	6	1,092,921
Smoke Free Ontario Programs	2	356,800
Other Expenses	14	2,365,516
Total Expenses	**100**	**$17,267,915**

Ministry of Health & Long-Term Care Accountability Indicators

Of the 29 indicators below, 14 have targets and 15 are monitoring indicators with no targets.

- 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		2015 actual	2016 target	2016 actual	
1.1	% of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines	n/a	Monitoring, no target	n/a	
1.2	Fall-related emergency visits in older adults aged 65+	n/a	Monitoring, no target	n/a	
1.3	% of youth (ages 12 – 18) who have never smoked a whole cigarette	n/a	Monitoring, no target	n/a	
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	97.9 %	> 90%	87.6 %	
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	98.8 %	100 %	97.5 %	
1.6 b)	% of tobacco retailers inspected for compliance with section 3 of the *Smoke-Free Ontario Act* (SFOA) - Seasonal	90 %	100 %	100 %	
1.7	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the *Smoke- Free Ontario Act* (SFOA)	99.1 %	100 %	98.1 %	
1.8 a)	Oral Health Assessment and Surveillance Indicator: % of publicly funded schools screened, 2015/16 school year	100 %	100 %	100 %	
1.8 b)	Oral Health Assessment and Surveillance Indicator: % of JK, SK and Grade 2 students screened, 2015/16 school year	100 %	100 %	100 %	
1.9	Implementation Status of NutriSTEP® Preschool Screen	Intermediate	Advanced	Advanced	
1.10	Baby-Friendly Initiative (BFI) Status	Advanced	Designated	Advanced	

Health Promotion Indicators		2015 actual	2016 target	2016 actual	
2.1	% of high-risk food premises inspected once every 4 months while in operation	98.9 %	Monitoring, no target	98.7 %	
2.2	% of moderate-risk food premises inspected once every 6 months while in operation	98.4 %	Monitoring, no target	100 %	
2.3	% of Class A pools inspected while in operation	100 %	Monitoring, no target	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	96.3 %	Monitoring, no target	100 %	
3.2	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	96.7 %	97.5 %	100 %	
3.3	% of confirmed gonorrhea cases where initiation of follow-up occurred within two business days	95.8 %	Monitoring, no target	100 %	
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	97.1 %	
3.5	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	82.4 %	82.4 %	88.2 %	
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines	45.8 %	Monitoring, no target	43.0 %	
4.1	HPV vaccine wastage	2.3 %	Monitoring, no target	1.5 %	
4.2	Influenza vaccine wastage	2.2 %	2.0%	0.8 %	
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100 %	100 %	100 %	
4.4	% of school-aged children who have completed immunizations for hepatitis B	76.1 %	Monitoring, no target	69.8 %	
4.5	% of school-aged children who have completed immunizations for HPV	49.1 %	Monitoring, no target	60.5 %	
4.6	% of school-aged children who have completed immunizations for meningococcus	86.3 %	Monitoring, no target	87.6 %	

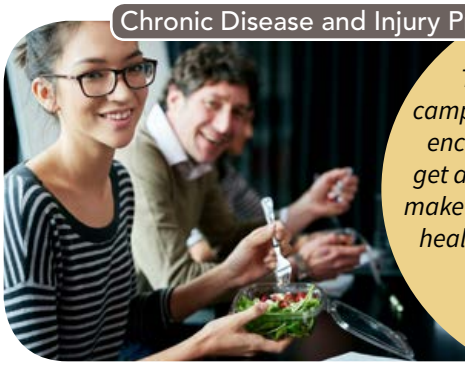
NORTHWESTERN HEALTH UNIT

Chronic Disease and Injury Prevention

We hosted the 'Alcohol in the Community' on-line discussion panel and survey.

407 community members & partners filled out the on-line survey.

Chronic Disease and Injury Prevention



The 'Do One Thing' campaign continued to encouraged people to get active, eat well and make a difference to the health of their schools, workplaces and communities.

748 people from 85 workplaces took part in the workplace wellness challenge.

Family Health

We continue to monitor infant feeding in the NWHU catchment area.

651 infant feedings surveys were completed. 87.9% of mothers were breastfeeding at hospital discharge.

Speech, Hearing and Vision

We provide speech and language services to children aged 0-6.

383 children received services with 287 newly referred children, in 2016.

Speech, Hearing and Vision

We provide infant hearing screens.

805 children received infant hearing screens, 769 newborns had successful Stage 1 infant hearing screens.

Sexual Health and Harm Reduction

The Harm Reduction program values the knowledge and perspectives of those with lived experience.

166% Our 4 volunteer ambassadors distributed 32,252 needles and brought back 53,642 - a 166% return rate.

2016 PROGRAM HIGHLIGHTS

Environmental Health

We continue to keep our communities safe from food-borne illness.

1,051 food safety inspections were conducted by Public Health Inspectors.

Environmental Health

We disclose our food premises inspections on-line with ChooseWise.

3,639 unique visitors to our on-line *ChooseWise* page.

Dental Health

The dental health team provides preventive and treatment services in communities where access to dental care is an issue.

2,227 preventive and treatment services were provided through the Mobile Dental Office and community clinics.

Dental Health

We provide dental screening and preventive services to children in our catchment area.

5,546 preventive services were provided to vulnerable children in our service area.

Infectious Disease

The NWHU offers flu shots for all residents in our communities.

5,000 flu shots were given at schools, daycares, arenas, food banks, Native Friendship Centres, shelters, and seniors' centres.

Infectious Disease

The NWHU provides routine immunization based on the Ontario Immunization schedule.

11,518 vaccines were administered by NWHU offices.

Our Mission

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

Our Vision

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

Our Values

Our values inform the choices that we make as an organization. We make decisions about our priorities, how we will engage with and serve our communities, and the organizational culture that we develop and nurture based on our collective values.

Respect

We treat all people with respect and dignity, and value diversity and inclusiveness.

Integrity

We act with honesty and adhere to the highest ethical principles as an organization and as public health professionals. We are accountable for our actions and embrace transparency to empower public scrutiny.

Equity

We recognize that some people or groups do not have the same opportunities as others for health and success because of systemic discrimination. We actively work to change these policies, practices and structures, internally and in society, to achieve equality of opportunity for all.

Getting the **word out**

2016 COMMUNICATIONS STATISTICS

57,213
home page views

12,359
community page hits

1,962
followers on social media

6,143
viewed tick ID card *Facebook* post (June)

1,539
viewed tetanus shot *Twitter* post (June)

22
news releases sent

240
resources designed for public distribution

112
mentions in media

87,594
items orders from the Resource Centre

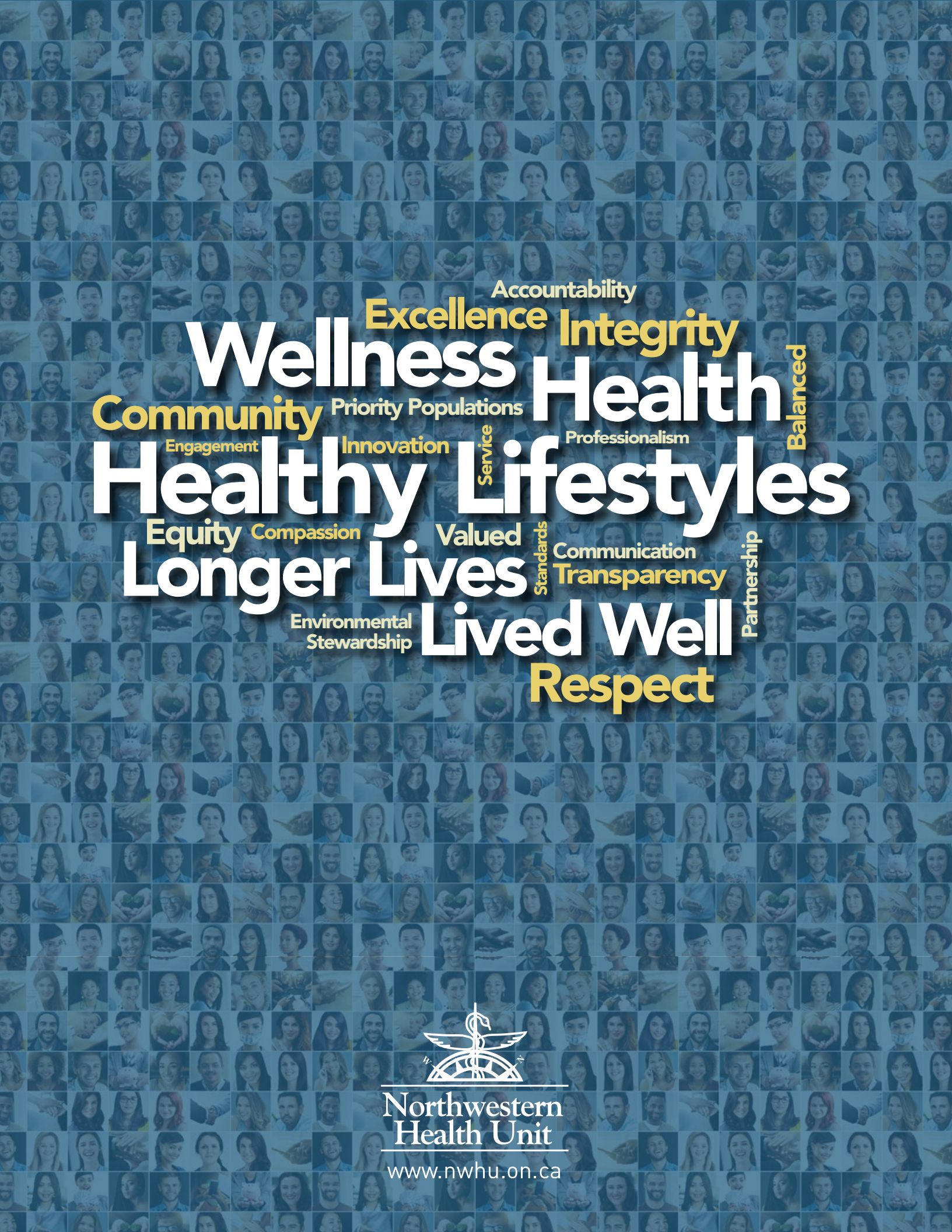
Our strategic plan

Based on work done in the field of public health and locally at the Northwestern Health Unit in recent years, we have defined the four domains of our balanced scorecard as follows:

1. Health Determinants & Status
2. Community Engagement
3. Integration & Responsiveness
4. Internal Resources & Service

We have modified our Balanced Scorecard model to include the guiding principles for our work. This addition has allowed us to include references in the model to the on-going work of the health unit that needs to be considered in the strategic plan, while allowing the work highlighted in the four domains of the balanced score-card proper to focus on changes that we want to see made over the lifespan of the strategic plan.

You can view the strategic plan by visiting **www.nwhu.on.ca**



Northwestern Health Unit

www.nwhu.on.ca