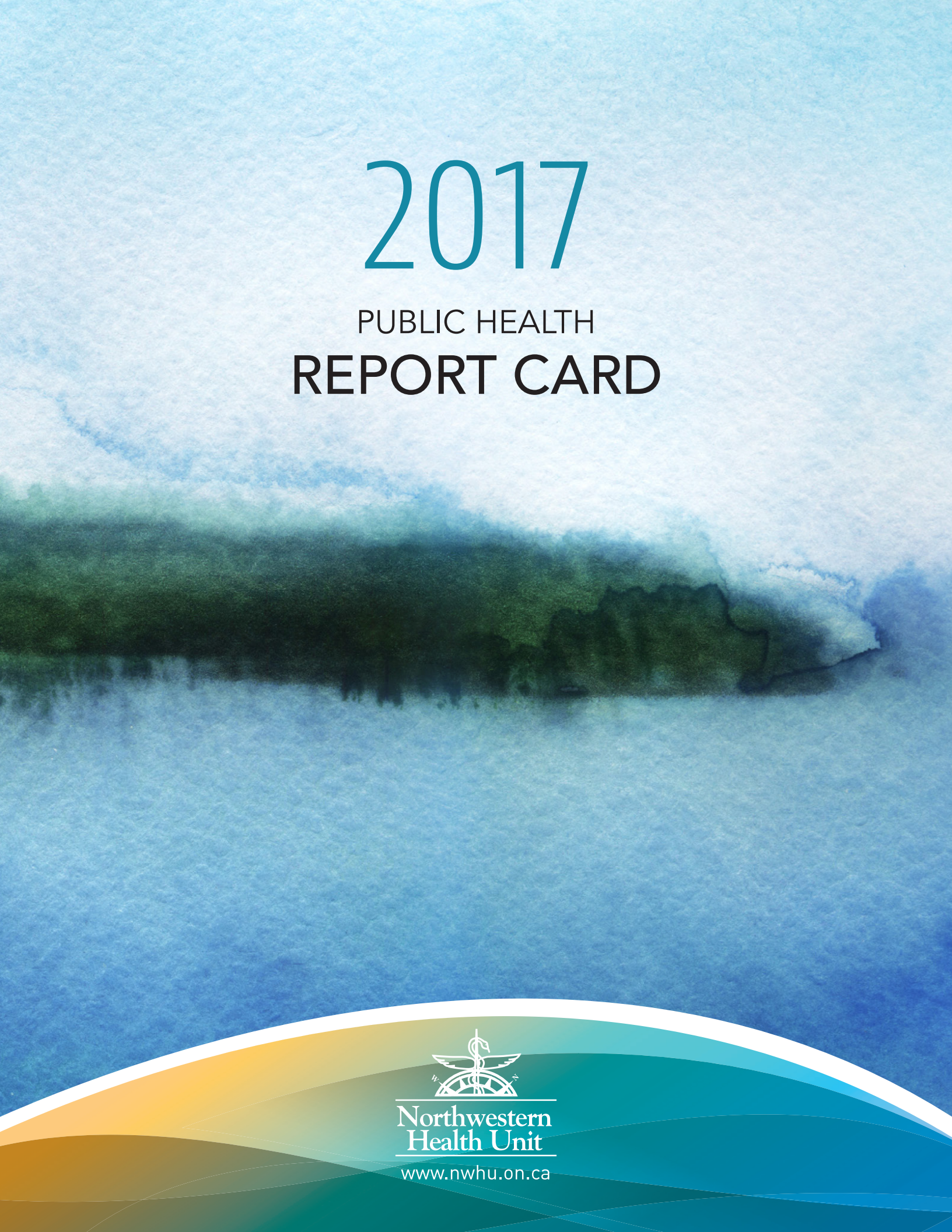
2017

PUBLIC HEALTH
REPORT CARD



Northwestern Health Unit

www.nwhu.on.ca


Smiles across the miles!
1-855-40SMILE
(407-6453)
Northwestern Health Unit
www.nwhu.on.ca

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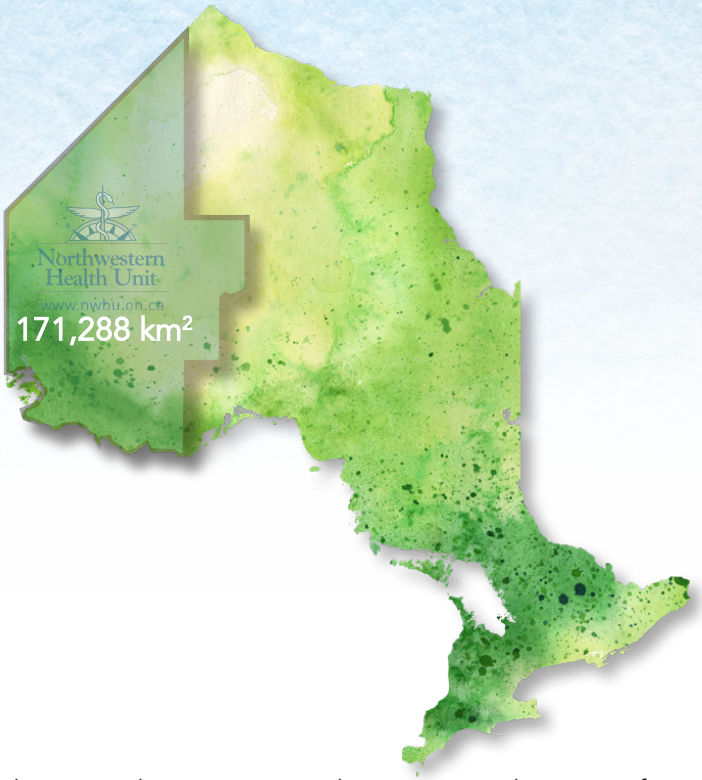
WHO WE ARE

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.

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.



OUR SERVICES

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 reducing 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.

> **Equality is treating everyone the same. But equity is taking differences into account, so everyone has a chance to succeed.**
>
> Jodi Picoult,
> Small Great Things

MESSAGE FROM the CHAIR, BOARD of HEALTH

As the Chair of the Board of Health, I am pleased to introduce our Public Health Report Card for 2017. 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 last year.

PAUL RYAN

Our work at the Northwestern Health Unit is guided by our 2017-2020 Strategic Plan, where we identified improving health equity as one of our primary agency goals. Health equity means all individuals, groups and priority populations have a fair chance to reach their full health potential and are not disadvantaged by social, economic, political and environmental factors. We know that improving health equity in northwestern Ontario will require a variety of strategies, and working with many partners to identify and eliminate the uneven distribution of the social determinants of health in our society.

There were important changes in the broader public health landscape in 2017 that impact our work. The Board of Health and staff of the health unit were engaged in the revision of the *Ontario Public Health Standards* and the release of the Expert Panel report *Public Health within an Integrated Health System*. Both of these documents, and the evolving health care transformation in Ontario will continue to influence the work of public health and our relationships with others into the future.

I want to say thank you to the staff of the Northwestern Health Unit for their dedication in 2017. Thank you also to the members of the Board of Health and to our many community partners for their contributions to the health of our communities. As we look forward to 2018 I know that we will build on our past successes and the strengths of our staff, Board members, partners, and the communities we serve in our efforts to improve the quality and length of life in northwestern Ontario.

The Northwestern Health Unit is governed by a Board of Health that includes municipal and provincial appointees.

Membership 2017 BOARD of HEALTH

BILL THOMPSON

CAROL BARON

DENNIS BROWN

DOUG SQUIRES

JOE RUETE

LUCILLE MacDONALD

SHARON SMITH

TRUDY SACHOWSKI

YOLAINE KIRLEW

WHAT IS **HEALTH EQUITY?**

Some population groups are healthier than others, not by personal choice, but because of social, economic and environmental factors over the course of their lives.* Education, unemployment, gender, poverty and sexual orientation are just a few examples of these factors, called the social determinants of health.*

When differences in health are caused by things that are systemic, patterned, unfair, avoidable and actionable, they are called health inequities.*

How can we reduce health inequities?

Promoting health equity requires improving the living conditions that keep us healthy, and the social, economic, and health systems that support us when we get sick. Furthermore, tackling the inequitable distribution of power, money and resources is essential for improving health equity.*

WHAT ARE **SOCIAL DETERMINANTS of HEALTH?**

Among the various models of the social determinants of health that exist, the one developed at a York University Conference held in Toronto in 2002 has proven especially useful for understanding why some Canadians are healthier than others.

Access to health services ▪ Culture, race, and ethnicity ▪ Disability
Early childhood development ▪ Education, literacy, and skills
Employment, job security, and working conditions ▪ Food insecurity
Gender identity and expression ▪ Housing ▪ Physical environments
Income and income distribution ▪ Indigenous status
Personal health practices and resiliency ▪ Social support networks
Sexual orientation and attraction ▪ Social inclusion/exclusion

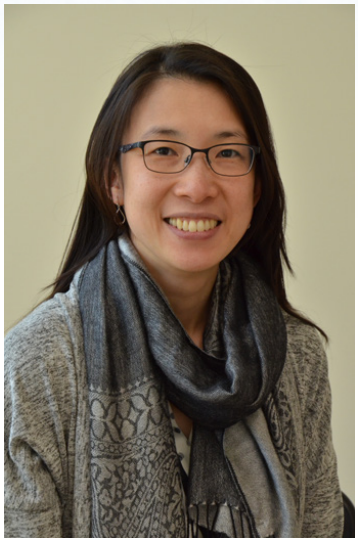
Each of these social determinants of health has been shown to have strong effects upon the health of Canadians. Their effects are actually much stronger than the ones associated with behaviours such as diet, physical activity, and even tobacco and excessive alcohol use.

*All sources for statistics mentioned in this report are available upon request.

MESSAGE FROM the
MEDICAL OFFICER of HEALTH

Rising health care costs, aging populations, challenges with physician and health care provider recruitment and retention, aging infrastructure of health facilities, and provincial and national deficits speak to the dire situation that faces our health care system. We need a game changer.

It is estimated that about 50% of health is determined by economic and social environments. Factors such as income, education, employment, housing, access to affordable healthy foods, social inclusion, gender and race have far reaching impacts on health. There is also an increasing understanding of social factors that are specifically relevant to the health of indigenous people such as self-determination and colonization. Recently there have been a number of initiatives and policies that address income, the most prominent social determinant of health. Bill 148 made changes to the *Employment Standards Act* and *Labour Relations Act*. This raised the minimum wage in Ontario to $14 per hour in 2018, and then to $15 in 2019. There are were also additional changes to related issues such as pay equity, emergency leave days, vacation days, and regulations around scheduling of shifts that recognize the impact of workplace policies on health. Living wage calculations across Ontario have repeatedly and consistently shown that higher wages at the level of the new minimum wage level are required to be able participate in life in Ontario with dignity and respect. These policy changes can also have benefits for employers and businesses such as reduced absenteeism, improved recruitment and retention outcomes, and increased employee productivity.



DR. KIT YOUNG-HOON

Ontario's Basic Income Pilot is currently underway in Ontario. "A basic income is a payment to eligible couples or individuals that ensures a minimum income level, regardless of employment status". Versions of it already exist in Canada such as the Old Age Security Program and the Canada Child Tax Benefit. A previous pilot of the Basic Income in Dauphin, Manitoba demonstrated positive health impacts:

- reductions in hospital visits;
- reduced work-related injuries;
- reduced emergency department visits for vehicle accidents and domestic violence;
- reductions in visits to physicians for mental illness; and
- reductions in psychiatric hospitalizations.

The pilot showed basic income was not a disincentive for individuals to participate in the workforce except for teenagers (allowing them to complete high school) and for new moms (allowing them to provide a caring and nurturing environment for newborns). If the Ontario pilot demonstrates similar benefits, the implementation of the Basic Income would lead to substantial improvements in health.

The recently released report *Income Security. A Roadmap for change* was developed by three working groups with government, non-government and Indigenous stakeholders. This detailed and insightful document outlines the problems with the income security system of Ontario and proposes a phased approach to solutions for addressing poverty and other social determinants of health. The recommendations are comprehensive and consider the varied groups that may be affected by poverty. The report reflects a fundamentally different approach where supports and services put people and their needs at the centre of the system, with a recognition of the importance of social and economic inclusion.

We need a game changer. Our exhausted health care system can only continue at this rate for so long. Initiatives such as these that address inadequate income or other social factors support health and well being. They support individuals who may be facing many other challenges such as lack of adequate housing, unemployment, and social isolation. These policies have long term benefits and reduce the demands on the health, justice, education, and social service sector. By helping those who are most disadvantaged we create a society that can be sustainable and healthy for all.

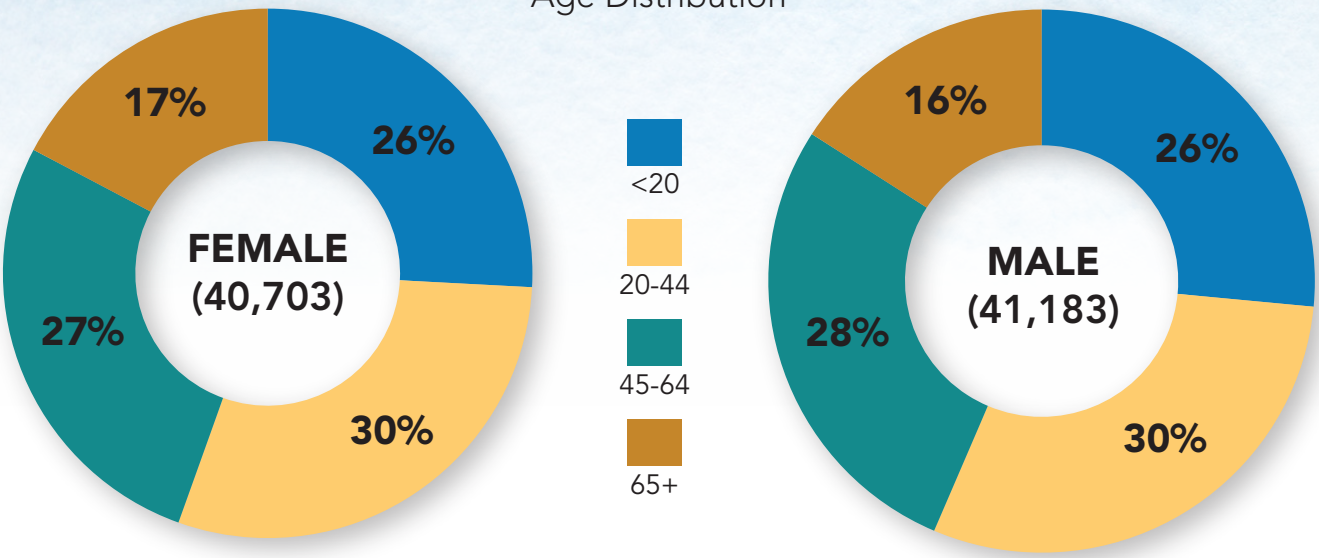
All sources for statistics mentioned in this report are available upon request.

ABOUT NORTHWESTERN ONTARIO

HEALTH STATISTICS and DEMOGRAPHICS

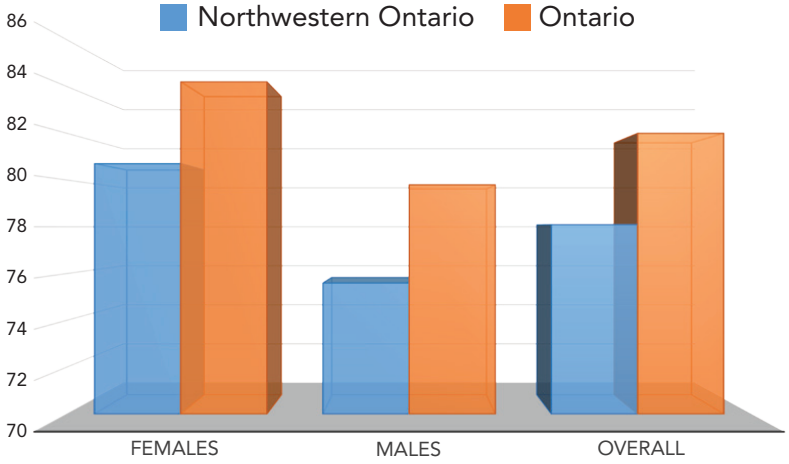
2018 POPULATION

Age Distribution



Source: Population Projections [2018]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: May 3, 2018

LIFE EXPECTANCY at BIRTH



Source: Ontario Mortality Data [2010-2012]. Ministry of Health and Log-Term Care. IntelliHEALTH Ontario. Date Extracted: April 24, 2018.
*Difference between NWHU and Ontario is statistically significant

HOSPITALIZATION

(Rate per 100,000)

	NWHU	ONT
Stroke	203.9*	119.5
Cerebrovascular disease	213.8*	134.6
Ischemic heart disease	440.9*	314.3
Unintentional injury	630.3*	474.4

Source: Statistics Canada. Table 105-0509 – Canadian health characteristics, two year period estimates, by age group and sex, Canada, provinces, territories and health regions, occasional. CANSIM. Date Accessed: April 30, 2018
*Difference between NWHU and Ontario is statistically significant

HEALTH BEHAVIOURS
(2015-2016)

	NWHU	ONT
Current smoker, daily or occasional (%)	23.9*	16.7
Current smoker, daily (%)	19.5*	11.9
Heavy drinking (%)	25.5*	18.2
Physical activity, 150 minutes per week (%)	61.5	56.5
Fruit/vegetable consumption, 5x + per day (%)	27.0	27.8

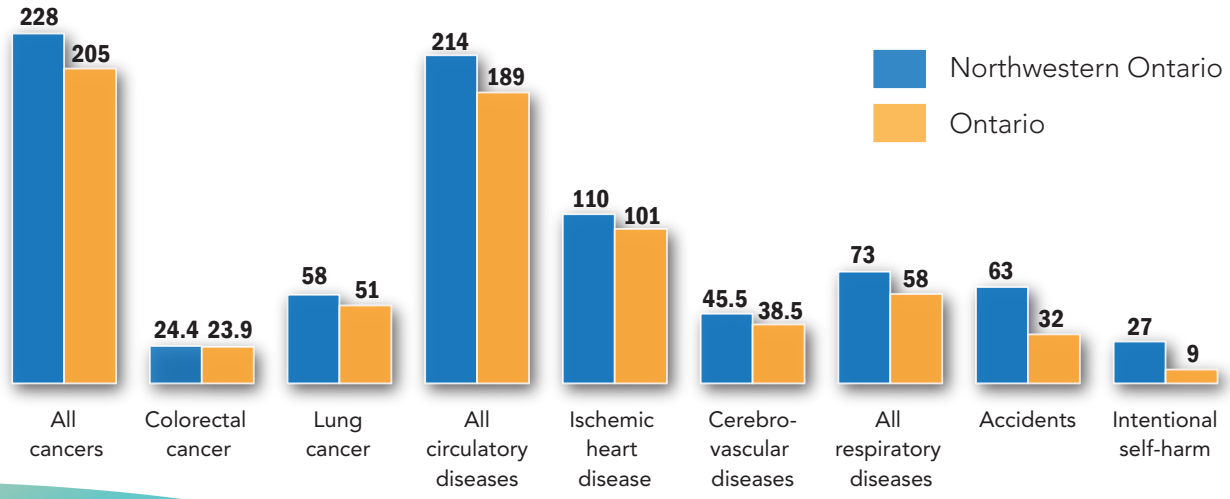
Source: Statistics Canada. Table 105-0509 – Canadian health characteristics, two year period estimates, by age group and sex, Canada, provinces, territories and health regions, occasional. CANSIM. Date Accessed: April 30, 2018
*Difference between NWHU and Ontario is statistically significant

SOCIOECONOMIC INDICATORS
Income, education and employment, 2016

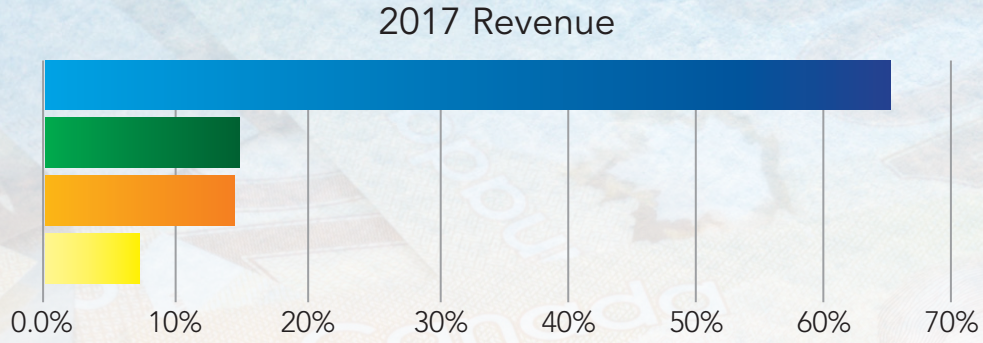
	Kenora - Rainy River Districts	Ontario
People in low-income households (%)	11.8	14.4
Children under 18 in low-income households (%)	16.4	18.4
Highschool graduation or equivalent, 25-64 age group (%)	75.9	89.6
Unemployment rate (%)	11.0	7.4

Source: Statistics Canada. 2017. Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E (accessed May 9, 2018).
Note: Kenora and Rainy River District statistics were used instead of NWHU statistics because Statistics Canada has not yet released the Census Profile for public health unit geographies at the time of writing.

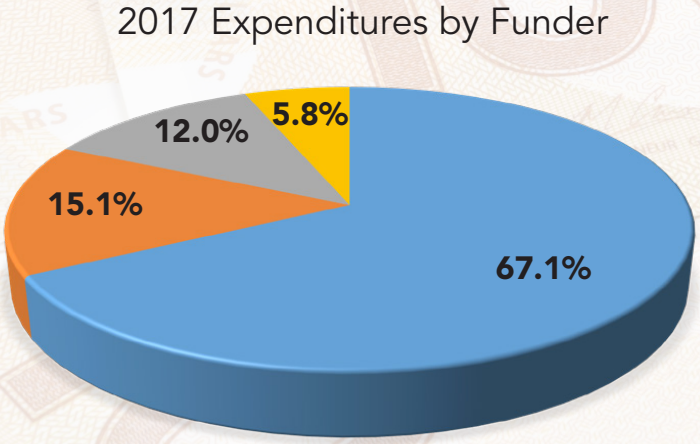
LEADING CAUSES of DEATH
Rates per 100,000 per year, 2010-2012



FINANCIAL SUMMARY



2017 Funding Sources	%	Total
Ministry of Health and Long-Term Care	65.1	11,755,854
Ministry of Children and Youth Services	14.0	2,522,415
Municipal Levies	13.6	2,462,435
Other Revenue and User Fees	7.2	1,304,446
Total Revenue	100.0	18,045,150



2017 Expenditures by Funder	%	Total
Ministry of Health and Long-Term Care	67.1	11,185,962
Ministry of Children and Youth Services	12.0	2,517,200
Municipal Levies	15.1	1,997,499
Other Revenue and User Fees	5.8	966,670
Total Expenditures by Funder	100.0	16,667,331

MESSAGE FROM the ACTING
CHIEF EXECUTIVE OFFICER

2017 provoked immense change for our organization. The pending launch of the modernized Ontario Public Health Standards and significant changes to our budgetary process created a surge of activity, planning and most of all tested the manner in which we communicated.

These are exciting times and we find ourselves amidst fundamental change. We are moving through this period of change with a positive mindset. This shift is a challenge we are using to leverage and attain momentum; it motivates us to engage, adapt and adjust at all levels and to use our resilience to strengthen our organization and improve our practices.

MARILYN HERBACZ

The budget process is one example of the large shift we have experienced. The new templates for reporting our annual service plan are complex and include multiple components: community assessments; interventions; risks and impacts; and program planning data. Our finance and leadership teams viewed this as an exercise to align and break down silos and create internal partnerships and understand each others' processes.

The core values of the organization - respect, integrity and equity - define our culture and our beliefs. Our risk management approach is used to ensure we follow sound business practices. Policies and procedures are reviewed annually to ensure we are compliant, have appropriate controls in place and are transparent and accountable. We look to our strategic plan as a guiding document to do planning and evaluations and from this we continuously make adjustments to ensure our indicators and commitments are met along with providing quality services internally and within our communities.

Internal partnerships create opportunities to revisit and re-think education and growth options for staff and leaders. To support this we have launched a learning management platform that complements our intranet system. This system allows user friendly employee access, a library of training modules, and it has a robust reporting feature which allows for confirmation of mandatory and regulated trainings.

The NWHU catchment area is vast, covering one fifth of the province; therefore secure digital connectivity is essential. Meetings are hosted via Skype, webinar, and Go-to-Meetings. Our intranet and remote desktop connections allow users easy access to information and data. This meets our digital challenges and complements strategic cost reduction efforts. Growth areas as related to digital transformation within the health unit include creation and delivery of apps and video messaging. Tapping into the digital world through Facebook, Instagram and Twitter increases our ability to inform, and spread our program messaging at minimal cost.

Investing in our employees and understanding the human factors that impact our work environment is paramount. In 2017 an employee life cycle performance management tool was drafted and is currently a pilot project. There are five elements of this tool: Continuous Quality Improvement; Human Resources Compliance; Coaching, Mentoring & Celebrating Successes; Development and Organizational Excellence; and Partnership Engagement. This system is designed to capture each employee's path throughout their career in the organization including their work, successes, growth and relationships. The system also identifies opportunities for staff to align their tasks to the strategic plan.

Finally I would like to express gratitude. Without the support of our funding agencies, our Board of Health and our managers and staff we would not be able to move forward with our mission and vision.

BALANCED SCORECARD HIGHLIGHTS

The Balanced Scorecard provides a quick summary of the current results for each of the goals and objectives in the strategic plan.

- Target achieved, or substantially achieved (within acceptable variance)
- Target partially achieved, or on track to achieve target
- Target not achieved, or unlikely to be achieved

BALANCED SCORECARD	INDICATORS	TARGET	CURRENT VALUE	STATUS
HEALTH DETERMINANTS & STATUS				
1. Increase environments that support healthy choices through health public policy				
Priority healthy public policy topics (5 – 10) are identified by December 2017	Five key healthy public policy areas	5+ policy topics	4 topics chosen	■
2. Improve health equity				
100% of population health status and surveillance reports, including website health stats, will be stratified by demographic and/or socioeconomic variables where appropriate and where data is available	Proportion of population health status reports that are stratified by demographic and/or socioeconomic variables where possible	100%	3 reports – all stratified by age/ sex, none by socioeconomic variables (data not available)	■
100% of program plans will include a health equity impact assessment (HEIA) starting with the 2018 year	Proportion of team program plans that include a health equity impact assessment	100%	90% of departments have completed at least 1 HEIA	●
COMMUNITY ENGAGEMENT				
3. Increase awareness of programs and services relevant to, and among, priority populations				
100% of communications products identify a primary target audience, and the choices available include the priority populations	Proportion of Communications products that have identified a primary target audience	100%	100%	■
An increased proportion of the communications products used will be directed to priority populations (no targets set)	Proportion of communications products that have one of the identified priority populations as the target audience – printed materials	To be determined. Baseline in 2018	20.4%	●

BALANCED SCORECARD	INDICATORS	TARGET	CURRENT VALUE	STATUS
4. Increase priority population input into health unit planning and evaluation				
Every program team will include meaningful input from priority populations in their evidence summaries	Proportion of evidence summaries that have documentation of input from identified priority populations	100%	n/a process not yet in place	●
INTEGRATION & RESPONSIVENESS				
5. Improve public health systems and services for Indigenous people living in northwestern Ontario				
Build and maintain strong working partnerships with key stakeholders who have the responsibility/authority to provide public health and related services in First Nations communities (i.e., on reserve)	Formal agreement with Kenora Chiefs Association in place	By December 2018	Working relationship established	●
6. Strengthen partnership and collaboration				
Establish and/or participate in partnerships and/or coalitions that address health equity and/or social determinants of health issues	Narrative report on work with agencies involved in health equity/SDOH	n/a	Working relationships established	●
Establish and/or participate in partnerships with agencies in the health care sector	Narrative report on work with the NW LHIN & other health care partners	n/a	Working relationships established	●
INTERNAL RESOURCES & SERVICES				
7. Increase organizational capacity to address priority issues				
Establish a staff training centre / learning management system to support on-going staff development by Dec. 2020	Staff training centre in place to support staff development	System in place by Dec 2020	LMS system in place	●
8. Enhance supports for staff wellness				
80% of staff "strongly agree" or "agree" that the Northwestern Health Unit promotes a healthy work/ life balance for staff	Proportion of staff who agree or strongly agree that the NWHU promotes a healthy work-life balance	Maintain above 90%	98.68%	■

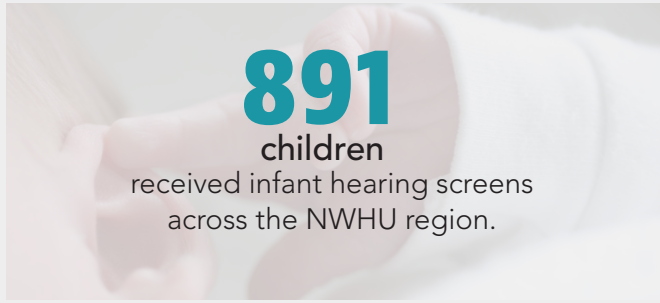
PROGRAM HIGHLIGHTS

FAMILY HEALTH

8,833 interactions with families

including 1,737 home visits.

SPEECH, HEARING & VISION

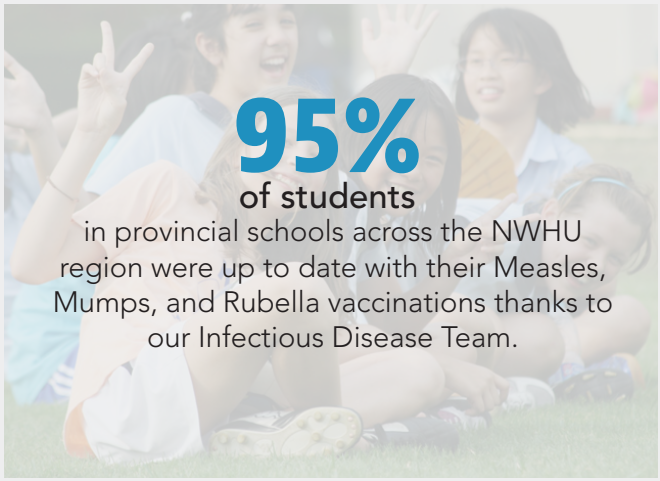


891

children

received infant hearing screens across the NWHU region.

INFECTIOUS DISEASE PREVENTION



95%

of students

in provincial schools across the NWHU region were up to date with their Measles, Mumps, and Rubella vaccinations thanks to our Infectious Disease Team.

FOUNDATIONS

54 public awareness campaigns

Our team worked with program staff and Communications to launch 54 unique campaigns.

COMMUNICATIONS

12,417 people reached

with our FaceBook post offering Tick ID cards.

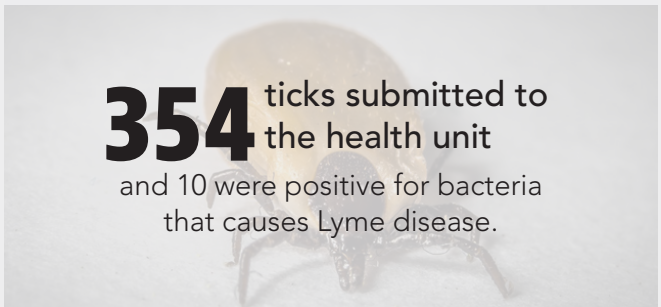
SEXUAL HEALTH - HARM REDUCTION

46

presentations

to community partners & priority groups on overdose prevention/Naloxone

ENVIRONMENTAL HEALTH



354 ticks submitted to the health unit

and 10 were positive for bacteria that causes Lyme disease.

SPEECH, HEARING & VISION

1,287
children
aged 0-6 years received speech and language services, 236 of them were newly referred.

NWHU STAFF

2017
Health unit staff presented at several conferences included the **Canadian Public Health Association Annual Conference** highlighting innovative northern programming and health unit-school board partnerships.

DENTAL

5,476 preventative services
(fluoride varnishes, scaling and sealants) were provided to children.

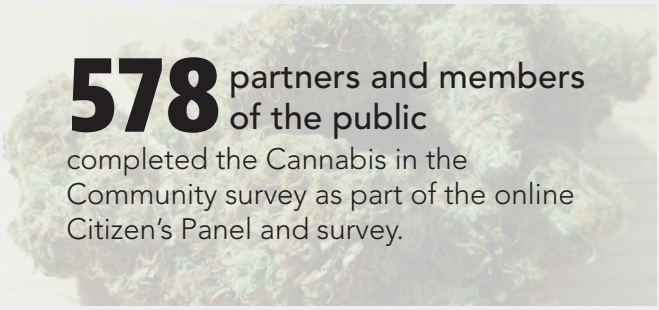
FOUNDATIONS

637 unique visitors
Developed and launched a Health Care Provider website. Within 6 months it had 637 unique visitors.

INFECTIOUS DISEASE PREVENTION

912
records
Immunization Connect Ontario (ICON) was launched in 2017. It is a secure website where the public can view their immunization records and submit new immunizations to the NWHU. As of April 2018, 912 immunization records have been retrieved by individuals.

CHRONIC DISEASE PREVENTION



578 partners and members of the public
completed the Cannabis in the Community survey as part of the online Citizen's Panel and survey.

COMMUNICATIONS

32,000
new visitors to the NWHU web site
and 7,200 return visitors.

253
health campaign posts to social media.

PROGRAM HIGHLIGHTS

ENVIRONMENTAL HEALTH

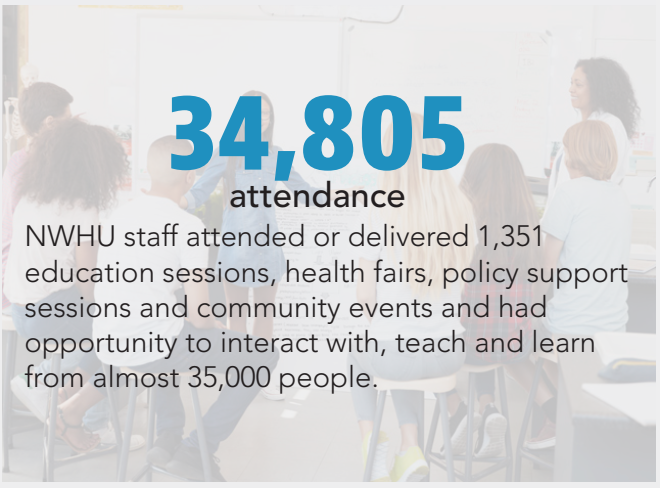
1,121 Food safety inspections

CHRONIC DISEASE PREVENTION

4 district school boards

Maintained and updated Memorandums of Understanding with four district school boards: Keewatin-Patricia, Rainy River, Kenora Catholic, and the Northwest Catholic.

NWHU STAFF



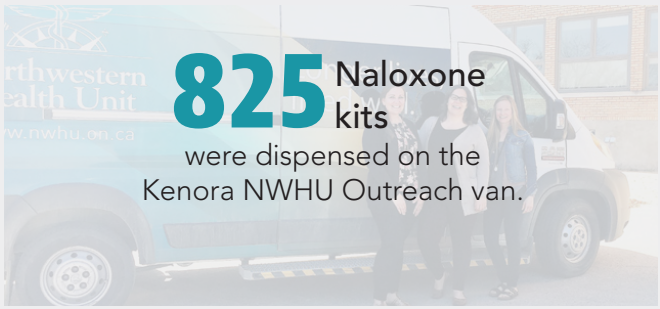
34,805
attendance

NWHU staff attended or delivered 1,351 education sessions, health fairs, policy support sessions and community events and had opportunity to interact with, teach and learn from almost 35,000 people.

DENTAL

7,000 school-aged children in our region received a dental screening and assessment.

SEXUAL HEALTH - HARM REDUCTION



825 Naloxone kits were dispensed on the Kenora NWHU Outreach van.

FAMILY HEALTH

87.5% of moms initiate breastfeeding at birth

Our promotion efforts support breastfeeding initiation and duration.

COMMUNICATIONS

24/24

Communications sent out 24 media releases and media connected with staff for comment 24 times.

FAMILY HEALTH

745 birth referrals

were sent to our Healthy Babies Healthy Children Program.

INFECTIOUS DISEASE PREVENTION

+31%

Eighteen pharmacies administered 4,990 flu shots, a 31% increase from the previous year helping NWHU staff to focus their efforts on immunizing high risk and difficult to access populations.

FOUNDATIONS

Maintained the agency memberships for Ontario Public Health Association, Canadian Public Health Association, Canadian Evaluation Society, Health Promotion Canada so that all agency staff have access to related resources.

ENVIRONMENTAL HEALTH

365 Safe water inspections

DENTAL

3,098

preventive and treatment procedures

were completed in our community clinics and Mobile Dental Office in 8 communities. (3 of which were First Nations Communities)

SEXUAL HEALTH - HARM REDUCTION

500

Naloxone kits

dispensed to those at risk of overdose as well as their friends and family.

CHRONIC DISEASE PREVENTION

$613,252

worth of grants or funding

was brought into the region with CDP staff as the lead or key partner to help with playground enhancements, community gardens, breakfast programs, and weekend food access programs.

MISSION - VISION - VALUES

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.

What We Do.

Northwestern Health Unit

www.nwhu.on.ca

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