

# Moving Forward

NORTHWESTERN HEALTH UNIT  
**2018 Public Health Report Card**



Northwestern  
Health Unit

[www.nwhu.on.ca](http://www.nwhu.on.ca)





## Table of Contents

Who We Are and What We Do	4
Message from the Board of Health Chair	5
Message from the Medical Officer of Health	7
Message from the Chief Executive Officer	8
Financial Report	9
Population Statistics	11
Health Equity	12
2018 Program Highlights	16
2018 Results – Ministry Accountability Indicators	18
Mission, Vision and Values	27

**Moving ▶▶▶▶▶  
Forward**

# 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 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.



# WHAT WE DO

Services We Provide



**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.

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 2018. 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.



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 2018. Thank you also to the current members of the Board of Health, to out-going members of the Board (Carol Baron, Dennis Brown, Yolaine Kirlew, Lucille MacDonald, Joe Ruete and Bill Thompson) and to our many community partners for their contributions to the health of our communities.

**Paul Ryan**  
Chair, Board of Health

## OUR BOARD OF HEALTH ▶▶▶▶▶

as of November 15, 2018

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



**Carol Baron**



**Dennis Brown**



**Yolaine Kirlew**



**Lucille MacDonald**



**Joe Ruete**



**Trudy Sachowski**



**Sharon Smith**



**Doug Squires**



**Bill Thompson**



## FOCUS ON ATIKOKAN

**NWHU and other community agencies gathered to show support to victims of crime.**



Crime does not discriminate. Being a victim of crime can leave a person with a lasting and traumatic impact.

The NWHU and several other community agencies coordinated a Victims & Survivors of Crime Week in the town of Atikokan.

The week featured a powerful line-up of guest speakers including Sandi Boucher (internationally recognized speaker, television host, and best-selling author), Patricia Big George (residential school survivor) and representatives from the Rainy River Victim Services Program.

Events included a Q&A session which touched on everything from living with traditional teachings in today's world, lateral violence and escaping domestic violence. The local shelter for women also hosted a barbecue. There were also talks about elder abuse and a timely presentation on human trafficking - which is increasing in northwestern Ontario.

Julie Slack, the NWHU public health nutritionist in Atikokan said "being part of this important week allowed us to connect with community partners, meet new contacts and talk to members of the community face-to-face."

## FOCUS ON RED LAKE

**Health unit staff in smaller centres often provide services from multiple health programs in a variety of settings.**

As a Public Health Nurse (PHN) working in Red Lake, Nadine Roche works both in the Healthy Babies Healthy Children (HBHC) and the Vaccine Preventable Disease programs. She's become quite used to having a lot of variety in her weekly schedule.

Nadine runs a Baby Wellness Clinic once a week to assess the growth and development of babies; administers immunizations, provides fluoride varnish treatments, provides information and support to parents about infant feeding and nutrition, provides positive parenting guidance, and connects families to other services within the community if required.

In the community, you will also see Nadine at the Early ON Center's monthly breastfeeding support group and *Baby & Me* groups as well as at the elementary school immunization clinics during the school year and at the flu clinics in the fall.

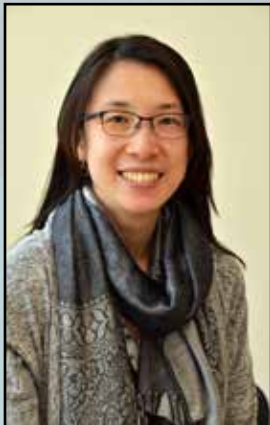
Nadine also coordinates with her parenting partner and families through the HBHC home visiting program to support families with children up to six years old.



*Stock photography from Envato.com*

Message from the

# MEDICAL OFFICER OF HEALTH



On Thursday, April 11, 2019, the Ontario Government released the provincial budget which detailed changes to local public health structure and funding. This included the change from 35 to 10 public health units and shifting the cost of services to municipalities with an intention of saving \$200 million provincially by 2021/22.

Structural and funding changes to such a degree is a substantial disruption to the system. Such change should be taken with caution and it is important to reflect on the purpose of public health units.

Public health units such as the Northwestern Health Unit have a mandate that includes reducing “hallway medicine” and health care costs. Health units consider the health of the entire population and focus on promoting and protecting health, and preventing disease; thereby reducing the number of people that have to visit the emergency room, hospital or primary care clinic. This work includes everything from immunizations, responding to outbreaks, ensuring drinking water is safe, testing of beaches, inspecting food premises, providing dental services, preventing chronic diseases including addiction and mental illness, and supporting families and children.

Public Health unit interventions have repeatedly demonstrated cost savings through evidence-based programs:

- Every \$1 spent on immunizing children saves \$16 in health care costs
- Every \$1 spent on early childhood development saves up to \$9 in future spending on health, social and justice services
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 in lost productivity and social costs.

The provincial intent to reduce costs and to reduce the deficit is a reasonable goal and the Northwestern Health Unit continuously strives to find efficiencies,

look for cost savings and ensure fiscal responsibility. However, substantial reductions in funding will lead to reductions in services and programming; thereby decreasing the cost-savings expected. Financially, it does not make sense to reduce funding in sectors that save money in the long run.

In recent history, we have witnessed a number of public health emergencies such as Walkerton, SARS and H1N1. These emergencies led to substantial demands on the health care system, disrupted communities and resulted in severe disease and death. Post-event reports have repeatedly demonstrated the need for a strong and adequately-funded public health system.

Today, we have new public health emergencies to deal with: increasing chronic diseases such as cancers and heart disease, the mental health crisis, the opioid overdose crisis, addictions affecting all aspects of our communities, and outbreaks of diseases that were considered relics of the past e.g. measles, mumps, syphilis. These situations are perhaps even more complex than what we have seen in the past and require different solutions and approaches. Now, more than ever, we need adequate supports from municipal and provincial leaders.

As an agency, the Northwestern Health Unit continues to focus on the current complex health issues facing our communities with an intention to prevent disease and promote health, thereby reducing cost on the health care system. The staff and leadership of the Northwestern Health Unit are dedicated to these goals and continue to strive towards excellence, effectiveness and efficiencies in services and programs.

Dr. Kit Young-Hoon  
Medical Officer of Health

# CHIEF EXECUTIVE OFFICER



## It's not all doom and gloom!

In 2018 the NWHU worked diligently with our partners to ensure local public health and related services were delivered in an effective, transparent, and evidence-based manner.

With a new government in Ontario, public sector services may be feeling a sense of uncertainty in our region. In times of uncertainty and change, instead of pulling back, the organizations in northwestern Ontario moved forward together this year to build stronger partnerships and deliver quality services to the people most in need in our region. We know that to improve population health outcomes we must address the social determinants of health such as access to housing, healthy food, and mental health care. Health unit staff work closely with our many community partners to build solutions and move programming forward to ensure this is happening. One such example is the partnership that we have with the area school boards to provide the Student Nutrition Programs and Nutrition on Weekend programs in local schools. Other examples of our work with partners in the region are included in this report.

The NWHU was fortunate to receive one-time funding from the Ministry of Health and Long-Term Care in 2018 for Indigenous engagement. This funding directly supports the goal in our current strategic plan to improve public health systems and services for Indigenous people living in northwestern Ontario. We were able to provide Indigenous cultural safety training to our staff, reflect on and modify many of our internal practices, and hire a part-time cultural coordinator to help us with our internal work and provide better service to many of the people who come to the health unit. The one-time funding also allowed us to expand and strengthen our relationships with Indigenous partners through meetings, sharing resources and staff for joint projects, and acting as a funding flow-through agency for local work by Indigenous partners such as the Kenora Chiefs Advisory Gakiinawayaa Minoayawook Public Health Services and the Wabaseemoong Independent

Nations Community Health Assessment. The NWHU region includes 39 First Nation communities; opening these doors and building these partnerships feels right, is timely, and we want to do this in a culturally-appropriate and meaningful way.

The Northwestern Health Unit believes that our employees are our greatest asset and over the years we have set policy that provides guidance and structure in the work we do. In the last year we have invested time to refine our performance management system so that it allows staff and managers to interact and connect more, to provide feedback, set goals, showcase good work, be recognized and feel valued. The NWHU was the recipient of the Employee Recommended Workplace Award which recognizes excellence in achieving a healthy, engaged and productive workforce. It is the only award of its kind that is based entirely on feedback from employees. (more on pg 24) We were extremely pleased to accept this award and will use the feedback received as part of the process to enhance our personnel management practices even further.

In a time of rapid change it is important to remain positive and focus on what we are mandated to do. The NWHU is committed to transparency, communicating with our staff, our communities, and our partners. We aspire to work alongside our local, provincial and federal governments to ensure we have the best public health system in our communities.

In closing, I would like to acknowledge our current Board of Health, including those members who left the Board at the end of 2018, and those who joined in early 2019. We have been extremely fortunate that our Board is engaged, supportive and truly believes in the work of public health. A big thank you also to our staff and management team; there is no way we can move markers, and bring about positive change without you.

A handwritten signature in black ink that reads "Marilyn Herbacz". The signature is fluid and cursive.

Marilyn Herbacz  
Chief Executive Officer

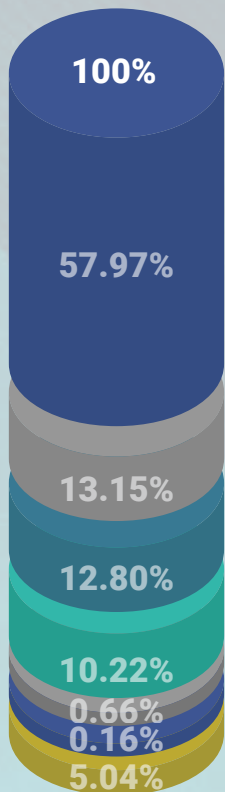


# FINANCIAL REPORT

## REVENUE AND EXPENDITURES SUMMARY

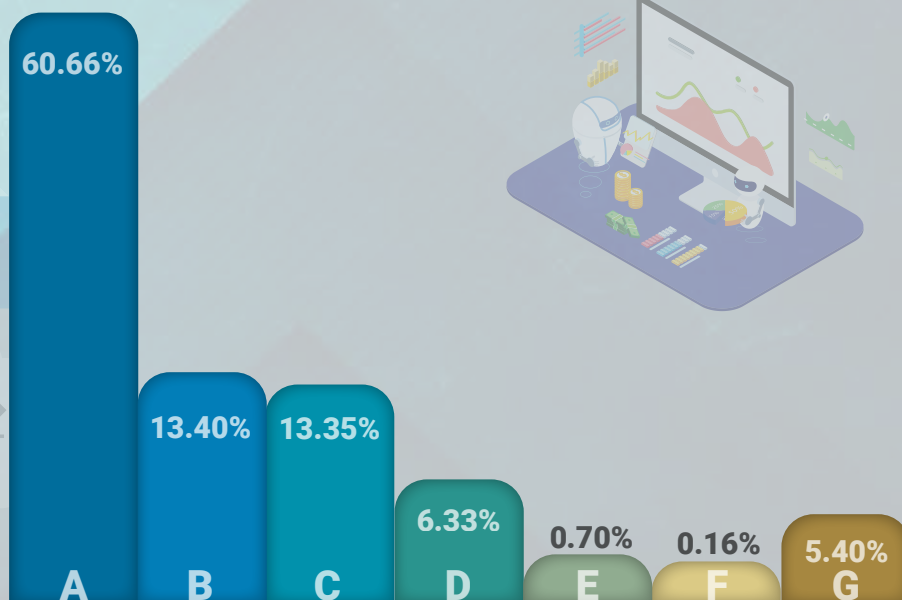
2018

**TOTAL REVENUE: \$19,237,079**



- Ministry of Health and Long Term Care: **\$11,151,121**
- Ministry of Children, Community and Social Services (MCCSS): **\$2,529,778**
- Municipalities: **\$2,462,431**
- Ministry of Health and Long Term Care - one time funding: **\$1,966,900**
- Health Canada: **\$127,231**
- MCCSS one time funding: **\$29,857**
- Other revenue and user fees: **\$969,761**

**TOTAL EXPENDITURES \$18,439,578**



●	Ministry of Health and Long Term Care	11,184,760
●	Ministry of Children, Community and Social Services	2,471,975
●	Municipalities	2,462,431
●	Ministry of Health and Long Term Care - One time	1,166,865
●	Health Canada	128,776
●	Ministry of Children, Community and Social Services - One time	29,857
●	Other revenue and user fees	994,914

# ▶▶▶▶▶ A CLOSER LOOK

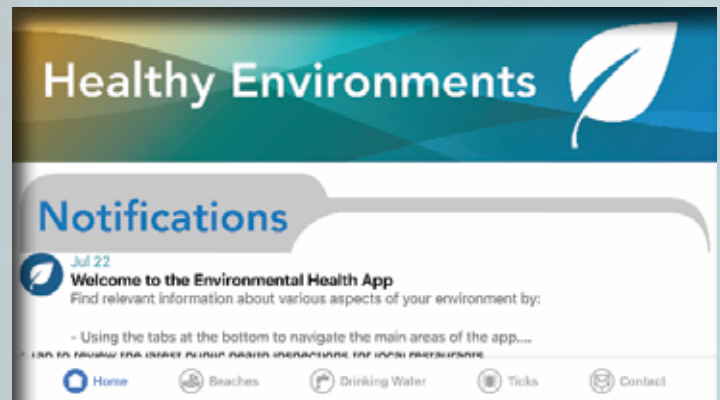
Supporting thirteen offices and overcoming the distance between them has always been the central challenge of the I.T. and Operations department of the Northwestern Health Unit. Many years ago, we invested in the Microsoft SharePoint platform, with a key goal being to leverage its collaboration and workflow capabilities to help drive more efficient business solutions.

We continue to find new and innovative uses for this technology. In 2018, we transformed our OHS inspection process to be completely digital, with mandatory inspections being submitted online rather than filled out on paper. We also used SharePoint to deploy a system for staff and partners to order vaccine online and we use extra capabilities to leverage partnership collaboration and communication as well as for our board of health reporting and documentation.

The transition of mandatory training to a learning management system using this platform has created efficiencies and has improved our reporting ability.

As time moves forward we will be working on business solutions for other important systems, including new helpdesk, asset management, and appointment management systems.

In 2018, we made our first foray into the world of apps. In partnership with our Environmental Health department, we developed and released our first app, called Healthy Environments.



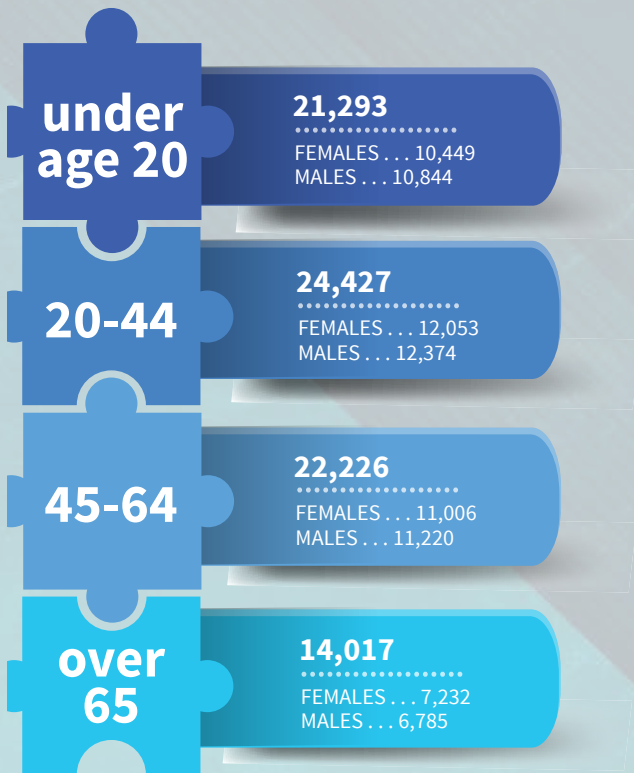
This app contains plenty of useful seasonal information that is available to the public, and includes the innovative ability to submit photos of ticks for identification.

We have made some important technology upgrades behind the scenes. The IT and Operations team completed a major upgrade to our aging digital VOIP phone system, making the system current and viable for years to come. In 2019, we'll be replacing some older network equipment – firewalls and switches, to ensure that we maintain a current and secure environment.

Our Operations team has also been busy managing thirteen health unit offices across northern Ontario. This year we've conducted audits of our bathrooms and waiting areas looking for ways to improve the accessibility and usability for the public. We've upgraded physical structures, where necessary, to add power doors and ramps in order to ensure that our facilities are wheel-chair, stroller and age friendly.

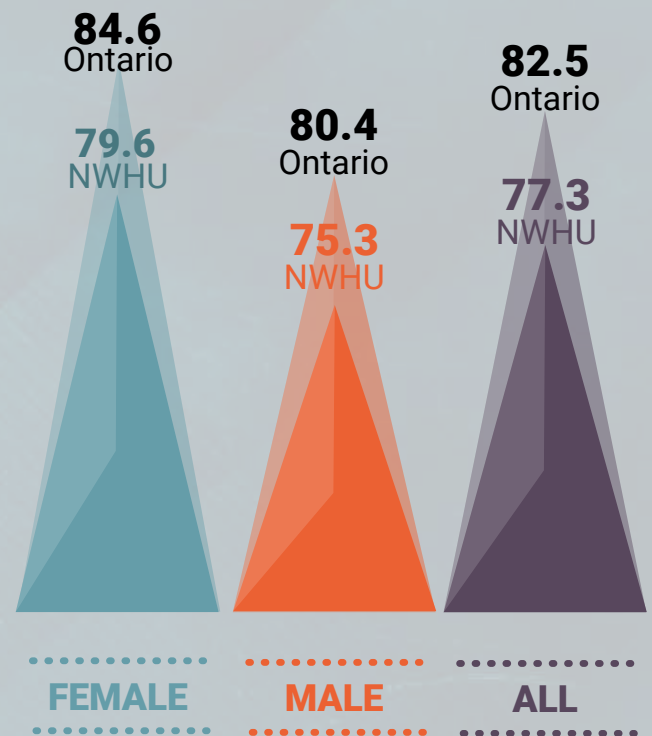
# A CLOSER LOOK

## POPULATION



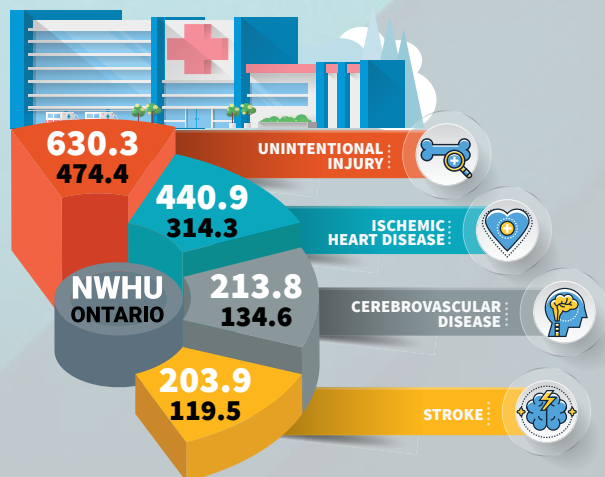
Source: Population Projections [2018]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: May 3, 2018

## LIFE EXPECTANCY AT BIRTH



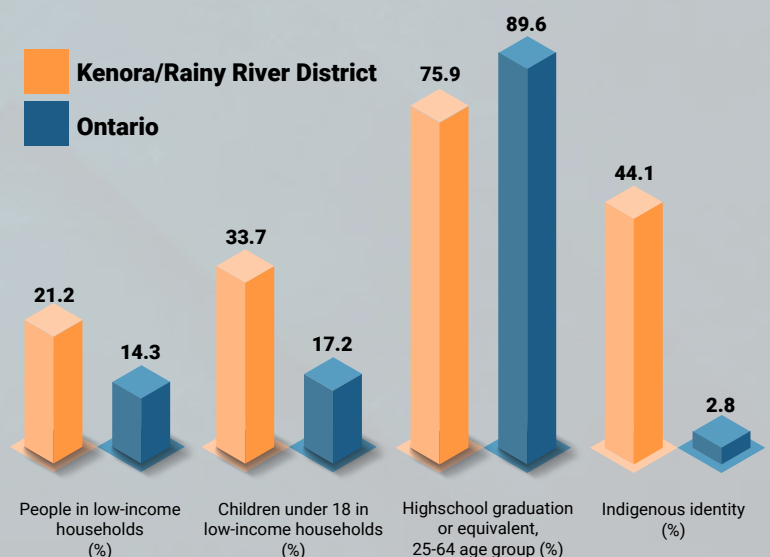
Source: Ontario Mortality Data [2010-2012]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: April 24, 2018.

## HOSPITALIZATION PER 100,000




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.

## HEALTH BEHAVIORS INCOME, EDUCATION AND EMPLOYMENT, 2016



Source: Canadian Taxfiler, Canadian Census, 2016



FOCUS ON  
**FORT FRANCES**

**Sometimes just showing up and showing interest can be enough to kick-start a new relationship.**

NWHU Sexual Health and Harm Reduction nurses Shannon Grynol and Christy Herr attended a Joint Drug Strategy community meeting hosted by the Couchiching First Nation (CFN) just outside of Fort Frances.

The emotional four hour meeting allowed CFN residents to share stories about increased drug use in the community, the impact of gangs, skyrocketing crime and the inability to let children outside to enjoy local parks.

Towards the end of the meeting, First Nations residents began asking Christy and Shannon what they could do to help. It turns out many residents did not know a call to the NWHU would result in staff coming to pick up needles. Nor did they know about small-group educational sessions the two could offer – including “Don’t Touch” presentations for children.

Chief Brian Perrault, Treatment and Support Specialist Debby Fairbanks and other community members were quick to approach the two following the meeting to express thanks and set up future presentations. Discussions led to plans for a community-led needle pick-up.

Less than a month later Christy and Shannon were back on CFN demonstrating safe needle pick-up techniques and helping the assembled volunteers in needle pick-up efforts.

At the end of the day approximately 5,000 needles had been picked up around the community or turned in by those who had yet to return their sharps containers.

Members of the CFN were extremely pleased with the results and very thankful for NWHU participation. Both are regular members sitting at monthly drug strategy meetings.



*Christy Herr (L) and Shannon Grynol (R) helping pick up needles and other drug paraphernalia on Couchiching First Nation.*

As a result of their continued presence community members not only learned about Naloxone, but several have now taken the formal training.

Fairbanks has been pleased with the partnership saying “it’s so nice to be able to attack this important issue as one large community and not worry so much about borders and jurisdictions.”

The relationship continues to grow with Christy and Shannon being invited to help rebuild the community sweat lodge and an invitation to a ‘ladies only’ sweat.

The Couchiching First Nation and the Northwestern Health Unit are forming a strong partnership and are truly learning from one another.

# HEALTH EQUITY MATTERS **▶▶▶▶▶**

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.

Biological, behavioural and genetic factors aren't the only things that influence our health. The social determinants of health (SDOH) are the social and economic factors that influence the health of a population. Some of these factors include:

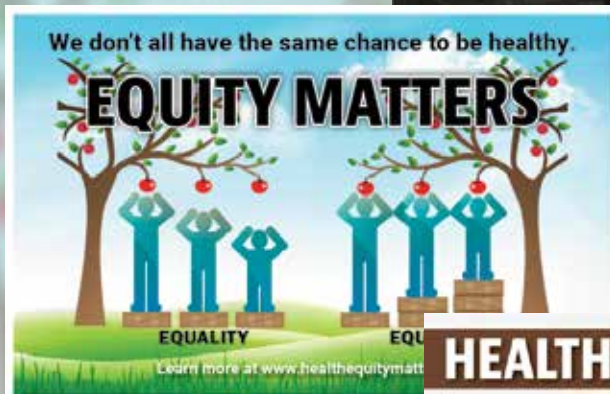
- Gender/gender identity
- Colonization
- Discrimination/social exclusion
- Education/literacy
- Occupation/working conditions
- Income/income security
- Early life experiences (child development)
- Nutrition/food security
- Housing/housing security

A campaign was launched called *Health Equity Matters* to begin educating those who live in Ontario's northwest about the impact social determinants of health have on those around them.

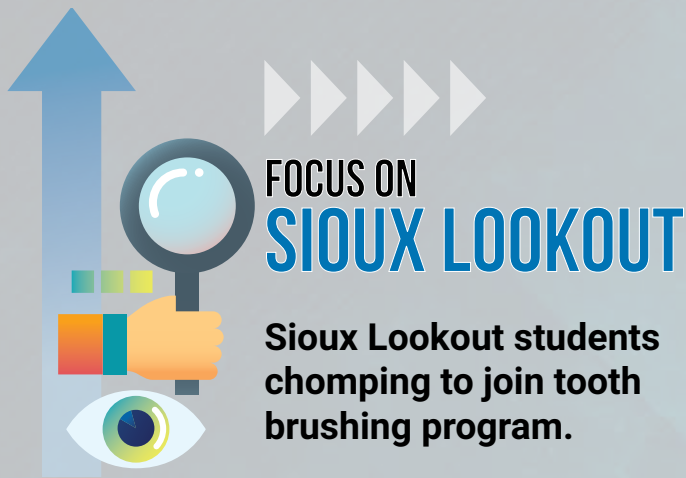
Comprised of a new stand-alone web site ([healthequitymatters.ca](http://healthequitymatters.ca)), a series of general and topic-specific posters, web banners and social media ads, the health unit undertook the first stage of what will be a multi-year campaign.

The idea behind the campaign is to highlight the six social determinants of health which have the greatest overall impact on our region and to show the public just how each can impact a person's health. At the same time, health unit staff were being trained on each of the elements as well as the difference between health equity and health equality. For staff it was an opportunity to learn more about some of the people they serve.

Health equity really does matter. As the general public and our partner organizations begin to look at health through the lens of equity, we're certain many in our communities will be seen and treated in a different light.



*After considerable research and planning, the Northwestern Health Unit launched the Health Equity Matters web site early in 2019 along with a public campaign composed of social media banners, web banners on the main web site, posters and handouts in all 13 offices and in dozens of public venues.*



FOCUS ON  
**SIoux LOOKOUT**

**Sioux Lookout students chomping to join tooth brushing program.**



*(Above) Sioux Mountain Public School students Christian Madsen (L) and Russell Cosco (R) show off their brushing skills as do (below) Anna Culham (L) and Alida Brinkman (R)*



*Kwayaciiwin Education Resource Centre in Sioux Lookout had our Public Health Nurse, Stephanie, provide overdose training and naloxone kits. The training had one key message - having a naloxone kit could save the life of a friend or loved one.*

JoAnne Van Horne is a dental health educator in Sioux Lookout.

After being invited to attend a staff meeting by the principal to present the tooth brushing program, JoAnne suggested such a program would benefit the students of Sioux Mountain Public School and how the health unit would support the teachers. Never did she think so many staff would take so eagerly to the tooth brushing program.

“We now have 220 students in eleven classrooms who have started brushing programs,” says JoAnne.

“This program is not actually unique to our area, but for us it’s the first time we’ve had so many students brushing in one school.”

When setting up each program in the classrooms, I always tell the students what a great opportunity this is for them and how having clean teeth throughout the day just makes you feel better.

JoAnne says programs like this are all about client impact – especially when the clients are young.

One of the key aims is improving partnerships with families by supporting oral health at school. Families already know that the dental team is in the school screening their children and helping them get access to treatment if needed, but this program tells them that we also want to help their children develop good oral health habits for life.

“Ultimately,” she says, “we’re trying to decrease the overall rate of tooth decay we see in this area. That’s why it’s so important to teach children that tooth brushing should be part of their daily routine.”



## FOCUS ON RAINY RIVER

### Northwestern Health Unit helps the town of Rainy River show some Pride.

This year, the Rainy River office of the Northwestern Health Unit (NWHU) was pleased to partner with the town and others to help launch Rainy River's first-ever LGBTQ Pride event.

No one truly knew what to expect regarding turnout, but without question, everyone involved was very pleased.

The walk was held in conjunction with a number of other free community events geared towards improving health and awareness for local residents.

Local partners were busy all week long.

The Canadian Mental Health Association held a safeTALK presentation and the 25th Annual Family Health Fair & Bike Rodeo which was sponsored by the NWHU, Ontario Provincial Police, and Best Start Hub.



(L-R) Jessica Stamler, Public Health Nurse, Chelsea Greig, Program Assistant, Janice Olson, Parenting Partner and Hailey Coleman, Health Educator were all involved promoting and supporting Rainy River's first ever Pride event.

Mental health issues are something that everyone can be affected by, including members of the LGBTQ community.

A fact sheet on the Rainbow Health Ontario website shows LGBTQ people are "almost twice as likely to experience childhood maltreatment and interpersonal violence as their heterosexual peers."

Hailey Coleman, an NWHU health educator says many mental health issues are avoidable and adds "that by making Rainy River an even safer space for youth regardless of gender or sexuality we could help aid in the prevention of mental health issues in our community."

The theme for the Pride Walk was 'Just Be You' and it attracted about 75 people.

"It's meant to reduce bullying at our schools by showing children and teenagers it's okay to be different regardless of if they are LGBTQ or not," says Coleman. "It's meant to show our families that we support them and to show that Rainy River is an accepting town."



One of many participants in the first-ever Rainy River Pride Walk. The event theme was "Just Be You" and was attended by dozens of local residents.

# 2018 PROGRAM HIGHLIGHTS

## FAMILY HEALTH



# 8,959

interactions with families from our team of specialists including 1,825 home visits.

## COMMUNICATIONS - FOUNDATIONS

# 179,489

The NWHU web site had almost 180,000 unique page views.



## CHRONIC DISEASE PREVENTION

# 837

people at 83 workplaces in 13 communities completed our *Workplace Wellness Challenge*.



## SPEECH - HEARING - VISION

# 808

children received infant hearing screens across the NWHU region in 2018.



## DENTAL HEALTH



# 4,832

students received oral health education in schools across the region from dental staff.

## SEXUAL HEALTH - HARM REDUCTION

# 816

naloxone kits were distributed across the region to help prevent opioid overdoses.



## INFECTIOUS DISEASE TEAM

# 10,473

The NWHU and 18 partner pharmacies in northwestern Ontario administered over ten thousand flu shots.





DENTAL HEALTH

**10,000**



Nearly 10,000 children in our region received a dental screening and assessment.

2018 PROGRAM  
**HIGHLIGHTS**

CHRONIC DISEASE PREVENTION

**324**

people completed the June *Hike It or Bike It Challenge*.



INFECTIOUS DISEASE TEAM

**98.7%**

of students in provincial schools across the NWHU region are up to date with their MMR vaccinations.



ENVIRONMENTAL HEALTH



**511**

people certified as Safe Food Handlers.

CHRONIC DISEASE PREVENTION

**950**

bags of food were distributed to 76 students across the region as part of the Nutrition on Weekends program.



COMMUNICATIONS - FOUNDATIONS

**2,358**

The healthcare professional home page was accessed nearly 200x per month.



DENTAL TEAM

**20,000**

The NWHU Dental Team drove an estimated 20,000 km to serve smaller communities in our catchment area.



# BALANCED SCORECARD

## Legend for Status



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

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

Balanced Scorecard	Indicators	Target	Current Value	Status
<b>HEALTH DETERMINANTS and STATUS</b>				
<b>1. Increase environments that support healthy choices through healthy public policy</b>				
<b>Priority healthy public policy topics (5 – 10) are identified by December 2017</b>	Five key healthy public policy areas	5+ policy topics	4 topics chosen	
	Resource materials exist to support healthy public policy work	Complete resource package by Dec 2018	Core materials created	
<b>All teams are supported to engage in healthy public policy work by December 2018</b>	Proportion of staff that have been provided training on best practices for healthy public policy by 2020	90%	N/A no training provided to date	
	Proportion of team planning processes that include discussion of healthy public policy	100%	71%	
<b>2. Improve health equity</b>				
<b>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</b>	Proportion of population health status reports that are stratified by demographic and/or socioeconomic variables where possible	100%	3 reports stratified by age/sex, none by SE variables (data not available)	
<b>100% of program plans will include a healthy equity assessment starting with the 2018 year</b>	Proportion of team program plans that include a health equity assessment	100%	13 HEIA's have been completed to date, at least one by every team	
<b>Board of Health members have the resources and capacity to engage in health equity work</b>	Board of Health self-reported capacity to address NWHU equity topics	No target set	Many BOH reports now address topics that are related to health equity	

Balanced Scorecard	Indicators	Target	Current Value	Status
<b>COMMUNITY ENGAGEMENT</b>				
<b>3. Increase awareness of programs and services relevant to, and among, priority populations</b>				
<b>100% of communications products identify a primary target audience, and the choices available include the priority populations</b>	Proportion of Communications products that have identified a primary target audience	100%	100%	
<b>An increased proportion of the communications products used will be directed to priority populations (no targets set)</b>	Proportion of Communications products that have one of the identified priority populations as the target audience – printed materials	TBD, baseline in 2018	10.2%	
	Proportion of Communications products that have one of the identified priority populations as the target audience – social media posts	TBD, baseline in 2018	n/a	
	Proportion of Communications products that have one of the identified priority populations as the target audience – paid advertising	TBD, baseline in 2018	n/a	
<b>4. Increase priority population input into health unit planning and evaluation</b>				
<b>Every program team will include meaningful input from priority populations in their evidence summaries</b>	Proportion of evidence summaries that have documentation of input from identified priority populations	100%	35%. Planning process revised to flag the issue for future evidence summaries	
<b>The next strategic plan process will include mechanisms for meaningful input from priority populations</b>	Mechanism in place for incorporating input from priority population into next strategic planning process	“yes”	N/A process not yet in place	

Balanced Scorecard	Indicators	Target	Current Value	Status
<b>INTEGRATION &amp; RESPONSIVENESS</b>				
<b>5. Improve public health systems and services for indigenous people living in northwestern Ontario</b>				
<b>Build and maintain strong working partnerships with key stakeholders who have the responsibility and/or authority to provide public health and related services in First Nations communities (i.e., on reserve)</b>	Formal agreement with Kenora Chiefs Association in place	By December 2018	MOU in final stages, to be signed	
	Narrative report on partnerships / structures / activities to support increased capacity for work with FN communities	N/A	This is now on-going work	
<b>Build and maintain strong working partnerships with key stakeholders who have the responsibility and/or authority to provide public health and related services to Indigenous populations outside of First Nations communities (i.e., off reserve)</b>	Narrative report on partnerships / structures / activities to support increased capacity for work with indigenous organizations	N/A	This is now on-going work	
<b>6. Strengthen partnership and collaboration</b>				
<b>Establish and/or participate in partnerships and/or coalitions that address health equity and/or social determinants of health issues</b>	Narrative report on work with agencies involved in health equity/ SDOH	N/A	This is now on-going work	
<b>Establish and/or participate in partnerships with agencies in the health care sector</b>	Narrative report on work with the Northwest LHIN & other health care partners	N/A	This is now on-going work	

Balanced Scorecard	Indicators	Target	Current Value	Status
<b>INTERNAL RESOURCES &amp; SERVICES</b>				
<b>7. Increase organizational capacity to address priority issues</b>				
<b>Establish a staff training centre / learning management system to support on-going staff development by December 2020</b>	Staff training centre in place to support staff development	System in place by Dec 2020	LMS system in place	
<b>100% of new and existing staff are provided with education and support regarding priority issues identified in the strategic plan, specifically indigenous issues, mental health promotion, equity, and healthy public policy by Dec 2020</b>	Staff training – priority issue – indigenous issues	90%	83.5% (baseline); training with the new provider has begun	
	Staff training – priority issue – mental health promotion	90%	Being developed	
	Staff training – priority issue – equity	90%	All current staff trained, added to orientation for new staff	
	Staff training – priority issue – healthy public policy	90%	Being developed	
<b>Complete an assessment of the possible use of volunteers to participate in the delivery of programs and services by December 2020</b>	Volunteer services assessment	To be completed by Dec 2020	In progress	



*In many spheres of human endeavor, from science to business to health to economic policy, good decisions depend on good measurement.*

Ben Bernanke  
Economist

Balanced Scorecard	Indicators	Target	Current Value	Status
<b>8. Enhance supports for staff wellness</b>				
<b>All staff are aware of and have easy access to personal health and wellness supports and educational resources</b>	Proportion of staff who are aware of the Wellness Team and its resources	90%	N/A new internal survey needed	■
	Proportion of staff who are aware of the Employee and Family Assistance Plan (EFAP).	90%	N/A new internal survey needed	■
<b>Staff receive health and wellness education at least twice each year</b>	# of staff health and wellness training sessions held each year	2	Free sessions no longer available. 7 H&W postings to Thrive Jul-Dec/18	●
	Proportion of staff who attend the health and wellness training sessions who report that the sessions were useful	75%	N/A new internal survey needed	■
<b>80% of staff “strongly agree” or “agree” that the Northwestern Health Unit promotes a healthy work/life balance for staff</b>	Proportion of staff who agree or strongly agree that the NWHU promotes a healthy work-life balance	Maintain above 90%	N/A new internal survey needed	■

## AWARDS ROLL IN FOR NWHU STAFF



**ALEX BERRY**

Manager,  
Communications and Foundations

The Ontario Public Health Association awarded Alex Berry with its *Award of Excellence*. The award was given in recognition of his outstanding leadership, contributions to public health, innovation and capacity building, especially related to continuous quality improvement.



**HAILEY COLEMAN**

Health Educator,  
Rainy River

Hailey Coleman was awarded the Rainy River District School Board's *Community Partner of the Year*. The official RRDSB press release stated “she was recognized for demonstrating a commitment to student wellness at schools in the west end of the District.”



**SHANNON ROBINSON**

Manager,  
Programs and Administration

Shannon Robinson received the *Health Promotion Canada 2018 Recognition Award*, awarded by the National Collaborating Centre for the Determinants of Health. Her leadership created numerous partnerships and led to large workplace health initiatives, and productive relationships.



## FOCUS ON DRYDEN

**Conference provides an opportunity for maternal and child health workers to share, learn, and network.**

The Northwestern Health Unit (NWHU) has long identified children and their caregivers as a priority population. There is no question that working with families with children aged 0-6 will have a tremendous impact on our society and future.

NWHU staff were very pleased to take part in the latest Mino'yaa Gigishkawaawasowin Aboonijiiag Healthy Pregnancy/Children First Nations Partnership Conference in Dryden. The conference provided an opportunity for maternal and child health workers on and off First Nations Communities across Northwestern Ontario to share, learn, and network together.

Kim Gardiman, Program Manager for Family Health said "the ultimate goal of the event was to improve health outcomes for mothers-to-be and young children in Anishinaabe families."

Hosted at the Dryden Friendship Centre, the gathering provided not only a wide array of learning opportunities, but a chance to build relationships and strengthen the skills required to support Indigenous families across the Kenora and Rainy River Districts.

The event was organized by a planning group with representatives from the following organizations: Dryden Native Friendship Centre, Fort Frances Tribal Area Health Services, Gizhewaadiziwin Health Access Centre, Kenora Chiefs Advisory, Metis Nation of Ontario, Ontario Native Women's Association, Sioux Lookout First Nations Health Authority, and the Northwestern Health Unit.

In total, there were 68 participants from 27 different organizations including: Anishabee Gamik; Anishinabeg of Naongaashiing; Community Living Healthy Generations; Child and Family Services; Firefly; Hoshizaki House; Mary Berlund Community Health Centre; NeeChee Friendship Centre; Shibogama First Nation Council; Wabaseemoong; Weechi; Whitefish Bay Health Services; Sagkeeng Health Centre; and Couchiching, Rat



Portage, Mishkeegogogamang, and Seine River First Nation Healthy Babies/Healthy Children.

Participants came from 22 unique communities including: Big Grassy River First Nation, Couchiching First Nation, Grassy Narrows First Nation, Keewaywin First Nation, Kingfisher Lake First Nation, Migiisi Sahgaigan First Nation, Mishkeegogogamang First Nation, Naicatchewenin First Nation, North Caribou First Nation, Rat Portage First Nation, Seine River First Nation, Whitedog First Nation, Whitefish Bay First Nation, Atikokan, Dryden, Fort Alexander, Fort Frances, Ignace, Kenora, Sioux Lookout, Sioux Narrows, and Winnipeg.

Most importantly, 96% of those attending agreed they learned something new at the event and there was enough time for networking. Additionally, 93% of attendees agreed presenters were engaging and their topics were relevant to their work.



*Shanna Miller, Registered Dental Hygienist provides local dental services to a father and daughter from Mishkeegogamang First Nations from a specially-outfitted van. For many in remote communities the inability to travel to larger centres for service is a real barrier.*



## NWHU EARNS NATIONAL AWARD

This past year, the Northwestern Health Unit was recognized with the *Employee Recommended Workplace Award*. The award recognizes excellence in achieving a healthy, engaged and productive workforce. It is the only award of its kind that is based entirely on feedback from employees. This award helps to identify us as an employer of choice which in turn assists with recruitment.

NWHU CEO Marilyn Herbacz says being recognized with an award sponsored by *The Globe and Mail* and *Morneau Shepell* was quite an honor.

"We're honoured to receive this national award. We work hard to ensure that our workplace is a healthy and supportive one, with policies and programs to encourage employee wellness and work-life balance in a busy and productive environment. It's good to hear that our efforts are paying off for staff."

Other winners of the workplace award included the Ontario College Application Service and the Town of Kentville Nova Scotia.



Northwestern  
Health Unit

[www.nwhu.on.ca](http://www.nwhu.on.ca)





FOCUS ON  
**KENORA**

**Kenora office takes part in fourth consecutive community seed swap.**

For the fourth year in a row the Kenora office hosted a Father's Day Weekend seedling swap in partnership with the Kenora Association for Community Living.

With a dozen community members donating a variety of perennials and seedlings and nearly 50 people showing up for the event - it was the busiest yet.

The event is one of many ways the health unit draws attention to the difficulty some have accessing fresh, healthy food.

Many attendees were new gardeners who had nothing to swap, but happily walked away with a little more knowledge and a few plants to put in their gardens. Others were gardening experts who took great pride just sharing a few tips with the novices.

One of the new event attendees was an organic mini farm which has started up in Keewatin, and their staff was more than happy to share their gardening tips with the crowd on hand.

Health unit staff shared the story of some young local residents who happened to walk by the seed swap and were very excited to walk away with a tomato plant to put in their first-ever garden.



**Did you know?**

In 2018 we continued to add content, alerts and advisories to our *health care provider webpage*. The Infectious Disease team promoted the website to providers throughout the year. In 2018, the site had 1,068 unique page views, with 31% of those being new visitors to the page. In total there were **1,885** page views to the health care provider site.



## FOCUS ON NESTOR FALLS

**After school activities in Nestor Falls turn into a real tug-of-war.**



A lack of after-school activities for children and youth in Nestor Falls led to a connection between staff at the Northwestern Health Unit and a volunteer parent. The two provided kids with healthy snacks, unorganized and organized play for 90 minutes after school once a week for a period of six months.

The physical activity provided an opportunity for the children - and many parents - to take part in some physical activity, eat healthy foods, and also gave them social connectedness which is so important for positive mental health.

According to NWHU Health Promoter Holly Chant, there is a “real lack of after school activities, or any organized activities in my community.”

“Being able to provide this program through the health unit allows children, youth and parents to take part in programming they would normally have to travel out of the community to access” says Chant.

Between 15-20 children and youth attend the play sessions every week.

## FOCUS ON SIOUX NARROWS

**Eleven Sioux Narrows Public School students found out learning about healthy food can be a quite a slice.**

Marni Fisher is a teacher at Sioux Narrows Public School. She decided to reach out to the Northwestern Health Unit to get help teaching her students about food literacy. Health Promoter Holly Chant took up the challenge and organized a *You're the Chef* session.

Kids were given the opportunity to make and try new foods as well as learn about what makes some foods more nutritious than others. Some of the young students had never helped create a meal before and found the experience to be a lot of fun.

*You're the Chef* is another example of health unit programming which complements the existing health curriculum within the schools.



*Young Sioux Narrows Public School students were more than happy to learn how to make their very own healthy pizza.*

## **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.





---

Northwestern  
Health Unit

---

[www.nwhu.on.ca](http://www.nwhu.on.ca)