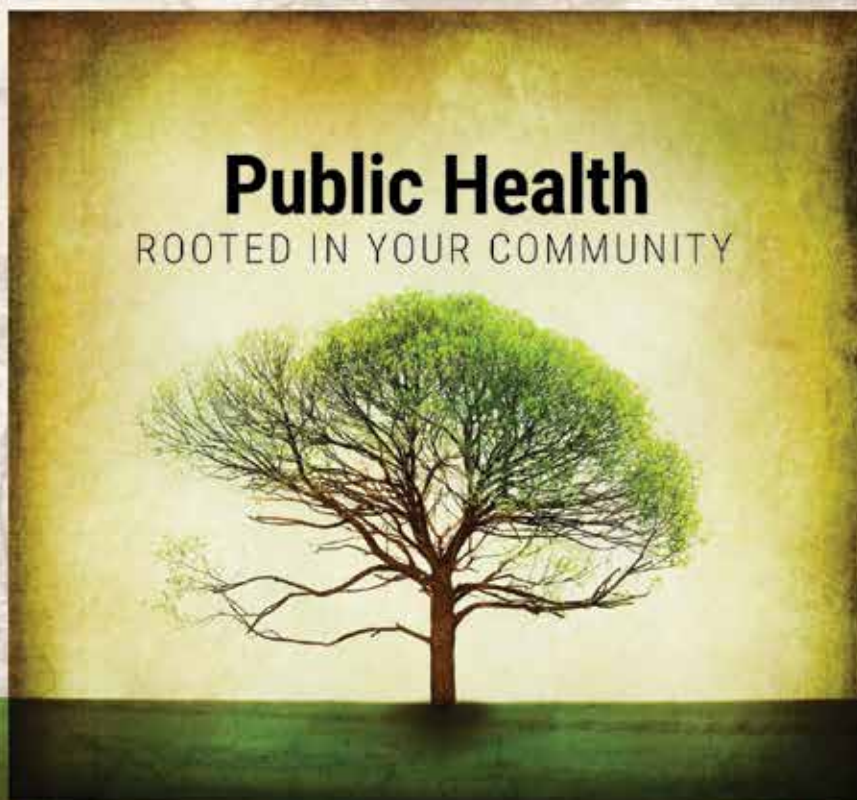


2019

PUBLIC HEALTH REPORT CARD



Northwestern
Health Unit

www.nwhu.on.ca





Table of Contents

Our Catchment Area	4
Who We Are and What We Do	6
Message from the Board Chair	8
Message from the Chief Executive Officer	9
Financial Report	10
Message from the Medical Officer of Health	11
Population Statistics	12
Public Health Modernization	14
Balanced Scorecard Report	20
Mission Vision Values	27
Program Highlights	28



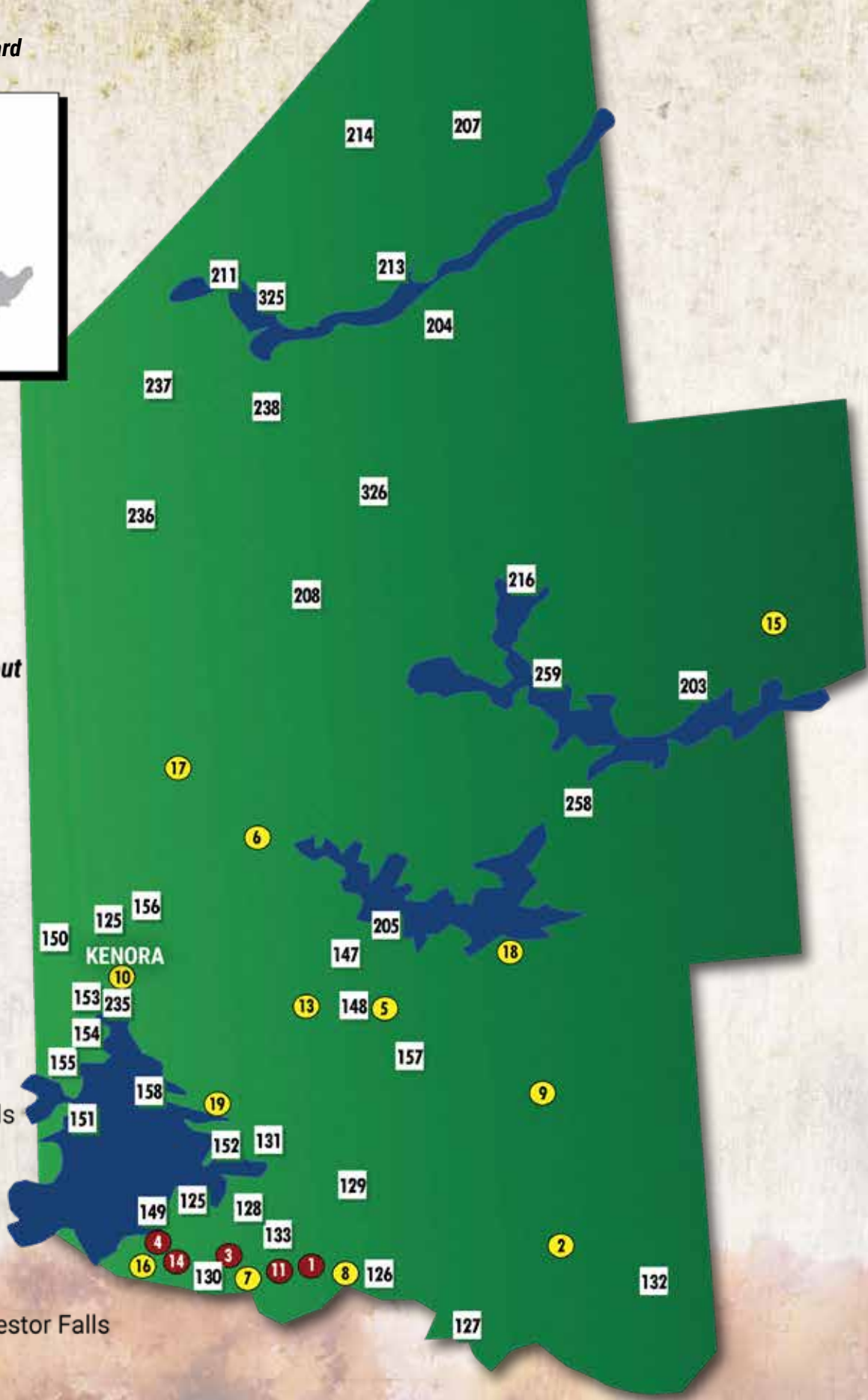
LEGEND

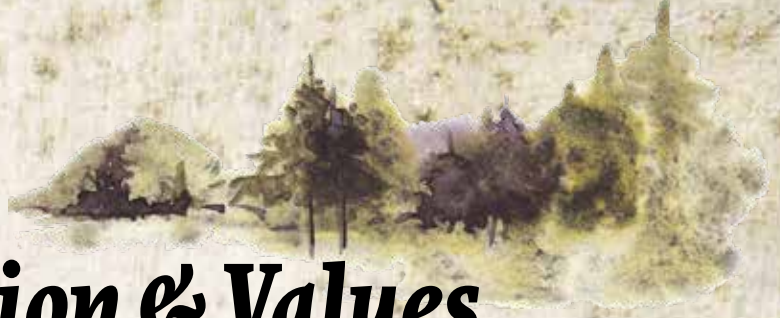
First Nations

● Municipalities with NWHU office

● Municipalities without NWHU office

1. Alberton
2. Atikokan
3. Chapple
4. Dawson
5. Dryden
6. Ear Falls
7. Emo
8. Fort Frances
9. Ignace
10. Kenora
11. La Vallee
12. Lake of the Woods
13. Machin
14. Morley
15. Pickle Lake
16. Rainy River
17. Red Lake
18. Sioux Lookout
19. Sioux Narrows-Nestor Falls





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



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.



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

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 in the environment to human health 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, pandemics or chemical spills with local partners and municipalities.



GoToMeeting **Northwestern Health Unit Board of Health**



Doug Lawrance



Sharon Smith



Jerry O'Leary



Trudy Sachowski



Paul Ryan



Sally Burns



Nicole Brown



Shayne MacKinnon



Jim Belluz

Chair
Doug Lawrance
Municipal appointee for Sioux Lookout

Vice Chair
Sharon Smith
Municipal appointee for Kenora

Executive Member
Jerry O'Leary
Municipal appointee for Kenora and Sioux Narrows and Nestor Falls

Executive Member
Shayne MacKinnon
Municipal appointee for Dryden and Machin

Executive Member (ALPHA rep)
Trudy Sachowski
Municipal Appointee for Ear Falls, Red Lake

Paul Ryan
Municipal Appointee for Fort Frances

Sally Burns
Municipal appointee for Atikokan

Jim Belluz
Municipal appointee for Alberton, Dawson, Chapple, Morley, La Vallee, Rainy River, Emo and Lake of the Woods

Nicole Brown
Provincial Appointee as of January 17, 2020

Strong upstream measures in disease prevention, health promotion and protection

Doug Lawrance

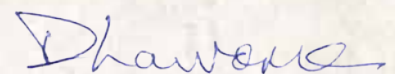
On behalf of the 2020 Board of Health I am pleased to introduce our Public Health Report Card for 2019. I would like to acknowledge past Board Chair Paul Ryan for his leadership during 2019. The Report Card highlights some of the programs and on-going work from 2019 and provides an overview of the public health situation in the Northwestern Health Unit. In hindsight 2019 can be seen as a transitional year for public health.

Throughout the province we began the process of 'Public Health Modernization'. NWHU engaged fully in that process with presentations and submissions to the province. Throughout that engagement and all our work in 2019 our core values of improving health equity and outcomes in the northwest shone through. We remain proud of all the work by NWHU leadership and staff.

As can be seen in the following pages, the northwest is different. Although our population is only 1% of the provincial population, our catchment area covers 17% of the provincial area. In terms of multiple measures we have the worst health outcomes in the province: our life expectancy is shorter by 7%; our hospitalization rates are 1.2 to 1.5 times higher across various factors; our reportable infectious disease rates are 1.3 to 7 times higher; and reproductive statistics such as teen pregnancy, smoking, alcohol and drug use during pregnancy are 2.5 to 3.5 times higher than provincial averages. Such outcomes are not surprising when one

considers the upstream socio-economic factors. In most of those measures we are on the poor end of the provincial range when considering household income, children living in poverty, unsuitable housing, education, employment, and other social determinants of health. Our health unit is also different in terms of the number of First Nations and remote access First Nations in our geographic area.

In 2019 we continued our work on strong upstream measures in disease prevention, health promotion and protection. We continued to build on our strengths of clear and aligned roles while strengthening relationships with other sectors. As we move through 2020 – different as it is with COVID-19 – we look forward to: providing effective public health through local service delivery using local staff from local offices; working with our municipal stakeholders; maximizing local partnerships; strengthening our Indigenous engagement; expanding our innovative service delivery methods; and, continuing with our decentralized leadership model while optimizing use of digital technology for services, management, and Board governance.



Message from the Chief Executive Officer

NWHU stands strong as public health system looks at modernization

Marilyn Herbacz

As the NWHU seeks to achieve its mission “healthy lifestyles, longer lives, lived well”, it is important we continually review our internal operations, our employee population and skill sets, and determine how to re-engineer our service delivery models to ensure we achieve results, adapt to local needs and meet the provincial mandates. The NWHU does this through multiple facets. Using a balanced score card and enterprise risk assessment approach, along with strict financial controls, we are able to measure effectiveness of an activity against the strategic goals of the organization to ensure our efforts and actions align with our strategic plan, and to mitigate risk while ensuring fiscal responsibility and accountability.

The year 2019 brought about a wave of doubt, uncertainty, and opportunity, because provincially there was direction to modernize public health. Beginning in early spring the province released its public health modernization document which identified several factors and changing components that would be required to enhance public health provincially. This action challenged us to take a closer look at ourselves overall. Our communication plan was intense and we took advantage of this as an opportunity to educate local municipalities and our partners, as well as the public, on the importance of public health as well as the economic benefits of having local services in local communities. Internally we communicated at all levels of staffing. At the top of the organization our board of health worked alongside our senior leadership team to strategically plan our approach. The management leadership team utilized our risk management system to document and prepare for the consultation. It became very clear during this process that we are resilient and adaptable amongst changing environments.

The NWHU has one of the largest geographical land masses in Ontario covering 173,828 sq km. We also have some of the worst health outcomes in the province with a large homeless population in many of

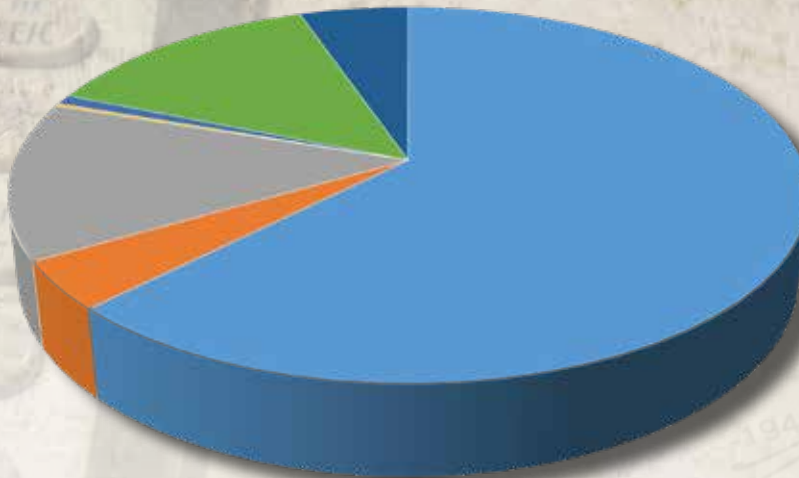
our communities and an acute shortage of housing and we need to address the social determinants of health impacting our region. It is our hope that through the consultation process we were able to show case our strengths as a single entity and bring forward ideas that will align with the provincial goals. During the consultation, we saw our health partners and municipal leaders come out in full force in efforts to protect our unique public health system here in northwestern Ontario. It was humbling to see all hands on deck as all partners gathered together to showcase our value and the importance of ensuring our decentralized model. It was our pleasure to work with the Ministry Consultation team and we look forward to continuing this great work alongside them. We know by investing in public health in our region we are on the road to achieving better social and financial outcomes.

As 2019 came to the end, public health globally accepted an additional challenge as corona virus (COVID-19) presented itself. The NWHU Incident Management System structure went into full action to plan and prepare for the first wave to hit northwestern Ontario. NWHU staff and leadership team responded by stepping into roles to support and assist residents of northwestern Ontario. The NWHU brought municipal, First Nation and health care partners together to inform, support, and plan for our approach to this historical moment in time. The “we work better together” attitude of all leaders in NWO will assist us all in the protection and approach to this unprecedented period.

I thank our Board for their support and action they have taken within their roles, our staff for the endless hours and continued dedication, our leadership team for their commitment to our mission, our funders, MP’s, MPP’s, municipal partners, First Nation leaders and communities and our health care partners for believing in public health and what we stand for.

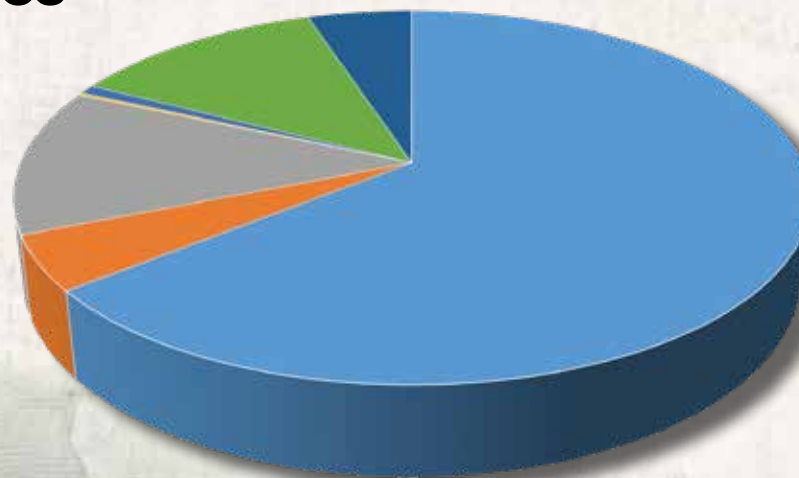
Marilyn Herbacz

Revenue



Total Revenue		100.00%	20,000,882
■	Ministry of Health and Long Term Care	64.20%	12,841,125
■	Ministry of Health and Long Term Care - One time	4.71%	941,700
■	Ministry of Children, Community and Social Services	12.71%	2,541,378
■	Ministry of Children, Community and Social Services - One time	0.22%	44,940
■	Federal Grants	0.79%	157,847
■	Municipalities	12.31%	2,462,435
■	Other Revenue and User Fees	5.06%	1,011,457

Expenditures



Total Expenditures		100.00%	18,149,785
■	Ministry of Health and Long Term Care	62.43%	11,331,033
■	Ministry of Health and Long Term Care - One time	4.14%	751,020
■	Ministry of Children, Community and Social Services	13.55%	2,459,888
■	Ministry of Children, Community and Social Services - One time	0.25%	44,940
■	Federal Grants	0.81%	147,100
■	Municipalities	13.57%	2,462,435
■	Other Revenue and User Fees	5.25%	953,369

Message from the Medical Officer of Health

A collective response to COVID-19

Dr. Kit Young-Hoon

Responding to a pandemic is a considerable endeavor. Each COVID-19 case has to be interviewed to assess where they could have gotten the virus and who they could have passed it onto. Countless hours were spent following up on cases and high risk contacts almost daily during their isolation periods. Public health inspectors and nurses worked closely with long term care homes and followed up with the many workplaces, businesses, food premises and congregate living settings across the region to optimize infection control efforts.

With the stakes set high, the demand for information was particularly acute. Staff from other programs willingly stepped up to be trained and redeployed to the COVID-19 hotline. Communications staff ensured that information was pushed out on a variety of media as soon as possible and coordinated media briefings and sessions to answer questions from the public. Specialists and the leadership team had to keep informed on an ever changing landscape of scientific guidance while directing staff, answering questions from stakeholders and the public, and ensuring the ongoing provision of essential services.

With the onset of COVID-19, the staff of Northwestern Health Unit have had to work harder and work longer. We have had to make decisions and take action with incomplete information, uncertain science, and rapid timelines, and under a high level of public and community scrutiny.

Many of our partners have had to do the same. Health sector partners successfully developed and implemented assessment centres across the region while actively preparing for an onslaught of cases in the emergency departments and ICUs. Testing efforts met provincial targets and thankfully we did not experience a higher number of cases. Long term

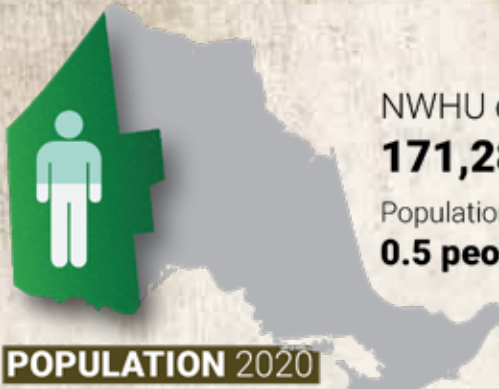
care homes were particularly vulnerable and worked towards strong infection prevention and control measures. As we reopen into stage 3 we have not had an outbreak in these settings.

Social service partners also stepped up in supporting the homeless population with the development of isolation centres, and ensuring supports for those who were required to isolate while waiting for test results or after testing positive. Finding housing is challenging in our region, but communities successfully found options to isolate and support those who had no options of their own.

This was also a challenging time for many First Nation communities as populations were at increased risk due to higher prevalence rates of medical illnesses and less resources as it relates to housing adequacy, access to clean water and food security. Indigenous partner agencies worked collaboratively at many local tables supporting the collective response and ensuring the needs of their communities were being heard and responded to; an invaluable part of our region's COVID-19 response.

At Northwestern Health Unit, staff have worked diligently over many years to develop and strengthen our relationships and partnerships. Our partners should be applauded for their herculean effort and for stepping up during a stressful time. As we move forward, our collective response to COVID-19, and how we work together, will be critical to our success in controlling COVID-19.

K. Young-Hoon



POPULATION 2020

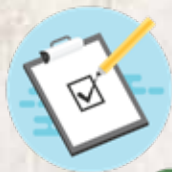
	Females	Males	Total
<20	10,972	11,656	22,628
20-44	12,920	13,484	26,404
45-64	11,427	11,721	23,148
65+	8,039	7,458	15,497
Total	43,358	44,319	87,677



Hospitalization rate per 100,000

	NWHU	Ontario
Stroke	156.2*	112.4
Cerebrovascular disease	175.5*	132.3
Ischemic heart disease	442.0*	292.0
Unintentional injury	565.5*	467.9

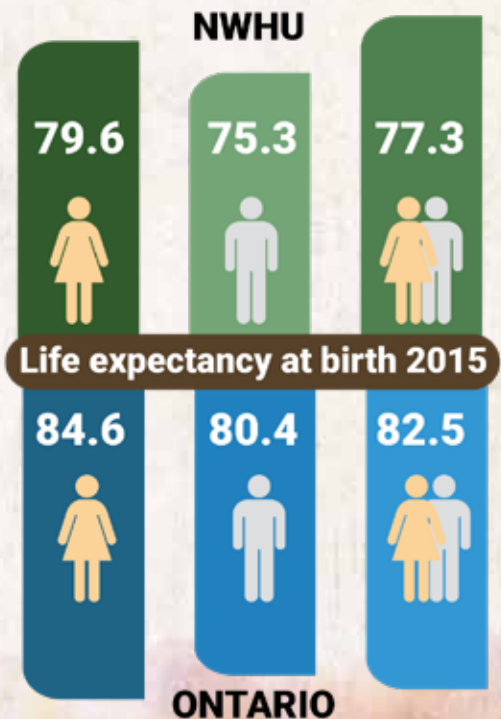
Sources: Statistics Canada, Table 105-0509 – Health Characteristics, two year-period estimates, Canada, provinces, territories and health regions, occasional. CANSIM. Date Accessed: June 1, 2020; Inpatient Discharges [2017/2018]. Ontario Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: June 1, 2020. *Difference between NWHU and Ontario is statistically significant



Health Conditions

2017-2018

	NWHU	ONTARIO
71.7*	Overweight or obese (%)	62.9
38.1	Overweight (%)	37.0
33.6*	Obese (%)	25.9
29.4*	Arthritis (%)	19.3
9.4	Diabetes (%)	7.7
9.8	Asthma (%)	7.9
21.8*	High blood pressure (%)	17.9



Source: Ontario Mortality Data [2013-2015]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: April 24, 2019. *Difference between NWHU and Ontario is statistically significant



Health Behaviours

2017/2018

	NWHU	Ontario
Current smoker, daily or occasional (%)	19.0	15.3
Current smoker, daily (%)	15.5	10.9
Heavy drinking (%)	24.6*	17.6
Physical activity, 150 minutes per week (%)	52.8	54.9



Socioeconomic indicators

Income, education and employment, 2016

	Kenora & Rainy River District	Ontario	Data Source
People in low-income households (%)	21.2*	14.3	Canadian Taxfiler, 2016
Children under 18 in low-income households (%)	33.7*	17.2	
Highschool graduation or equivalent, 25-64 age group (%)	75.9*	89.6	Canadian Census, 2016
Unemployment rate (%)	11.0*	7.4	
Houses that are not suitable (%)	8.1*	6.0	
Indigenous identity (%)	44.1*	2.8	

Sources: Statistics Canada. 2017. Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017; Canadian Taxfiler. 2016. Released August 2018; Canadian Taxfiler. 2017. Accessed May 2019. *Difference between NWHU and Ontario is statistically significant

Reportable infectious disease incidence

■ ONTARIO ■ NWHU

Reportable infectious disease incidence for selected diseases, rates per 100,000, 2019

Sexually Transmitted and Blood-Borne Infections

Chlamydia	351.3	814.3*
Gonorrhea	76.0	218.1*
Syphilis	23.2	49.1*
Hepatitis C	32.9	230.7*

Respiratory Diseases

Influenza (2019/20 flu season)	87.4	120.9*
Invasive Group A Streptococcal Disease (iGAS)	7.5	46.8*
Invasive Pneumococcal Disease	8.6	36.5*

Enteric and Food-Borne Diseases

Campylobacter Enteritis	13.7*	22.4
Giardiasis	6.9	8.7
Salmonellosis	16.3	18.3

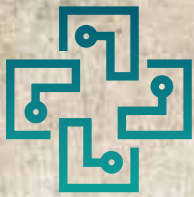
Reproductive and Child Health Indicators 2017

	NWHU	Ontario
Crude birth rate per 1,000	11.0*	9.6
Teen pregnancy rate per 1,000	32.9*	13.2
Smoking during pregnancy (%)	24.0*	7.1
Alcohol use during pregnancy (%)	6.6*	2.4
Drug use during pregnancy (%)	8.4*	2.3
Exclusive breastfeeding at hospital discharge (%)	68.8*	61.2

Source: Public Health Ontario. Snapshots: Reproductive Health Snapshot. Accessed June 4, 2020. Available from:

<https://www.publichealthontario.ca/en/data-and-analysis/reproductive-and-child-health/reproductive-health>. Maternal Health Snapshot. Accessed June 4, 2020. Available from:

<https://www.publichealthontario.ca/en/data-and-analysis/reproductive-and-child-health/maternal-health> *Difference between NWHU and Ontario is statistically significant



Public Health Modernization Consultation

INTRODUCTION

The Board of Health for Northwestern Health Unit (NWHU) was pleased to provide input into the modernization of public health services in the Province of Ontario.

A strong public health system, with its focus on upstream disease prevention, including both effective health promotion and health protection, helps to keep people healthy in their communities and out of hospitals, supporting the government's goal of ending hallway medicine.

We believe that there are opportunities to strengthen public health in the province, and here in northwestern Ontario. There are also many strengths in the system, and in our health unit, that we want to highlight because we think that these strengths should be preserved and built on.

NWHU shares the Government of Ontario's goals for an effective and sustainable public health system where there is:

- equitable and appropriately consistent service delivery across the province;
- clear and aligned roles within the sector; and
- stronger relationships with other sectors, including primary care and health care.

An effective public health model for northwestern Ontario will require:

1. Local service delivery, by local staff, from local offices

- NWHU maintains offices in 13 communities across our region so that services are accessible to local citizens, rather than requiring people to travel long distances for service.
- NWHU staff are from the local communities, and are best able to understand community assets and needs, build the relationships that have proven to be essential in providing effective public health services, and act as on-going ambassadors for public health in their communities.
- Our municipalities that are funding public health services expect and deserve permanent local public health offices (and jobs) for their communities. Permanent offices demonstrate a presence and commitment to the community.

2. Say for pay – local / municipal representation on the Board of Health

- Municipalities are significant funders for public health and critical partners in service planning and delivery if public health is to be successful.
- Our municipal partners expect a meaningful voice at the decision making table (i.e., the Board of Health) that guides public health services in our region.

3. Maximizing local partnerships

- Public health cannot succeed alone. It is effective only when services are planned and implemented with many partners in our communities – from large regional institutions such as district services boards and school boards to small, local volunteer organizations and businesses.
- NWHU has strong local partnerships with many partners including municipalities, school boards and day cares, social services, and health service providers.
- A modernized public health system must facilitate the development and maintenance of strong, effective, local partnerships across the region and within our many communities.

4. Indigenous engagement and culturally safe services

- NWHU has strong partnerships with the Indigenous stakeholders in our region, both on- and off-reserve, to optimize public health services for Indigenous people in the region. These relationships are important to the organization and will continue to be a focus moving forward.

5. Innovative service delivery models

- To ensure equitable and accessible services, public health will need to supplement local offices with innovative service delivery models. For example, at NWHU we have mobile outreach services such as dental and harm reduction services that can reach the most vulnerable in our communities, and those who cannot or will not travel to an office for services. The health unit also provides public health services with or through community partners to leverage their resources, expertise and access to service users that might not choose to come to the health unit.

6. Decentralized leadership model

- The leadership of the public health unit should be distributed across the region, rather than clustered in a single “head office” because of the large distances involved.
- At NWHU, leaders are located across the region which ensures that the needs of the entire region are understood and considered at agency decision making tables; it also supports staff morale by increasing access to the management team.
- A distributed leadership fosters the development and maintenance of local partnerships, many of which prefer or require active “decision maker” involvement.

7. The use of digital technology – to provide services and manage a diffuse organization

- Public health must explore and use digital technology as much as possible to provide appropriate and acceptable services to the people in the region. At NWHU, we continue to investigate and expand services provided through electronic means (cell phones, internet), subject to the constraints imposed by the digital service limitation in the region.
- At NWHU, digital technology such as intranets, extranets, and electronic meeting and other software are being used to develop a “virtual office/agency” to maximize the efficiency of business processes and communication within the health unit across distance.

The Northwest is Different

The Board of Health of Northwestern Health Unit has identified several characteristics of our region that we believe must be taken into consideration to plan and implement effective public health services:

- Our region has the worst health outcomes in the province. This fact is due in part to higher rates of unhealthy behaviours that result in illness, and partly because of the social determinants of health that affect our region.
- Geography matters. Our region is very large – 173,828 square kilometers – with a dispersed population. There are 87,677 people living in 19 municipalities, 39 First Nations communities, and two unorganized territories. Our largest community is Kenora with a population of 19,687 (2016 Census); it is located on the western edge of our region, a two-hour drive from Winnipeg and a six-hour drive from Thunder Bay.
- Travel time and access to transportation are significant determinants of health in our region. There is limited access to public transportation, and significant travel times between communities. Many of the communities in our region do not have road access for a portion of each year. These issues impact access to services for individuals, as well as the availability of goods and services in local communities.
- There is limited access to specialized medical and other services in the region. People who require specialized care must travel to Winnipeg, Thunder Bay or further for service, incurring extra costs for themselves and those who support them. Some of these costs can include



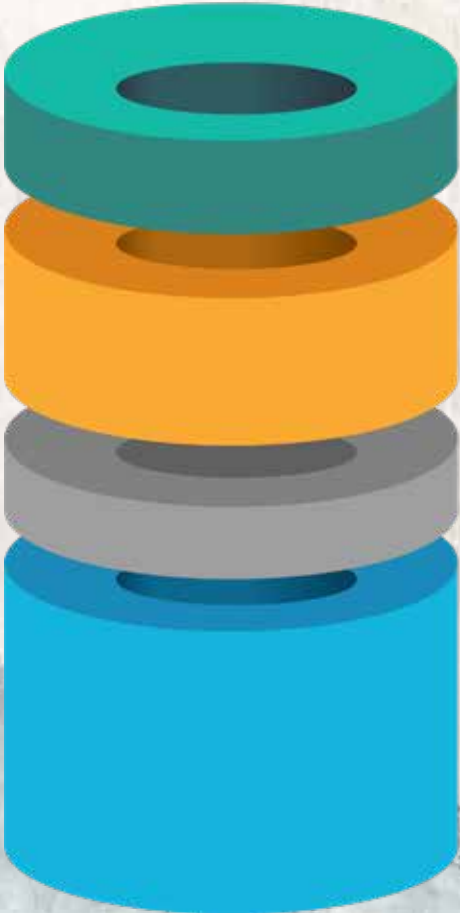
travel and accommodation, plus time away from work as well as costs related to the health system.

- NWHU has one of the largest populations of Indigenous people in the province. About one-third of our population identifies as Indigenous.
- There are strong personal and inter-agency connections within our communities. The people who live in our communities report a strong sense of belonging and connectedness (NWHU, 2016). Service providers in our relatively small communities know each other and many have existing working relationships. These personal and organizational relationships have been, and can further be, leveraged to improve services and health outcomes in the region.

Major Dental Health Funding Announcement

On December 9, 2019, the province agreed to one-time funding of \$818,700 to support capital and infrastructure improvements. The funds were for upgrades to three community dental clinics (Ignace, Pickle Lake, and Dryden) and the purchase of an additional **Mobile Dental Office (MDO)** with the condition all funds needed to be spent by March 31, 2020.

These clinics, along with services provided through private practitioners would be used to offer services to low-income adults and other public oral health programs. Due to delays caused by COVID-19, we still await confirmation of an extension of the spending timeline.



Every \$1 spent on:

\$9 early childhood development saves up to **\$9** in future spending on health, social and justice services.

\$16 immunizing children saves **\$16** in health care costs.

\$7 mental health and addictions saves **\$7** in health costs and **\$30** in lost productivity and social costs.

\$30

Public health helps reduce hallway medicine.



Nootkamegwanning First Nation: Healthy for Life

Fifteen kilometres south of Sioux Narrows, Holly Chant, Health Promoter was contacted by Sandra Tom, Wellness Worker at Nootkamegwanning First Nation Health Centre, who was looking for a diabetes education program for her community. Healthy for Life provides six educational sessions on nutrition, physical activity and stress management. It's hard to get access to different healthy living programs in our northern communities but with this partnership, participants not only learned about label reading and healthier cooking, but we were able to bring in a yoga instructor, and provide some education on stress management as well. Five participants earned certificates for completing the program. Participants stated that they enjoyed the program, it was very informative with tons of good tips and tricks for healthy living.



Celebrating 20 Years of Local Speech and Language Services

Since 1999 the Speech, Hearing, and Vision Program has been delivering the North Words Preschool Speech and Language Program. The goal of the North Words program is to provide early identification and intervention for children with speech and/or language difficulties along with education and support for parents and the community to promote literacy, play, and social skills.

Over the past two decades over 5,500 children have received services through North Words. In its start-up year, 196 children received speech and/or language services. In 2019, that number has grown to around 500 children. That increase is due in part to the number of service locations offered by the program. In year one there were seven service locations; today that number has grown to 65 different sites across 13 communities. Providing services at various sites, and for many different families, has helped embed and solidify the health unit as a trusted organization and presence in the community.

As the health unit provides this program, all services are delivered locally and support the goals of the Healthy Growth and Development Standard. The Speech, Hearing, and Vision Program supports optimal child health and development by ensuring that children in the Rainy River and Kenora Districts can receive early intervention for speech and language difficulties close to home.



Hundreds of Northern Residents Qualify for Ontario Seniors Dental Care Program

For the first time in the history of Dental Public Health in Ontario, there was an exciting announcement in April 2019 of an upcoming brand new dental program for seniors.




The official launch of this new program was November. The program is for Ontario residents aged 65 and over with an income of or less than \$19,300, or couples with a combined annual income of or less than \$32,300, with no dental benefits. It was noted in our catchment area, there would be approximately 518 seniors who would qualify for the program. We started to provide services through a mixed delivery model of private practice and our own Mobile Dental Office (MDO).





Yoga and Mindfulness in Nestor Falls





Holly Chant, Health Promoter at the NWHU, was looking for some mental health promotion programming that would help promote mindfulness as a coping skill for people to help with stress management. Yoga and Mindfulness was a six week partnership program between the NWHU and Becky Holden, a licensed yoga instructor. In each class Becky was able to incorporate different yoga techniques, mindfulness and breathing activities to help participants with stress reduction. These sessions provided an opportunity for people to learn about being mindful as well as practicing some physical activity which is also an important piece of positive mental health.






Balanced Scorecard Report






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

Results for July to December 2019	# of indicators	percentage (%)
 Results for July to December 2019	9	31%
 Results for July to December 2019	20	69%
 Results for July to December 2019	0	0%
Total	29	100%






Balanced Scorecard	Indicators	Target	Current Value	Status
HEALTH DETERMINANTS & STATUS				
1. Increase environments that support healthy choices through healthy public policy				
Priority healthy public policy topics (5 – 10) are identified by Dec. 2017	<ul style="list-style-type: none"> Five key healthy public policy areas 	5+ policy topics	<ul style="list-style-type: none"> 4 topics chosen: Alcohol; Smoke Free - Cannabis and Tobacco; Income & Poverty; Extreme weather and vulnerable populations Lots of energy has also focused on the modernization of public health 	
All teams are supported to engage in healthy public policy work by Dec 2018	<ul style="list-style-type: none"> Resource materials exist to support healthy public policy work 	Complete resource package by Dec 2018	<ul style="list-style-type: none"> Core materials have been created Staff have received training re several related health equity policy issues 	
	<ul style="list-style-type: none"> Proportion of staff that have been provided training on best practices for healthy public policy by 2020 	90%	<ul style="list-style-type: none"> Training being developed and to be rolled out before Dec 2020 	
	<ul style="list-style-type: none"> Proportion of team planning processes that include discussion of healthy public policy 	100%	<ul style="list-style-type: none"> 100% of 2020 op plans developed to date included discussion re. healthy public policy 	

Balanced Scorecard	Indicators	Target	Current Value	Status
HEALTH DETERMINANTS & STATUS				
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	<ul style="list-style-type: none"> Proportion of population health status reports that are stratified by demographic and/or socioeconomic variables (where possible) 	100%	<ul style="list-style-type: none"> 2 reports developed, both stratified We now include demographic questions on our evaluation forms so that program / project evaluation reports can also include info on demographics where numbers permit. 	
100% of program plans will include a healthy equity assessment starting with the 2018 year	<ul style="list-style-type: none"> Proportion of team program plans that include a health equity assessment 	100%	<ul style="list-style-type: none"> Health Equity Impact Assessments have been completed by every team 31 HEIA's have been completed to date 	
Board of Health members have the resources and capacity to engage in health equity work	<ul style="list-style-type: none"> BOH self-reported capacity to address NWHU equity topics 	No target set	<ul style="list-style-type: none"> Health equity topics and issues are now included in many BOH reports and discussions. There is no specific training provided. 	
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	<ul style="list-style-type: none"> Proportion of communications products that have identified a primary target audience 	100%	<ul style="list-style-type: none"> Systems have been put in place that now require completion of this step when requesting new items be produced. 	

COMMUNITY ENGAGEMENT <i>continued</i>				
3. Increase awareness of programs and services relevant to, and among, priority populations				
An increased proportion of the communications products used will be directed to priority populations (no targets set)	<ul style="list-style-type: none"> Proportion of Communications products that have one of the identified priority populations as the target audience – printed materials 	Baseline in 2018 = 16.25 %	<ul style="list-style-type: none"> 25.3% 	
	<ul style="list-style-type: none"> Proportion of Communications products that have one of the identified priority populations as the target audience – social media posts 	Baseline is 2019 = 37.9 %	<ul style="list-style-type: none"> 37.9% 	
	<ul style="list-style-type: none"> Proportion of Communications products that have one of the identified priority populations as the target audience – paid advertising 	73.1 % (2018)	<ul style="list-style-type: none"> 100 % All paid advertising was related to the agency health equity campaign. 	
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	<ul style="list-style-type: none"> Proportion of evidence summaries that have documentation of input from identified priority populations 	100%	<ul style="list-style-type: none"> We now have evidence summaries for 17 topics/programs. The evidence summary template now includes a required section for priority population input. We also do quarterly updates at management meetings re. priority population input into informal planning & evaluation processes (beyond evidence summaries). 	
The next strategic plan process will include mechanisms for meaningful input from priority populations	<ul style="list-style-type: none"> Mechanism in place for incorporating input from priority population into next strategic planning process 	Yes	<ul style="list-style-type: none"> n/a – strategic planning process put on hold 	

Balanced Scorecard	Indicators	Target	Current Value	Status
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 and/or authority to provide public health and related services in First Nations communities (i.e., on reserve)	• Formal agreement with Kenora Chiefs Advisory in place	By December 2018	• Funding flow-through MOU for 2020 has been signed. Working with KCA on several other initiatives.	
	• Narrative report on partnerships / structures / activities to support increased capacity for work with FN communities	n/a	• This is now on-going work.	
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)	• Narrative report on partnerships / structures / activities to support increased capacity for work with Indigenous organizations	n/a	• This is now on-going work.	
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/social determinants of health	n/a	• This is now on-going work.	
Establish and/or participate in partnerships with agencies in the health care sector	• Narrative report on work with the North West LHIN & other health care partners	n/a	• This is now on-going work.	

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 December 2020	<ul style="list-style-type: none"> Staff training centre in place to support staff development 	System in place by Dec 2020	<ul style="list-style-type: none"> Learning Management System in place 													
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	<ul style="list-style-type: none"> Staff training – priority issue – indigenous issues 	90%	<ul style="list-style-type: none"> In place. Staff get Indigenous Cultural Safety Training training as part of their orientation to the health unit. 													
	<ul style="list-style-type: none"> Staff training – priority issue – mental health promotion 	90%	<ul style="list-style-type: none"> The related staff training module was launched in Nov 2019. 51.3% of staff have completed it. 													
	<ul style="list-style-type: none"> Staff training – priority issue – equity 	90%	<ul style="list-style-type: none"> Most current staff are trained; added to orientation for new staff., 2019 results are as follows: <table border="1"> <thead> <tr> <th>Topic</th> <th>% completed</th> </tr> </thead> <tbody> <tr> <td>Food Insecurity</td> <td>88%</td> </tr> <tr> <td>Education</td> <td>86%</td> </tr> <tr> <td>Housing</td> <td>78%</td> </tr> <tr> <td>Income</td> <td>89%</td> </tr> <tr> <td>Equity Introduction</td> <td>82%</td> </tr> </tbody> </table>	Topic	% completed	Food Insecurity	88%	Education	86%	Housing	78%	Income	89%	Equity Introduction	82%	
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<ul style="list-style-type: none"> Staff training – priority issue – public policy 	90%	<ul style="list-style-type: none"> The related staff training module is in development, for delivery prior to the end of 2020. 														
Complete an assessment of the possible use of volunteers to participate in the delivery of programs and services by December 2020	<ul style="list-style-type: none"> Volunteer services assessment 	Completed by Dec 2020	<ul style="list-style-type: none"> On hold until the modernization of public health process is resolved 													

Balanced Scorecard	Indicators	Target	Current Value	Status
INTERNAL RESOURCES & SERVICES				
8. Enhance supports for staff wellness				
All staff are aware of and have easy access to personal health and wellness supports and educational resources	<ul style="list-style-type: none"> Proportion of staff who are aware of the Wellness Team and its resources 	90%	<ul style="list-style-type: none"> n/a – new internal survey being developed. Survey was launched in Feb 2020 	
	<ul style="list-style-type: none"> Proportion of staff who are aware of the Employee and Family Assistance Plan (EFAP). 	90%	<ul style="list-style-type: none"> n/a – will be included in the survey noted above 	
Staff receive health and wellness education at least twice each year	<ul style="list-style-type: none"> # of staff health and wellness training sessions held each year 	2	<ul style="list-style-type: none"> Free sessions no longer available. 13 info posts on Thrive, covering 11 topics 	
	<ul style="list-style-type: none"> Proportion of staff who attend the health and wellness training sessions who report that the sessions were useful 	75%	<ul style="list-style-type: none"> n/a – will be included in the survey noted above 	
80% of staff “strongly agree” or “agree” that the Northwestern Health Unit promotes a healthy work/life balance for staff	<ul style="list-style-type: none"> Proportion of staff who agree or strongly agree that the NWHU promotes a healthy work-life balance 	Maintain above 90%	<ul style="list-style-type: none"> n/a – will be included in the survey noted above 	

Nutrition on Weekends Program 'NOW' in Ten Communities

The NWHU Nutrition on Weekends (NOW) program increases health equity by providing food on the weekends for children and youth, so they come to school on Monday nourished and ready to learn. In 2019, with funding from Kenora District Services Board and other charitable community partners across the region, NWHU was able to expand the program from 7 schools in 5 communities to 17 schools in 10 communities, reaching approximately 286 students in the Kenora Rainy River districts by December of 2019. The program is offered uniquely in each community in partnership with schools, school boards and various community partners. It is a flexible and responsive program model that can be operated on a small scale in one school, or scaled up and offered community wide.



Kenora is one example of a program that scaled up rapidly, and now operates community wide with schools. The Rotary Club of Kenora wanted to help address childhood poverty and knew that food security on weekends was a problem. Students who typically rely on nutrition programs throughout the week were going hungry during weekends. The NWHU NOW program was a good fit and Rotary became the lead partner for NOW in Kenora, which was first piloted with 17 students at a single school for the final months of the 2018/19 school year. They began expanding its program in the fall of 2019 to reach an additional 7 schools and a total of 275 students by the end of 2019. This program would not be possible without the ongoing support and commitment of community partners like Rotary working together to support the needs of at-risk children and youth.

Redesigning School Climate Survey was an Enormous Task

Health units and school boards each have a mandate to collect information from students about their health and well-being. The Rainy River District School Board (RRDSB) and NWHU were one of six provincial pairings involved in the Children Count Pilot Study Project Team, which explored the feasibility of coordinated monitoring and assessment of child and youth health. Findings from the pilot study demonstrated that this model is feasible, cost-efficient and valuable for strengthening partnerships.

Redesigning our school climate survey was an enormous task alone. With the support and resources of the Northwestern Health Unit, we have not only gained valuable data to inform our work internally, but have further strengthened the partnership between the organizations and enhanced supports for student well-being within the District. We are so grateful for the continued support and joint efforts to make a difference for students' emotional, social, and physical growth, and ultimately, their achievement and success in life, now and into the future."

Heather Campbell
Director of Education
Rainy River District School Board



Our staff at work!



\$231,387



Over a quarter-million dollars secured in grant funding for community initiatives.



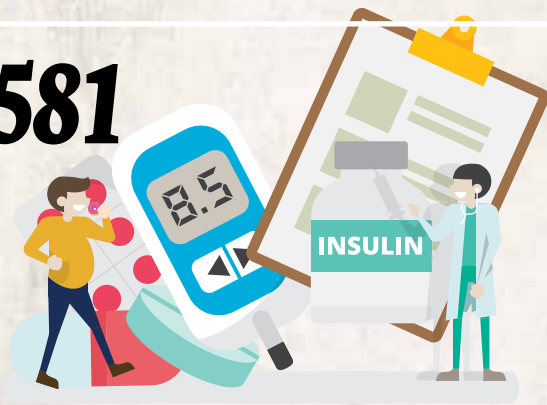
100%

Four Directions

Community Pathways Partnership

For the 2018-19 school year, 473 out of 580 students eligible for the program were assessed, and 100% of those assessed have accessed services and supports through the program.

581



21 Diabetes Prevention programs were run by the Chronic Disease Prevention Team (89 total sessions), with a total of 581 participants.



For the 2018-19 school year, there were 50 Student Nutrition Programs across the region, total daily average participation was 5,101 students and a total of 914,158 meals/snacks served amongst all programs.

4,341



4,341 Sexual Health Clinic appointments



21 Weed Out the Risk school facilitators were trained across 8 communities to deliver the cannabis use prevention program to students and in communities.



1,181 The Health Care Provider web pages were visited almost 1,200 times in 2019.



1,666 Approximately 18% of all Family Health client interactions were home visits.

693



Combined, NWHU teams contributed to 693 presentations and educational events in 2019.



71%
An estimated 71% of the population in the NWHU catchment area currently use social media. Within that population, 82% use Facebook the most.

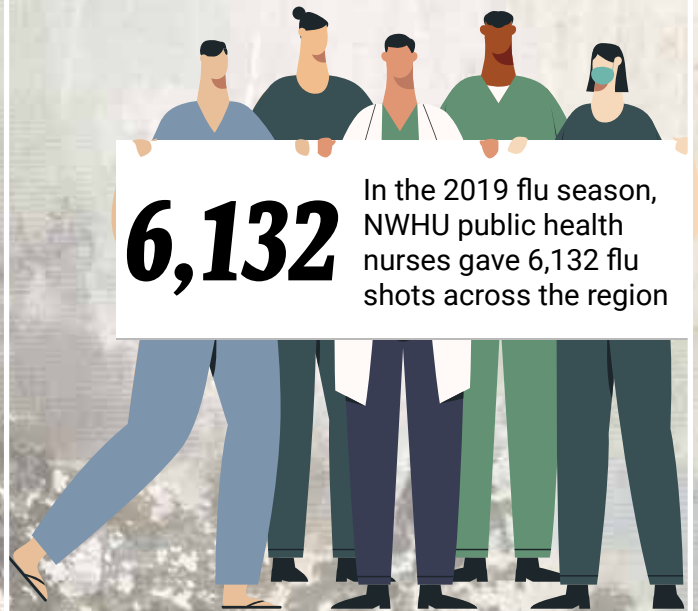
173,575



The NWHU website had over 173,000 unique page views in 2019.

6,132

In the 2019 flu season, NWHU public health nurses gave 6,132 flu shots across the region



BFI 20 Hour Breastfeeding Course – Building Capacity of Support



The Baby Friendly Initiative (BFI) is a global standard developed by the World Health Organization and UNICEF in 1991. The aim of this initiative is to improve worldwide breastfeeding initiation and duration rates to ultimately support child health. BFI supports women and families to make an informed decision about how they want to feed their baby, free from commercial influences, and includes information on safe feeding practices.

The BFI strategy includes a 20 hour course that delivers the basic education required by care providers and community partners to meet the breastfeeding best practice standards. After completing this course, participants understand breastfeeding basics, how to manage breastfeeding challenges, and how to promote, protect, and support breastfeeding with their clients and within their communities.

The Northwestern Health Unit (NWHU) Family Health team has planned and implemented this workshop in partnership four times over the last

two years in Kenora and Fort Frances. Planning and implementation of the course was done as a collective effort by the Kenora Baby Friendly Coalition (KBFC) and the coalition is comprised of staff from many agencies including NWHU, Sunset Country Family Health Team, Firefly, ONWA, NeChee Friendship Centre, and Lake of the Woods District Hospital. Workshop participants have been primary health care providers who practice in Kenora, as well as other community partners and service providers who work with families and children.

Recognizing the needs of the population, the NWHU Family Health team in Fort Frances partnered with Indigenous organizations including Gizhewaadiziwin Health Access Centre, Fort Frances Tribal Area Health Services, and the United Native Friendship Centre to plan and implement the course. The course content was adapted to include a cultural component which incorporated traditional First Nations breastfeeding teachings presented by a local Elder. The course was delivered to various service providers including nurses who work on First Nations communities, Aboriginal Healthy Babies Healthy Children workers, Aboriginal doulas, Labour and Delivery nurses, Public Health nurses and Parenting Partners, and clinic RPNs. Course participants completed an evaluation and provided such positive feedback that the adapted course was offered again in November 2019, with plans for continued delivery in the future.

980

980 food premise inspections were conducted by NWHU Public Health Inspectors.

65%

65% of all flu shots given by NWHU were to individuals classified as “high risk” of having complications if they acquire influenza.

Red Lake Emergency Shelter

As the cold weather settled in, the NWHU partnered with the Red Lake Area Emergency Shelter to offer the Healthy for Life Program during November and December. Some of Red Lake's most at-risk people were invited to take part in programming that was tailored to suit their needs.



Once a week shelter clients were invited to participate in making a healthy lunch, preparing extra to welcome the other residents when they came in from the cold. Clients learned about a variety of health topics that were specific to their area of interest or need. The consistent visits to the shelter allowed for trust and understanding to be formed between the residents and the NWHU staff.

At the end of the program, as Christmas approached, all of the clients were gifted with hats, socks, and mitts in place of the typical handouts provided to the program participants. Each gift was tailored for the individual to ensure that they were provided with a personal and thoughtful gift. A large communal gift of art supplies was also provided to encourage the creative talent that is harbored within the shelter.



Dental team brings care to underserved areas

In 2019, our dental team provided treatment to 630 clients who did not have access to a dental provider.

A total of 2,815 procedures were provided at these clinics in 8 locations across the region using the Mobile Dental Office and Community Clinic locations.

"Some of our clients haven't had proper dental service for years," said Lara MacDonald, a health educator in the Dental Health program.

"I'm so glad we can get into these communities and help make people smile again!"

A stylized illustration of a blue and white mobile dental van. On the side of the van, there is a large graphic of a white tooth with a dental mirror and a probe. Below the van, the number 134 is written in a large, bold, black font.

134

Front-line dental staff provided dental services at 134 various locations including in 10 First Nations Communities using mobile dental equipment.

An illustration of a woman in a red sweater and grey pants standing next to a large smartphone. The smartphone screen displays the number 6,123 in a large, bold, black font. The background of the illustration shows a forest scene with trees and a sun.

6,123

2019 saw the HealthEquityMatters website get well over 6,000 page views.



Northwestern
Health Unit

www.nwhu.on.ca