

TIMISKAMING HEALTH UNIT

ANNUAL REPORT
2016

WELCOME

It has often been said that the only thing constant is change. Managing that change can be very challenging, but at the same time can propel you to really look at your priorities and re-focus your structure and resources to ensure the greatest impact on public health initiatives are taking place.

In 2016 all public health units began to operate under the new funding formula implemented by the Ministry of Health and Long Term Care. Although many factors are part of the formula, being a rural health unit with a small population base within a larger geographic area, a significant impact occurred on our mandatory program funds, and they were ultimately frozen at 2015 levels. While some positive changes came to our 100% funded programs, the effect of the frozen mandatory program funds for the foreseeable future drew a great deal of attention.

In an environment of structured mandates, indicators, and accountabilities, how would

this change affect us? You constantly work to improve efficiencies while providing optimum service, but with a change like this it had to be more. In fact, this change acted as a catalyst for us to begin an in-depth service review. We wanted to ensure we were focusing our resources in the right areas, based on local need and impact, while still meeting our mandated accountabilities. This review was a major focus in 2016 and led to an organizational structure change and a shift in work priorities in various program areas, all of which has positioned us better for the future.

Although a great deal of time was spent on the review and organizational changes many other initiatives were still taking place. Across all programs our dedicated staff continued to plan, implement, and evaluate various activities, while at the same time began to integrate the shift in some priorities.

If the only thing constant is change, 2016 certainly followed suit, but in the end it proved to be a very productive year. In addition to our financial summary and performance indicator data, the following report features just a sample of some of the great work that was accomplished. I encourage you take a look and become a little more familiar with public health in the district of Timiskaming.



DR. MARLENE SPRUYT



Dr. Marlene Spruyt
Medical Officer of Health / CEO (2016)

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CONNECTING WITH OUR COMMUNITY

WEBSITE

Knowing that people have different preferences in the way they receive information and interact with us, we identified the need to review our agency website to ensure it was meeting the needs of our residents. After doing some research, which helped to confirm some of the thoughts we already had, we set a plan to re-vamp our website to make it more user friendly, accessible, and representative of the Timiskaming district.

Throughout the year details of the plan were implemented and in the summer of 2016 we launched the updated version of the website. Refining this method of communication is just one way we have worked to improve overall engagement with our population.

Check us out at:
www.timiskaminghu.com

SOCIAL MEDIA

Another area of focus in 2016 was our social media presence. Work was done to create a social media policy to ensure our use of social media was not only valuable, but had an official structure to follow. This allowed us to increase the use of this tool, and expand our connection with people.

To assist employees with more knowledge of social media and to gain a higher comfort level with it, social media guidelines and procedures were developed. With these tools in hand our social media presence will continue to grow, allowing us to reach more people through an additional communication avenue.

Like us on *Facebook* 



Photo banner from www.timiskaminghu.com

REACHING OUT HOME VISITING PROGRAM

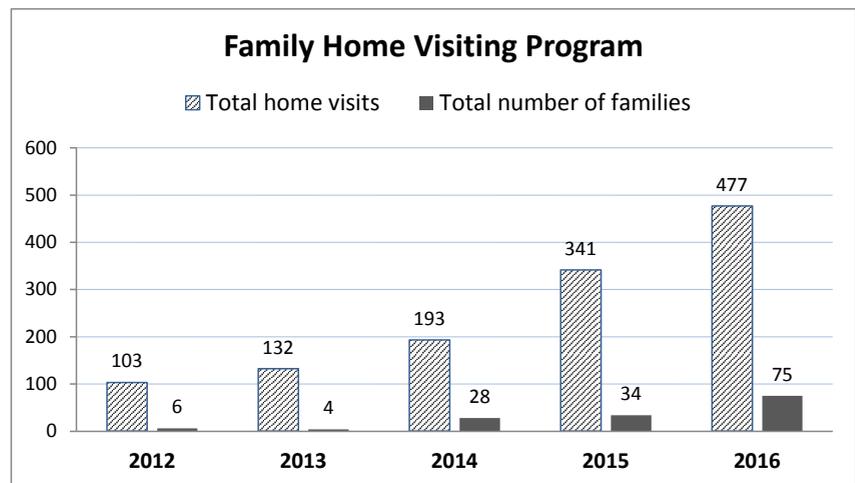
Since its inception in 1998, the Healthy Babies Healthy Children (HBHC) program has been offered by all 36 health units in the province to help children get a healthy start in life. Public Health Nurses (PHN) and a Family Resource Worker (FRW) support infants and children up to age six, along with their families through clinic and home visits. Home visits, also known as Blended Home Visiting (BHV) offer:

- Screenings and assessments to determine if there are any risks that could affect a child’s healthy development.
- Referrals and linking parents to community programs and services for support in areas such as: breastfeeding, nutrition

and health services, parenting programs and family literacy programs.

- Support, with the objective of helping parents achieve personal parenting goals as well as fostering optimal growth and development of their child.

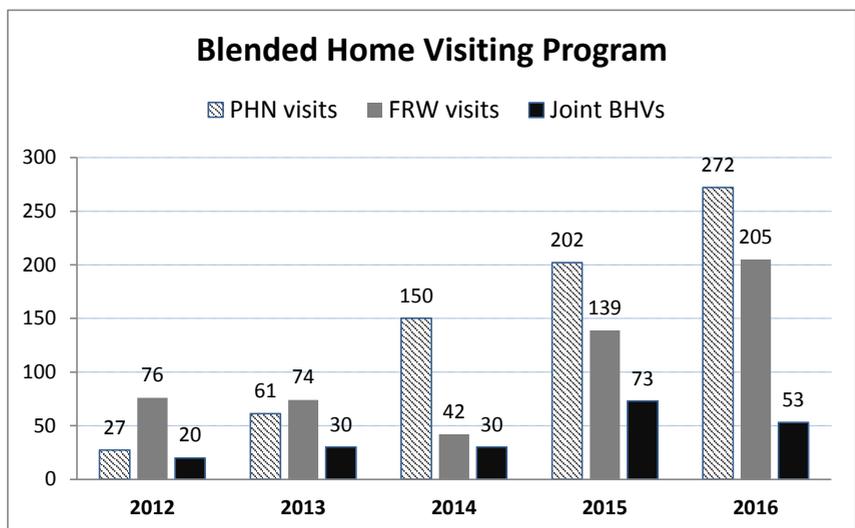
There has been an obvious increase in utilization of our program in the last five years which can be seen in the graphs below.



This graph shows how many home visits there were in total and the number of families represented in those visits.



Julie Remillard, Public Health Nurse, Lactation Consultant



There are currently nine Public Health Nurses (PHN) offering the Blended Home Visiting (BHV) program and one Family Resource Worker (FRW). The program is offered across the district and includes the collaboration of numerous community partners.

INVENTORY MANAGEMENT

VACCINE STORAGE & HANDLING



In Ontario, many vaccines are available at Public Health Units, Family Health Teams, Pharmacies, Hospitals, Community Health Centres, and Nursing Stations. Public Health Units across Ontario monitor the storage and distribution of provincially funded vaccines to ensure storage and handling is in accordance with national standards. Vaccines must be stored between 2 and 8°C as excessive heat or cold can damage vaccines, making them ineffective and unsuitable to administer.

Timiskaming Health Unit conducts annual inspections of all vaccine refrigerators, provides ongoing teaching and education about vaccine inventory management, and provides support and management during cold chain failures (when vaccines are exposed to temperatures outside the recommended range). There are 41 fridges that are monitored in the Timiskaming district. A Public Health Nurse is responsible for annual fridge inspections and for providing relevant updates and education to providers regarding proper vaccine storage and handling practices.

Proper cold chain management is a public health priority as it is crucial in maintaining vaccine potency and reducing wastage.

FOOD AND POVERTY

UNDERSTANDING CHALLENGES RELATED TO THE COST OF EATING WELL AND PUTTING FOOD ON THE TABLE IN TIMISKAMING

The food insecurity work undertaken by THU is a great example of working to understand the ways that income can affect people's ability to make healthy choices. Household food insecurity happens when a household is unable to access adequate and safe food due to financial limitations. People in this situation are often forced to decrease quality/quantity of their food choices and, at its worst, to reduce the number of meals per day.

To better understand the struggles one may face to have adequate access to food in our area, THU carried out two projects in 2016: Nutritious Food Basket and Putting food on the table: Stories about food insecurity in Timiskaming.

Each year, THU conducts the Nutritious Food Basket survey that measures and monitors the cost of basic healthy eating based on 67 food items that follow Canada's Food Guide and average food purchasing patterns. The lowest available price of each item is recorded from six grocery stores in the Timiskaming District and averaged to calculate the cost of feeding an individual or family. The 2016 Nutritious Food Basket results show a rise in the cost of nutritious food in the THU area, for the third consecutive year: the average cost of food for a family of four in Timiskaming is \$218.27 per week, a \$28.40 increase since 2011.

To begin to understand the experience of food insecurity in Timiskaming, from December 2015 to March 2016, Timiskaming Health Unit interviewed 18 individuals who have experienced food insecurity and representatives from 9 social service organizations that provide support to these individuals, to explore the experience of food insecurity in Timiskaming. These are some of the themes that arose from the participants:

- When individuals are living with low income, there is not enough money to cover the cost of basic needs
- People feel stigma in receiving social assistance, so people may not admit that they are struggling or ask for the help they need
- Support from parents, family, friends and acquaintances is very important
- Help often comes in the form of friends or family sharing food, or through strategies such as batch cooking, joining community kitchens, freezing leftovers from meals, or at worst going without food
- Transportation is often a challenge to those with low income. When individuals and families do not have access to a car, getting to and from the grocery store to buy food requires even more planning and money. Walking means they are limited to what they can carry, while taking the bus or taxi adds extra costs

To read both Cost of Eating Well 2016 and Putting food on the table: Stories about food insecurity in Timiskaming reports visit <http://timiskaminghu.com/261/Reports>

EARLY DETECTION INCREASED ORAL HEALTH SCREENINGS

Oral health screenings are one of the best ways to ensure minor oral health issues are dealt with before they become an urgent problem. Ongoing screenings in schools for younger grades have been a core practise for some time.

Last year, while continuing to screen the usual younger grades, we enhanced the service by including all public school aged children in the screening program. Including this older group not only allowed for additional detection of problems, it enabled us to use a different approach in the education portion of the program. With older children it is often easier to have a more mature conversation regarding the need for good oral health. Discussions with these children were met with more

understanding and they were able to see the cause and effect of things much better. With this knowledge it positions them to be more self-aware and improve their oral health habits as they move towards adolescents.



Nicole Mercier, Dental Hygienist

WELCOME TO THE BEACH NEW SIGNAGE

Working to ensure our public beaches are safe for recreational use is a routine summer task. Water samples are collected on a regular basis throughout the summer and sent for testing. If a sample test shows a negative result the beach is “posted”, meaning the water is unsafe for use.

In 2016 we wanted to develop and implement a plan to enhance the way we provide the necessary information to the public regarding our beaches. First, partnerships were formed with municipalities who had public beaches in their city/town limits. The goal was to produce permanent beach signs that not only allowed us to add more visible “postings” when needed, but also to give general tips to the public on how to keep the beaches and water clean, safe and welcoming.

The project had the Timiskaming Health Unit do the research for the required signs and have them produced, while the municipalities took

on the installation task. These highly visible signs, located in high traffic areas, make it easier for people to be informed about the recreational waters in our district.

The Timiskaming Health Unit monitors 17 public bathing beaches throughout the area: New Liskeard (Spur Line), Haileybury, Bucke Centennial Park, Temagami North, Charlton, Elk Lake, Larder Lake, Raven Park, Culver Park, Bass Lake, Loon Lake, Pike Lake, Latchford, Matachewan, Gowganda, Crystal and Sesekinika.



WORKING WITH OUR SCHOOL PARTNERS

To achieve optimal health and wellbeing of school-aged children in Timiskaming, the Timiskaming Health Unit has a School Health Team who work with our partners for school-based programs and services. The collaborations and initiatives are many, but here is the story of PALS and P.A.R.T.Y. in 2016.

PALS

The PALS (*Playground Activity Leaders in Schools*) program is an evaluated playground leadership program developed by Peel Public Health that encourages all children to participate in activities at recess breaks. The objectives of the program are to:

- Increase physical activity among students in Grade 1 to 5.
- Decrease conflict and reduce incidence of playground bullying.
- Provide a leadership opportunity for students in Grades 4 to 6.

Staff from our school team supported five elementary schools in implementing the PALS program in 2016. This included providing staff and student leader training, game books and resources, and ongoing follow-up and recognition. Prior to the summer school break THU staff conducted evaluation interviews with school staff in order to learn more about how implementation went, what components of the program the schools found successful and how THU can best support the program in the future.



One grade 4 student was quoted as saying, "Everyone is getting along better since we started PALS."

WASN'T THAT A P.A.R.T.Y. ?

Yes, staff at the THU support a P.A.R.T.Y. program ... that's *Preventing Alcohol and Risk Related Trauma in Youth*. This program is a community partner effort to reduce death and injury in alcohol, drug and risk-related crashes and incidents. Grade 10 students observe the vivid path of a trauma patient from the emergency room through to rehab and recovery. They hear from real people and their very real experiences. The goals and objectives of this youth injury awareness and prevention program are to:

- Educate youth to recognize risks and increase awareness of personal responsibility for their choices.
- Contribute to a reduction in the incidence of risk-related trauma in youth.
- Increase youth knowledge of the consequences of injury on quality of life for the individual, family and friends.
- Community empowerment of youth to make informed, educated choices.

In 2016 THU staff coordinated and participated in the delivery of six programs reaching 125 students from four of the five secondary schools in the district. In addition to collaboration with schools, this program engages over seven unique partner groups for implementation. The program includes in-class pre and post student surveys, a mock trauma day at a local hospital, a contract for life to support student commitment and information home to parents.

THU staff are evaluating the local program using the findings from the pre and post surveys to see if the program is meeting its objectives and to identify if there are ways the program can be improved.



"The most important thing I learned was the most of these injuries are preventable and can last a long time because not everything can be fixed." - 17 year old Timiskaming District Secondary School P.A.R.T.Y. participant.

STAY ON YOUR FEET

WORKING TOGETHER TO PREVENT FALLS AMONG OLDER ADULTS

Stay on Your Feet (SOYF) is a fall prevention strategy adopted across the northeast to support healthy active aging for the older adult population. It involves raising awareness about the impact of falls on individuals and



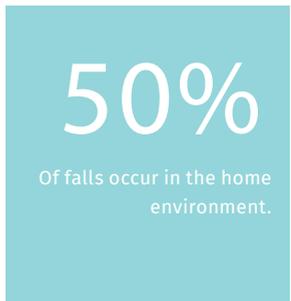
our communities. Partners work together to build on community strengths and support initiatives that help older adults to stay active and independent. These partners, including the North East Local Health Integration Network (NE LHIN), five northeast public health units, health and community care partners, municipal partners, older adults, and partners from the academic and research community, are guiding this Northeastern Ontario strategy. A local SOYF coalition made up of passionate partners representing local hospitals,

family health teams, community and home care, long-term care, municipalities and older adults themselves, meet regularly to identify opportunities to collaborate. In 2016 THU was into the second year of activities for this project. After the first year, where the focus was on branding SOYF and the promotion of physical activity as a way to reduce the risk of falls, year 2 activities concentrated on reducing risks at home, as more than 50% of falls occur in the home environment. Some examples of the work done locally and regionally include:

- Supporting community partners in the coordinated planning and delivery of physical activity programs for older adults, including Stand Up, NE LHIN 48 week exercise classes and peer led exercise programs.
- Supporting the implementation of fall risk screening and assessment for older adults, including integration into Electronic Medical Record (EMR), development of a prescription pad for healthy living, and provision of SOYF resources both electronically and in pack form for clients.
- Hosting a Stand Up training for

11 new facilitators and a refresher training for Stand Up providers from 6 agencies and organizations across the district.

- Reaching over 400 older adults with fall prevention messages through skits by seniors performance troupes, and sharing of resources by a variety of community partners at Spring Fling wellness fairs and luncheons hosted in New Liskeard, Kirkland Lake and Englehart.
- Completing research and provided direction regionally on the feasibility of mobile falls assessment clinics in Northeastern Ontario.
- Working with regional partners to develop a Home Safety Checklist as a tool to assess risk factors at home. Developed a communication campaign and sharing of the resource with local service providers, older adults and their families.
- Participating in Age-Friendly Communities partnership for Temiskaming Shores.



An estimated one in three older adults falls each year. In Northern Ontario, fall-related emergency department visits and hospitalizations are 40 percent higher than the provincial average. Falls can result in serious injuries reducing mobility and independence.

HEALTH INDICATORS - 2016

#	Health Promotion Indicators	Target	Result
1.1	% of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines	Monitoring	N/A
1.2	Fall-related emergency visits in older adults aged 65+	Monitoring	N/A
1.3	% of youth (ages 12-18) who have never smoked a whole cigarette	Monitoring	N/A
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	≥90%	93.6%
1.5	% of secondary schools inspected once per year for compliance with section 10 of the <i>Smoke-Free</i>	100%	100%
1.6	% of tobacco retailers inspected for compliance with section 3 of the <i>Smoke-Free Ontario Act</i> .	Non-seasonal	100%
		Seasonal	N/A
1.7	% of tobacco retailers inspected for compliance with display, handling and promotion sections of the <i>Smoke-Free Ontario Act</i> .	100%	100%
1.8	Oral Health Assessment and Surveillance: % of schools screened	100%	N/A
	Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools.	100%	N/A
1.9	Implemented Status of NutriSTEP [®] Preschool Screen	Advanced	Advanced
1.10	Baby-Friendly Initiative (BFI) Status	Advanced	Advanced
	Health Protection Indicators	Target	Result
2.1	% of high-risk food premises inspected once every 4 months while in operation	Monitoring	100%
2.2	% of moderate-risk food premises inspected once every 6 months while in operation	Monitoring	100%
2.3	% of Class A pools inspected while in operation	Monitoring	100%
2.4	% of high-risk Small Drinking Water Systems inspections completed for those that are due for re-inspection	100%	100%
2.5	% of public spas inspected while in operation	Monitoring	100%
2.6	% of restaurants with a Certified Food Handler (CFH) on site at time of routine inspection	Baseline	TBD
3.1	% of personal services settings inspected annually	Monitoring	98.0%
3.2	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	100%	100%
3.3	% of confirmed gonorrhoea cases where initiation of follow-up occurred within two business days	Monitoring	100%
3.4	% of confirmed iGAS (invasive Group A Streptococcus) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	Monitoring	0%
3.5	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into the integrated Public Health Information System (iPHIS)	100%	100%
3.6	% of confirmed gonorrhoea cases treated according to recommended Ontario Treatment guidelines	Monitoring	33.3%
4.1	% of HPV (Human Papillomavirus) vaccine wasted that is stored/administered by the public health unit	Monitoring	0.9%
4.2	% of influenza vaccine wasted that is stored/administered by the public health unit	5.0%	4.6%
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100%	97.6%
4.4	% of school-aged children who have completed immunizations for hepatitis B	Monitoring	59.8%
4.5	% of school-aged children who have completed immunizations for HPV (Human Papillomavirus)	Monitoring	50.3%
4.6	% of school-aged children who have completed immunizations for meningococcus	Monitoring	74.5%
4.7	% of measles, mumps and rubella (MMR) vaccine wastage	Baseline	3.1%
4.8	% of 7 or 8 year old students in compliance with the Immunization of School Pupils Act (ISPA)	Baseline	99.4%
4.9	% of 16 or 17 year old students in compliances with the ISPA	Baseline	91.2%

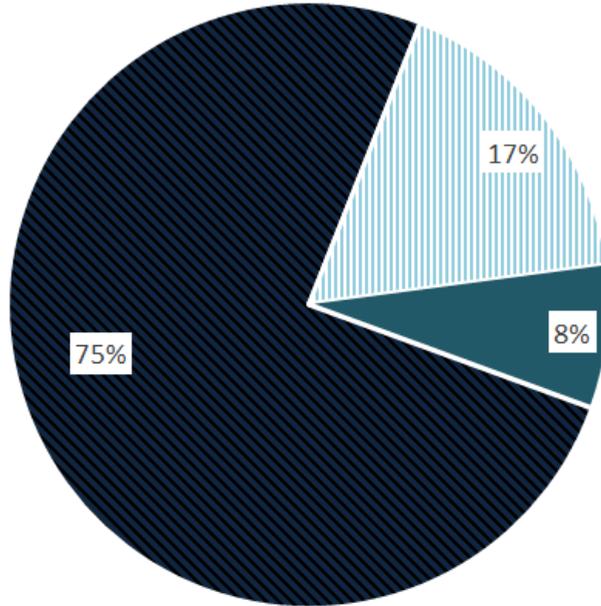
N/A = Not applicable for specified reporting period

TBD = Baseline to be determined

FINANCIALS (UNAUDITED)

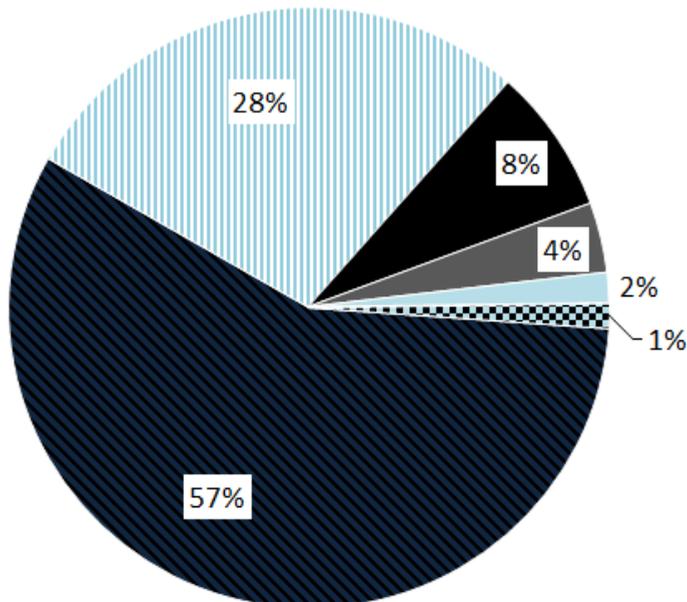
REVENUE

	Provincial Grants	5,756,142
	Municipal Funding	1,287,736
	Other Funding Sources (incl DTSSAB, Land Ctrl)	583,579
		7,627,457



EXPENDITURES

	Core Public Health
	100% Funded Mandatory & Related Programs
	Nursing Stations
	Best Start Programs
	Land Control
	Stay On Your Feet



BOARD OF HEALTH MEMBERS

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Temiskaming Shores, Chair

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Temiskaming Shores

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Town of Kirkland Lake, Vice-Chair

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Temiskaming Shores

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Kerns & Matachewan

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Townships of Brethour, Harris, Dymond,
Harley and Casey, Village of Thornloe

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