



2015 Annual Report

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Public Health Works Upstream

One day a young man and his father were walking in the forest when they heard a cry for help coming from a nearby river. They rushed over to see a woman struggling in the water. They jumped in and pulled her to safety. Then a second, third, fourth and fifth person passed by, also in trouble. The father and son worked frantically and managed to save as many as they could. Tragically, some did not make it.

Exhausted, the son turned to his father and said, "Let's go home dad, we've done all we can. It's over now."

The father replied, "We've only just begun."

"What do you mean?" asked his son.

"We won't be finished until we go upstream and find out why these people are ending up in the river and if there will be more."

The health care system most people are familiar with involves going to see your doctor when you are sick, being treated with antibiotics, visiting the emergency department as the need arises, having lab tests or x-rays done when necessary, going for surgery, and being rehabilitated following an illness or injury. The health care system of public health is far different. It is our job to work upstream to find out why people are ending up "in the river" and try to prevent them from becoming patients in the first place. Oftentimes, we find people become unwell not simply because they make unwise lifestyle choices. The reasons, as well as the solutions, are complex and often lie outside of the health care system.

Simplistically, it is people's living conditions that determine their health. Many factors influencing health include poverty, lack of education and literacy, unemployment, unhealthy environments, social isolation, access to health care services, gender, race, disabilities and the inability to afford the basic necessities, such as nutritious food or housing. The poorer you are, the sicker you are.

Some of these factors individuals have little or no control over. How effective is our health care system when we treat these people's illnesses and send them back to the same environment and conditions that made them ill in the first place? It is a revolving door and our acute care system is not financially sustainable.

Income inequality and poverty is growing among Canadians. It will lead to poorer health. Governments and policymakers at all levels

must collectively address these underlying causes of poor health through responsible public policy action. Never before have public policies and political choice been so important.

Unprecedented changes to the health care system in Ontario began in 2015. The government released a discussion paper entitled Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario. It is a plan to improve patient access to primary care, standardize and strengthen community care, and enhance population and public health.

The proposed changes primarily focuses on timely access to the acute care system and patient treatment. However, as the story illustrates, it is critical to emphasize and remember the importance of preventive health care that should never be lost or marginalized.

If we truly wish to create healthy communities, it is everyone's responsibility to go upstream.



Dr. Jim Chirico,

Medical Officer of Health/Executive Officer

Board of Health

In 2015, our Board of Health welcomed 6 new members. Our members for the Board of Health in the central area of the Nipissing District include Dave Butti, Nancy Jacko, Stuart Kidd, Tanya Vrebosch, and Mac Bain. In the eastern area, Chris Jull represents the municipalities and Guy Fortier represents West Nipissing. The Northeast area of the Parry Sound District is represented by Heather Busch, the southeast by Les Blackwell, and West Parry Sound has Don

Brisbane. The provincial appointees are Rick Champagne, Mike Poeta, and John Stopper.

For 2015, the Board of Health elected Mr. Rick Champagne as Chairperson and Mr. Mike Poeta as Vice-Chairperson. Additionally, Mr. Don Brisbane was elected Chairperson of the Finance and Property Committee and Mr. John Stopper as Vice-Chairperson. We are very pleased to have

these Board members in leadership roles. Board members attended a January orientation session to lay the groundwork for effective and productive governance. The session introduced new members and reminded incumbents that all of our work and day-to-day decisions are predicated on our mission, vision and values. They are the principles that guide us and upon which we function.

Health Unit Strategic Plan

Year two of our current [Strategic Plan](#) has brought Health Unit staff, programs and services together in ways they have not previously worked.

Currently, over 25 staff from 8 different programs and services across the Health Unit are directly involved in planning and implementing activities to support strategic initiatives. The collaborative and cross-cutting nature of the work has been necessary to achieve the outcomes for each of the four strategic priorities and their associated aims.

Bi-annual reporting has demonstrated the commitment to achieve the strategic plan. We are on track for 78% of the planned outcomes.

Strategic Priorities:

- Foster Healthy Behaviours in Children and Youth
- Promote Healthy Aging in Adults
- Expand Reach
- Strengthen the Health Unit's Organizational Supports



1 Foster Healthy Behaviours in Children

Babies Getting a Great Start

It is normal for families with a new baby to have many questions and need help adjusting to life in this new role. We work closely with the North Bay Regional Health Centre and local health care practitioners to screen families, before and after they have their babies, and to offer support through our home visiting program as needed.

One of our clients in 2015 wrote a letter that shows one of the many ways we help families with new babies.

“Our plan had always been that I would breastfeed this baby. During our stay in the hospital we had difficulty with latching but, given that this was our third child and I had successfully breastfed our two older children, I naively thought that this would all work itself out and not be such an issue. We returned for our follow-up clinic appointment at the hospital the day after our discharge and were so blessed to have met Amanda Guillemette from the Healthy Babies Healthy Children program as run by the Health Unit, who helped me to successfully latch the baby. To this day, three weeks later I am not sure where we would be or what would have happened in between had we not met Amanda on that day. She followed up with us through home visits in the weeks to come and has been a constant source of support, encouragement and reassurance.”





Growing Healthy Smiles

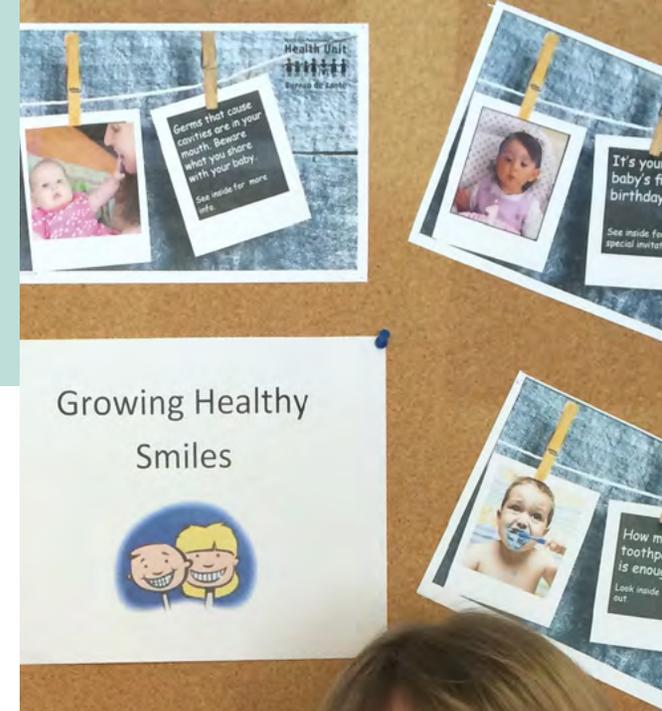
A pilot project, called “Growing Healthy Smiles”, informs parents about good dental care habits for their children. It focuses on these important dental messages:

- *Baby teeth are important to help a child eat, speak and smile.*
- *They also help adult teeth grow in straight.*
- *Since a child may have some baby teeth until age 12, it’s important to start healthy habits early.*
- *Tooth decay is the most common chronic disease of childhood.*

Working with Planning & Evaluation and Communications, seven different packages, with age specific information, were developed. These packages were given out by other Health Unit programs that provide services to children. For example, the six-month package focused on “Reducing Tooth Decay”. It contained a pamphlet, toothbrush, contact information for the oral health program and a link to a survey. Parents were asked to complete the survey, so that we could assess if the parents increased their knowledge about the risk factors contributing to early childhood tooth decay.

Over 1,000 packages were distributed during the pilot project. Feedback from survey respondents was very positive, with 90% reporting they used the information or resources supplied to them.

Given its success, the Growing Healthy Smiles project will continue to improve the health of our communities.





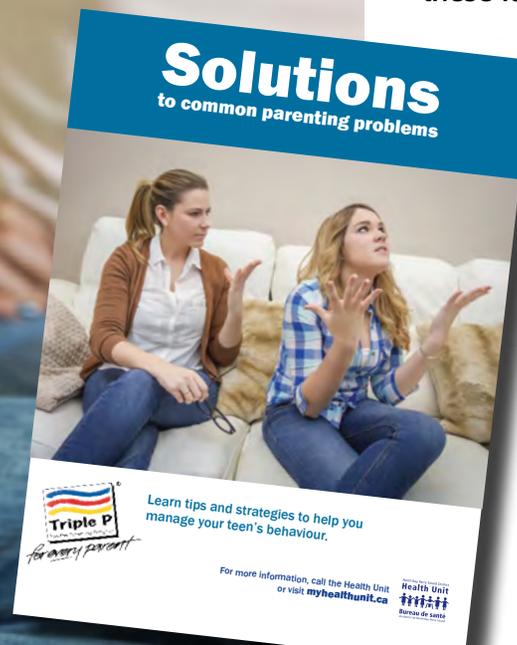
Working Together to Improve Parenting Capacity

After a Positive Parenting Situational Assessment in 2014, we identified gaps in parenting programs in our community. We brought community partners together to share ideas, pool resources, and find solutions to this challenge. As a result, there was a better understanding of resources and clearer lines of communication between agencies.

While some community partners were trained to facilitate the Triple P, or Positive Parenting Program, they could not meet the demands. Four Health Unit staff have been trained and now provide the Triple P Parenting Program.

A group of people were not being adequately serviced with parenting programs, and had many barriers and stigma. The Health Unit and the Children's Aid Society (CAS) started new parenting workshops specifically for these families. CAS case workers referred clients and both Health Unit and CAS staff facilitate the workshops. The families receive the core principles of the Triple P Parenting Program, with other topics, such as brain development and attachment theory. The flexible schedule allows them to register immediately, making it easy for them to join at any time.

The Health Unit and community partners are now able to offer a more robust service to families.



School Immunization Requirements

The Health Unit is required by the Immunization of School Pupils Act to collect and maintain up-to-date immunization records for all students registered in schools in our district.

The Act was updated in 2013 and students now need more immunizations in order to attend school in Ontario. They must have Tetanus, Diphtheria, Pertussis, Polio, Measles, Mumps, Rubella, and Meningitis vaccines. Children born in 2010 or later must also have the Chicken Pox vaccine.

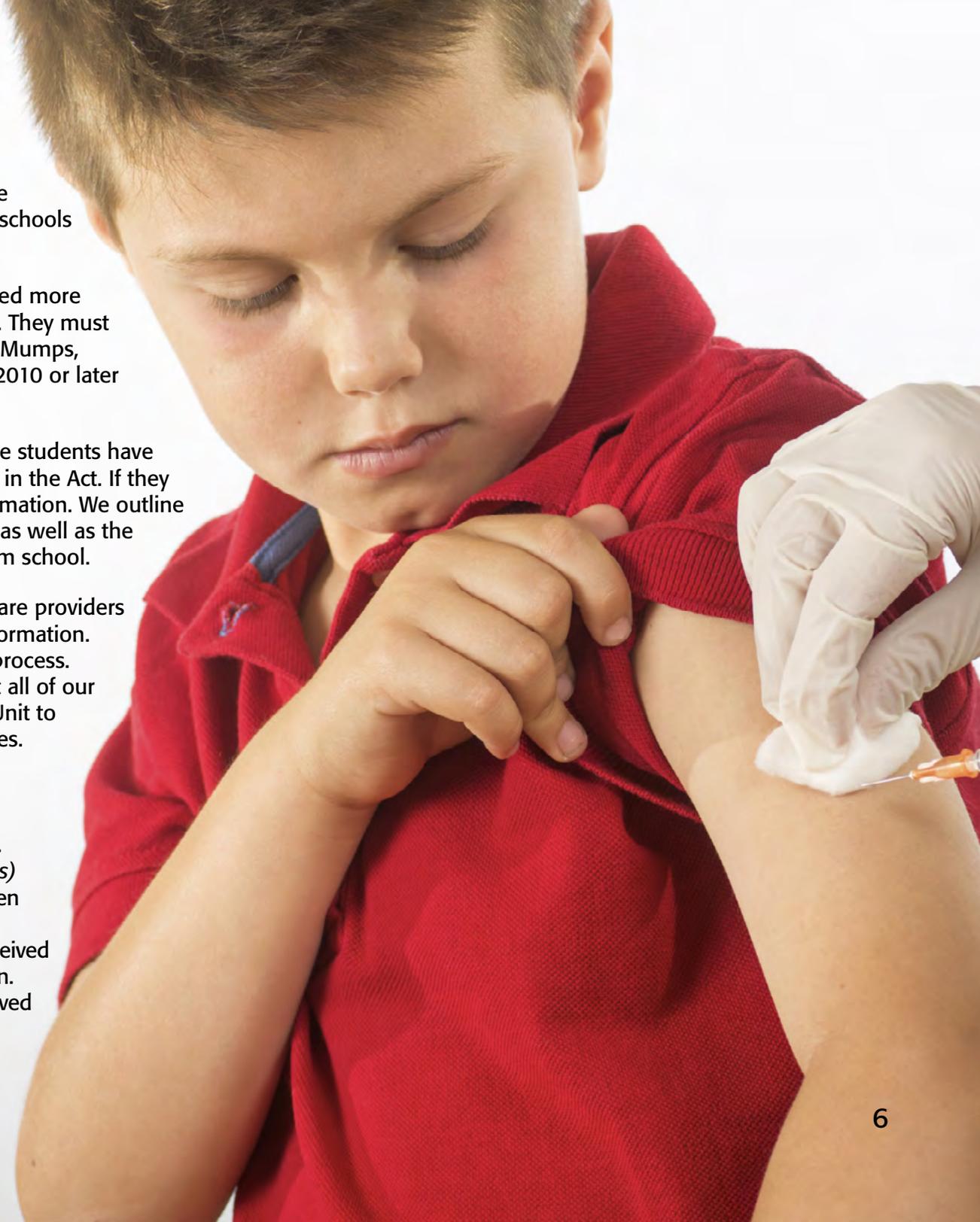
Every year our nurses review our database to ensure students have the necessary immunization requirements outlined in the Act. If they don't, parents are sent a notice of the missing information. We outline options for them to provide that information to us, as well as the consequences if they don't, such as suspension from school.

We work closely with parents, schools and health care providers in our district to ensure we receive the required information. It takes about 3 ½ months to complete the entire process. During that time we provide school-based clinics at all of our secondary schools, as well as clinics at the Health Unit to ensure students have access to the required vaccines.

In 2015:

- 12 secondary schools registered (5,468 students).
- 62 elementary schools registered (11,383 students).
(2 private schools are included in the above statistics)
- 16,851 immunization records were assessed between January and March 2015.
- 1,517 elementary and 1,949 secondary students received letters requesting missing immunization information.
- 1,026 elementary and 754 secondary students received suspension notices.

On suspension day, 210 elementary and 220 secondary students were suspended from school. Within a few days, all students' records were brought up to date as required.



Youth Art

In our ongoing effort to be a youth-friendly Health Unit, we commissioned youth from École secondaire publique Odyssee to produce art work for the Health Unit. Youth used the idea of 'What is Healthy' to come up with images depicting their vision. Three designs were chosen to be produced on large panels. The panels are hung in the front entrance at our main office in North Bay, 681 Commercial Street for staff and clients to view. When you have a moment, please stop to take a look and appreciate the art work.

Four additional panels were done in a graffiti style of art and hung in the Sexual Health and Vaccine Preventable Diseases client waiting area. A big thanks to all of the youth that participated and to their art teacher, Jazz Mathon, who supported the project.



A New Approach to Health at the Near North District School Board

A partnership with the Near North District School Board was formed to establish a more comprehensive approach to health and wellness within the school setting. We want to promote healthy growth and development across all ages, while also celebrating equity, inclusion and holistic perspectives.

Through this partnership, we advocated for environments and policies that support overall healthier life habits. Due to the successes gained through this partnership, we were invited to present this unique collaboration at the Healthy Schools Communities National Forum in Gatineau, QC in 2015. As well, we authored and are jointly submitting an article to The Physical and Health Education Journal. It is slated for publishing in the first quarter of 2016.

Through this partnership, we are charting a new course of collaborative school-health planning. The benefits include thoughtful, purposeful and evolutionary change.



Sexual Health

Consistent with trends across the province, we are dealing with a sharp increase in the number of Gonorrhoea cases in our district. In 2014, our Health Unit reported 13 cases of this infection. In 2015, we received 50 positive cases, which is 3.5 times higher than in 2014.

Gonorrhoea is a sexually transmitted infection. It can infect both men and women and is spread by having unprotected vaginal, anal, or oral sex.

To fight this trend, the Sexual Health program helped individuals who had Gonorrhoea and their potentially infected partners with comprehensive case management and contact tracing. As well, we provided education in schools and with community partners. Finally, we are working with Public Health Ontario to create a provincial campaign to bring awareness and attention to the Gonorrhoea problem.



Rising Genetics Referrals

Our Genetics program offers assessment and counselling for individuals and families at increased risk of hereditary diseases. We have had increasing referrals to the program from health care providers across our district. In 2015 we had 362 referrals, while only two years before, we had 289 referrals.

People are referred for some of the following:

- Birth defect(s) or multiple congenital anomalies (e.g. cleft lip/palate, heart defects, spina bifida)
- Developmental delay of unknown cause
- Sensory impairments (e.g. vision, hearing)
- Metabolic disorders (e.g. PKU, galactosemia)
- Known/suspected genetic disorders (e.g. Down syndrome, Cystic fibrosis, Muscular Dystrophy, Huntington Disease)
- A family history of a hereditary disorder
- Carrier of a genetic disorder

Those who are referred to our genetics clinics, are provided with the following services:

- Assessment and diagnosis of genetic disorders
- Provide with medical information and advice
- Discussion of the chance of developing a disorder and passing the disorder on
- Provided with ways to prevent or help a genetic disorder
- Arrangement for and interpretation of genetic laboratory test results

2 Promote Healthy Aging in Adults

Bringing Back the Tradition

The Health Unit completed a six year diabetes prevention project, "Bring Back the Tradition", funded by the Ministry of Health and Long-Term Care. We worked with four other northeastern Health Units to promote it on APTN, CTV and various First Nation e-newspapers.

During this time, we built working relationships with six First Nations, two Friendship Centres, one Métis Office and the Madadjiwan Economic Development Corporation.

We designed culturally appropriate programs and provided training opportunities to prevent the onset of diabetes, focusing on "Eat Right, Drink Water and Be Active". This included train-the-trainer community kitchens and training our partners on four different modules. We also worked with a local First Nations chef to prepare a Feasts

& Festivals training, which focused on quantity cooking and food safety.

The Good Food Box, a wholesale group buying club, continues to operate at five sites. It provided about 158 families with fresh vegetables and fruit monthly. A food and physical activity newsletter was distributed with the Box and is often reproduced in Band Newsletters to reach about 500 households monthly.

Small items of fitness equipment and kitchen tools were purchased for all sites. This enabled onsite staff to offer small group fitness classes or community kitchens. We hired an Aboriginal-owned graphic design company to transform our "Winter Active" kit into an appealing physical activity resource.

We look forward to working with our First Nation communities on upcoming projects.

Harm Reduction Program

In Ontario, harm reduction programs are part of a mandatory public health harm reduction strategy. Our program is often the first step to bring our clients into contact with the health care system. In many cases, clients state that this visit is the first time that they feel they are treated with respect and dignity and are provided with non-judgmental medical and social services. Over a period of time trust is built in these relationships, which can result in small steps toward positive changes not only to their drug use, but also to their lives in general.

Take Doug for example...

"I have been going to the Health Unit for about three years. When I go there, the nurses always ask if I was okay, and if I need help to get in touch with someone who might be able to get me started on getting off the street drugs. That's how I met Dr. Dell'Aquila and his staff. So I think I am off to a good start so far, but it is going to take work. I am grateful for the people that are helping me, and I hope it will continue. Thank you very much."

From both an economic and human perspective, harm-reduction programs have proven to be cost effective. They are less expensive than potential medical care costs. They also reduce crime, making communities safer. They not only improve people's lives, but also save lives.



Mattawa's Active Living Plan

We have worked on Healthy Communities Projects with many municipalities, including Mattawa. Over the last five years, Mattawa has worked tirelessly to increase access to physical activity. They continue to exceed our expectations with community participation and staff involvement in supporting projects.

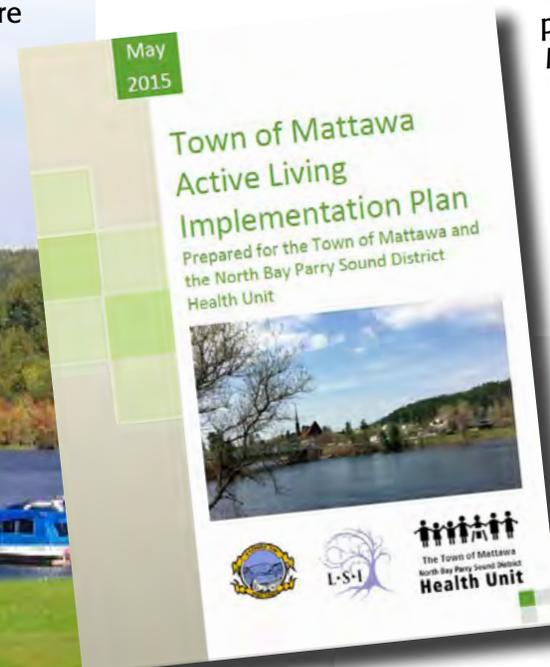
Last year, we helped them to develop an Active Living Implementation Plan. The aim of their Active Living Implementation Plan is: "To create healthy policy for communities that include the provision or expansion of accessible, low-cost sport and recreation activities and programs; build more municipal trails, encourage family recreation that emphasizes sport and physical activity, and implement policies that encourage active transportation and physical activity in the built environment."

The Mattawa Active Living Implementation Plan is comprehensive and addresses opportunities in policy, programming, infrastructure development, and education.

Overall, it:

- Identifies existing infrastructure, assets and programming that support physical activity.
- Recommends proposed improvements, including pedestrian and multi use routes, signage, trails, and enhancements to facilities.
- Prioritizes recommendations, based on cost and ease of implementation.
- Presents policy directions to consider in a new Mattawa Official Plan.
- Suggests external funding sources to support implementation.

We are thrilled we could work with the Town of Mattawa to complete this project. For a copy of the Mattawa Active Living Implementation Plan, contact us by phone or email.



Food Charters Launched

A Food Charter is a way for communities to work together to develop a vision of what their local, sustainable food system could look like.

Food Charters for both the Nipissing and Parry Sound areas were developed and launched in 2015. This was done through community consultations and participation from many organizations and individuals.

Both groups continued to gain momentum by seeking individual, organizational

and municipal endorsement, which demonstrated support for the vision of a healthy, sustainable food system. The North Bay Parry Sound District Health Unit Board of Health showed their support by endorsing both the Nipissing and Area Food Charter and the Parry Sound & Area Food Charter.

The next steps for both Nipissing and Parry Sound are to form a group to achieve the vision outlined in each food charter. Each group will advocate and develop policies to create a food system that is ecologically

sustainable, economically viable, and socially just. Both groups will develop an action-oriented strategy with specific next steps to work toward.

You can find out more about the Food Charters by visiting www.nipissingareafood.ca and www.parrysoundareafood.com. Click on the 'Get Involved' tab on both websites to learn how you can put food charter into practice - whether you're a grower, an eater, a business, a policy maker or affiliated with a school.



Protecting the Public

Public Health Inspectors and Tobacco Enforcement Officers work behind the scenes and often without notice. But they are the cornerstone of public health protection in our communities and work across the district. They provide compliance inspections of public facilities, investigate public health complaints, provide environmental health information to the public and operators of public facilities, and conduct surveillance.

In 2015, our staff conducted 3,236 routine compliance inspections of public facilities across the district. This included restaurants, public pools and spas, personal services settings, small drinking water systems, public beaches, licensed day nurseries, children's recreational camps, special events, farmers markets and tobacco vendors.

As a follow-up to compliance inspections, we completed 356 re-inspections. We also investigated 312 complaints, 127 adverse drinking water quality reports, and 415 animal bites. We answered 2,957 information requests from the public. As well, we organized 16 food handler certification courses and certified 425 participants. We promoted a public food safety campaign "Food Safety Made Easy" at some farmers markets. Inspectors were there to answer food safety questions from the public and provided resources.

Mosquito and tick surveillance occurred in the summer. Adult mosquitoes were trapped and tested for West Nile Virus and Eastern Equine Encephalitis. One horse in our district was reported positive for Eastern Equine Encephalitis. We tested 34 human acquired ticks, but none were positive for Lyme disease.

Water quality at 56 municipal beaches was monitored. We collected 1,060 beach water samples and only two beaches had signs posted due to high bacteria loads.

If you have any questions, you can talk to one of our Public Health Inspectors at 705-474-1400, ext. 2400.



Supporting People in Need

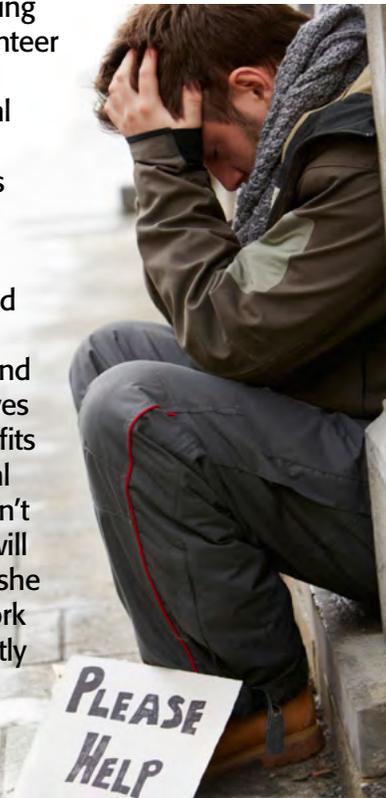
We want to reduce inequities and improve the public's capacity to access, understand, and act on information for health and well-being. Our interventions build on individual and community strengths and reduce barriers for people most at-risk. Often, it is the trusting relationships we build that prepare clients for the information and services they need, so that they can make choices about their health and well-being.

So what does this really mean for our Health Unit and for our clients, some of whom are represented in the following scenarios?

A new immigrant mother expecting her first baby is overwhelmed and isolated. She speaks limited English and French. She has no OHIP coverage or prenatal care and is financially insecure.

Two male teens hear condoms are accessible near reception at the Health Unit. They see the nurse nearby and have questions about sexually transmitted infections.

- A baby boomer who has smoked since age 12, has been unemployed for 5 years, and now has a job prospect. He believes he may have a chance if he is smoke free because of workplace and safety restrictions. Though highly motivated, he doesn't know where to start.
- A young woman isolated in a rural municipality has no money, heat or transportation. She and her four children are facing a night of -30 C temperature. She doesn't know who can help her.
- A senior is looking for help. He states he is depressed because of the death of his wife and he has a flair up of a chronic illness. He feels isolated and has "no money or transportation for fancy programs ... it's easier just to end it all".
- A newcomer is looking for meaningful volunteer work for herself and her affiliated spiritual association. What are the needs in this community?
- A young adult has lost several teeth and expects she needs further extractions and dentures. She receives Ontario Works benefits which include dental coverage but she can't find a dentist who will service her. In pain, she cries "I can't find work because of my ghastly mouth".



Nurses reach out to community agencies and Health Unit staff to ensure the most vulnerable can access programs and services. These partnerships allow us to communicate current, locally relevant information and coordinate services for more streamlined, efficient referrals. This increases the effectiveness of programs such as child health, harm reduction, tobacco cessation, and senior services.

The Quit Clinic

In May 2012, we opened a full-time smoking cessation clinic, the Quit Clinic. We provide one-on-one counselling and Nicotine Replacement Therapy to clients in the North Bay and Parry Sound offices, as well as in Sturgeon Falls.

To reduce health inequities in our region and manage limited public health resources, the Quit Clinic was designed for tobacco users who cannot afford the cost of counselling and Nicotine Replacement Therapy. However, we accept anyone who wants to stop smoking.

In 2015, 186 smokers received cessation support, including follow-up visits. This was an increase of 28% over 2014. In 2016, we will be evaluating the Quit Clinic to find out about quit rates, as well as demographic statistics.

Rural Health

More than 75% of the Parry Sound region and more than 25% of the Nipissing region live in rural areas. Statistics Canada defines a rural area as one where there are fewer than 400 people living per square kilometer.

We know people living in rural locations within the Health Unit district may have difficulties accessing our services. Therefore, the Health Unit formed a Rural Health Advocacy Group. The Group reviews what we do and makes recommendations for improvements. Over 400 of our Health Unit activities are in rural areas.

From the Vaccine Program, which travels hundreds of kilometres to provide immunizations in outlying schools, to the Oral Health Program which conducts children's dental screenings throughout the district, we work to improve the health of all our communities.

The Rural Health Advocacy Group promotes the importance of being flexible and creative when planning activities, and adapting activities to ensure we provide services equitably across the entire region.





The North Bay Gateway Hub

The Health Unit, along with the North Bay Police Service, established the North Bay Gateway Hub in late 2013. The Gateway Hub provides a way for multiple agencies in the community to work together to identify and address high-risk situations for individuals and families. These solutions contribute to improved community safety and wellness by supporting community members and families.

The Medical Officer of Health chairs the Gateway Hub Executive meetings and an Executive Director chairs the Steering Committee meetings. Staff work with community partners and identify systemic issues pertinent to our area. In 2015, front line public health nurses participated in twice weekly meetings and subsequent interventions.

Our Planning & Evaluation program also worked extensively on the Hub project. They developed and implemented an evaluation strategy to track situations and identify risk variables that contributed to high-risk situations. Our evaluation strategy was adopted by other regions introducing a Hub program. It also informed the development of a provincial evaluation framework.

4 Strengthen the Health Unit's Organizational Supports

New Accommodations Getting Closer

We made great progress towards development of new office space for North Bay staff and services, with a proposed move-in date in 2017.

- Building design was completed by Mitchell Architects.
- Obtained cost estimates.
- Received majority approval to proceed with construction from our 31 member municipalities.
- Completed a public tendering process.
- Awarded the construction contract to the Sudbury company, Tribury Construction.

The new building has been in the planning stages for many years to address inadequate and inefficient work space within North Bay. We currently provide programs and services out of one main building, plus two additional office sites in the city. The new building will enable us to provide superior service to the public and appropriate accommodation for staff and programs.

To ensure success of the project and financial accountability, an Accommodation Planning Committee was

established at the outset, comprised of Board of Health and Health Unit Executive Team members. In 2014, the Health Unit purchased land for the construction of a new building with the majority approval of its member municipalities.

The overall project has been approved at a maximum cost of \$20,000,000. All costing and estimates received to date are within the allocated budget.



Preparing for Health Emergencies

Every year the North Bay Parry Sound District Health Unit exercises and tests our Emergency Management Plan. This is done not only to ensure the Health Unit's readiness to respond to an emergency, but also to comply with the Ontario Public Health Standard - Emergency Preparedness Protocol.

This year was no different. On November 23, the Health Unit Emergency Operations Center was activated so that the organization could test its Call Center Plan, an appendix of the Emergency Management Plan. The Call Center supports the Health Unit's response by providing information to inquiries from the public regarding the health impacts of an emergency. The Call Center, which has not been activated since the 2009 H1N1 pandemic, involved over 25 staff from Community Services Programs, Corporate Services, and the Executive Team.

The exercise involved setting up the call center technology, developing the associated documentation, training staff, and finally answering the phone calls in a very short period of time. Several staged phone calls received scripted responses from call takers, or were referred to a Public Health Inspector during the two hour exercise. Setting up a call center in a short period of time is a challenging task.

At the exercise debrief, we learned staff were required to problem solve, perform new and unfamiliar tasks, and had to be creative. Multiple programs were involved, worked collaboratively, and sought solutions to problems. The challenge was met, contributing to the overall success of the exercise.

Preventing Infectious Diseases

The Communicable Disease Control program continued to work with long-term care homes, retirement homes, and hospitals in our district.

We participated on Infection Prevention and Control Committees. We also consulted on the development and revision of their infection prevention and control practices. This included infection prevention and control policies and procedures, surveillance systems for infectious diseases, and response plans to cases and outbreaks of infectious disease.

Our staff are available 24/7 to answer to inquiries from hospitals, long-term care homes and retirement homes through liaison, CDC intake, and on call systems. In 2015, we participated in 53 Infection Control meetings throughout the district and responded to over 500 phone and email inquiries.





We're Committed to Diversity and Inclusiveness

The Accessibility for Ontarians with Disabilities Act (AODA) and the Ontario Human Rights Code, have new requirements for employee accommodation. A new Employment Accommodation procedure was developed and our existing Ability Management procedure was enhanced. The procedures allow us to formalize our individual accommodation plans for staff when needed.

At the Health Unit, we are committed to providing reasonable accommodation at every stage of our recruitment process. We also accommodate staff for performance management, career development and advancement, and redeployment.

Student Placements

We supported 25 post-secondary unpaid student placements in 2015. These students were from nursing, health promotion, dietetic internships, physical health education, master of public health, and social marketing programs.

The placements were done in collaboration with educational institutions, as well as Health Unit managers and staff. A number of partnerships with educational institutions, including the University of Alberta, Laurentian University, and Athabasca University, were also formed.

The Health Unit worked with Nipissing University School of Nursing to support individual nursing student placements and health promotion projects. Projects focused on the areas of falls prevention and hand hygiene.

We enjoyed working with all the students and wish them all the best in their future careers.

Reports and Data for Our District

Reports

- [NutriSTEP®](#) - Nutrition Screening Tool for Every Preschooler
- [Infant Feeding in the NBPSDHU](#)
- [2015 Stay on Your Feet Report: A summary of Falls among Seniors in the NBPSDHU Region](#)
- [Vector Borne Disease Report: 2014 Season](#)
- [Baby Boomers in the NBPSDHU: A Demographic Profile](#)
- [NBPSDHU 2015 Beach Sampling Report](#)
- [Communicable Disease Control Report](#)
- [NBPSDHU Influenza Summary: 2014/2015 Season](#)

Stats at a Glance

- [Injuries](#): A snapshot of emergency department visits, hospitalizations and death rates
- [Sexual Health Behavior](#): A snapshot for youth, young adults, and adults
- [Population Characteristics](#): A snapshot of education, employment, income, urban & rural distribution, family & household characteristics, Aboriginal, Minority & Immigrant Populations

Surveillance

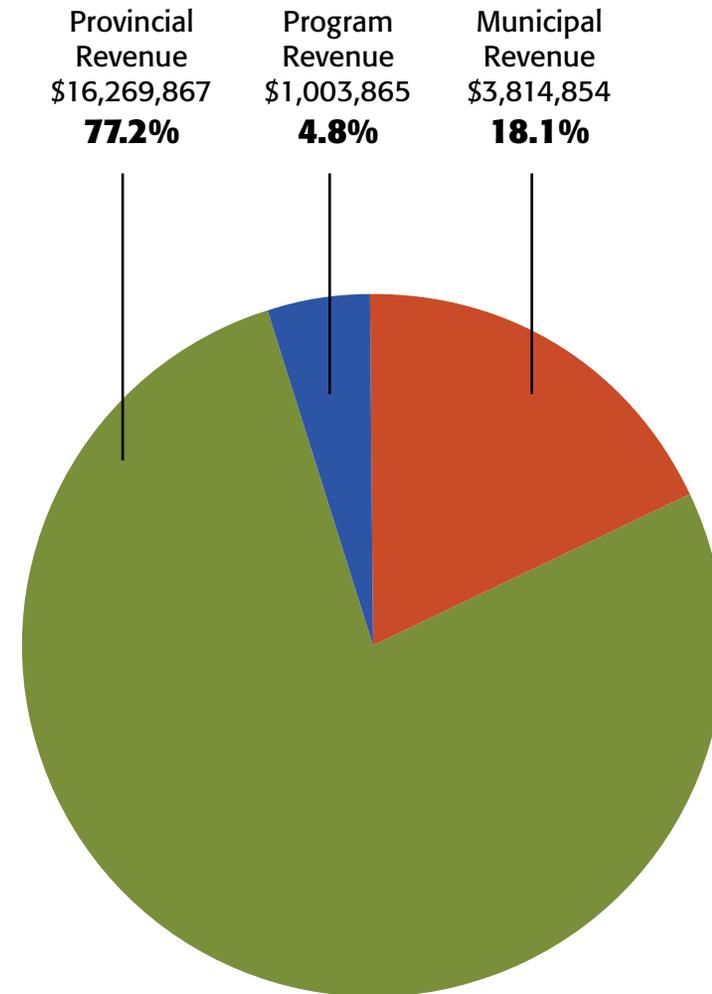
- [Quarterly and cluster reports on emergency department visits and hospitalizations for respiratory, fever/ILI, gastrointestinal, enteric, infectious dermatological, and asthma](#)
- [Influenza updates and counts](#)
- [School absenteeism](#)

Finance

2015 Unaudited Expenditures by Program & Service

Program & Service	Dollars (\$)
Chronic Disease & Injury Prevention	2,724,400.00
Organizational Supports	2,281,900.00
Food/Water/Rabies/Other Environmental Hazards	2,216,000.00
Building & Information Technology	2,000,400.00
Dental Service	1,539,200.00
Sexual Health	1,624,900.00
Vaccine Preventable Disease	1,559,200.00
Reproductive & Child Health, Healthy Babies	1,335,300.00
Communicable & Infectious Disease Control	1,213,500.00
Research & Quality Assurance	914,700.00
Office of the Medical Officer of Health	501,600.00
Smoking and Tobacco	431,500.00
Genetics	396,900.00
Communications & Community Information Office	262,500.00
Vector Borne Disease	165,400.00
Emergency Preparedness	127,800.00
Building & Land	923,700.00
Total Expense	20,218,900.00

Total Revenue 2015



Public Health Performance Indicators

Above Target

93.3% of salmonellosis cases with one or more risk factors were entered into integrated Public Health Information System (target 90.0%)

98.7% of tobacco vendors comply with youth access legislation at the time of last inspection (target 90.0%)

0.1% of HPV vaccine wasted that is stored/administered by the public health unit (target 2.4%)

0.5% of influenza vaccine wasted that is stored/administered by the public health unit (target 2.2%)

Target Met

Reached advanced category for implementing NutriSTEP® Preschool Screen

Designated under Baby-Friendly Initiative

100% of secondary schools inspected once a year for compliance with section 10 of the Smoke-Free Ontario Act

100% of Non-seasonal tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act

100% of seasonal tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act

100% of tobacco retailers inspected once per year for compliance with display, handling, and promotion sections of the Smoke-Free Ontario Act

100% of Class A pools inspected while in operation

100% of suspected rabies exposures reported with investigation initiated within one day of notification

100% of refrigerators storing publicly funded vaccines received a completed routine annual cold chain inspection

Public Health Performance Indicators

Below Target

96.8% of high-risk Small Drinking Water Systems inspections completed for those that are due for re-inspection (target 100%)

Targets Not Set

(indicators are meant for monitoring with targets currently set)

100% of high-risk food premises inspected once every 4 months while in operation

100% of moderate-risk food premises inspected once every 6 months while in operation

100 % of public spas inspected while in operation

100% of personal services settings inspected annually

100% of confirmed gonorrhea cases where initiation of follow-up occurred within two business days

100% of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case

74.5% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines

72.9% of school-aged children completed hepatitis B immunizations

53.1% of school-aged children completed HPV immunizations

84.2% of school-aged children completed meningococcus immunizations