

North Bay Parry Sound District

# Health Unit



**Bureau de santé**  
du district de North Bay-Parry Sound

[myhealthunit.ca](http://myhealthunit.ca)



# 2016

## Annual Report

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## MESSAGE FROM THE MEDICAL OFFICER OF HEALTH

### “Your mission, should you choose to accept it...”

Public Health’s mission is well defined, “To improve the health of our communities through preparation, prevention, promotion and protection.” While health is determined by many factors beyond personal health practices, such as income, education, social support networks and physical environments, there are many things individuals can do to help improve their health.

So, let’s focus on you. Do you have a personal mission statement when it comes to your health? Most of us don’t, but perhaps it is time that we do.

What is a personal healthy mission statement? It defines who you are, how you will live and, most importantly, how you will treat yourself when it comes to your health. It provides clearness, commitment and focus in your life. It gives you a sense of purpose. It allows you to take control and to say no to unhealthy choices. It changes as you change. It is a powerful tool because it provides you with a roadmap to a healthy future, both mentally and physically, that is designed for you, by you.

A personal healthy mission statement can be as simple as wanting to feel better by committing to being more physically active or as ambitious as focusing on becoming as fit as an Olympic athlete. It may be that you want to reduce or quit smoking or drinking. It is up to you. Whatever you decide, writing it down makes it real.

## SO HOW DO YOU GET STARTED? THESE STEPS SHOULD HELP.

### 1. Take an honest look at yourself

How healthy do you think you are now, both mentally and physically? Assess and reflect on all aspects of yourself. Get personal! Strengths? Weaknesses? Are you happy? Sad? Angry? Tired? Energetic? Good or poor exercise tolerance? Good or bad habits? What can you control? Decide what you think needs fixing and what doesn’t.

### 2. Decide what ideal health would look like for you

What future self do you want to become? But, be realistic and honest about your vision of yourself and make it achievable. Set yourself up for success. Start with quick reachable wins. Take pride in each small step that will take you to the place where you eventually want to be.

### 3. Determined why you want to do this

Knowing what motivates you can keep you focused and committed to achieving better health. It could be as simple as wanting to have more energy or feeling better. Or, it may be because you have a family history of diabetes or heart disease and you are determined to do all you can to reduce the risk factors that are under your control.

### 4. Define specific goals

Goals should be exact, measurable, achievable, results-focused and time bound. “It is my mission to .... I will do this by ....” For example, I am going to be able to walk two miles without stopping by the end of the month. Or, for the next month if I eat out it will only be healthy choices. Once achieved set a new goal. Remember to keep a journal of all your achievements. It could be a written, photo or video journal of your triumphs. You will be amazed at what you have accomplished. Take time to congratulate yourself and celebrate your successes. Share them with your loved ones.

### 5. Write your healthy mission statement

Having completed the previous steps you are well on your way to creating your healthy mission statement. Keep it simple, clear and brief. A few sentences or a paragraph. It can be a statement or bullet points. It is not how you say it but what you say that is important. Be positive and confident.

This statement will guide your day-to-day actions and decisions and long-term goals to achieve personal health and growth.

### 6. Refine your healthy mission statement

Several attempts may be necessary before you are happy with your statement. As you change and become healthier, so might your statement change.

Keep your healthy mission statement handy. Refer to it often. Every time you make an important health decision or choice let your healthy mission statement guide you.

Remember, you are not on this mission alone. While you are on your personal healthy mission, public health will be in your community advocating for your health. We may be visible, providing you with trusted support and information. We will also be behind the scenes, building healthy environments and policies that will support you in your journey. We are your accomplice on this mission and together, “MISSION POSSIBLE.”

*(Adapted from How to Write a Personal Mission Statement in 8 Steps. Barrie Davenport)*



Dr. Jim Chirico

## BOARD OF HEALTH

In 2016, our Board of Health (BOH) welcomed 1 new member, John D'Agostino, and had two members step down, Rick Champagne and John Stopper. The BOH elected Nancy Jacko as Chairperson and Mike Poeta as Vice-Chairperson. The BOH's Finance and Property Committee re-elected John Stopper as Chairperson and Mac Bain as Vice-Chairperson.

### NIPISSING DISTRICT

#### Central Appointees

|                          |                     | Date Appointed/Term Ended |
|--------------------------|---------------------|---------------------------|
| Mac Bain                 | Municipal Appointee | 2015 to present           |
| Dave Butti               | Citizen Appointee   | 2014 to present           |
| Stuart Kidd              | Citizen Appointee   | 2014 to present           |
| Nancy Jacko, Chairperson | Citizen Appointee   | 2014 to present           |
| Tanya Vrebosch           | Municipal Appointee | 2014 to present           |

#### Eastern Appointee

|            |                     |                 |
|------------|---------------------|-----------------|
| Chris Jull | Municipal Appointee | 2014 to present |
|------------|---------------------|-----------------|

#### Western Appointee

|             |                     |                 |
|-------------|---------------------|-----------------|
| Guy Fortier | Municipal Appointee | 2014 to present |
|-------------|---------------------|-----------------|

### PARRY SOUND DISTRICT

#### North East Appointee

|               |                     |                 |
|---------------|---------------------|-----------------|
| Heather Busch | Municipal Appointee | 2014 to present |
|---------------|---------------------|-----------------|

#### Western Appointee

|              |                   |                 |
|--------------|-------------------|-----------------|
| Don Brisbane | Citizen Appointee | 2014 to present |
|--------------|-------------------|-----------------|

#### South East Appointee

|               |                     |                 |
|---------------|---------------------|-----------------|
| Les Blackwell | Municipal Appointee | 2015 to present |
|---------------|---------------------|-----------------|

### PROVINCIAL APPOINTEES

|                              |                  |                 |
|------------------------------|------------------|-----------------|
| Rick Champagne               | Public Appointee | 2000 to 2016    |
| John D'Agostino              | Public Appointee | 2016 to present |
| Mike Poeta, Vice-Chairperson | Public Appointee | 2014 to present |
| John Stopper                 | Public Appointee | 2013 to 2016    |

# STRATEGIC PLAN 2014-2018

Year three of our Strategic Plan saw progress related to each of our Strategic Priorities. Our Strategic planning involved 28 staff from 8 of our programs and services. Highlights from 2016 are indicated below.

## 1: Foster Healthy Behaviours in Children and Youth

- Initiated internal collaborative planning process focussed on child health.
- Initiated process to create a safe and positive space.
- Developed strategies to address food skills, as well as built environment and active transportation for school aged children.

## 2: Promote Healthy Aging in Adults

- Created priority areas in our Healthy Living program (i.e., supportive environments, internal collaboration, community development, health equity, policy development and professional development) to better support healthy aging.

## 3: Expand Reach

- Completed internal scan of activities with a rural health component.
- Developed research protocol to examine perceived health services needs of the homeless population in urban North Bay.
- Developed Communications Plan to build a lifetime relationship with our clients and community and to create brand consistency.
- Determined capacity and resources to offer oral health services to low-income adults.

## 4: Strengthen the Health Unit's Organizational Supports

- Continued construction of our new building (345 Oak Street, North Bay).
- Completed scan of internal health equity capacity.
- Identified mapping software to enhance reporting of local-level data.
- Completed scan of our external partnerships.



# PRIORITY 1 - FOSTER HEALTHY BEHAVIOURS IN CHILDREN AND YOUTH

## A Baby-Friendly Workplace

Having been a Baby-Friendly Initiative (BFI) organization for five years, 2016 was our year for re-designation. To receive this title, we had to meet standards set by the World Health Organization and the Breastfeeding Committee of Canada. This included an external review of our policies and resources, as well as interviews with staff and parents.

Interviews with randomly selected postpartum mothers indicated that:

93% were offered help with breastfeeding within 48 hours of hospital discharge;

92% were given information on how and where to get help with feeding their babies after discharge from the hospital; and

82% who were using infant formula received information on how to safely prepare, store and use the formula.

We celebrated our re-designation and will continue to protect, promote and support a breastfeeding culture in our community.



## Fostering Healthy Families

The Triple P - Positive Parenting Program® is recognized as one of the world's most effective parenting programs. The program is designed to give parents the skills they need to raise confident, healthy children and teenagers and to build stronger family relationships.

*"Before the course I knew some parenting but this has opened my eyes. I'm more relaxed, more positive, work with the kids, not against. The way I communicate is a lot better now, more positive. I understand how to manage my kids' feelings."*

(Dad, parenting seminar)

We had 1,693 home visits for parenting support through our Healthy Baby Healthy Children (HBHC) program.

*"The support I received was truly amazing, from weekly visits with activities, resources, work books, to daily phone calls from me about the most minute things. She was always kind, supportive, non-judgemental and always gave me the reassurance I needed to keep on going with my day. [Post-Partum Mood Disorder] PPMD is a very real and terrifying illness and I was so lost in this deep dark world. I can say with the upmost certainty that without Donna and this support I may not have survived that experience. When my second son was born I felt good and I had no fears. I did not suffer from PPMD this time and I believe that everything that Donna did for me with my daughter made this experience with my son so much more relaxed and enjoyable. I am now discharged from this program and I will always and forever be grateful for this service and the amazing, caring, knowledgeable women that this program brought into our lives!"*

(Client, HBHC program)

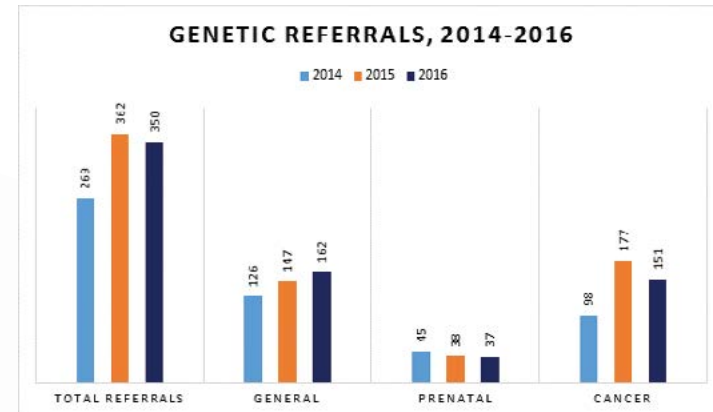




## Genetic Services

This year, we received 350 referrals from health care providers for individuals and families with a variety of genetic concerns. Clinical Advisor, Dr. Chantel Morel, and a visiting Geneticist provided a total of twenty-one clinic days for referred clients. As part of our program, we:

- assessed, tested and diagnosed genetic disorders;
- provided medical information and advised on genetic disorders;
- discussed the risk of developing a disorder and the risk of passing it on; and
- provided ways to prevent or to help people with a genetic disorder.



North Bay Parry Sound District Health Unit  
June 30, 2016

Recognize the sound of whooping cough in an infant <http://ow.ly/NKnV301NUtc>

**Infant girl with whooping cough**  
Mother holding infant girl in Intensive Care Unit. The baby has pertussis (whooping cough) and is coughing severely.

YOUTUBE.COM

## Pertussis

A whooping cough (pertussis) outbreak was declared in the Municipality of West Nipissing in June. The total duration of the outbreak was 101 days. During this time there were 17 cases of whooping cough confirmed, with no cases hospitalized. The cases ranged in age from 8 to 46 years. To respond to the situation, we enhanced our surveillance and followed-up with individuals ill with symptoms of whooping cough, as well as their close contacts. To help protect the community, we held four immunization clinics in West Nipissing at which we vaccinated 272 individuals.

## Healthy Smiles Ontario Dental Clinic

We continued to expand the reach of oral health care to children in need. Through Healthy Smiles Ontario (HSO), a government-funded dental program, we provided free preventive, routine and emergency dental services for eligible children and youth 17 years of age and under from low-income households. We also assisted families who needed support to apply for the various streams of the HSO program.

**HSO Core Stream:** Children whose families apply for the program and meet the income eligibility requirements. Children under Ontario Works, Ontario Disability Support Program and the Assistance for Children with Severe Disabilities Program are automatically enrolled in the HSO program and receive an HSO card in the mail.

**HSO Emergency and Essential Services Stream (EESS):** Families whose children have urgent dental needs and indicate that they would suffer “financial hardship” in providing the necessary emergency and/or essential dental services. Children and youth enrolled in the EESS have access to a basket of dental services covered in the HSO Fee Schedule for one full year.



**HSO Preventive Services Only Stream:** Families whose children are screened and identified as meeting the clinical eligibility criteria for preventive services. Families must confirm attestation of financial hardship and complete an application form for their children to receive a basket of preventive services for a one year period. Families must re-apply on an annual basis.

**Non-Insured Health Benefits (NIHB) + Other:** Includes children covered by NIHB for First Nations People, as well as individuals under the care of the Children’s Aid Society.

| Insurance Type                              | Number of Clients | Number of Appointments (%) |
|---------------------------------------------|-------------------|----------------------------|
| Healthy Smiles Ontario (HSO) Core Stream    | 725               | 1,756 (69%)                |
| HSO Emergency and Services Essential Stream | 214               | 523 (21%)                  |
| HSO Preventive Services Only Stream         | 153               | 165 (6%)                   |
| Non-Insured Health Benefits (NIHB)+ Other   | 42                | 112 (4%)                   |
| <b>TOTAL</b>                                | <b>1,134</b>      | <b>2,556</b>               |

## Safe and Positive Space

As part of our aim to promote healthy sexuality, we have committed to being a “Safe and Positive Space” for members of the LGBTQ+ community (Lesbian, Gay, Bisexual, Trans, Queer or Questioning). Our goal is to grow as a place that is open and welcoming, as well as equitable and accessible to persons of all sexual and gender diversities, both for clients and employees. To support this goal, we had a guest speaker from Rainbow Health Ontario present to staff about issues and barriers that are specific to the LGBTQ+ community, and to help build staff skills for providing equitable and comprehensive services to LGBTQ+ people.



## Active Transportation to School

“Safe Routes to School” programs have been shown to increase walking to school by 3 to 70% and cycling by 15 to 114% (Stasiuk, Dubinski, Pope, & Paterson, 2013). To identify and address local barriers to active and safe travel to school for students, a School Travel Plan was developed with the Near North District School Board. This plan was piloted in two schools in the district (Alliance Public School and Vincent Massey Public School) with the goal of supporting students to actively travel to school in a confident and safe manner. As part of the pilot, we partnered with the Canadian Cancer Society to initiate a “Walking School Bus,” whereby a group of children walked together to school with one or more adult, following a set route and schedule. At the community level, other safe and active transportation activities included hosting road safety and cycling education events, identifying safe routes to schools, supporting student bike clubs and special bike event days.



## PRIORITY 2 - PROMOTE HEALTHY AGING IN ADULTS

### What is left after monthly rent and food costs?



Family of Four on Ontario Works



Individual on Ontario Works

\$2,245  
INCOME

- \$1,131  
RENT

- \$885  
FOOD

+ \$229  
REMAINING

\$780  
INCOME

- \$550  
RENT

- \$297  
FOOD

- \$67  
MINUS BALANCE

For heat, hydro, telephone,  
child care, transportation, clothing,  
out of pocket health costs etc.

#### Social assistance rates are inadequate

All people should have access to a nutritious,  
adequate and culturally appropriate diet

### Income and Healthy Eating

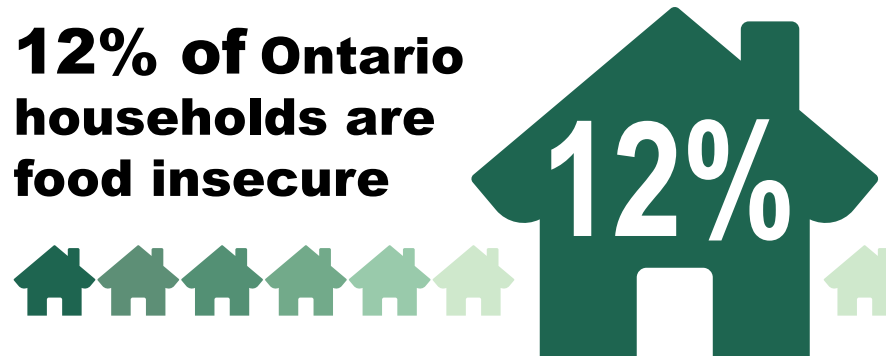
Each year, we calculate how much it costs to eat a basic healthy diet in our service area. In 2016, the cost for a family of four was \$885 per month, an amount out of reach for many people in our area.

\$885 

Local monthly  
cost to feed  
a family of 4.

Food insecurity, not having enough money to buy healthy food, and income are strongly linked. The only long-term solution to food insecurity is to reduce poverty rates. In November, our Board of Health supported the concept of a basic income. A basic income would provide all adults, whether or not they are working, with enough income to cover the basic costs of living. The Ontario government will be testing this concept over the next three years. In the meantime, our Board of Health pushed for social assistance rates (Ontario Disability Support Program and Ontario Works) to be raised because we know that they are not adequate. To find out more about the Cost of Healthy Eating in 2016, visit: [www.myhealthunit.ca/costofhealthyeating](http://www.myhealthunit.ca/costofhealthyeating).

12% of Ontario  
households are  
food insecure





## Quit Smoking Supports

We supported people who wanted to quit smoking through various programs, including workshops and our Quit Clinic. Eight “STOP on the Road” workshops were held in North Bay (six), Mattawa (one) and Sundridge (one). A total of 140 people participated in these workshops and were provided with five free weeks of Nicotine Replacement Therapy (NRT) to help them quit smoking. At our Quit Clinic we continued to offer one-on-one counselling and low-cost NRT to clients. In 2016, 147 smokers participated in this program, either as new or returning clients. While the Quit Clinic is available to all smokers, individuals from low-income households (<\$30,000 annual after tax) continued to be the largest group accessing the Clinic (roughly 70% vs. 80% in 2015). Of our clients, 43% reported being unemployed and 28% were supported by the Ontario Disability Support Program. Over half (56%) of our clients identified as having been diagnosed with a mental illness, including depression, anxiety, schizophrenia and bipolar disorder, which is 10% higher than in 2015.



## Preventing Infections in Long-Term Care Homes

During Infection Control Week (October 17-23) we collaborated with the Infection Control Manager at Cassellhome, East Nipissing District Home for the Aged to plan and implement an infection control activity. The goal was to prevent the spread of infection to residents, health care providers, visitors and others. A portable cart was used to provide an “Infection Control Road Show” on units and facility areas. Managers, CEO, front line nursing, dietary and housekeeping staff were asked “What is your specific role in preventing outbreaks in the facility?” They wrote their answers down on paper in the shape of masks, gowns, needles, buckets and hands. The answers along with other infection control messaging formed a large wall display in the main corridor of the facility for all staff, visitors and residents to see. Cassellhome staff also participated in our Health Care Immunization Program.



## Free Shingles Vaccine for 65-70 Year Olds

The risk of developing shingles increases as individuals get older. One in three Canadians will develop shingles in their lifetime and two out of three cases occur in individuals over 50 years of age. The severity of shingles and its complications increase with age. The vaccine, given as a single dose, is safe and effective for the prevention of shingles and its complications. Studies have shown that the vaccine reduces the risk of shingles by 51.3% and the risk of the burning pain that lasts long after shingles is gone by 66.5%. The vaccine's effectiveness decreases considerably after age 70. In September 2016, Ontario began offering the shingles vaccine free of charge to seniors between the ages of 65-70 years as part of the publicly funded immunization program. Between September 15 and December 31, we administered a total of 141 doses of shingles vaccine to eligible seniors (97 doses in the North Bay office and 44 doses in the Parry Sound office). An additional 2,280 doses of shingles vaccine were distributed to health care providers in our district to administer.

# Environmental Health

3,449 consultations to the public.

178 complaints investigated.

140 adverse drinking water quality reports investigated.

421 animal bites investigated.

15 food handler certification courses offered with 338 participants certified.

59 municipal beaches monitored for water quality.

1,225 beach water samples collected and signs posted at 2 beaches due to high bacteria counts.

32 human acquired ticks tested, with 1 tick from the North Bay area found to be positive for the bacteria that causes Lyme disease.

## Working Behind the Scenes to Protect Health

In public health, we often work behind the scenes to protect and improve the health of our communities. In 2016, our Public Health Inspectors (PHIs) and Tobacco Enforcement Officers (TEOs) conducted 3,993 compliance inspections of public facilities across the district. This included restaurants, public pools and spas, personal service settings, small drinking water systems, public beaches, licensed child care centres, children's recreational camps, special events, farmers' markets and tobacco vendors. As a follow-up to compliance inspections, we completed 330 re-inspections. We promoted a public food safety campaign "Food Safety Made Easy" at some local farmers' markets, where PHIs were there to answer food safety questions from the public and to provide resources.

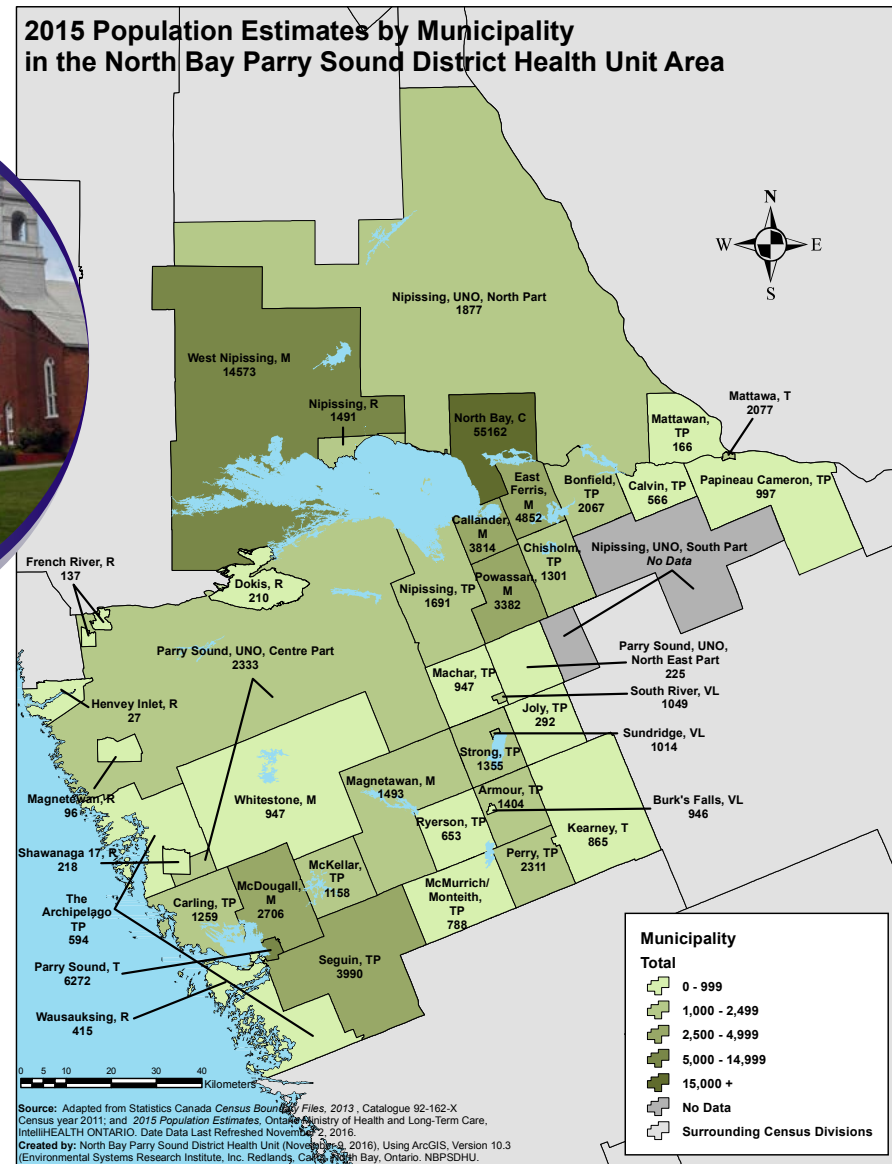




# PRIORITY 3 - EXPAND REACH

## Rural Health

The area serviced by our Health Unit spans over 17,000 km<sup>2</sup> and has a higher percentage of people who live rurally compared to all of Ontario (>40% vs. 14%). Rural residents have a higher number of health risks than people who live in urban regions and therefore finding ways to provide high quality programs and services to them is a priority. In 2016, nearly 80% (n= 484) of our planned activities had a rural health component. For instance, we supported community partners in rural areas by providing them with resources for falls prevention workshops and to identify people at risk for falls. We also developed a plan to reach a mom who required parenting support but was not able to access parenting classes at our North Bay office. Sexual health services were provided in rural high schools as most students cannot access our main clinics. These are just a few examples of how we strived to provide high quality programs and services to residents living in rural areas. We will continue to enhance our work so that all residents, regardless of their location, achieve their best health possible.





## Sexual Health

We had 9,058 client visits to our Sexual Health Clinic over the past year. Of these visits, 77% were female and 23% were male. Nearly 80% of clients were seen in our North Bay office, 12% in designated secondary schools across our district, 7% in our Parry Sound Office and less than 1% in our other branch offices (Mattawa, Sturgeon Falls and Burk's Falls). The services offered at our Sexual Health Clinic include:

- Free Condoms
- Low Cost Birth Control
- Pregnancy Testing
- Pregnancy Counselling / Options (Parenting, Adoption, Abortion)
- Pap Testing
- Emergency Contraceptive Pill
- Sexually Transmitted Infection (STI) Testing / Treatment
- Human Immunodeficiency Virus (HIV) Testing, including standard, rapid, and anonymous testing
- Abstinence, Sexuality and Safer Sex Counselling
- Needle Exchange



## The Gateway Hub

Since 2013, over two dozen community agencies have been collaborating at the Community Mobilization North Bay Gateway Hub table. This group works to resolve high-risk situations before they get worse and more people are affected. The agencies work together to quickly identify which support services are required in each situation. Our Medical Officer of Health works with the North Bay Chief of Police to provide leadership and guidance to the Hub. We also collect and analyse the Hub data to try to pinpoint problems where community services and North Bay decision makers can focus their attention and direct resources. Our 2015 report highlighted, of the 187 situations discussed:

236 people were directly helped;

44% involved children;

34% reported domestic violence;

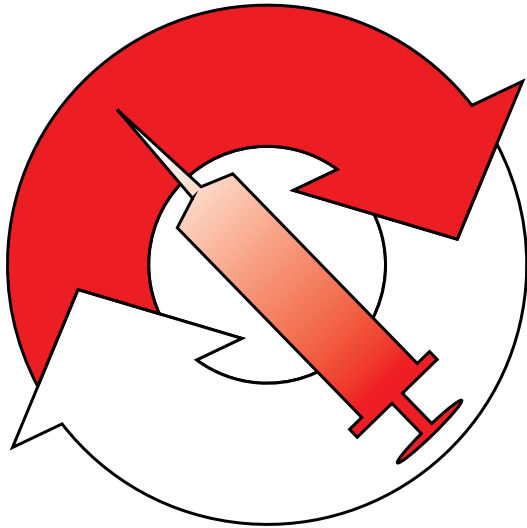
1,000+ risk factors were involved,  
with an average of six per situation;

the most common risk factors were: conflict between a parent and child (>40%), mental health risk factors – diagnosed mental illness (28%) and suspected mental illness (27%); and

4 community agencies on average were involved in each situation.

North Bay was the first community in Ontario to implement a Hub, serving as a model for other communities across the province.





## Providing Information and Services to those in Need

When people call or come into the Health Unit with questions, they are often greeted by one of our Public Health Nurses (PHN) in the Clinical Information office. In 2016, this program responded to inquiries and reached out to 1,989 clients. This included clients who live, work, and/or travel in rural and remote areas and are often difficult to reach. For example, two clients hitched an 80 km ride to North Bay to pick up drug use supplies through the Northern Points Exchange program. In response to the challenges these clients faced in getting to North Bay, we provided large quantities of supplies to meet not only the clients' needs but also those of their friends at home who also used drugs. Building trust with these clients allowed for harm reduction education, promotion of services and sharing of information that in turn could be passed on to friends. In this way, accessibility to services was extended, peer support was enhanced and risks for infections were reduced.

## Emergency Preparedness

All 31 municipalities in our service area are required to do emergency management training and exercises annually. Generally, the Emergency Control Group gathers at the municipal Emergency Operations Centre to review the emergency response plan and work through various emergency scenarios. The role of the group is to support the municipality's citizens impacted by an emergency event as well as maintain municipal essential services during the emergency; considerations often vary dependent on the location of the municipality.

The Emergency Control Group is composed of various stakeholder agencies such as police, fire, Emergency Medical Services, and includes our Medical Officer of Health (MOH). The Manager of Emergency Management attends the training and exercises on behalf of our MOH and the Health Unit. The training and exercises provide the opportunity to renew awareness and educate the municipal representatives and other stakeholders across the district about what the public health activities and capabilities are during an emergency event.

## PRIORITY 4 – STRENGTHEN THE HEALTH UNIT’S ORGANIZATIONAL SUPPORTS

### Construction Underway at 345 Oak Street

In February, the construction of our new building in North Bay broke ground. This building has been in the planning stages for many years to address inadequate and inefficient work space in our North Bay offices. We currently provide programs and services out of one main building and two additional office sites in the city. The new building will enable us to provide more coordinated services to the public, as well as appropriate accommodation for staff and programs. The overall project has been approved at a maximum cost of \$20,000,000 (excluding land). We have been working closely with Tribury Construction and Mitchell Jensen Architects (project Consultant) to ensure success of the project and financial accountability. All costing and estimates received to date are within the allocated budget.

With an estimated 51.8% of the construction complete, the projected move in date is summer 2017.

- 2014  
Purchased land with Board of Health and majority approval from the 31 municipalities in our district
- 2015  
Received Board of Health and majority municipal approval to proceed with construction  
Construction contract awarded to Tribury Construction (December)
- 2016  
Building foundation work commenced (February)  
Internal transition plan developed (February)  
Internal committees formed to support transitional activities (May)







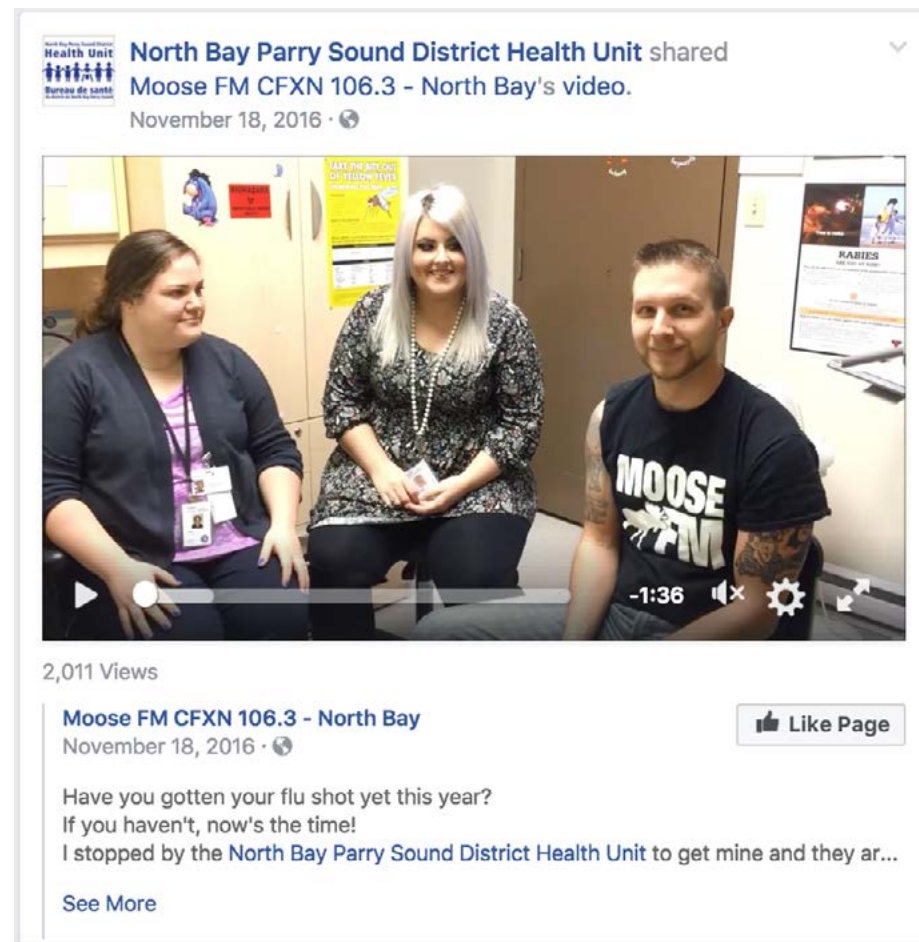
## Cybersecurity

In 2016, cybercriminals attacked the healthcare sector more than any other industry, and for good reason. Healthcare data is unique and medical records can contain a lot of sensitive data a hacker would look for. A typical electronic health record can contain names and addresses of clients, email addresses, phone numbers, payment information, Social Insurance Numbers, employment information and medical history. Since these records contain a lot of exploitable information, the privacy and security of these records are critical. We saw high profile cases of healthcare organizations who were attacked through ransomware attacks, phishing attempts and malicious viruses. Our organization also saw an increase in phishing emails, malware and viruses, attempted exploits of servers and ransomware attacks.

To help mitigate some of the risks we took steps to develop an organizational cybersecurity strategy. We reviewed compliance with key ministry mandates (Municipal Freedom of Information and Protection of Privacy Act [MFIPPA] and Freedom of Information and Protection of Privacy Act [FIPPA]) to ensure security and privacy of client records, reviewed our internal Information Technology (IT) security practices to ensure industry wide best practices and conducted internal information security risk evaluations of software and systems. We also educated staff through all staff meeting presentations, emails, and our Intranet on the types of cybersecurity threats that we faced and how to protect ourselves against them. We talked with our youth volunteers about cybersecurity and issues they face. By working with other healthcare IT organizations, we were able to share information and learn from their experiences as we worked toward staying ahead of threats. We will build upon the education and security foundation in place continuing to move the organization to a strategic, proactive approach to cybersecurity.

## Student Placements

A number of student placements were coordinated in collaboration with educational institutions, managers and staff. We supported 43 post-secondary unpaid students of which 23 completed an academic placement and 20 worked with staff on health promotion projects. Students came from Master of Kinesiology, Bachelor of Science in Biology, Bachelor of Science in Nursing, Clerkship in Infection Control, High School co-op and Dietetic Internship programs. Some of our staff participated in a Public Health Ontario workshop to enhance their skills in working effectively with students. Evaluations from students and staff allowed us to improve the student placement opportunities and processes.



North Bay Parry Sound District Health Unit shared Moose FM CFXN 106.3 - North Bay's video. November 18, 2016 · 🌐

2,011 Views

**Moose FM CFXN 106.3 - North Bay**  
November 18, 2016 · 🌐

Like Page

Have you gotten your flu shot yet this year?  
If you haven't, now's the time!  
I stopped by the North Bay Parry Sound District Health Unit to get mine and they ar...

See More

*One of our Public Health Nurses and a Nursing Student worked with a local radio personality to promote influenza immunization.*



# COMMUNICATIONS

Last year was an eventful one with an outbreak of whooping cough, listeria, a tick testing positive for Lyme disease and of course – regular business. We kept the public up-to-date and informed via our website and social media outlets.

## Website

71,744 visitors (44,169 new visitors / 27, 575 returning visitors)

160,127 total page views

## Media

34 News Releases, with the most common topics being; immunization information, nutrition and updates on Blue-Green Algae.

48 media requests; television (8), radio (14) and print (26). Our most requested topics were for information about our new facility at 345 Oak Street West, the whooping cough outbreak, and Blue-Green Algae.

We were mentioned in at least thirty eight news stories over the year.

## Social Media

We kept our social media followers up-to-date on our programs and services, clinics, important information and community events that align with our core messages and values.

Twitter: 165 tweets; 31 new followers; 57 tweets from other accounts.

Facebook: 289 posts; 35 new page likes; 5 mentions from third parties.



# RESEARCH, POPULATION HEALTH ASSESSMENT AND SURVEILLANCE

## Locally Driven Collaborative Projects

Public Health Ontario's Locally Driven Collaborative Projects (LDCP) program supports public health units and other organizations to work together on research related to key public health issues. In 2016, we participated in three LDCPs.

### **Evaluation Capacity Building LDCP**

Now in Phase 2, this project aims to increase evaluation capacity in terms of individual skills, knowledge and attitudes. A Knowledge Translation (KT) framework has been created to improve uptake and use of research and evaluation results. Prior to the KT Framework being implemented at our Health Unit, survey results indicated that most of our staff were unaware that knowledge translation was more than a simple, one-way method of sharing findings. After introducing and discussing the KT Framework at program meetings, it became clearer to staff how knowledge could be summarized, distributed and exchanged. The post survey results indicated that 88% of staff agreed or strongly agreed that they were more aware of what the knowledge translation process entails and 83% were more aware of the importance of KT activities after an evaluation takes place. Next steps will consider staff training on specific KT components.

### **Continuous Quality Improvement (CQI) LDCP**

The Health Unit is a co-applicant on this project which focuses on understanding the current state of CQI in public health and how capacity can be supported within and across health units. A validated CQI Maturity Tool survey was implemented in 34 participating health units in the fall of 2016, and a scoping literature review was also conducted to identify themes in the literature. Health unit specific reports have been disseminated and a provincial report is currently being prepared. The next phase of this project will be to use the results and learnings to develop resource materials for health units to enhance their use of CQI.

### **Food Literacy LDCP**

This research project involves 17 health units, the Nutrition Resource Centre and an academic partner from the University of Waterloo. The research question is: Within the context of public health practice, how can we measure food literacy and its attributes? The project focuses on specific high-risk groups: youth (16 to 19 years of age), young parents (16 to 25 years of age) and pregnant women (16 to 25 years of age).

The goal of the project is to lay the foundation for a tool that measures food literacy and its attributes within the public health context. The aim of the one-year funding is to identify and summarize the attributes of food literacy in the literature and to determine which attributes of food literacy are priorities for measurement and tool development. Next steps involve developing key indicators and developing a tool to measure food literacy as well as testing the tool with the identified target populations.

As of 2016, the research consultants have been hired, the scoping review is complete and all three rounds of the consensus building "Delphi technique" are complete.



## Reports & Stats at a Glance

### Community Mobilization:

- North Bay Gateway Hub: 2015 Data Analysis Report

### Health Behaviours:

- Tobacco use Among Students in Grades 7 to 12 in the NBPSDHU Region
- Alcohol use Among Student in Grades 7 to 12 in the NBPSDHU Region
- Cannabis use Among Students in Grades 7 to 12 in the NBPSDHU Region
- Other Substance use Among Students in Grades 7 to 12 in the NBPSDHU Region
- Self-Reported Alcohol Consumption During Pregnancy
- Gambling: A Snapshot of Gambling Behaviours & Activities Among Youth & Adults

### Environmental Health:

- Food Skills Programming in the District of North Bay
- Vector-Borne Diseases Report: 2015 Season
- 2016 Beach Sampling Report

### Infectious Diseases:

- Communicable Disease Control Report
- Sexually Transmitted Infections: A Snapshot of Chlamydia, Gonorrhoea, Syphilis, HIV/AIDS, and Hepatitis B

### Oral Health:

- Dental Care Behaviours of Adults in NBPSDHU
- Oral Health Status of Adults in NBPSDHU



## Research Ethics Review Committee

The end of 2016 saw the launch of an internal Research Ethics Review Committee (RERC). Consisting of 12 staff representing 7 programs across the Health Unit, the purpose of this committee is to consider the implications of all research and evaluation projects that involve humans being conducted within the Health Unit and, if applicable, any research being conducted in collaboration with other partnering agencies/organizations. The committee meets on a bi-monthly basis to review and make collective decisions on submitted applications and act as a central resource to Health Unit staff on any research ethics inquiries.

## Public Health Performance Indicators

The Health Unit has ongoing reporting requirements to the Ministry of Health and Long-Term Care as part of the Public Health Funding and Accountability Agreement (PHFAA) Indicators. The Public Health Funding and Accountability Agreement Indicators measures program delivery of select public health services. The Health Promotion Division includes 10 indicators and the Health Protection Division includes 21 indicators. The tables below list each indicator name, the 2016 target and the 2016 results. Indicators are classified as either Performance or Monitoring Indicators. Performance Indicators have annual targets for achievement whereas monitoring Indicators do not have targets and performance is reviewed by the Ministry to ensure that health units are meeting expectations.

**Table I: Health Promotion Indicators**

| #    | Health Promotion Indicator                                                                                                         | 2016 Target  | 2016 Results |
|------|------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| 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%        | 99.32% ●     |
| 1.5  | % of secondary schools inspected once per year for compliance with section 10 of the <i>Smoke-Free Ontario Act</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     | 100% ●       |
| 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%         | 100% ●       |
|      | % of all JK, SK and Grade 2 students screened in all publicly funded schools                                                       | 100%         | 100% ●       |
| 1.9  | Implementation Status of NutriSTEP® Preschool Screen                                                                               | Advanced     | Advanced ●   |
| 1.10 | Baby-Friendly Initiative (BFI) Status                                                                                              | Designated   | Designated ● |

**Table II: Health Protection Indicators**

| #   | Health Protection Indicator                                                                                                                                         | 2016 Target | 2016 Results |   |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---|
| 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    | 47.3%        | ★ |
| 3.1 | % of personal services settings inspected annually                                                                                                                  | Monitoring  | 100%         | ● |
| 3.2 | % of suspected rabies exposures reported with investigation initiated within one day of public health unit notification                                             | 100%        | 100%         | ● |
| 3.3 | % of confirmed gonorrhea 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  | 100%         | ● |
| 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)             | 93.3%       | 100%         | ● |



**Table 4: Health Protection Indicators**

| #   | Health Protection Indicator                                                                                             | 2016 Target | 2016 Results |   |
|-----|-------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---|
| 3.6 | % of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines                            | Monitoring  | 48.6%        | ● |
| 4.1 | % of HPV (human papillomavirus) vaccine wasted that is stored/administered by the public health unit                    | Monitoring  | 3.1%         | ● |
| 4.2 | % of influenza vaccine wasted that is stored/administered by the public health unit                                     | 2.2%        | 0.1%         | ● |
| 4.3 | % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection | 100%        | 100%         | ● |
| 4.4 | % of school-aged children who have completed immunizations for hepatitis B                                              | Monitoring  | 71%          | ● |
| 4.5 | % of school-aged children who have completed immunizations for HPV (human papillomavirus)                               | Monitoring  | 56.3%        | ● |
| 4.6 | % of school-aged children who have completed immunizations for meningococcus                                            | Monitoring  | 85.2%        | ● |
| 4.7 | % of measles, mumps and rubella (MMR) vaccine wastage                                                                   | Baseline    | 12.2%        | ★ |
| 4.8 | % of 7 or 8 year old students in compliance with the Immunization of School Pupils Act (ISPA)                           | Baseline    | 99.5%        | ★ |
| 4.9 | % of 16 or 17 year old students in compliances with the ISPA                                                            | Baseline    | 96.4%        | ★ |

- = Meeting or exceeding 2016 target
- = Performance being monitored
- ★ = New indicator for 2016, establishing baseline

# FINANCE

## 2016 Unaudited Expenditures by Program & Service

| Program & Service                             | Dollars (\$)         |
|-----------------------------------------------|----------------------|
| Chronic Disease & Injury Prevention           | 1,870,800.00         |
| Organizational Supports                       | 1,938,300.00         |
| Food/Water/Rabies/Other Environmental Hazards | 2,138,100.00         |
| Building & Information Technology             | 2,009,200.00         |
| Dental Services                               | 1,379,300.00         |
| Sexual Health                                 | 1,539,900.00         |
| Vaccine Preventable Disease                   | 1,400,900.00         |
| Reproductive & Child Health, Healthy Babies   | 1,863,900.00         |
| Communicable & Infectious Disease Control     | 1,132,800.00         |
| Research & Quality Assurance                  | 817,800.00           |
| Office of the Medical Officer of Health       | 453,400.00           |
| Smoking and Tobacco                           | 431,600.00           |
| Genetics                                      | 404,200.00           |
| Communications & Community Information Office | 207,400.00           |
| Vector Borne Disease                          | 166,100.00           |
| Emergency Preparedness                        | 124,600.00           |
| Building & Land                               | 2,758,900.00         |
| <b>Total Expense</b>                          | <b>20,637,200.00</b> |

**Total Revenue 2016**

