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ANNUAL REPORT



Services de santé du
TIMISKAMING
Health Unit

A few words from



the Board of Health

On behalf of the Board of Health for the Timiskaming Health Unit I am pleased to present our 2017 annual report. While 2017 brought new challenges as we anticipated the release of the revised Ontario Public Health Standards (OPHS), management and staff continued to progressively work on our public health programs and focus. In November the revised OPHS were released, triggering the start of a re-tooling for some program areas. Along with this release came the beginning of specific changes being made to many ministry regulations, protocols, and guidelines. All of which will play a key component in planning and implementation in the following years.

During 2017 the Timiskaming Health Unit was actively recruiting a permanent Medical Officer of Health/ Chief Executive Officer (MOH/CEO), and continues to do so. Fortunately, Doctor Alex Hukowich, along with his extensive experience in public health, was able to come on board in 2017 in the role of Acting Medical Officer of Health (MOH(A)). I would like to thank Doctor Hukowich for his time with us last year.

As we progressed through the year we continued our focus on population health. Like all public health units, upstream efforts to promote health and prevent diseases to improve the health of our populations was at the forefront. Moving into the future we will continue to key in on the four main pillars of public health work: Population Health Assessment, Social Determinants of Health, Healthy Behaviours and Healthy Communities.

I would like to acknowledge all of the work that management and staff completed last year and invite you to explore some of the highlights in the following report.

Carman Kidd
Chair

THU Staff - Driving Effective Public Health Work

The aim of public health work is to improve and protect the health and well-being of our population and reduce health inequities* among population groups. Thus, on a continuous cycle, THU staff work to ensure that the needs and emerging issues of our local population are known and that the best evidence is used to determine responses. This area of work includes:

- Collecting and analyzing information on the health of our populations and the many factors that determine population health (digging down to the causes of the causes).
- Connecting and learning more about the local situation through internal and external partners.
- Gathering and interpreting research and evaluation reports for effective interventions that are applicable to our local context.
- Timely sharing of population health information including the impact of social determinants of health contributing to negative health outcomes.

Action is occurring throughout this cycle of gathering, interpreting and sharing, and the information is used to inform decisions for public health action such as:

- investigating outbreaks
- participating in research or evaluation
- continuing, modifying, stopping or starting a new program, service or other public health intervention
- engaging with partners to inform other areas of planning for policies, programs and services.

While this annual report provides a snap-shot of some of the actions of local public health in 2017, much work is done, somewhat behind the scenes, to ensure public health staff and resources are

driving responsive and effective interventions for population health and well-being and the reduction of health inequities.

**Health Inequities: differences in health associated with social disadvantages that are modifiable and considered unfair.*



Baby Friendly Initiative Designation

In January, the THU had the on-site assessment component of the Baby-Friendly Initiative (BFI) designation process. During this time, three assessors conducted staff and mother interviews (over 57 staff were interviewed and more than 50 moms were contacted). An assessor also accompanied staff on hospital and home visits and visited THU offices across the district. We had the opportunity to highlight our work with the community as well as with parents on infant feeding.

On March 24, 2017, THU received official BFI designation from the Breastfeeding Committee for Canada (BCC). The BCC is the National Authority for the WHO/UNICEF BFI in Canada. They congratulated THU on the steady commitment of supporting families in the district of Timiskaming as well as the collaboration with community partners. The designation process occurs every 5 years.



Diabetes Prevention in Timiskaming

As one of the top 5 causes of death in our district, and affecting 16% of the population, public health can play an important role in preventing diabetes. Public health works with our partners to make it easier for everyone in Timiskaming to be active and eat well. We also consider how best to support those at risk of developing type 2 diabetes in preventing its occurrence.

In 2017, two already-proven effective programs were brought to Timiskaming, where THU staff supported community partners in the promotion, organization and delivery of:

Fresh Start - Trained 12 facilitators and then supported them in delivering the 6-month program in both Kirkland Lake and Temiskaming Shores.

Food Skills for Families - Trained 13 staff from community organizations who have subsequently offered the 6-week program 6 times reaching 65 community members.

In addition to working with partners to reach those who could benefit the most from this programming, THU has supported the ongoing connection and continued learning of both Fresh Start and Food Skills for Families have been evaluated and we look forward to seeing this promising work continue in 2018.

Active Transport for All

THU is working with community partners to make it easier for people to be active in their daily lives. This work helps prevent chronic diseases and reduce injury and includes:

CAN-BIKE, a nationally-recognized bike certification program that teaches individuals how to cycle skilfully and safely through all types of infrastructure. In 2017, we increased our roster of CAN-BIKE-trained individuals from 8 to 13. We also trained 3 local CAN-BIKE level 5 instructors, who can now provide CAN-BIKE training of levels

1-4, enhancing our local capacity to deliver further cycling trainings. All 2017 CAN-BIKE trainees have committed to run or support local cycling courses and/or initiatives for the next three years. THU staff will continue to support these programs throughout the district as we continue to build community capacity to enhance cycling opportunities and skill building for all.

Share the Road, a campaign run across the district to promote cycling and pedestrian safety. Share the Road messaging was delivered in local newspapers, radio and website and via Facebook as well as through the existing billboards and road signage.



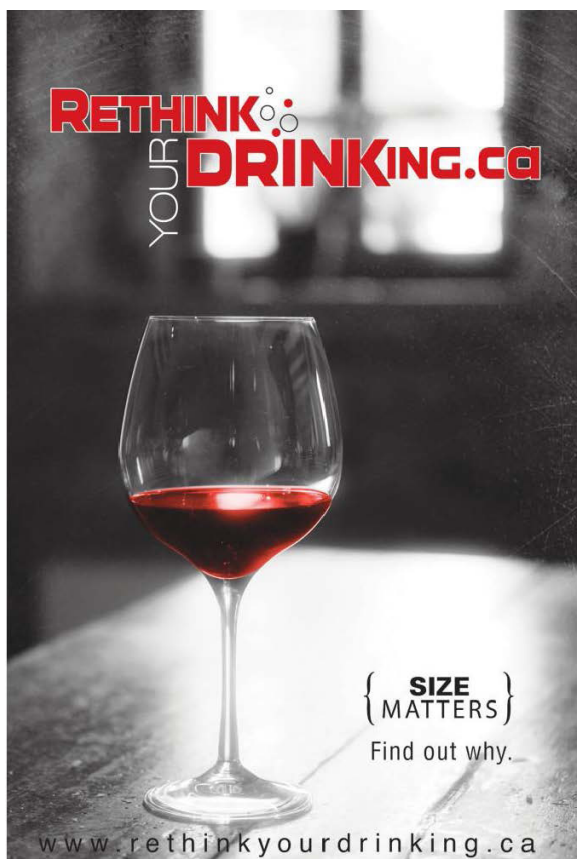
Bike Month was celebrated in June with media across the district and an array of cycling activities in partnership with the City of Temiskaming Shores and others via the Temiskaming Shores Bike Friendly Community Committee.

Bike Safety, a program offered mainly in schools which includes in-class curriculum, a two-hour skills event and parent information all designed to help families feel more confident cycling. Targeting those with higher percentages of students who are not bussed, THU ran this program in 5 schools in 2017, reaching 115 students. THU also supported cycling safety initiatives at two child care centres as well as a community bike rodeo which reached an additional 85 children.

Bicycle Friendly Community Committee of Council for Temiskaming Shores: As a member of this committee, THU contributed to Temiskaming Shores achieving Bronze Level designation as a Bicycle Friendly Community in 2017.

Alcohol: Size Matters

In the District of Timiskaming, almost 62% of adults aged 20-44 years exceed the daily levels outlined in Canada’s Low-Risk Alcohol Drinking Guidelines. Knowing that alcohol harms in Timiskaming are significant, THU continued in 2017 to promote awareness of alcohol risks and to support low risk drinking within our communities. Mass media and social media, including the Rethink Your Drinking: Size Matters campaign were used to promote awareness of standard drink sizes and Canada’s Low-Risk Alcohol Drinking Guidelines across the district. 2017 also saw THU working with municipalities on Municipal Alcohol Policies to increase awareness about and minimize the potential harms associated with alcohol.



Harm Reduction and Opioid Response

In Ontario, many harm reduction services are available at Public Health Units. Harm reduction is a strategy aimed at reducing negative outcomes associated with drug use while respecting the rights and dignity of those who use drugs. Addiction and drug use are complex issues that encompass a spectrum of behaviours and underlying causes. To decrease harms associated with drug use, the Timiskaming Health Unit offers several services to those who use drugs and their friends and family.

In 2017, 20,953 needles and 319 safe smoking kits were distributed to 297 individuals. The most common drugs of choice were opiates. In late 2017, Timiskaming Health Unit became an Ontario Naloxone Program site. Naloxone is a nasal spray which temporarily reverses the effect of an opioid overdose. Ensuring the availability of Naloxone to clients decreases overdoses and the harms associated with contaminated drugs.

The Timiskaming Health Unit also offers confidential, free testing for blood-borne illnesses associated with intravenous drug use and also offers testing for sexually transmitted infections. Some publicly-funded vaccinations are also available to these individuals. In the year ahead, we hope to proceed with installing community sharps disposals, to create a coordinated community drug strategy, and to increase the availability of harm reduction supplies across the district.

Harm Reduction Services				
Client Services	2014	2015	2016	2017
Number of Clients	46	45	189	297
Needles Distributed	6,900	10,424	12,906	20,953

To achieve optimal health and wellbeing of school-aged children in Timiskaming, the School Health Team work with school staff and students on many initiatives. Here are a few stories from 2017:

Helping to boost student well-being — one bite at a time

BrightBites is a fun, modern way to improve school nutrition through online badges which include simple steps, free tools, and helpful links. Schools (or classes or groups) receive recognition in the BrightBites Hall of Fame and on social media. Promoting wholesome, tasty food and enjoyable eating experiences in school can make a huge difference for students - from their physical health to their sense of focus and their self-esteem. THU staff support schools with the process of choosing a badge to earn, making badge-related activities come to life and claiming and celebrating the badge! In 2017 several schools earned the SipSmart!™ badge by promoting healthy drink choices throughout their school and taking action to reduce children's intake of sugary drinks at school events. Some are even considering policy to help ensure this great work isn't just here today and gone tomorrow but rather positive change that is sustained!



Youth Mental Health

In 2017 THU supported TDSS in their quest to become a Jack.org Chapter. Jack Chapters work to change how people think about mental health right in their school communities. Youth become leaders in the mental health conversation and work to break down barriers to positive mental health and end stigma. One activity was the 'Giving Tree', students set up donated trees around the school and attached non-holiday positive messages and other swag items to show they care.



Contributing to Roots of Empathy Program Delivery in Schools

Roots of Empathy (ROE) is an evidence-based classroom program (ages 5 to 13) that has shown significant effect in reducing levels of aggression among school children while raising social/emotional competence and increasing empathy. Empathy is a key ingredient to responsible citizenship and responsive parenting.

At the heart of the program a baby (the teacher), and parent visit the classroom nine times over the school year. A trained ROE instructor coaches students to observe the baby's development and to label the baby's feelings. The instructor also visits before and after each family visit to prepare and reinforce teachings using a specialized lesson plan for each visit.

To contribute to meeting the demand for ROE programs, THU contributes to the local pool of instructors. We deliver 2 ROE programs each school year.

Youth Tobacco Prevention

Each year THU staff support youth to become youth tobacco champions. Youth receive training, coaching and support to plan and deliver a variety of activities throughout the school year, to bring awareness on the dangers of commercial tobacco and on the tactics of the big tobacco industry.

Also through this initiative local youth and Indigenous partners attended a Tobacco Summit in Sudbury learning about traditional, sacred tobacco.



Tobacco Youth Champions from École catholique Jean-Vanier raising awareness on World No Tobacco Day (#WNTD).

Fluoride Varnish Pilot Program

Fluoride varnish is a coating of resin that is applied on the tooth surface. It is a safe and an easy procedure to help prevent, delay and reverse the process of dental decay formation in children's teeth. As research indicates that early application brings a significant benefit to children, THU staff planned, and implemented a fluoride varnish pilot program at local licenced child care centres. Parents received information about the program and active consent was required before children received the fluoride varnish application. Child care centres were very open to work with us to implement the program and uptake was well received.



Peer Support

In February 2017, THU launched a new *Facebook Breastfeeding Peer Support Page*. The page provides a safe, non-judgemental place for moms to ask questions and share information related to their breastfeeding experience. There are currently over 90 mothers benefitting from this peer support page.



Precaution for Eastern Equine Encephalitis Virus (EEEV)



EEEV is one of the most severe mosquito-transmitted diseases in the United States. It begins with the sudden onset of headache, high fever, chills, vomiting and it can progress into disorientation, seizures, or coma. It can be fatal. It is transmitted to humans by the bite of an infected mosquito. However, it is very rare in humans. There has only been one recent case reported in Canada and only a few in the United States. The term “equine” in its name comes from the fact that the virus is often found in horses, although humans do not contract it from a horse. The virus is only carried in a specific type of mosquito. One which needs a certain environment to survive, including a high temperature range for a continued length of time.

In Timiskaming we did not reach the required temperature criteria in 2017 for these mosquitos nor have we seen any collected in our annual West Nile Virus surveillance trapping program. However, having a case of EEEV in Canada, specifically in Ontario, led us to add EEEV surveillance to the program as a precautionary measure. We also added an additional trapping location. Fortunately the results from our program last year did not identify any mosquitoes positive for EEEV. Although the risk of EEEV being in our area still remains very low, the importance of enhancing our surveillance program in 2017 was something that became a natural focus.

Emergency Preparedness and Partnerships

Every year the Timiskaming Health Unit becomes part of a partnership led by the Ministry of Health and Long-Term Care’s (MOHLTC) Emergency Management Branch. Along with the ministry, the

group includes northern health units, various Local Health Integration Networks, Red Cross, other primary care organizations, and representation from the residents of the James Bay Coast. In the spring of 2017, representatives began to participate in routine calls to plan for the potential flooding and evacuation of the James Bay Coast residents should the need arise. The THU is part of this team to ensure any public health concerns are part of the planning process and any requirements get put into action if an evacuation to our area takes place.

One step in the process is that the MOHLTC works with and pre-identifies potential host communities. Kirkland Lake was on the list in 2017, and if there had been an evacuation to that area the municipality would have lead it, while THU would work with them from a public health perspective. Fortunately an evacuation to Kirkland Lake was not needed. However, this partnership and its readiness is a great example of how emergency preparedness planning needs to work. Being proactive and working together means we are ready for what “can” happen and what actually “does” happen.

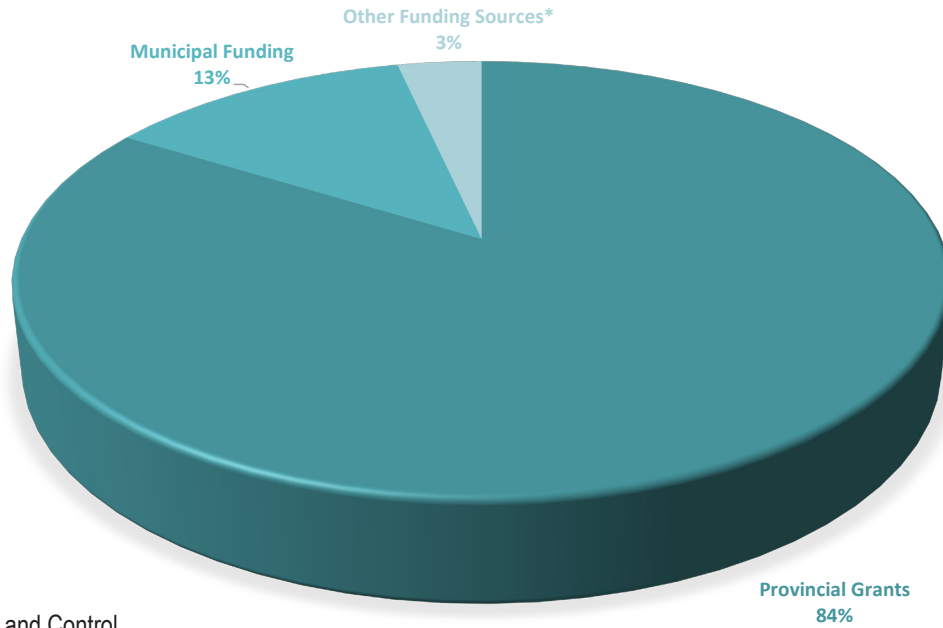
Centralized Water Sample Data

Sampling well water is something many residents do to help ensure they have safe drinking water. Having the sample bottles and information available for residents to pick up at the THU is convenient for them. Once they take a sample and return it to us we send it out for testing. In the past the results of these tests were sent to us periodically via a basic spreadsheet and we then have to integrate it with past files. To streamline this process, the ministry launched a province wide, on line SharePoint site for all public health units to use. This tool reduces the administration time required to handle the water sample data and gives us more timely access to the information. It also allows us to analyze the data more efficiently to see if there are any negative water source trends in a given area, allowing us to focus more in those high risk locations.



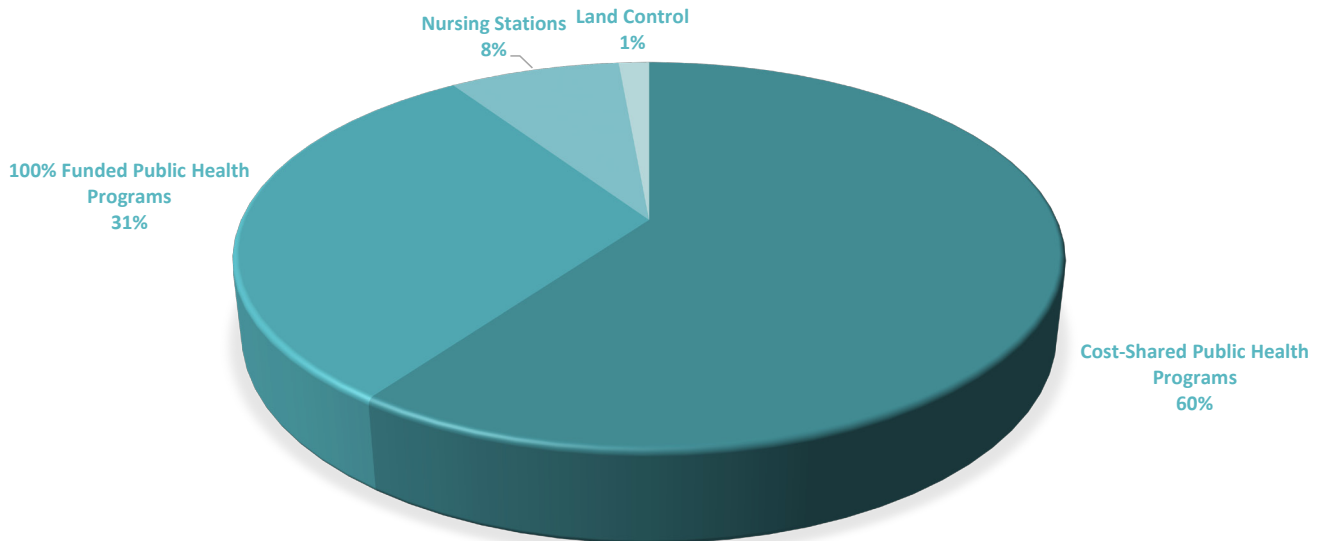
2017 Budget

Total Revenues



* Including DTSSAB, Land Control

Total Expenditures



2017 Board of Health

Carman Kidd, Chair - City of Temiskaming Shores

Tony Antoniazzi, Vice-Chair - Town of Kirkland Lake

Merrill Bond - Towns of Englehart, Charlton, Townships of Chamberlain, Evanturel, Hilliard & Dack

Kathleen Bougie - Township of McGarry/Gauthier & Town of Larder Lake

Jean-Guy Chamaillard - Town of Kirkland Lake

Sue Cote - Towns of Cobalt and Latchford, Municipality of Temagami, and Township of Coleman

Jesse Foley - City of Temiskaming Shores

Kim Gauthier - Townships of Armstrong, Hudson, James, Kerns & Matachewan

Audrey Lacarte - Townships of Brethour, Harris, Dymond, Harley and Casey, Village of Thornloe

Sherri Louttit - Provincial Appointee

Mike McArthur - City of Temiskaming Shores

Maria Overton - Provincial Appointee

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1-866-747-4305

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1-877-544-2221

Kirkland Lake

31 Station Road

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1-866-967-9355

Nursing Stations

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71 Front Street

705-678-2215

Matachewan

81 Matheson Street

705-565-2351

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