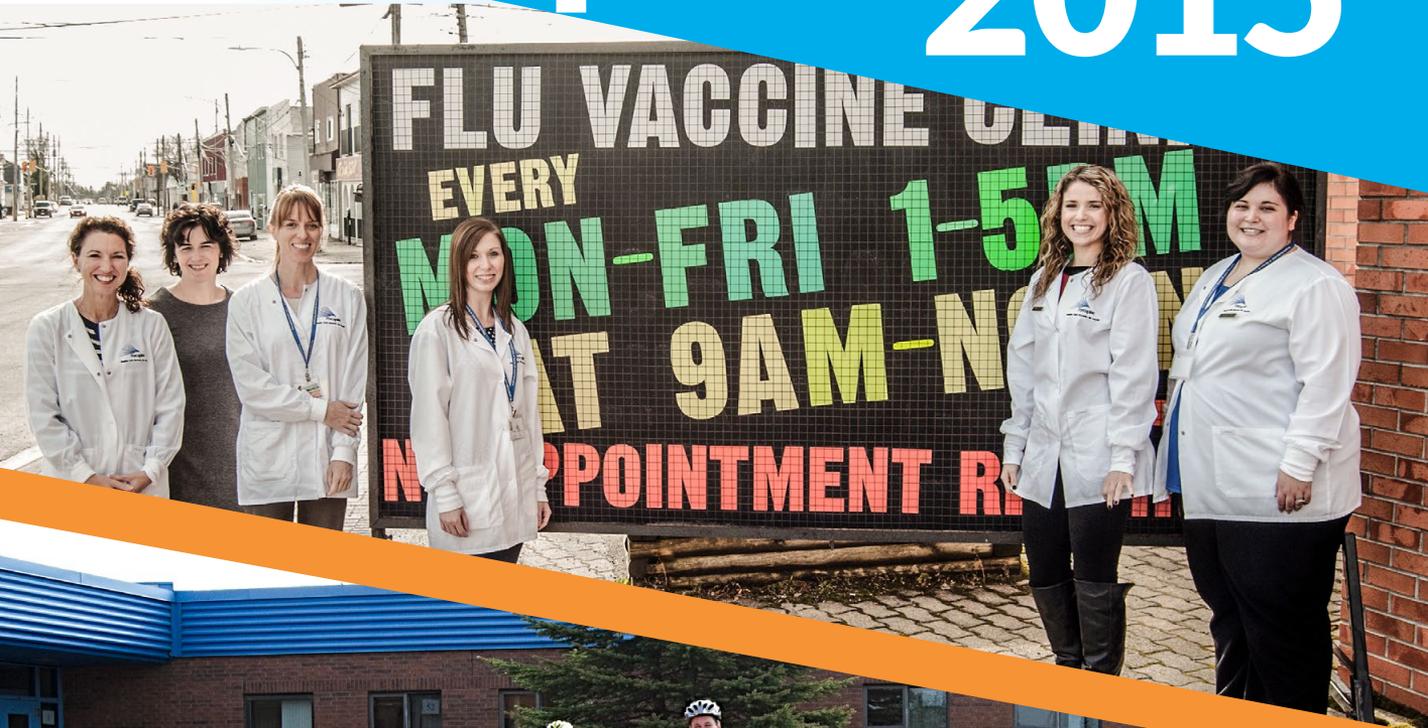


# Annual Report 2015



Health Unit • Bureau de santé



**LIANNE CATTON, MD, CCFP-EM**  
Medical Officer of Health

AS THE NEW MEDICAL OFFICER OF HEALTH of the Porcupine Health Unit, I am proud to present the 2015 Annual Report. While I cannot take credit for the exceptional programs and services delivered by PHU staff to improve the health status of our population, I am extremely proud to have joined this team in 2016.

As a physician in Timmins for almost eight years, I have been consistently impressed with the quality of PHU programs and services offered to help promote and protect the health of those living in our vast and beautiful district, rich in mining history, French and First Nations cultures.

It was an exciting year for the PHU. We celebrated 35 years of speech and language services, advocated for dental care for children in need, held the Northern Teen Pregnancy Summit, and launched PHU Eats. This report highlights only a fraction of the work done by our dedicated staff. From inspecting water sources and food premises, to providing vaccinations and sexual health services, to supporting breastfeeding moms, to genetic counselling and monitoring infectious diseases in our region, and advocating for healthy public policy; the work of the PHU positively affects health on many levels.

It is a challenging time in health care. As acute medical care services are stretched, and funding is limited in this province, public health plays a critical role in addressing the many factors that lead to increased acute health care demands.

I would like to thank the Board of Health for entrusting me with the honour of leading this outstanding team as we collaborate with community partners and our excellent health care providers to continue to build on the past successes of the PHU to address the issues necessary to positively impact the health and well-being of our communities.

I AM VERY PLEASED TO PRESENT the Porcupine Health Unit's 2015 Annual Report. This report highlights only a small portion of the great work that our health unit staff are doing throughout all of our communities. It is through their dedication and commitment that the health unit is able to empower individuals, in our area, to live healthy lives, within healthy communities, for which I thank them.

I am, however, concerned with respect to a new funding model the Ministry of Health and Long-Term Care has adopted, effective in 2015, where the majority of provincial health unit funding will be based upon a modified per capita formula. Not surprisingly, it envisions a dramatic redistribution of public health funding in the Province, to be concentrated mainly in higher populated areas, such as the Greater Toronto Area. In fact, this model indicated that approximately 80% of the health units in the Province, including the Porcupine Health Unit, are at risk of having their funding reduced.

This could have significant implications to our future funding, depending on how the model is implemented. A best case scenario might be that our funding is frozen, going forward, and that services may need to shrink over time in order to deal with increased costs.

I am confident that our Board members, who come from communities across our area, and bring their local knowledge and experience to the table, will work closely with the health unit's management and staff to ensure that we maintain the quality services that the public has come to expect from the Porcupine Health Unit, notwithstanding the new fiscal environment we face.



**GILLES CHARTRAND**  
Chair, Board of Health

# Northern Teen Pregnancy Summit

The Northern Teen Pregnancy Summit was held in November 2015, marking the beginning of next phase in the PHU Teen Pregnancy Project. The summit gathered 75 community members, from various service agencies from across the city (including health care, social services and education). This gathering created an opportunity to formally present the *PHU Report on Teen Pregnancy (2014)* to the community. Our goal was to produce a foundation for the project's next steps, which include community assessment and engagement.

The summit was essentially a working meeting where the participants completed a series of activities including a SWOT (strengths, weaknesses, opportunities, threats) analysis. This offered a unique opportunity to identify priorities for the project, as well as risks that needed to be mitigated from this point forward.

The information gathered at the summit will provide a starting point for the development of a community-driven strategic plan for overall teen health within the Porcupine Health Unit area.



# #PHU Eats

In the spring of 2015, Nutrition Services launched PHUEATS. This pilot project uses social media to influence behaviour change toward healthier eating.

We started by developing a process, and followed with a full launch on Facebook and Twitter that summer. Our team of public health dietitians check in daily to share tips and tricks to help make healthy eating the easy choice.

Whether by focusing on upcoming events, gardening, food myths, easy recipes or specific issues, the goal is to motivate and inform. Led by our local dietitians, and supported by nutrition students and dietetic interns, content is added daily. We encourage people to create, share and exchange information. By doing this, we're building networks that help consumers access reliable nutrition information for "just in time" application.

The popularity of the social media channels has been steadily increasing, especially the Facebook page. Word of mouth and some focused marketing has helped spread the message.

You're invited to join us anytime on Facebook and Twitter. Just look for PHU Eats!

The Northern Fruit and Vegetable program provided education resources and produce to **9,906** students in **58** schools in the Cochrane District, Hornepayne and James Bay Coast from January to June 2015.



In 2015, the cost of the Nutritious Food Basket at **\$218.12** was **8%** higher than the provincial average.

**193** skill building workshops or events reached **3,536** participants with almost half reaching priority populations.

# Me, My Baby, Our World

**201** people attended PHU prenatal classes in 2015.

In the Porcupine Health Unit District, the rate of babies born to adolescent mother is approximately 3 times higher than the Ontario average. Parenting in adolescence represents a departure from the normal developmental course resulting in a mother who may not be cognitively or emotionally ready to raise a child.

**17** families took advantage of Triple P programs offered by the PHU.

The staff in the Growing Healthy Families program recognizes that developing a positive parent-child relationship can be more challenging for our adolescent mothers. In an effort to address the needs of our young vulnerable families, the public health nurses began their search for evidence-based programs to support them.

During this search, the nurses discovered *Me, My Baby, Our World*, a program developed by Rosalie Hall, a young parent resource centre with over 100 years of experience working with young parents in Toronto.

**181** car seats were inspected at our car seat clinics.

This program aims to provide participants with the knowledge and skills to promote healthy attachment and positive parenting; enhance their baby's growth and development; and transition to parenthood. MMBOW also facilitates the development of positive social supports — crucial to the success of the adolescent parent and his or her child.

In the fall of 2012, we launched *Me, My Baby, Our World* locally. We offer it in collaboration with the Ontario Early Years Centre and the Timmins Native Friendship Centre.

Young parents with children less than 18 months of age are invited to register for the 12 weekly group sessions where they will have the

opportunity to connect with other parents like them, public health nurses and community workers. Each session includes:

- Music circle: activities to promote and encourage parent-child interactions.
- Scrapbooking: parents use the pictures taken during the music circle to create a scrapbook of them and their baby. This activity reinforces the ideas and theories presented and are a tool for future reference.
- Interactive education modules.

*Me, My Baby, Our World* has been successful in reaching its objectives. Participants report that the classes are enjoyable and they have a better understanding of their child's needs and feel more confident in their parenting role.

The Porcupine Health Unit is dedicated to improving the health of our children, our youth and our parents. *Me, My Baby, Our World* is one way that we hope to achieve better health for all of them.

In 2015, **988** *Healthy Babies Healthy Children* screens were completed — **112** prenatal, **806** postpartum, & **70** early childhood.

**154** families received one or more home visits by a public health nurse or family home visitor.



# Changes to Healthy Smiles Ontario

**347** children were served by CINOT in 2015.

**76** new children enrolled in HSO for a total of **127** with **60** receiving treatment by a dentist.

Almost **1,500** visits in preventive clinics served **830** children.

In December 2013, the Ministry of Health and Long-Term Care (MOHLTC) announced that, by August 2015, publicly funded children’s oral health services, including the health unit’s CINOT (Children in Need of Treatment) and HSO (Healthy Smiles Ontario) programs, would be integrated and transferred to a centrally administered program.

The Board of Health of the Porcupine Health Unit expressed concern that criteria would be based on means vs. need and, in September 2014, was one of the first to pass a resolution to address the changes. Under the new guidelines, many children in pain or with severe caries currently receiving needed services would no longer have access.

The Porcupine Health Unit participated in several levels of the advisory process. The Ministry listened, made modifications and, after much consultation, rolled out a new Healthy Smiles Ontario (HSO) in January 2016. ACCERTA now enrolls clients, provides cards on behalf of MOHLTC and pays the dentist for the services provided.

There are three streams: preventive services, provided by public health units — including our dental hygienists screening for visible decay, scaling, cleaning, and applying fluoride varnish. Emergency and essential services provides dental services to children up to 18 where the family has financial hardship. Core dental health services are provided to children of families with a specific annual income threshold (for example, a family with one child and an income of \$22,020 or lower).

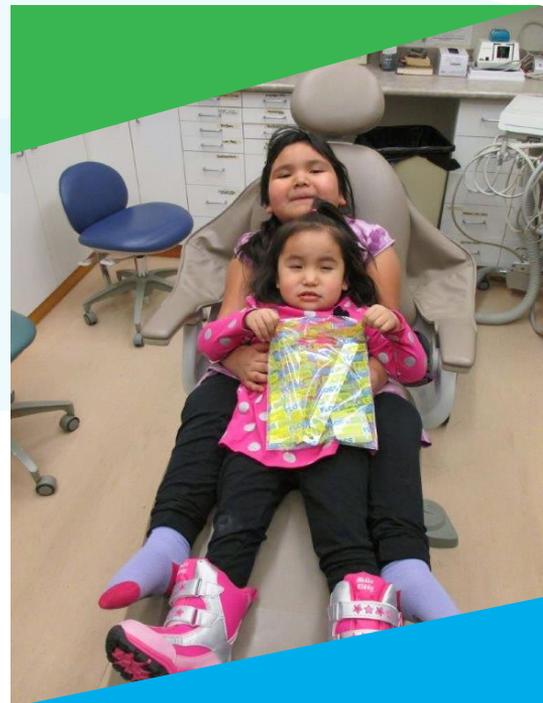
In 2015, Epidemiologist Asma Razzaq presented to local dentists and PHU staff her report on “Hospital Emergency and Day Surgery Use for Oral Health Conditions 2011-13”. This local data provides a baseline before the change in oral health service delivery as well as highlight needs. Higher than the province rate, local ER and day surgery visits are driven by avoidable oral health conditions such as untreated dental caries. More than a third of visits are repeat visits. For the ER only, more than half of visits are repeat visits.

There is a gap in care for those 19-44 years of age. The Health Unit’s Dental Consultant, Dr. Peter Cooney, in reviewing the results, has suggested that a comprehensive vulnerable adult program needs an HSO-type component to cover the costs of dental treatment. “If only 50% of repeat visits and 20% of first visits can be referred directly to a dental provider, in 2013 alone, the public system could have avoided spending \$295,000 (PHU).”

Dental health has never been a “one size fits all” proposition. The Porcupine Health Unit will continue to work with local dental professionals to ensure that we deliver the best service possible within the new guidelines, while advocating for changes to better match our communities’ needs.

**458** children in First Nations communities received dental treatment through the COHI program.

**997** preschoolers received fluoride varnish treatments.



# 35 Years of Speech & Language Services

**240** children were seen for an initial assessment.

It's been 35 years since the first speech and language therapist started at the Porcupine Health Unit. The position was placed in the Kapuskasing office to serve the population from Smooth Rock Falls to Hornepayne. Clients included people of all ages. Margo Clinker was part of a team with Audiologist Shane Moodie called Communicative Disorders.

**534** children were seen for an assessment, treatment or both.

Over the years, the program grew and began to focus more on young children. In 1996, the Cochrane District Preschool Speech and Language Program launched with the Porcupine Health Unit as the lead agency. Today, staff includes a Speech Language Pathologist Coordinator, four Speech Language Pathologists and three assistants located in Timmins, Cochrane, Kapuskasing, and Hearst.

The Preschool Speech and Language program offers innovative and quality services to children from birth to entry to Senior Kindergarten. Our program offers assessment, treatment and education services for children and their families. Parents and caregivers are critical in a child's language development. Therefore, we work in partnership with families to:

- Explore and respond to each child's needs;
- Support the child's learning environment; and
- Transfer knowledge, skills and abilities needed to sustain growth and achieve success.

Early identification is essential to the development of critical language skills. Our program focuses on both children's oral language and the development of emergent literacy skills. These skills are the

first step in the development of reading and include oral language, vocabulary development, letter knowledge and narrative skills.

We continue to work with community partners to improve access to services and the quality of services (including Special Needs Strategies for both Cochrane-Timiskaming and the James Bay Coast). Speech Language Pathologists have been trained to implement the Autism Diagnostic Observation Schedule (ADOS) in order to participate in the Autism Diagnostic Team.

Children with Autism Spectrum Disorders (ASD) are all unique. However, we know that they all have deficits in social communication. In May of 2015, the staff of the Preschool Speech and Language Program and other community members attended a workshop in Timmins presented by David Loyst, Autism Consultant and Speech-Language Pathologist. Speech-language pathologists and assistants learned how to treat children with ASD using a systematic approach. According to David Loyst, these children need to “Learn to Look” to then “Look to Learn”. Our team has started to apply these principles and have immediately started to see positive changes in their clients. Parents said:

- “It’s like he needed to learn to look.”
- “After 5 years, I feel like I connected with my daughter for the first time.”

Given the success of this program, we are planning to continue to consult with David Loyst to improve our knowledge and proficiency with the new program.

The last 35 years have seen an incredible amount of growth in the field of speech and language development. We look forward to continued growth to address the challenges of the future in all our communities.

Average age at the time of referral to the program: **33** months.



# The Importance of Physical Literacy

Individuals who are **physically literate** move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person.

—PHE Canada

**What is it?** Physical literacy means being able to do fundamental movement skills, such as walking, running, skipping, jumping, swimming and throwing. Children who have acquired these skills early in life have a stronger foundation, confidence, and willingness to be physically active. They're also more likely to play sports throughout their lives. Being active is associated with psychological well-being, and reduced anxiety or depression. It's also been directly correlated with improved academic performance.

**Why is it important?** The Canadian Physical Activity Guidelines state that children and youth should accumulate 60 minutes of moderate to vigorous physical activity per day. Less than 10 percent of our children meet the recommended daily minimum. Physical inactivity puts them at increased risk of developing chronic diseases early in life. Our 2014 Community Health Profile identified chronic diseases in our area to be higher than the provincial average, which makes reversing the trend an urgent matter.

In 2015, the physical literacy program distributed **27** tool kits, made **4** public presentations and trained **97** childhood educators.

As part of a northeast workgroup, we assisted with the development of a toolkit called “Jump Into Play” to assist day care workers with ideas and tips to help preschool children in their care develop physical literacy before they enter school. All registered daycares in our region were provided with the toolkit along with a training option of how to best use it.

With the support of our partners, we hope to help our children build a strong foundation to lead healthy active lives.

# Inspection

THE INSPECTION PROGRAM at the Porcupine Health Unit is committed to promoting and protecting public health and continually meeting the new challenges from our environment that can affect human health. These include environmental health programs like food safety, safe water, rabies control, sewage systems and West Nile virus surveillance. Inspectors also oversee outbreak and infection control and enforcement of the Smoke Free Ontario Act.

## **In 2015, the Inspection program conducted:**

- 350 Day nursery/Personal Service setting inspections
- 180 animal contact investigations
- 160 recreational water inspections
- 1,475 food related inspections
- 556 tobacco inspections, 6 charges, 1 warning

# Clinical Services

## **Travel Program:**

- Total number of clients: 803
- Total number of vaccines given: 1,187

## **Sexual Health Clinic:**

- Total number of visits: 2,499
- Number of pregnancy tests: 182
- Number of screening tests for sexually transmitted infections (STIs): 1,000
- Number of Pap tests: 283

## **Vaccine Cold Chain:**

- Number of inspections: 84
- Number of cold chain failures investigated: 50

## **General Immunization Clinics:**

- Total number of clients: 2,480
- Total number of vaccines given: 5,256
- TB skin tests: 305

## **Genetic Program:**

- Total number of client referrals: 294
- Ontario Breast Screening Program (OBSP) referrals: 70
- Total number of clients seen in clinic: 133

# Chronic Disease & Injury Prevention

## Falls prevention:

- 730 Independent Living Guides were distributed
- 623 Independent Fall-Risk Assessments were distributed across the PHU area
- 1,203 Stay On Your Feet (SOYF) brochures were delivered with the assistance of partners in our area
- 14 information sessions on SOYF were provided to the public
- 23 STAND UP! partner practitioners were provided with facilitator training

## Bicycle safety:

- 628 bike helmets inspected
- 14.2% of helmets were deemed safe

## Tobacco:

- 31 participants in the *Leave the Pack Behind - Would U Rather* campaign
- 76 clients followed in cessation clinics

## Mental Health:

- 1,000 *Be Kind and Pass It On* coins circulated through region
- 7 SafeTALK sessions provided
- 133 received SafeTALK training



# 2015 Financial Report

PROGRAM EXPENDITURES	\$	%
General Public Health	8,916,912	62.34
Healthy Babies / Healthy Children	1,018,056	7.12
Unorganized Territories	837,800	5.86
Preschool Speech Initiative	741,209	5.18
Smoke-Free Ontario	362,586	2.53
Genetics	336,395	2.35
Healthy Smiles Ontario	312,703	2.19
Infection Control	222,300	1.55
Northern Fruit & Vegetable	181,612	1.27
Priority Population Nurses	180,500	1.26
Diabetes	147,048	1.03
Children's Oral Health Initiative	137,095	0.96
Canada Prenatal Nutrition	122,313	0.86
Chief Nursing Officer	121,500	0.85
Prenatal & Postnatal Nurse Practitioner	121,379	0.85
Vector-Borne Disease	121,289	0.85
Nurse Practitioner	118,632	0.83
Infection Control Nurse	90,100	0.63
Stay on Your Feet	88,384	0.62
Land Control	79,316	0.55
Small Drinking Water Systems	24,667	0.17
Healthy Communities	21,866	0.15
	<b>14,303,662</b>	<b>100.00</b>
REVENUE SOURCES		
Province of Ontario	11,506,599	80.45
Member Municipalities	2,265,717	15.84
Government of Canada	259,408	1.81
Other	271,938	1.90
	<b>14,303,662</b>	<b>100.00</b>

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Michael Shea VICE CHAIR  
TOWN OF IROQUOIS FALLS

Pat Bamford  
CITY OF TIMMINS

André Grzela

Andrew Marks

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Michel Brière  
MUNICIPALITIES OF VAL RITA-HARTY,  
MATTICE-VAL COTÉ AND OPASATIKA

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Aurel Godard/Rick Lafleur  
TOWN OF KAPUSKASING, TOWNSHIP OF FAUQUIER-STRICKLAND &  
TOWNSHIP OF MOONBEAM

Sue Perras  
TOWN OF SMOOTH ROCK FALLS

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Health Unit • Bureau de santé

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