

Remarks from the MOH

I AM PROUD TO PRESENT the Porcupine Health Unit's Annual Report for 2016. Having had the pleasure of working with the PHU team and Board of Health for a year now, I am very



grateful for the support and dedication of this excellent team.

“MUCH OF THE WORK OF PUBLIC HEALTH IS UNSEEN, AND YET SO INTEGRAL TO THE HEALTH AND SAFETY OF OUR POPULATION.”

These are just a few highlights of the extensive work done to protect and promote the optimal health and well-being of our communities. Much of the work of public health is unseen, and yet so integral to the health and safety of our population.

My year began with a multi-province Hepatitis A outbreak linked to frozen berries, and we continued to face new and interesting public health challenges throughout the year. We dealt with infectious disease concerns, new immunization standards, promoted mammograms, and

educated about concussion prevention and management. New environmental issues were at the forefront for the PHU in 2016. We identified our first black-legged tick, capable of carrying Lyme Disease; found blue-green algae in a local waterway; and realized the implications of being a historical mining town.

We continue to work upstream to prevent poor health outcomes, and recognize income and many other factors are of key importance and must be addressed. With the cost of healthy food increasing in our area, as seen in this report, we need to examine other methods to address the inequities experienced by our population in order for them to attain health and well-being.

The much-anticipated *Truth and Reconciliation: Calls to Action* was released and more than ever we recognize our responsibility to acknowledge and address inclusion and equity in our planning and delivery of programs and services. In addition to strengthening engagement with Indigenous community members, the PHU continues to collaborate with many local, regional and ministry partners to improve opportunities for the health of all of our community members.

I look forward to the opportunity to further develop initiatives with the tremendous PHU staff, Board of Health and community partners to address the issues necessary to improve the health and well-being of our communities.

*Lianne Catton, MD, CFPC-EM
Medical Officer of Health (A)*



Remarks from the Chair



I AM VERY PLEASED TO PRESENT the Porcupine Health Unit's Annual Report for 2016. In this report, we'll be highlighting programs that address problems that have a particularly Northern focus. There are real challenges in being a Northern health unit, especially when policymakers typically live in the larger centres in the South.

That's one of the reasons I've been so excited about joining the Executive Committee of ALPHA, the Association of Local Public Health Agencies. Recently, we've been working on the Ontario Basic Income Pilot, a proposal towards "ensuring everyone has an income sufficient to meet basic needs and live with dignity". Projects like this could significantly improve the health of people in our area. It's an honour and a privilege to represent our area, and all northern health units, in these endeavours.

A large part of last year was also devoted to finalizing the new Ontario Public Health Standards. Several of our managers were involved in providing consultations and feedback to these standards, which govern the way health units like the PHU operate and deliver programs and services to the public.

It is also my privilege to welcome Dr. Lianne Catton to the health unit although, as I write this, it has been a full year since she joined us. I know I speak for the entire Board of Health when I say we're very happy to have someone with her background and commitment to public health, and the North, serve as our Medical Officer of Health.

*Gilles Chartrand
Chair, Board of Health*

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The Cost of Eating Well in 2016

WE ALL KNOW THAT THE COST OF LIVING goes up every year.

And every year, we hope that our

incomes keep pace. When money is tight, we pay the rent or mortgage and other expenses first and cut back on food.

Food insecurity — not having enough money for a healthy diet — can be a vicious circle. Food insecurity can lead to poor health, by affecting your ability to learn and work. This can then lead to further food insecurity. Adults in food insecure households don't rate their health as high; have poorer mental, physical and oral health; experience increased stress; and have a greater chance of having a chronic illness like diabetes, cancer or heart disease. The cost to the health care system is high. Food insecurity causes poor health and poor health can cause food insecurity.

The Nutrition Services program at the Porcupine Health Unit monitors the cost of food as part of the Nutritious Food Basket (NFB) Protocol of the Ontario Public Health Standards. In 2016, the cost of NFB was \$225.85 for a reference family of four, an increase of 4% in one year and 22% over

six years. That cost is the second-highest in the province and 10% above the provincial average cost of \$205.45.

Although the protocol does not include infant formula, we include that cost every four years. The data on the cost of infant formula further supports breastfeeding as the least expensive option. For a year, the cost of the extra food a breastfeeding mother needs is \$415; infant formula would cost an additional \$2,308 to \$7,171 for that same year.

NFB data also allows us to look closely at food affordability. Consider the equation: $\text{Income} - \text{Housing} - \text{NFB/Food} = \text{Amount Left for all other costs of living}$. Let's look at a family of four. For an Ontario Works family, the amount left over per month is \$172. Increase that to \$885 for minimum wage earners and \$5,375 for average wage earners. A single man on Ontario Works is "in the red" by \$123. A person on an Ontario Disability

**FOOD SECURITY
INCOME
+ FOOD ACCESS
+ FOOD SKILLS
= HEALTHY DIET
= HEALTH**

Services Pension (ODSP) has only \$81, while a woman on Old Age Security/Guaranteed Income Supplement has \$528 left.

The message is clear: adequate income is the key to preventing food insecurity. However having the access, skill and motivation to choose and prepare nutritious food is key to a healthy diet. We use the NFB data to help us develop resources to address the needs of food insecure families and the professionals who support them.



Breast Mammothon Day at TADH

IN MAY 2016, THE GENETICS NURSE COUNSELLORS from the Genetics Program took part in the annual “Breast Mammothon Day” at the Timmins and District Hospital (TADH). All women in our district over the age of 50 who had never been screened, were encouraged to walk right into the Breast Wellness Centre at TADH without an appointment to have a mammogram. The annual screening blitz was established to raise awareness of the importance of regular breast cancer screening and to provide an opportunity for eligible and never screened women in North East Ontario to access this service. This year, the screening blitz brought in more than fifty women.

The Genetics Nurses partnered with the Breast Wellness Centre at their “Breast Mammothon Day” to provide education on the Ontario Breast Screening Program’s (OBSP) high risk screening program. Throughout the year, the Genetics Nurses work closely with the Breast Wellness

Centre to assess and enroll high risk women for this enhanced screening. Enhanced screening includes an annual mammogram and breast MRI between the ages of 30-69.

While providing serious and essential education to the women who attended the “Breast Mammothon Day”, the Genetics Nurses also treated the women who attended to a delicious and healthy yogurt bar and a pink carnation.

278 Genetic Program client referrals in 2016

82 Ontario Breast Screening Program (OBSP) referrals

131 clients seen in our genetics counselling clinic in 2016



In the Classroom, On the Ice

IN PUBLIC HEALTH, it isn't always easy to find the balance between

keeping children and youth active to maximize a healthy development while minimizing the risks of injury. Concussions are the most common form of traumatic brain injury with serious short- and long-term consequences. We focus on children because they are particularly at risk due to their developing brains.

27 student paramedics took PHU concussion training

Educating children, youth, and their parents about how to prevent and manage risk is a key strategy in our approach to injury prevention. To do this, we work with school personnel, coaches, primary care providers and communities to support best practices.

This year, we offered the "Brain Waves" program to schools. This is a fun and interactive half-day session which teaches Grade 4-6 students about their brains and spinal cords, and how to protect them, both on the road and off. 203 students, across seven schools, participated.

Bicycle safety is another key part of our strategy. We work with schools and other community partners to conduct helmet inspections and provide education on road safety. 880 students from 29 schools participated in the bike rodeos in 2016. Of the 728 helmets we inspected last year, only 15% passed inspection. The good news is that just over half were considered safe after adjustments. The rest needed replacing due to passed expiry dates, improper fit, damage and not being approved

for cycling. A note identifying the issue was sent home with each student.

Concussion policies and protocols also help support injury prevention. Our staff have made themselves available to assist school boards to help develop these policies. In 2016, 36 principals of the Conseil scolaire catholique de district des Grandes Rivières took part in training to support their safe return to learn and play process.

The Timmins Minor Hockey Association's concussion protocol was developed with the leadership of the Timmins Think First Coalition, supported by the health unit. Information and tools for coaches, parents, children and youth who play hockey were also developed. These have been offered to other local sports groups and organizations. Primary care providers are also represented on the coalition and are instrumental in supporting best practices.

Community partnerships and education can go a long way to minimize the occurrence of concussions and reducing the number of serious injuries to our children. Together, we can make a difference.



Breastfeeding Help in Kap

IN THE SPRING OF 2016, the Porcupine Health Unit opened its first breastfeeding clinic, located in the health unit office in Kapuskasing. The clinic offers additional support to expectant parents who are making decisions about infant feeding choices and to breastfeeding mothers in meeting their feeding goals.

Exclusive breastfeeding is recommended for the first six months; and up to 2 years of age and beyond with the introduction of solids. In the Porcupine Health Unit area, breastfeeding exclusivity and duration rates are below these recommended rates and the provincial average. The evidence demonstrates that face-to-face professional breastfeeding support has been the most effective way to promote exclusivity for the first 6 months.

The Kapuskasing clinic is another strategy to enhance breastfeeding support and improve health outcomes for families living in the community. The Porcupine Health Unit, a Baby-Friendly Initiative designated organization, is dedicated to protecting, promoting and supporting breastfeeding. Thank you to our public health nurses in Kapuskasing for their initiative and commitment to bringing this clinic to their community.

178 people attended PHU prenatal classes in 2016

913 Healthy Babies Healthy Children screens were completed in 2016

154 car seats were inspected at our car seat clinics

144 families received one or more home visits by a public health nurse or family home visitor



25 families registered for the “Me, My Baby, Our World” parenting program

Diabetes Prevention Program

EATING HEALTHY AND BEING ACTIVE: It's easy to say, but hard to do. **HEALTHSTYLES** helps. Diabetes rates are higher in the Porcupine Health

Unit area, compared to the province. It affects more people and causes more hospital stays and deaths.

HEALTHSTYLES was our response to this need: an effective Diabetes program for our area. We based the program on the 12-month curriculum of the Group Lifestyle Balance Program™ and what we learned from our own Biggest Winner Community Challenges. With the support of the Ontario Ministry of Health and Long-Term Care (MOHLTC), the health unit launched the program with a 1-year pilot run in March 2015. French sessions were held in Hearst and English in Timmins.

Research from the Group Lifestyle Balance Program™, by the National Institutes of Health

and the U.S. Centers for Disease Control and Prevention (CDC), showed that people with pre-diabetes who lose 5% to 7% of their body weight and increase their physical activity levels to 150 minutes a week, reduce their risk of developing type 2 diabetes by 58%.

Our evaluation of **HEALTHSTYLES** showed that a third of their participants achieved their weight-loss goal and almost three-quarters achieved the activity goal of 150 minutes a week. Improvements were noted in fitness, body esteem, eating habits, eating self-efficacy, low-risk drinking guidelines and, overall, a lowered risk of diabetes. Based on participants' suggestions for improvement, this year-long program will start in the fall of 2017.

PARTICIPANT COMMENTS:

- “Before I started this program, I could barely walk a block. Now a year later, I have joined a gym and attend 4 times a week. I have almost lost 40 pounds and feel amazing. This program has changed my whole way of thinking and my life. I now think about the different food choices and also incorporate daily exercise into my routine.”
- “I am down a full clothes size, my confidence and self-esteem has greatly improved. I was concerned that I would feel out of place in this program, but it has turned out to be a blessing, a boost in my self-image, and probably extended my life by years!”



CPNP

THE CANADA PRENATAL NUTRITION PROGRAM (CPNP) provides professional 1:1 nutrition services by Public Health Dietitians and group and peer opportunities. These strategies meet the needs of women who are at high risk for an unhealthy birthweight baby. They combine one-on-one and group programming.

In 2016-2017, 110 clients were in the program. More than half of those who completed the program made lifestyle changes. The top two changes were eating better and quitting or reducing smoking. Almost 80% of the participants had a healthy birth weight baby. Breastfeeding was initiated by more than 60%.

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 2016, the Inspection program conducted:

- 401 Day nursery/Personal Service setting inspections
- 185 animal contact investigations
- 169 recreational water inspections
- 1,687 food-related inspections
- 438 tobacco inspections, 1 charge



Clinical Services

Travel Program:

- Total number of clients: 749
- Total number of vaccines given: 1,070

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: 86
- Number of cold chain failures investigated: 28

General Immunization Clinics:

- Total number of clients: 2,444
- Total number of vaccines given: 5,298
- TB skin tests: 278



Cochrane District Preschool Speech and Language Program

The Preschool Speech and Language program is committed to offering innovative and quality services to the preschoolers from birth to SK entry who live in our district. Our program offers assessment, treatment and education services for children and their families. Early identification is essential to the development of critical language skills. Our program focuses not only on children's oral language but on the development of emergent literacy skills. Last year's referrals were from parents (40%), doctors (24%), education (10%), childcare (10%) and HBHC (PHU) (9%).

- 1,447 children registered in the PSL system for the Cochrane District.
- 214 children were seen for an initial assessment.
- 159 children received first intervention.
- 524 children were seen for an assessment and treatment.
- 1,689 speech and language assessment or therapy sessions provided.
- Average age at the time of referral was 34 months.

Chronic Disease & Injury Prevention

Mental Health:

- 167 individuals received safeTALK training.
- 10 safeTalk sessions provided.
- Be Kind and Pass It On coins distributed throughout the district during Children's Mental Health Week.

Tobacco:

- 136 clients provided with smoking cessation assistance.
- 13 individuals registered for the Would You Rather contest.
- 6 individuals registered for the Canadian Cancer Society's First Week Challenge.
- 37 individuals registered and received assistance from the Canadian Cancer Society Smokers' Helpline.
- Assisted Goldcorp with their tobacco-free property policy which came into effect May 2016.



Dental Services

Cavities, missing teeth, pain, swollen or bleeding gums: all affect not only the health of the mouth but also the health of the body. Children with poor oral health can have pain, poor sleep, difficulty chewing, poor eating habits, poor nutrition and speech problems. Public Health Dental Hygienists and Assistants/Educators provide a comprehensive program of screening, prevention and education to improve children's oral health.

Staff provide preventative clinics under the new HSO program protocol with over 1,100 visits and served 622 children in HSO-Preventative clinics for cleaning and scaling, fluoride treatment, sealants, education and screening for visible decay.

- 4,456 children in all schools in Grades JK, SK, 2, 4, 6, and 8 were screened by a Registered Dental Hygienist for visible decay. Almost three children in a classroom of 20 had decay.
- 271 children enrolled via the PHU in Healthy Smiles Ontario (HSO) were served by Emergency and Essential Services Stream (EESS).
- Over 1,000 preschoolers participated in the fluoride varnish program at 44 OEYC/Brighter Futures Centres, childcare, and home childcares.
- From April 2015 to March 2016, 519 children in 12 First Nation communities received assessments, fluoride varnish and, when needed, interim stabilization therapy (IST) through the COHI program.
- 24 oral health promotion group education sessions, community events, media interactions, newsletters, and resources reached a total of over 1,500 people.



2016 Financial Report

PROGRAM EXPENDITURES	\$	%
General Public Health	8,829,474	62.21
Healthy Babies / Healthy Children	1,009,424	7.11
Unorganized Territories	828,098	5.83
Preschool Speech Initiative	742,504	5.23
Smoke Free Ontario	381,924	2.69
Healthy Smiles Ontario	375,177	2.64
Genetics	342,274	2.41
Infection Control	222,300	1.57
Northern Fruit & Vegetable	191,895	1.35
Diabetes	189,557	1.34
Priority Population Nurses	179,081	1.26
Children's Oral Health Initiative	140,000	0.99
Chief Nursing Officer	120,558	0.85
Vector Borne Disease	120,508	0.85
Nurse Practitioner	113,604	0.80
Stay on Your Feet	102,592	0.72
Canada Prenatal Nutrition	101,111	0.71
Land Control	90,801	0.64
Infection Control Nurse	89,393	0.63
Small Drinking Water Systems	24,666	0.17
	14,194,941	100.00
REVENUE SOURCES	\$	%
Province of Ontario	11,459,725	80.73
Member Municipalities	2,243,662	15.81
Government of Canada	241,111	1.70
Other	250,443	1.76
	14,194,941	100.00

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