

Porcupine Health Unit

2014 Annual Report



Porcupine

Health Unit • Bureau de santé





From the MOH

I AM PROUD TO PRESENT our 2014 Annual Report highlighting the Porcupine Health Unit's programs and services. This report demonstrates the importance of public health in helping our population maintain a good quality of life.

In my return as the Medical Officer of Health after a six year absence, I have been impressed by the high standards with which the Porcupine Health Unit delivers its programs and services.

In 2014, the Province of Ontario released its first set of Public Health Year-End Performance Results. I am pleased to report to you that the Porcupine Health Unit currently has achieved or exceeded the targets in six of the seven indicators where targets were stated.

This report highlights the two key elements of our mandate: health protection and health promotion. Health protection refers to public health measures such as ensuring safe food and water, infectious disease prevention and control, public health emergency management and population-level vaccination programs. Health promotion refers to programs aimed at education and advocacy work in areas such as tobacco, obesity, healthy children and healthy aging.

I hope you enjoy reading about our highlights in 2014. I wish to thank our Board of Health for their guidance and the staff of Porcupine Health Unit for their dedication and professionalism.

Dr. Dennis Hong, Medical Officer of Health

From the Chair



IT'S AN HONOUR to serve as the Chair of the Porcupine Health Unit's Board of Health. I look forward to working together to ensure that our strong, diverse communities continue to grow. All levels of government must work together to face the challenges in the North, both present and future.

Late in 2013, the provincial government announced changes to the publicly-funded dental services programs. Some of these changes could affect the programs children in our area have relied upon.

In 2014, the Porcupine Health Unit Board of Health passed a resolution that urged the Ministry of Health and Long-Term Care to ensure that no child that currently receives dental services, either through the Health Unit or a local dentist — or any other publicly-funded program in the province — loses services because of changes in provincial legislation or policies. Other health units have since followed with similar statements.

Another innovative dental program is featured in this report: the Fluoride Varnish Program. Although it's been in place for some time, we're now able to see just how successful it's been in preventing cavities as these children grow up. Innovative programs like these clearly demonstrate our commitment to future generations.

Finally, I'd like to take this opportunity to thank Gary Scripnick for the tremendous work and commitment he had as the Chair of the Board of Health for the Porcupine Health Unit.

Steven Black, Chair, Board of Health

Fluoride Varnish Program

Over 900
children received
fluoride varnish
treatments
in 2014

DO YOU REMEMBER the famous commercial. “Look ma, no cavities”?

In the 2005/06 oral health survey, less than half (47%) of 5-year-old children had no cavities. It indicated a drop from 60% in the survey just five years before. The Fluoride Varnish Program was launched in 2007 to address these concerns. Fluoride varnish is a thin coating of resin applied to the tooth surface, making the tooth enamel harder. It protects the teeth from decay; it is easy to apply, safe and well accepted by infants and children. We estimated the program would reduce decay rates by 19 to 30%.

The goals of the Fluoride Varnish Program are to reduce the prevalence of early childhood tooth decay, increase oral health awareness among parents and prevent the unnecessary pain and suffering of young children.

We offer the program in day cares, Brighter Futures/Ontario Early Years Centres, and by appointment at Preventive Clinics. Participation in the program has increased from 423 children in 2007 to over 900 in 2014. Visits to day cares started with twice a year. By 2011, with increased funding from Healthy Smiles Ontario, we increased it to four visits a year.

In 2014, an outcome evaluation was planned to determine whether a fluoride varnish program could work in a public health setting, the minimum number of applications, and where the program should be delivered.

Dr. Matthew Hodge and Dr. M. Mustafa Hirji Epirus Consulting analyzed the data from the Fluoride Varnish Program 2007–12 and the Oral Health Survey 2009–13. They compared the rate of cavity-free and decayed, missing, extracted and filled teeth among the children in JK, SK and Grade 2. They found that the program increases the chances of being free of caries and improved oral health for children assessed in JK or SK. However, the improvements were not seen in Grade 2 students. They concluded that three varnish treatments before age 5 are



necessary to see improved results for JK and SK students. Four or more treatments would be required for older students. Day care agencies were the best venue to ensure that children continued to take part in the program.

These results have led to further consideration to: expand the program beyond preschoolers to include JK, SK and up to at least Grade 2; continue to offer at day cares, and expand to

other sites such as schools; and continue to offer the program in day cares four times a year to help ensure each child receives at least two applications a year.

The bottom line: in the 2013-14 survey, 61% of 5-year-old children assessed had no cavities. That means more children can say “Look ma, no cavities!”

Diabetes on the Rise

CHANGE: IT'S EASY TO SAY, BUT HARD TO DO. Within the Porcupine Health Unit area, compared to the province, diabetes affects more people, causes more hospital stays, and death. The Diabetes Prevention Program funded by the Ontario Ministry of Health and Long-Term Care has four components – skill-building behaviour change programs for healthy eating and physical activity; training for health educators; risk assessment; and communication and outreach.

Working with community, regional and provincial partners, our strategies to date included promoting CANRISK and our local referral pathway at local events like the Diabetes Expo, Aboriginal Day, the Pow Wow, and the Timmins Kayak Challenge. CANRISK provides a risk score for diabetes based on factors you can't change like age, gender, ethnic background, and those you can such as physical activity, your weight, eating habits, blood pressure and blood glucose.

Training with community partners included programs targeting behaviour change for healthy eating and physical activity such as Nordic Pole Walking, Food Skills, and Collective Kitchens. The 2014 Diabetes Expo featured psychologist Darryl

Tonemah on the role of stress and trauma on behaviour change. Motivational interviewing skills were the focus of a workshop with Dr. Michael Vallis.

Communication and awareness about programs and services and motivation for a healthy lifestyle is the goal of a regional partnership with northern health units, entitled “Bring Back the Tradition of Healthy Living”. Other strategies included radio interviews, newspaper articles and ads.

If you are overweight or obese and at risk for diabetes, achieving and maintaining a weight loss of 7% of body weight and achieving and maintaining physical activity for the equivalent of 150 minutes a week (half hour a day) of brisk walking may sound easy, but we all know that it is not. The components of the Diabetes Prevention Program provide a menu of choices to help you.

160 people attended the 6th Annual Diabetes Expo, the largest attendance to date

Working with Municipalities to Reduce Alcohol-Related Harms

ACCORDING TO THE PORCUPINE HEALTH UNIT'S 2014 *Community Health Status Report*, alcohol consumption is a concern in our area. There is more heavy drinking and alcohol is a factor in our significantly higher mortality rate. The Health Unit's Chronic Disease and Injury Prevention team is working with our communities to address this.

Our Public Health Nurses have provided Pour Challenges in seven of our nine communities. In these challenges, people try to pour the correct amount of "alcohol" for one standard drink. This will, we hope, lead to a better understanding of what a standard drink is. Better understanding may then lead to more moderate alcohol consumption.

We also worked with our communities to identify outdated alcohol policies. In September of 2014, we hosted a Municipal Alcohol Policy (MAP) session. Representatives from municipalities across the region attended. Legal experts shared information about the municipality's responsibilities in serving alcohol. We provided information packages which are still available to towns upon request. We continue to work with our communities to ensure that they have the necessary support to have updated MAPs in place.

Violence is often a negative consequence of drinking. To help local hospitality owners and staff, the Health Unit hosted a Safe Bars training session. The program provides education, resources, and best practices in preventing violence in their establishments.

Education is key in addressing the health risks of alcohol consumption. We've provided a variety of tools to local health care providers to help in alcohol screening and counseling. Our data also indicates that binge drinking is an issue among our youth. In 2014, we developed binge drinking presentations for use in area high schools.

Our dedicated staff will continue to work with our community partners to provide current and relevant information about the risks of alcohol misuse and its impact on the health and safety of our population.

150 alcohol screening and counselling packages were sent to health professionals across our area

Tanning Beds & the Skin Cancer Prevention Act

ALTHOUGH WE LIVE IN THE NORTHERN PART of Ontario, our population is at the same risk of UV exposure as people in the south. Skin cancer has been increasing steadily over the last 20 years, with melanoma being the most common cancer among adults 20–35.

Artificial UV radiation is a Group 1 carcinogen, the same classification as cigarettes, asbestos and arsenic. Tanned skin is visible proof that your DNA has been damaged by UV rays and damage is cumulative. UV radiation from tanning beds emit 10–15 times more UVA radiation than the midday sun. People exposed to this radiation before the age of 35 increase their risk of skin cancer by 75%. If you're under 18, it puts you at an increased risk as your body is still developing.

After many years of raising awareness and advocating for legislature to protect youth, the third reading of Bill 30 was passed. As of May 1, 2014, the new Skin Cancer Prevention Act (Tanning Beds) 2013, took effect. The law bans the use of tanning beds by youth under 18 years of age, and anyone under the age of 25 will be required to provide identification.

The Porcupine Health Unit Chronic Disease team is working to provide education about the new law. They have already provided all local registered tanning bed operators with the necessary information packages. Our staff are always available to answer questions to support both our operators and the public around the issue of UV exposure.

8 local tanning salons were presented with information about the new artificial tanning initiative in 2014

Immunization: What's New?

PANORAMA

In 2014, Ontario launched a new electronic database called Panorama, used by the province's 36 health units to effectively track school-age children immunization records. This system is being used effectively in our immunization clinics and school based immunization clinics.

CHANGES TO ONTARIO'S IMMUNIZATION SCHEDULE

Starting in the 2014/15 school year, children need to have proof of immunization against meningococcal disease, whooping cough and chicken pox to attend school. This is in addition to the existing requirements for proof against other diseases such as measles, mumps, rubella, tetanus, polio and diphtheria. The number of doses required for tetanus, diphtheria, polio and mumps was updated. Children who are not fully immunized may not be allowed to attend school.

Panorama, a new provincial information initiative, was rolled out in our area in 2014. Porcupine Health Unit nurses and staff were trained through a number of in-person and online workshops.



Baby-Friendly Designation

IN FEBRUARY 2014, the Porcupine Health Unit attained Baby-Friendly Initiative (BFI) designation. It's a significant achievement for our health unit. We are grateful to our staff who have worked diligently over the last decade to make this designation possible. Support from community partners has also been instrumental.

The Ministry of Health and Long-Term Care has made this designation a requirement for all public health units in Ontario. Launched by the World Health Organization in 1991, BFI is a best practice and supports all women, regardless of their choice of infant feeding. It has two goals: to improve health outcomes for mothers and babies; and to increase breastfeeding initiation and duration rates.

What does this mean for us? We commit to support all families in feeding their children in safe and nurturing ways. We provide all families with accurate information free from commercial influences. And we help them make informed decisions about infant feeding.

More formally, we, the staff at the Porcupine Health Unit promise to:

- Welcome all families.
- Assist parents to make informed decisions about infant feeding.
- Provide a comfortable atmosphere for breastfeeding.
- Ensure our staff receive up-to-date breastfeeding training.
- Work with other community groups to provide consistent care & support.
- Support Health Canada's guidelines to recommend exclusive breastfeeding for the first six months and to promote breastfeeding for up to two years and beyond with the addition of other foods.

**Septic systems:
97 building
permits issued**

**18 certified
food handler
courses were
held in 2014**

**Recreational
water: 155
facilities
inspected**

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.

Small Drinking Water Systems are regularly inspected, as required by the Ontario Public Health Standards. In 2014, 16 were inspected.

Our rabies program works to prevent the occurrence of rabies in humans. We have been involved in 196 animal contact investigations. There were no positive cases of rabies in domestic or wild animals in 2014.

The Porcupine Health Unit is mandated to enforce the Smoke-Free Ontario Act (SFOA) including all the requirements with respect to controls related to smoking tobacco, the sale, display, handling and the promotion and distribution of tobacco products.

Food Premise Inspections – 2014	
Required	1,172
Follow-Up	191
Complaint	70
Demand	16
Pre-Operational	14
Total	1,463

Tobacco Enforcement Inspections – 2014	
Workplace/Public Space	57
Test Shopping	176
Tobacco Vendor Display	116
Charges	3



THE GROWING HEALTHY FAMILIES PROGRAM is made up of a team of Public Health Nurses and Family Home Visitors. Through many different programs and services, our team provides current evidence-based information and support to families in our communities with children 0–16, and to families in the prenatal period. The goals of our programs are to promote: healthy pregnancies; positive parent-child relationships; positive parenting skills; and optimal growth and development of children. Our programs include: prenatal classes, breastfeeding support, car seat inspections, Healthy Babies Healthy Children, Me, My Baby, Our World and Triple P parenting programs.

12 mothers and their children participated in *Me, My Baby, Our World*
131 car seat inspections were conducted in 2014



182 pregnant women and **182** support partners attended prenatal classes

152 families received an average of **8** home visits each from PHU staff

808 women were screened post-partum to identify needs

The Northern Fruit and Vegetable Program served fresh fruit & vegetables to **9,906** students in **58** schools in the Cochrane District, Hornepayne and James Bay Coast.

WHAT WE EAT AND DRINK contributes to our health and the health of our families, friends, community and society. Our families, friends, community and society can make it easy or hard to make the right choice the easy choice. We need to act now. We have higher rates of diabetes, high blood pressure and arthritis. Lifestyle behaviours contribute to these chronic diseases. Overweight and obesity affects 59% of the population, slightly more than half are physically active and only one- third eat at least 5 servings of vegetables and fruit a day, a marker for a healthy diet. More than a quarter of our children are overweight or obese. The 2009-2011 Canadian Health Measures Survey found that children are “fatter, rounder, weaker and less flexible than their parents were a generation ago”.

In 2014, the cost of the Nutritious Food Basket at \$208.73 was 7% higher than the provincial average and many people living on fixed incomes would have very little funds after paying for food and rent for expenses such as clothing, personal hygiene, heat, or transportation.

CPNP served **105** clients — **42%** made lifestyle changes including eating better and stopping drug and alcohol use



Over **200** nutrition skill-building workshops or events reached over **1,300** participants

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.

For children up to the age of 17 not covered by a dental plan there is help in accessing a dentist of their choice. The Children in Need of Treatment (CINOT) Program provides free urgent dental care for problems such as tooth pain, bleeding gums, cavities or a mouth injury. Healthy Smiles Ontario (HSO) provides ongoing regular dental care to the children of families who qualify.

Staff provide preventive clinics for cleaning, dental hygiene education, fluoride treatments and/or sealants at all PHU offices.

Over **1,500** visits in preventive dental clinics served **914** children

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. Parents and caregivers are the primary interventionists in the development of children.

Thus, 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 not only on children's oral language but on the development of emergent literacy skills, the first step in the development of reading.

Average age at the time of referral was **36 months**

417 children were served by CINOT, **24** new children enrolled in HSO for a total of **87**, with **35** receiving treatment by a dentist

266 children were seen for an initial assessment

522 children were seen for an assessment and treatment

86 clients received
counselling in
the PHU tobacco
clinics in 2014

THE CHRONIC DISEASE AND INJURY PREVENTION PROGRAM seeks to help people make positive changes through adopting healthier behaviours. Specific areas of activity in 2014 included smoking cessation, lowering the health risks of alcohol consumption, sun safety, and child injury prevention and education. One of the newer programs, Stand Up! is a seniors fitness and mobility workshop series. 2014 saw an increased focus on working with youth on a number of health-related issues, including mental health and tobacco use.



10 Stand Up!
sessions across
the region were
attended by
97 seniors

90 youth participated
in the *Did you know?*
tobacco campaign

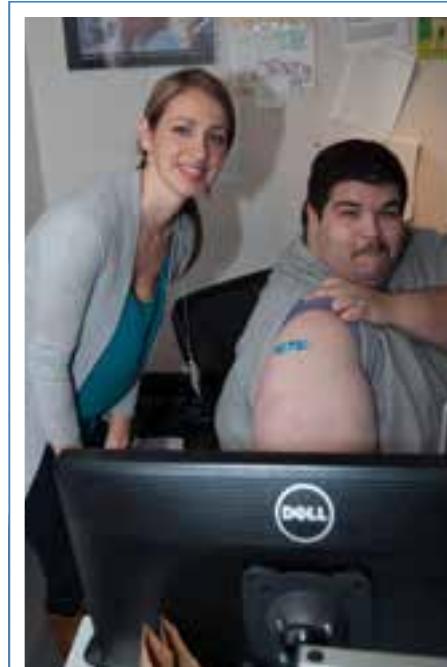


CLINICAL SERVICES CONTINUED to be well-utilized in 2014. Clinical programs include immunization programs —like the popular annual flu campaign, and the school vaccination program—the sexual health clinic, genetics counselling and travel clinics.

24,580 doses of influenza vaccine distributed, with **4,925** flu shots given at PHU clinics



1,202 clients attended PHU travel clinics in 2014, receiving a total of **1,546** vaccines



2,972 sexual health clinic visits included **266** pregnancy tests and **1,178** tests for sexually transmitted infections

336 genetics program referrals with a total of **122** clients seen in clinic

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Financial Report 2014

Program Expenditures	\$	%
General Public Health	9,089,505	64.08
Healthy Babies / Healthy Children	1,018,056	7.18
Preschool Speech Initiative	749,523	5.28
Unorganized Territories	675,802	4.76
Genetics	322,979	2.28
Smoke-Free Ontario	300,671	2.12
Healthy Smiles Ontario	268,730	1.89
Infection Control	221,489	1.56
Priority Population Nurses	179,964	1.27
Cochrane District Social Services Administration Board	70,000	0.49
Prenatal & Postnatal Nurse Practitioner	174,784	1.23
Chief Nursing Officer	121,375	0.86
Vector Borne Disease	118,021	0.83
Canada Prenatal Nutrition	111,682	0.79
Land Control	97,132	0.68
Children's Oral Health Initiative	130,891	0.92
Infection Control Nurse	89,821	0.63
Northern Fruit & Vegetable	162,071	1.14
Diabetes	155,351	1.09
Small Drinking Water Systems	24,664	0.17
Nurse Practitioner	106,133	0.75
	14,188,644	100.00
Revenue Sources		
Province of Ontario	11,272,079	79.44
Member Municipalities	2,308,048	16.27
Government of Canada	242,573	1.71
Other	365,944	2.58
	14,188,644	100.00