

2016/17 Annual Report



www.healthunit.org

Message from the Medical Officer of Health

The 2016/17 years can best be described as transition years for the Health Unit. During that time, the Ministry of Health and Long-Term Care developed new Ontario Public Health Standards that guide our health promotion, disease prevention and health protection work. We undertook a reorganization to align with the new standards and we began our work with the Local Health Integration Networks (LHINS) under the Patients First Act.

The new Ontario Public Health Programs Standards put a greater emphasis on accountability and conducting situational assessments as part of the planning process - to work with the community and partners to understand what is currently happening in the community, and then to build on these assets to address health needs of interest to the community and partners. We are looking forward to continuing our work with our partners and the community in this process.

We have begun our work with the South East Local Health Integration Network (SE LHIN) with presentations on bringing a Population Health focus to the planning of the health care system to improve health equity and responsiveness to community health needs, including addressing the underlying social determinants that influence health. We are also currently participating on the SE LHIN Planning Integration Table, and are part of their Falls Prevention Framework and Opioid Response Strategy. We are participating on the Champlain LHIN planning tables for our region.

I hope you enjoy reading about all the wonderful work we have been doing outlined in this report. It is our privilege to be able to work in such a vibrant community with the strong support of our Board of Health, our municipalities, our partners and the public.

Paula Stewart MD, FRCPC
Medical Officer of Health

Mission Statement:

To promote and protect the health of people who live, learn, work and play in Leeds, Grenville and Lanark through public health leadership, services, communication and community collaboration.

Community Vision Statement:

Healthy people in healthy communities.

Organizational Vision Statement:

Organizational Excellence.

Values

Achievement of both the community and organizational visions will be enabled by the following value statements to guide the behaviour of all Health Unit staff:

Integrity:

To act ethically, honestly, and reliably.

Respect:

To interact with professionalism and sincerity, with our diverse community.

Caring:

To serve with compassion, dedication and empathy.

Accountability:

To accept responsibility for our decisions and actions.

Fairness:

To challenge injustice and inequity, by acting with courage and reason.

Quality:

To strive for excellence through continuous learning and improvement.

Client-Centred Service:

To deliver responsive, accessible, and effective programs and services, in collaboration with our community.

Healthy Workplace Environment:

To create an organizational culture that supports professional growth, while maintaining a healthy balance between work and personal life.

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Accountability Agreement Indicators

Each year the Ministry of Health and Long-Term Care sets performance indicators as part of the Public Health Funding and Accountability Agreement. The Health Unit reports on these indicators to the Ministry midway through the year and at the end of the year, and provides variance reports when a target is not met. For 2017, the Ministry reduced the indicators to an essential set of monitoring indicators, because of the state of transformation in public health. A new set of indicators is expected in 2018 to reflect the new Ontario Public Health Standards.

Number	Indicator	2016 Target	2016 Performance	2017 Target	2017 Performance
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	>90%	93.7%	monitoring	N/A
1.5	% of high schools inspected once/yr for compliance with Sec. 10 of the Smoke-Free Ontario Act (SFOA)	100%	100%	N/A	N/A
1.6	% tobacco retailers inspected for compliance with Sec. 3 of the Smoke-Free Ontario Act (SFOA): NON-SEASONAL	100%	99.3%	N/A	N/A
1.6	% tobacco retailers inspected for compliance with Sec. 3 of the Smoke-Free Ontario Act (SFOA): SEASONAL	100%	100%	N/A	N/A
1.7	% tobacco retailers inspected for compliance with display, handling & promotion sections of the Smoke-Free Ontario Act (SFOA)	100%	100%	monitoring	N/A
1.8	Oral Health Assessment and Surveillance: % of schools screened	100%	100%	N/A	N/A
1.8	Oral Health Assessment & Surveillance: % of all JK, SK & Gr. 2 students screened in all publicly funded schools	100%	100%	N/A	N/A
1.9	Implementation status of NutriSTEP Preschool Screen	advanced	advanced	N/A	N/A
1.10	Baby-Friendly Initiative (BFI) Status	advanced	advanced	N/A	N/A
2.4	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	100%	100%	N/A	N/A
3.2	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	100%	99.8%	N/A	N/A
3.5	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	100%	100%	N/A	N/A
4.2	% of influenza vaccine wasted that is stored/administered by the public health unit	5.0%	2.0%	N/A	N/A
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100%	100%	monitoring	N/A
4.4	% school-aged children who have completed immunizations for hepatitis B	monitoring	59.5%	monitoring	59.7%
4.5	% school-aged children who have completed immunizations for HPV	monitoring	50.6%	monitoring	60.6%
4.6	% school-aged children who have completed immunizations for meningococcus	monitoring	73.4%	monitoring	70.9%
4.7	% of MMR vaccine wastage	baseline	24.4%	monitoring	N/A
4.8	% of 7 or 8 year old students in compliance with the ISPA	baseline	90.6%	monitoring	93.8%
4.9	% of 16 or 17 year old students in compliance with the ISPA	baseline	81.3%	monitoring	77.3%



Healthy Growth & Development

NutriSTEP

The Health Unit successfully progressed to the maintenance category of implementation in 2016-2017.

Training sessions were held for internal and external partners.

A Nutri-eSTEP flyer and Community Referral map were developed.

Accountability Agreement Indicator: Implementation status of NutriSTEP® Preschool Screen

What is NutriSTEP®?

- Children's food choices and eating habits directly affect their growth and development, health behaviours and academic performance. Behavioural interventions in early childhood can promote healthy eating and prevent chronic disease later in life.
- NutriSTEP® is a nutrition education and skill-building program for the whole family.
- The program starts with the NutriSTEP® screen, a valid and reliable tool which assesses toddlers' (18-35 months) or preschoolers' (3-5 years) eating, physical activity and screen time habits.
- The program provides resources and tools matched to screen responses on various topics including: healthy eating, meal planning, healthy growth, feeding and mealtime challenges, physical activity, etc.
- NutriSTEP® connects families with programs, resources and health professionals in their community.

NutriSTEP® Implementation Progress at The Health Unit:

- Targeting families with toddlers and preschoolers through partnership with Ontario Early Years Centres, Welcome to Kindergarten events, primary care facilities (e.g., Family Health Teams), and Health Unit Programs (Healthy Babies Healthy Children, Dental Screening Clinics, Preschool Speech and Language Program)
- Implemented successful media campaign, which included social media posts, TV and radio interviews, and newspaper articles.
- Evaluated and modified annual training with Healthy Babies Healthy Children program to enhance NutriSTEP® uptake and address identified challenges.

**Are you curious about a child's eating habits?
Looking for tips to make mealtimes easy,
or get kids excited about eating veggies?**



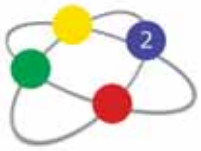
NutriSTEP® is a quick and easy way to see how children are doing. The questionnaire looks at children's eating and physical activity habits, and offers free tips and tools for the whole family.

Visit nutritionscreen.ca to complete the questionnaire



Connect with a Registered Dietitian:
Call 1-800-660-5853
Visit healthunit.org





Healthy Living

Accountability Agreement Indicator: % of 7 or 8 year old students in compliance with the Immunization of School Pupils Act

Students less than 18 years of age, registered in an Ontario school, must provide proof of immunization against diphtheria, tetanus, polio, meningitis, chicken pox, measles, mumps and rubella. The Leeds, Grenville and Lanark District Health Unit (LGLDHU) is required by law and authorized to collect this information under the Immunization of School Pupils Act, 1990. To ensure compliance with this law, the Health Unit conduct audits annually to identify students who do not have up to date immunization records. This surveillance was completed during the 2016/17 school year for all students in the birth cohorts of 2012, 2009 and 2000.

At the beginning of the surveillance in January 2016, the percentage of complete and up to date records for students in the birth cohorts of 2009 and 2000 was 45% and 27%, respectively. By December 2017, the percentage of complete and up to date records for students in the birth cohorts of 2009 and 2000 improved to 98% and 90%, respectively. The lower percentage of complete and up to date records observed among students in the birth cohort of 2000 can be attributed to fact that there were still two schools requiring record assessment.

In 2015, the Ministry of Health and Long-Term Care released Immunization 2020, which is a strategy designed to strengthen Ontario's Publicly Funded Immunization program by the year 2020. As part of the strategy, Ontario proposed changes to the Immunization of School Pupils Act, 1990, to strengthen the requirements for conscience or religious belief vaccine exemptions. The proposed legislative change, which took effect September 2017, requires parent seeking a conscience or religious belief exemption to complete an education session delivered by their local public health unit. As of March 2018, there have been 6 education sessions delivered with a total number of 17 participants and 26 exemptions given.

Parents registering their child in school during 2018/19 have been asked to submit immunization information directly to the Health Unit.

This is now easier with Immunization Connect Ontario (ICON) an online tool that allows parents to upload immunization records.

The total number of records assessed was 4452, with the following breakdown based on birth cohort:

- 1143 records from students born in 2012
- 1584 records from students born in 2009
- 1725 records from students born in 2000



Immunizations Keep Ontarians Healthy!



View Immunizations

You can view current, overdue and upcoming immunizations. Like your Yellow Card, only better.



Submit Immunizations

Keep track of immunizations by reporting them to your Public Health Unit.



Healthy Environment

Accountability Agreement Indicator:

% of high-risk food premises inspected once every 4 months while in operation

January 1, 2017 saw the implementation of the Healthy Menu Choices Act, 2015 and its accompanying regulation. This Act required all food service premises with 20 or more locations throughout the province to display calories on menus for standard food item. This requirement is an effort to provide customers with information to help them make well-informed choices about what they eat and feed their children when dining out. Leeds, Grenville and Lanark have 200 food premises that must meet the requirements of this Act and its regulation. By the end of 2017, all of these premises were inspected under this Act. This is in addition to the inspection of these premises under the Food Premises Regulation. The Health Unit continues to work with these food services to ensure compliance and ensure that the public has available the information needed to make informed choices.

Our food premises disclosure website, INSIGHT, was used by 17,256 unique visitors with July being the most popular month. This provided the public with a summarized report of inspection reports for food premises. A survey evaluation of this site concluded that the availability of this database needs to be better advertised so that more people use it. Those that did access the site, found it useful in making dining choices. Moving forward, INSIGHT will provide inspection information for additional types of premises inspected by the Health Unit as required by provincial legislation pertaining to transparency and accountability. The full inspection report will be available for reviewing.

In addition to the daily ongoing work of the Community Health Protection Department, this department was an active partner involved in the major incident on the 401 corridor; and provide support and education to our residents regarding the heavy flooding in the spring which impacted private wells and septic systems.

100%
of high-risk food premises were inspected every 4 months.

The inspection report indicates the conditions observed on the day of inspection. Reports show noncompliant issues and the comments made by the inspector.

Find inspection reports for local food premises on our disclosure website called INSIGHT



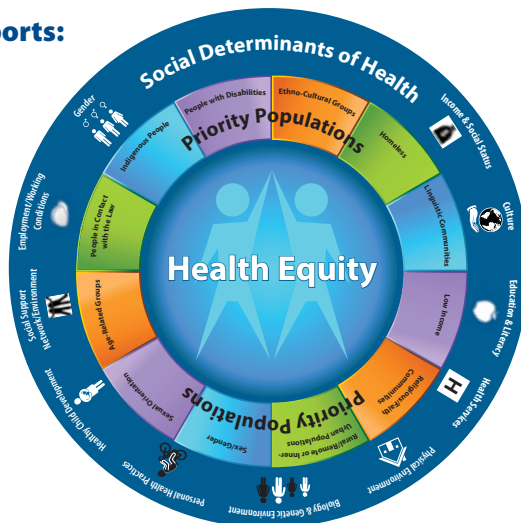


Health Equity

The Leeds, Grenville and Lanark District Health Unit has adopted a health equity graphic, guiding questions and a planning tool developed by the Ministry of Health and Long-Term Care with consultation from Public Health Ontario. In the spring of 2017, all staff in the Healthy Living & Development department received an orientation session on the value and importance of embedding a health equity tool into their resource and program planning cycle.

The health equity tool supports:

- growth in professional competency
- transparency and accountability in program planning and resource development
- a mechanism to build health equity and community action to reduce health inequities



Shaping our Work

The Health Unit examines how the social determinants of health influence residents' health and help to plan our programs.

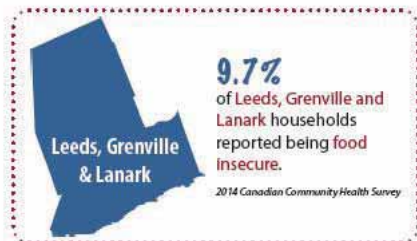
Advocacy for members in our communities to have the same opportunities to be healthy is part of our role.

Household or individual food insecurity is inadequate or insecure access to food because of financial constraints. Food insecurity is an income-based problem. It is not a food-based problem. Poverty is the root cause of food insecurity in Ontario

Food Insecurity

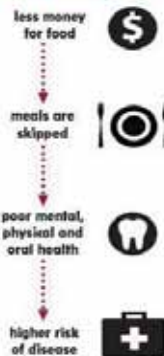
in Leeds, Grenville & Lanark 2017

Food insecurity means **not having enough money** to buy nutritious food.



When income is too low, people do not have enough money for rent, bills AND food.

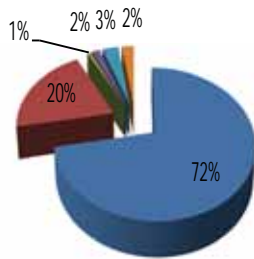
When money is tight....



Health Unit Financial Report

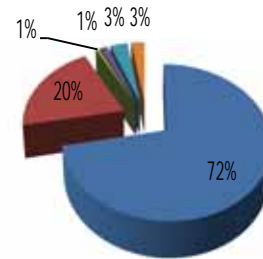
2016 Sources of Funding

- Provincial Government
- Municipal Grants
- Miscellaneous
- Ontario Works Dental Program
- Land Control Program fees
- HKCC* and Other Grants



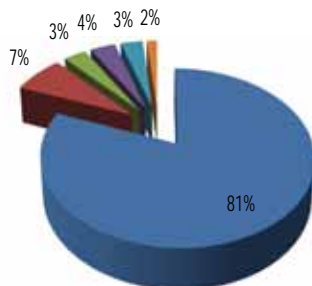
2017 Sources of Funding

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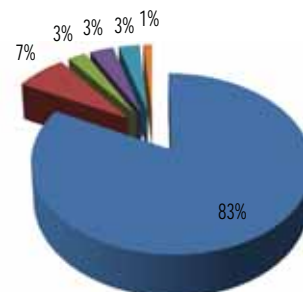
2016 Expenditures

- General Public Health Programs
- Healthy Babies Healthy Children
- HKCC and Other Related Grants
- Preschool Language
- Land Control Program
- Ontario Works Dental Program



2017 Expenditures

- General Public Health Programs
- Healthy Babies Healthy Children
- HKCC and Other Grants
- Preschool Language
- Land Control Program
- Ontario Works Dental Program



Full audit report available at
<http://healthunit.org/about/performance-accountability/>

Organizational Goals

The Health Unit's strategic plan outlines six organizational goals, which are based on Excellence Canada's six quality drivers, and promote continuous quality improvement and organizational excellence. Here is a description of the quality drivers and key strategies that have been implemented to achieve the goals.

Leadership driver – implementation of leadership development plan and competency-based performance management system for managers.

Planning driver – development of a planning framework and use of Results Based Accountability to develop performance indicators for programs and services.

Client driver – development of a community engagement strategy and client service standards.

People driver – creation of a workplace culture that supports wellness and the psychological health and safety of all employees.

Process driver – consistent, effective management of key organizational processes, such as introduction of a document management system.

Partner driver – participation in strategically aligned, collaborative partnerships, such as foodcoreLGL, Every Kid in our Community, the Lanark Planning Council for Children and Youth and the Healthy Kids Community challenge.

Ultimately, strategic internal organizational goals and strategies will support the achievement of external health goals and strategies.



Visit our website: www.healthunit.org

Email us at: contact@healthunit.org

Call our toll-free phone line:

1-800-660-5853

Connect with us on social media:

LGLHealthunit, areyousafelgl



*It's our people
who make a
difference...*

Delivery of public health services requires many different skills. We have a variety of staff who work together to provide services to our clients.

These staff include Registered Nurses, Practical Nurses, Dental Hygienists, Speech Language Pathologists and Dietitians. There are also Public Health Inspectors, Family Home Visitors, and our Administrative Assistants. Staff that you may not meet include communications, IT, finance, human resources, evaluation, quality improvement and statistics.

We work hard to keep our skills and knowledge up to date, and to stay connected with our community partners. Our management team provides guidance and support to ensure we are accountable to both the public and to our funders.

