



Sudbury & District

Health Unit

Service de
santé publique



Community First

Annual Report

2015

Public Health: putting the community first

Reflecting on the past year of providing Public Health services, I am reminded of the many wonderful opportunities with which we are presented to help make meaningful contributions in the communities we serve.



To some, **Public Health is a protector**, helping to control the spread of infectious disease and monitoring the water to keep it safe for drinking and swimming. For others, **Public Health is a promoter**, supporting families to be the best they can be, providing education to help keep older adults from falling, and making it easier for everyone to eat well and be active wherever they live, learn, work, or play. To many, **Public Health is a champion**, providing information to people and bringing people together to build communities where everyone has the same opportunities for health.

Public Health may not always be visible, but it is always present to help prevent illness, promote health, and protect us all. Public Health pays big health dividends. The work of Public Health results in healthier, more productive individuals and communities—communities that can then invest in the things that really matter to health including jobs, education, housing, infrastructure, and more. The Sudbury & District Health Unit is proud to work in collaboration with so many dedicated individuals and groups in our communities so that together, we improve opportunities for health for all!

Dr. Penny Sutcliffe
Sudbury & District Medical Officer of Health
and Chief Executive Officer

Making a positive difference

Having worked for years as an Advanced Care Paramedic, I am very familiar with the inner workings and services offered by the health care system. Traditionally, these are the services that many residents associate with the health sector—emergency rooms, family doctors, community home care, etc. Parenting programs, community drug strategies, income and housing advocacy, teacher curriculum supports and municipal planning, for example, are not often thought of as typical health services.



As the Chairperson for the Sudbury & District Board of Health, I continue to be amazed by the Health Unit's accomplishments and the dedication of its staff. I have developed an appreciation of the critically valuable asset that Public Health is to health, working as part of our local, provincial, and national health system.

Some of this work may be less visible, such as preventing foodborne illness, managing disease outbreaks, and advocating for healthy public policies. However, every day our staff make a positive difference in the lives of residents in all of the communities across our service area—whether it be collaborating with schools to promote student resilience or encouraging older adults to be active and prevent falls and injuries.

It is my pleasure to share the 2015 Annual Report and showcase how the Sudbury & District Health Unit continues to put the community first.

René Lapierre
Chair
Sudbury & District Board of Health

Our vision:
Healthier communities for all.

Our mission:
Working with our
communities to promote and
protect health and to prevent
disease for everyone.



Strategic Priorities

- 1 Champion and lead equitable opportunities for health.
- 2 Strengthen relationships.
- 3 Strengthen evidence-informed public health practice.
- 4 Support community actions promoting health equity.
- 5 Foster organization-wide excellence in leadership and innovation.

2015 Sudbury & District Board of Health



Appointed by

René Lapierre, Chair	City of Greater Sudbury
Claude Belcourt, Vice-Chair	Lieutenant Governor in Council
Janet Bradley	Lieutenant Governor in Council
Jeffery Paul Huska	City of Greater Sudbury
Robert Kirwan	City of Greater Sudbury
Richard Lemieux	Municipal Councils of the municipalities of French River, Markstay-Warren, and St.-Charles
Stewart Meikleham	Council of the Town of Espanola, the Municipal Councils of the townships of Baldwin and Sables-Spanish Rivers and the Municipal Council of The Corporation of the Township of Nairn and Hyman
Paul Vincent Myre	City of Greater Sudbury
Ken Noland	Municipal Council of the Town of Gore Bay, The Municipal Councils of the Corporation of the Town of Northeastern Manitoulin and the Islands, and The Corporation of the townships of Assiginack, Barrie Island, Billings, Burpee and Mills, Central Manitoulin, Cockburn Island, Gordon, and Tehkummah
Rita Pilon	Municipal Council of the Township of Chapleau
Ursula Sauvé	City of Greater Sudbury
Mark Signoretti	City of Greater Sudbury
Carolyn Thain	City of Greater Sudbury



You Can Create Change campaign

Public Health has a key role in promoting opportunities for health for everyone in our communities. This work must be done in partnership as the most important determinants of health, such as education, employment, housing, and food security, lie outside of the health care system. The goal of this new long-term Public Health campaign is to inform, empower, incite, and inspire community members to work together and get involved at a local level to make change happen. It builds on our [Let's Start a Conversation About Health... and Not Talk About Health Care at All](#) video and is founded on the belief that big change is more possible when we all do our own small part!

When we launched the *You Can Create Change* campaign, it was to encourage people to take action to improve everyone's opportunities for health. Our campaign aims to educate about the important social and economic factors that influence health and to describe concrete actions that we can take—as individuals, within our workplaces, and as a community—to promote health for all, regardless of social and economic circumstances.

At the heart of this campaign is the commitment that no one should be at risk of poor health because of their social and economic situations. *You Can Create Change* encourages people to think critically and then take action, for example, by asking important questions, donating time, or volunteering in the community to help spark the changes needed to improve the conditions that cause poor health.



Client feedback guiding improvements to provide optimal care



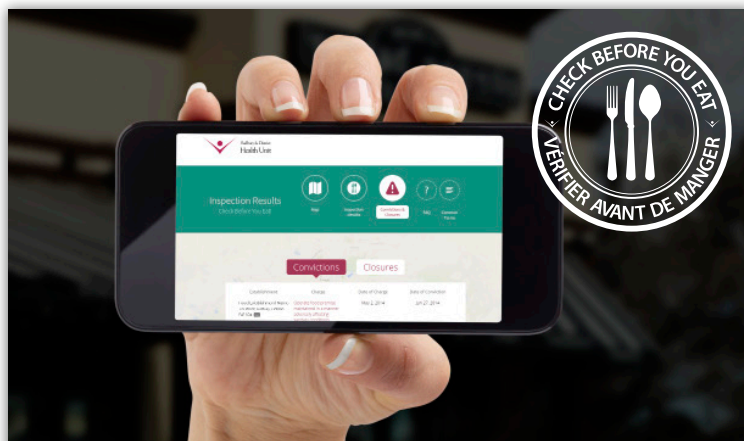
As part of our commitment to enhance client-centred care within our direct client services, in April we introduced an accessible mechanism for clients to provide us their feedback and share their level of satisfaction with our services.

In 2015, clients voluntarily completed 352 surveys after receiving services from our Breastfeeding Clinic, Healthy Babies Healthy Children Program, Dental Program, Immunization Clinic, Travel Health Clinic, Quit Smoking Clinic, Sexual Health Clinic, the Positive Parenting Program (Triple P), or after having a TB skin test.

The client-centred care model of care encompasses a number of core principles, including:

- Treating clients with respect and dignity
- Honouring clients' right to privacy
- Recognizing and building on clients' strengths to accomplish goals
- Actively listening to clients' concerns
- Providing a more individualized and flexible care plan
- Providing clients with the tools to make informed decisions concerning their health
- Supporting clients' decisions within the limits of the law

To date, the majority of our clients described having positive experiences with staff who served them or their family members. It is also evident that staff have demonstrated many of the client-centred care principles in offering services to our clients. We are using the valuable feedback from clients to continuously improve our direct client care programs.



Check Before You Eat

In the spring of 2015, we launched an updated, mobile friendly version of our widely popular website that has provided inspection results since 2009. The site provides results for every food premises across the Sudbury and Manitoulin districts, which are inspected by our public health inspectors.

We also introduced a new voluntary *Check Before You Eat* decal program and promoted it to owners and operators of food premises. We encouraged them to post a decal in their front entries as a way to increase customer awareness about the level of food safety at the establishment. The decals include a QR code and web address for quick and easy access to online inspection results to encourage patrons to "[*Check Before You Eat*](#)".

Inspection results are available for all food premises for the previous 12 months, whether the owner displays a program decal or not. The website provides information about the food safety inspection results for each establishment and describes infractions that were corrected during the inspections as well as any infractions that are outstanding. A list of establishments that were convicted of offences and facilities that were ordered to close can also be accessed on the *Check Before You Eat* website.

The information is also available by calling the Health Unit.



Communities mobilizing against substance misuse

The toll of substance misuse on our communities is high and affects everyone. With health, legal, financial, and societal costs due to substance misuse rising, partnerships are more important than ever to make a difference, creating healthier and safer communities. The Health Unit has embraced opportunities to partner with communities to offer leadership and help develop and implement community drug strategies.

To date, collaborations with numerous community partners have resulted in Greater Sudbury and LaCloche Foothills area each developing and working toward implementing strategies to deal with substance misuse issues. In addition, Manitoulin Island and Sudbury East have started and continue to develop their respective drug strategies.

Just as each community is unique and experiences the impacts of substance misuse differently, each drug strategy is tailored to local needs. Considering local crime, social services, and health data, community partners work together to develop strategies to reduce the impacts of substance misuse that include health promotion and education, enforcement, treatment, and harm reduction, while recognizing the need to work together to tackle this serious community concern.

Hepatitis A investigation and response: food-borne illness

In January 2015, we investigated a laboratory-confirmed case of hepatitis A in a food handler working in a restaurant in Greater Sudbury.

As part of our response, we worked to identify and inform restaurant staff members and patrons who had potentially been exposed. The Health Unit also determined those who would benefit from receiving hepatitis A vaccine or immune globulin to prevent infection. This preventative treatment was offered to the worker's household contacts, restaurant co-workers, as well as anyone who ate at the restaurant during a specific timeframe. Individuals who dined at the restaurant were advised to monitor their health for signs and symptoms of hepatitis A infection, to practise thorough handwashing, and to contact their health care providers if they had any concerns.

- We administered 1 239 vaccine doses and 128 doses of immune globulin.
- Nearly 850 public inquiries were fielded by our call centre.

Responding to this incident required us to communicate extensively with several other agencies, including Public Health Ontario, the Ministry of Health and Long-Term Care, and other Ontario public health units. Social media and traditional media were key in rapidly disseminating information to the public.





Collaboration for smoke-free housing

The Sudbury & District Health Unit was very pleased to strongly support the smoke-free housing policy enacted by the Manitoulin-Sudbury District Services Board (DSB), which requires that all new social housing units be designated as smoke-free. The policy came into effect in January 2015, and is now protecting more tenants from involuntary exposure to the effects of second- and third-hand smoke. Existing housing units could also be voluntarily declared as smoke-free.

To support the successful implementation of this policy, the DSB partnered with the Health Unit, and our public health nurses offered information sessions to tenants to highlight our services and those offered by other service providers that could help people quit smoking. Sessions were offered at 14 social housing locations across 11 communities.

This type of collaboration builds opportunities to implement equitable policies for the benefit of all residents. As of May 2015, the DSB noted an increase of 14% in smoke-free units and shared that tenants have been very positive and are happy with the change.

Accommodating people with disabilities

One in seven Ontarians has a disability. A disability can happen to anyone at any time—some are long-term or permanent, and some are temporary in nature. A disability can affect a person's vision, hearing, speech, or can affect their ability to learn or communicate.

Based on a recommendation resulting from an evaluation of the Health Unit's Food Handler Training and Certification Program, we developed a *Guide to Accommodating People with Disabilities* to help our instructors be aware of and accommodate any of our participant's physical or learning disabilities. This enhanced the program's inclusivity for every course participant.

The *Guide* provides our instructors with the tools they need to ensure that each participant's dignity and independence is respected, while providing equitable opportunities for all people to benefit from this Health Unit service. Specifically, the *Guide*:

- Provides tangible examples of how to identify a person in need of accommodation
- Reinforces the Health Unit's duty to accommodate
- Lists different types of disabilities and provides suggestions for accommodation and guides our instructors' interactions with individuals with disabilities





Healthy Kids Community Challenge

In Public Health, we recognize the complex nature of childhood overweight and obesity. Health is about much more than a number on a scale—we need a balanced approach that encourages eating well, moving well, sleeping well, and feeling well—for children of all weights, shapes, and sizes. We also recognize that not everyone has the same opportunities to achieve a healthy weight due to social and economic conditions. The Health Unit works with communities to support their efforts and chosen directions to address overweight and obesity.

In the fall of 2015, we were excited to participate in the launch of the *Healthy Kids Community Challenge*, which is providing funding to three agencies across our service area: the City of Greater Sudbury, Shkagamik-Kwe Health Centre, and the Noojmowin Teg Health Centre. The *Challenge* will act as a spark to draw the community closer together.

The creation of the *Challenge* was one of the recommendations put forward by an 18-member panel of experts asked by the Minister of Health to provide advice on how to reduce rates of childhood obesity in the province. Dr. Sutcliffe was a member of the panel, which delivered its report in 2013.

The *Healthy Kids Community Challenge* recognizes the importance of helping parents and families raise healthy kids by creating social change. Changes are required in our social and physical environments as well as our advertising, school, and shopping environments so that norms change and being healthy becomes easier.



Rural recreation assessments

Working with an external service provider, we conducted rural recreation assessments for the Township of Baldwin, the Township of Sables-Spanish Rivers, and the Municipality of St.-Charles. Community stakeholders were interviewed and geographic information system (GIS) mapping was performed to collect information about the characteristics of each community, the physical environment (natural and built environments), recreational programs, and policies regarding physical activity opportunities.

Rural recreation assessments:

- Identify directions and recommendations that bring communities together and encourage collaboration among service providers to improve health and support active living.
- Identify practical, incremental actions that make the best use of the resources available to municipalities and community partners.
- Increase community opportunities for people to participate in structured and unstructured physical activities.
- Recommend projects that are eligible for community infrastructure, and sports and recreation grant opportunities.

Moving forward, we will continue to support the efforts of each municipality as they consider, prioritize, and act on recommendations from their individual assessments. The Health Unit's involvement with the rural recreation assessments aligns with our commitment to address, and to advocate for, built environments that improve physical and mental health, and healthy equity.



School community garden

We have worked closely in recent years with École secondaire Hanmer to bring together school staff, students, parents, and 12 community partners to plan and implement projects, such as the "Jardin du VILLAGE Garden". The onsite garden was built by school staff, students, parents, and community volunteers, and is now maintained by the whole school community. The harvest is shared with seniors and families in need in the Valley East community and used in the school cafeteria as part of the hospitality and tourism program.

This initiative is an example of how the Health Unit works to support the creation of healthy school nutrition environments.

Public health accountability 2013–2017

The following outlines the Health Unit's results on the 2015 Ministry of Health and Long-Term Care's Accountability Agreement Performance Indicators. These indicators are reported annually to the Ministry by all of Ontario's 36 public health units. Although the indicators measure only a small subset of public health unit actions, collectively, they are intended to paint an overall picture of performance.

Accountability Agreement Performance Indicators: Met or exceeded target

The Health Unit met or exceeded the following targets:

Oral health assessment and surveillance: % of schools screened
Oral health assessment and surveillance: % of JK, SK, and Grade 2 students screened
Implementation status of NutriSTEP® Preschool Screen
Baby-Friendly Initiative status
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection
% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines
% of tobacco vendors in compliance with youth access legislation at the time of last inspection
% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act
% of tobacco retailers inspected twice per year for compliance with section 3 of the Smoke-Free Ontario Act
% of tobacco retailers inspected once per year for compliance with display, handling, and promotion sections of the Smoke-Free Ontario Act
% of Class A pools inspected while in operation
% of high-risk small drinking water systems inspections completed for those that are due for re-inspection
% of suspected rabies exposures reported with investigations initiated within one day of public health unit notification
% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into integrated the Public Health Information System (iPHIS)



Accountability Agreement Performance Indicators: Reported as a variance

The Health Unit had a variance on the following targets:

% of the human papillomavirus (HPV) vaccine wasted that is stored or administered by the public health unit

Explanatory note: Vaccine wastage rate for the school year = 0.2% (over the allowable 0.1%). One dose was drawn up and not administered, and three doses expired.

% of influenza vaccine wasted that is stored or administered by the public health unit

Explanatory note: Vaccine wastage rate for the flu season = 1.4% (over the allowable 0.3%). Twenty (20) doses of influenza vaccine were lost due to a cold chain incident at a community clinic. Reinforcement of cold chain and vaccine inventory principles occurred with staff.

A sampling of 2015 by the numbers

22 boil water orders, **9** drinking water advisories, and **18** blue-green algae advisories

6 482 clients visited our Sexual Health Clinic in downtown Sudbury

Student placements with the Health Unit:

19 medical students from the Northern Ontario School of Medicine, **66** students from **6** post-secondary institutions representing **10** disciplines

525 pregnant women and their support persons attended our prenatal classes

25 food literacy workshops (healthy eating) offered

16 600 students from **76** schools received fruits and vegetables weekly through the Northern Fruit and Vegetable Program

3 565 inspections of food premises

402 health hazard complaints investigated

378 car seats inspected

13 265 vaccines administered

10 125 children screened during School Dental Screening Clinics

1 054 clients visited our Breastfeeding Clinics

655 inquiries to our Tobacco Information Line

8 presentations to community partners on health equity

2015 Sudbury & District Health Unit Approved Budget \$27,937,350

72%

Cost-shared programs

12%

Operating and occupancy for cost-shared

16%

100% funded public health programs



Public health funding in Ontario

1.4% of the Ministry of Health and Long-Term Care's (MOHLTC) total expenses is allocated to public health—promoting and protecting health, and preventing disease.

MOHLTC's
total operating
expenses:

\$50.2 billion

(estimates
2015–2016)

Public Health
share in
Ontario:

\$700.4 million

Representing

1.4%



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