

2016 annual report



3,465

tobacco enforcement inspections

HEALTHY SCHOOLS



18,700

student immunizations

HEALTH INSPECTION



4,705

food safety inspections

CLINICAL SERVICES



1,163

reportable sexually transmitted and blood-borne infections

HEALTHY FAMILIES

3,628

family home visits **ORAL HEALTH**



16,794

dental screenings at schools



A MESSAGE FROM...

DR. GARY KIRK CEO & MEDICAL OFFICER OF HEALTH

2016 was a year of innovation and progress. Along with the ongoing delivery of standard public health programs across our region, we started and completed our Community Needs Assessment (CNA) during the spring and summer months through which we collected important information about the health related needs of Windsor and Essex County residents. High community participation in the survey allowed us to use the results to create a comprehensive report that provided key insights for the health unit and other service-driven health agencies in the community, helping us to better align our offerings with the needs of our population.

Through the fall and winter we worked towards the completion of pivotal projects including the development and endorsement of a new five-year Strategic Plan 2017-2021, the launch of a new operational planning framework, and the start of Windsor-Essex County Health Unit's quest for bronze accreditation through Excellence Canada.

This report provides an overview of our year with many examples of the collective effort, energy, and enthusiasm of our exceptional staff who work to ensure that we deliver high quality, evidence-based programs and services with the ultimate goal of improving the health of the Windsor and Essex County population.

DR. WAJID AHMED ASSOCIATE MEDICAL OFFICER OF HEALTH

Public health interventions are often defined as actions. to improve health and quality of life through prevention and treatment of disease and health conditions. Although the majority of our work has a local focus with community specific needs in mind, there are times when we must look beyond our geographic borders and consider the effects of emerging public health issues around the world. In 2016, the World Health Organization (WHO) declared Zika virus disease (ZVD) a public health emergency of international concern. When present during pregnancy, the Zika virus infection was associated with a birth defect of the brain called microcephaly and other severe brain defects. The majority of ZVD cases in the Caribbean, South America and Florida are caused by a specific species of the mosquito called Aedes aegypti.

During our regular summer mosquito trapping season, the Windsor-Essex County Health Unit (WECHU) discovered a species of mosquito called, Aedes albopictus, which is also capable of transmitting the ZVD. The discoveries, which occurred over the span of a few weeks, were significant because this mosquito normally prefers warmer weather for growth and it was the first time in Canada that the Aedes albopictus mosquitoes had been found. Through testing, we were able to confirm that all of the captured mosquitoes were negative for ZVD. During this time, WECHU staff worked closely with our provincial and national partners in public health to identify the mosquito habitat and take action to disrupt further population growth in our region. Moving forward, WECHU has committed to enhanced monitoring of mosquitoes to reduce the potential risk to our community.

Throughout this year, our team of dedicated staff worked hard to protect our residents from many health hazards, in addition to ZVD. We plan to continue working closely with our clients and community partners to provide education, increase awareness, and advocate for support about existing and emerging public health issues affecting Windsor and Essex County.

ACCOUNTABILITY INDICATORS

Each year, the Windsor-Essex County Health Unit reports to the Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services on several key performance indicators. These indicators ensure accountability and transparency to the public. Achievements of the indicator targets are a central part of WECHU's core business. The following table provides a snapshot of WECHU's year-end status for indicators. To view the full list of WECHU accountability indicators, visit our website www.wechu.org.

		TARGET	ACTUAL
1	% high risk food premises inspected once every 4 months while in operation	100%	99.2%
2	% high-risk Small Drinking Water Systems inspections completed for those that are due for re-inspection	100.0%	100.0%
3	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	100%	85.3%
4	% of personal services settings are inspected annually	100%	99.8%
5	% of school-aged children who have completed immunizations for meningococcus	monitoring	81%
6	% of tobacco vendors in compliance with youth access legislation at the time of the last inspection	90.0%	95.11%
7	% of tobacco retailers inspected for compliance with display, handling and promotion sections of the SFOA	100%	100%
8	Oral health assessment and Surveillance: % of all JK, SK, and grade 2 students screened in all publically funded schools	100%	100%
9	Implementation status of NutriSTEP Preschool Screen	Advanced	Advanced
10	% of conclusive and complete postpartum screens	80%	97.4%

AEDES ALBOPICTUS & ZIKA VIRUS

In early fall of 2016, Windsor and Essex County became the first region in Canada to find an established population of *Aedes albopictus* also known as the Asian Tiger mosquito. This finding was significant because these mosquitoes are capable of transmitting Zika virus disease, which can cause a birth defect called microcephaly and other severe brain defects if it infects women in early pregnancy.

As a result, our staff, in collaboration with the City of Windsor, Public Health Ontario (PHO) and Health Canada conducted additional investigations and surveillance and captured more *Aedes* mosquitoes. All the mosquitoes captured tested negative for Zika virus disease. The WECHU will conduct enhanced surveillance for these mosquitoes over the next few years.



Surveillance Week	Number of <i>Aedes Albopictus</i> trapped and identified
September 14	1
September 21	3
September 28	0
October 4	2
October 10	11

SCHOOL IMMUNIZATION AND SUSPENSIONS

In 2016, the WECHU embarked on its first suspension process under the Immunization of School Pupils Act which requires all school-aged children to submit complete immunization records or a valid exemption to the health unit in order to attend school. The WECHU sent out 3718 notices to students born in 2008 with incomplete records in April, followed by second and third notices during the summer. In total, 207 students were suspended on September 26, 2016 for incomplete records. In partnership with the school boards and principals, and through the efforts of the Healthy Schools department clerks and nurses, along with the excellent response from parents or guardians, all students submitted their information and returned to school within two weeks.

1,010
public beach water samples collected

CHILDREN COUNT REPORT: ASSESSING CHILD AND YOUTH SURVEILLANCE GAPS FOR ONTARIO PUBLIC HEALTH UNITS

Working with health units across Ontario, the WECHU led a Locally Driven Collaborative Project (LDCP) funded through Public Health Ontario (PHO). The aim of the LDCP was to identify current gaps in health data for school aged children and youth in Ontario for meeting the needs of local level assessment and surveillance. Phase 1 included an environmental scan of Ontario Public Health Units (PHU) and Phase 2 included key informant interviews with experts in the area of child and youth research, government (federal and provincial), and school board leadership in Ontario.

The outcome of this year-long research was a set of recommendations detailed in the Children Count Report (available on wechu.org):

- 1. Establish a Provincial Task Force
- 2. Advocate for Children and Youth
- 3. Support Multi-Sectoral Collaborations
- 4. Strengthen and Coordinate Existing Surveillance Systems





school presentations and workshops delivered

TAKE CHARGE WINDSOR-ESSEX

After a successful pilot in recreation centres, the WECHU launched Take Charge Windsor-Essex, in partnership with the City of Windsor and the Healthy Kids Community Challenge (HKCC). It is difficult to eat healthy when there are no healthy options available to choose from. The Take Charge Windsor-Essex program increases access to and awareness of healthy options, such as water, fruits, and vegetables, in schools, workplaces, daycares, recreation centres, and more. Through Take Charge Windsor-Essex, the WECHU works with local groups to influence and implement policies and practices that make the healthy choice the easy choice where Windsor and Essex County residents live, work, and play!



\$878.12

is the average monthly cost of a Nutritious Food Basket (Household with Children)





795
animal exposure investigations

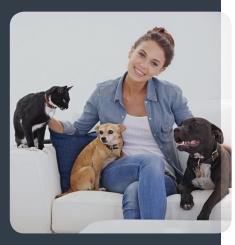
2016 BOARD OF HEALTH

Ms. Michelle Watters

Mr. Joe Bachetti County Appointee Dr. Ken Blanchette Provincial Appointee Mr. Paul Borrelli City Appointee Mr. Mark Carrick Provincial Appointee Ms. Eleanor Groh, Vice-chair Provincial Appointee Mr. Bill Marra City Appointee Mr. Gary McNamara, Chair County Appointee Mr. Richard Meloche County Appointee Dr. Carlin Miller Provincial Appointee Mr. Rob Modestino, *Treasurer* Provincial Appointee Mr. Hilary Payne City Appointee Mr. Gord Oueen County Appointee Mr. John Scott Provincial Appointee Mr. Ed Sleiman City Appointee



Provincial Appointee









FINANCIAL INFORMATION

TOTAL	\$25,178,166
Panorama	\$116,700
Chief Nursing Officer	\$121,500
Public Health Nurses Initiative	\$180,500
Needle Exchange Program	\$45,000
Medical Officer of Health Compensation	\$38,000
Enhanced Safe Water	\$32,900
Enhanced Food Safety	\$53,800
Infection Control Nurse	\$90,100
Infection Control	\$461,700
Small Drinking Water Systems	\$13,733
Healthy Smiles Ontario - operating	\$1,108,800
Genetics	\$191,880
Nurse Practitioner	\$139,000
Smoke Free Ontario	\$581,300
Electronic Cigarettes Act	\$55,400
Healthy Babies, Healthy Children	\$2,755,841
Vector Borne Diseases	\$128,800
General Funding - one-time	\$694,600
General Funding	\$18,368,612

2016 FUNDING SOURCES

TOTAL	\$25,178,166
Other	\$191,880
Township of Pelee	\$2,238
County of Essex	\$2,325,892
City of Windsor	\$2,760,015
Province of Ontario Ministries	\$19,898,141



Financial information is based upon the Accountability Agreement including amendments for 2016 with the Ministry of Health and Long-Term Care and Healthy Babies Healthy Children Prenatal and Post-Partum Nurse Practitioner Services Agreement for 2016 with the Ministry of Children and Youth Services.



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LEAMINGTON

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