2017 Annual Report

Haldimand-Norfolk Health and Social Services Division

Serving the community in the areas of public health, social services, children’s services, housing and long-term care.
Once again 2017 has proven to be a busy year with significant change across Haldimand and Norfolk Health and Social Services (HNHSS). The system is changing with transformation and modernization with a focus on integration. With this focus of integration and improved service mandates comes the need to look both internally and to our partners to find inefficiencies and break down some of the “silos” that exist, not just within the Division but within the corporation, partners and the community. In order to find those inefficiencies and to increase accountability, HNHSS has embarked on continuous quality improvement tools and methodologies. Throughout 2017, the organizational structures continue to be considered and realigned to support ministerial and local mandates.

In January, we welcomed Susan Taylor, Director of Public Health, and in June we welcomed Chimere Okoronkwo, Director of Quality, Planning, Performance and Accountability (QPAP) to lead our newly developed QPAP Department. Both come with years of leadership experience across several health sectors.

Staff continue on the journey of cultural renewal with the vision of “Working Together, Growing Together and Succeeding Together”.

Thank you to staff, volunteers and community partners.

Many achievements were realized in 2017 with some highlights showcased throughout this annual report.

Consistently each year the commitment and dedication of our staff, partners and volunteers never cease to amaze.

As 2018 unfolds, we continue to implement the current mandates as we await the outcome of the provincial and municipal elections.

Thank you for the opportunity to serve our communities for another year.

2017 was a very busy year for the Haldimand-Norfolk Health Unit (HNHU). One of the major developments that occurred during this year is the modernisation of the Ontario Public Health Standards, which were last set in 2008. This has required a complete review of every program and service that the HNHU provides. The overarching principles considered by the Ministry of Health and Long-Term Care (MOHLTC) in these initiatives include their minimal expectations and accountabilities from Boards of Health, these are derived from the Patients First Act, which puts the patient at the centre of their health plan.

Integration of services with local partnerships and alliances to decrease duplications, are both supported and encouraged. For the first time, Boards of Health will be tasked with analysing local population data, establish local needs and incorporating this data to tailor-make programming, to effectively address identified needs. All of this is to be accomplished through the lens of health equity.
Rural communities have long been known to suffer from inequities by virtue of their very geographically dispersed nature. Economy of size has always favoured larger urban centres to act as hubs for secondary and tertiary health care. This centralization has resulted in significant dissociation and consequent inequities between these two populations, particularly when one compares health outcomes in association with the social determinants of health.

I am very excited and encouraged by these new Ontario Public Health Standards, a position that I believe is shared by all our staff. This will require a lot of additional work and internal reorganization, but I am confident that the community, in the long term, is going to greatly benefit from our efforts. This process I feel is a positive step towards levelling some of the aforementioned inequities. I look forward with anticipation to working with our staff in operationalizing these activities, but more so to seeing the positive impact on community health equity that I believe will be effected.
As part of the plan to institute a culture of quality and accountability, a new Department of Quality, Planning, Accountability, and Performance (QPAP) was carved out of the other Departments within the Health and Social Services Division. This Department supports the other Departments with the planning of programs and services, monitoring and reporting on the performance of these programs and services, and ensuring continuous improvement to programs and services delivered. This Department has an epidemiologist, data analyst, two priority population nurses, health planner, communications, customer service representatives and an emergency planner.

In 2017, QPAP was deeply involved in the response to the hydrogen sulphide (H2S) gas well leaks, and continues to remain involved in the ongoing monitoring. The team was also involved in a number of community initiatives geared towards poverty eradication and addressing health inequities. QPAP also supported the Public Health Department with its operational planning process as well as its Healthy Public Health Initiatives. QPAP played a key role in the review and identification of opportunities for improvements and efficiency gains in the case management processes within Social Services. As the different aspects of the 2016 census were released, the team was able to update our population indices to reflect our current status. QPAP continues to work with the other Departments to develop and implement a Performance Management Framework which will include publicly disclosing different indicators.

The Department continues to look for new ways to showcase the accomplishments of our programs and services while ensuring that the programs and services are effective and efficient.
**Employment**

**Good News!**

Partnered with Mississaugas of the New Credit First Nation to host our 4th Annual Summer Celebration with 440 people in attendance including children and staff from 12 daycares and the Ontario Early Years Centres. Implemented a system wide child care fee reduction to increase affordability and reduce parent fees across Haldimand and Norfolk.

- **322** clients obtained employment
- **242** clients accessed Career Coach services as a result of finding employment
- **967** clients attended various Life Skills workshops and Employment Information Sessions

**Children’s Services**

- **497** children supported with fee subsidy
- **280** child care spaces added between Haldimand and Norfolk. Two new School Age Programs at Norfolk County schools, and three new School Age Programs at Haldimand County schools.
Social Housing

- $1,254,575 IAH-E (Investment in Affordable Housing - Extension) and $802,480 SIF (Social Infrastructure Fund) awarded towards an Affordable Housing Development in Dunnville for the construction of 14 units for seniors.

- In 2017 we received additional SIF funding that was applied towards the development of affordable rental housing in Dunnville.

- Housing Services started the preparation process for the first Haldimand and Norfolk homeless enumeration. The methodology selected for the process was a Registry Week in which detailed surveys will be completed with individuals indicating they are homeless. Using the Registry Week methodology will enable Housing Services to meeting provincial requirements as well as gather specific data in order to better serve and offer programming that directly reflects the challenges facing those in our community. It will also create a starting point for which future enumerations can be measured in order to determine if any system changes are successful or require further modifications. The enumeration process was kicked off by a community planning session in which members of the community, partner agencies and staff gathered together to start discussion in regards to the enumeration process within Haldimand and Norfolk.

- Completion of 23 / 25 Social Housing Improvement Program (SHIP) funded capital projects in existing social housing community locations.

- Continued successful uptake in the provincial pilot project Survivors of Domestic Violence Portable Housing Benefit.
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ENVIRONMENTAL HEALTH
98.2% of suspected rabies exposures investigated within one day of public health notification

INFECTIOUS DISEASE
90.8% of 7 or 8 year old students in compliance with immunization or ISPA

INFECTIOUS DISEASE
88% of 16 or 17 year old students in compliance with immunization or ISPA

ENVIRONMENTAL HEALTH
98.5% of high-risk food premises inspected once every 4 months while in operation

ORAL HEALTH
90.8% of 7 or 8 year old students in compliance with immunization or ISPA

COMMUNITY HEALTH
98.5% of high-risk food premises inspected once every 4 months while in operation

COMMUNITY HEALTH
98.2% of suspected rabies exposures investigated within one day of public health notification

MATERNAL AND CHILD HEALTH
723 Smoke-Free Ontario Act inspections completed

COMMUNITY HEALTH
88% of 16 or 17 year old students in compliance with immunization or ISPA

MATERNAL AND CHILD HEALTH
1,898 visits provided to families participating in the Healthy Babies Healthy Children Program

MATERNAL AND CHILD HEALTH
1,080 mothers and fathers were provided healthy growth information and support at the Well Baby Drop-Ins.

COMMUNITY HEALTH
109 residents received cessation support through Quit Clinics and STOP studies

ORAL HEALTH
4,694 child dental screenings

COMMUNITY HEALTH
723 Smoke-Free Ontario Act inspections completed

PUBLIC HEALTH STORY
School Health

The Ontario Physical and Health Education Association (OPHEA) Healthy School Certification celebrates schools for taking action on topics such as physical activity, mental health, and healthy eating. St. Frances Cabrini School in Delhi worked toward gold certification in 2017.

The School Health team helped guide and support the school through the process of planning and implementing a range of comprehensive activities that promoted well-being in the school community.

St. Frances’ Healthy School Committee chose mental health as their priority topic. The committee, consisting of students, staff, parents and members of the School Health team, created a variety of initiatives to promote positive mental health at the school.
Financial Information

**REVENUES**

- Federal and Provincial Grants: $34,395,600
- Haldimand County: $3,461,700
- Norfolk County: $5,295,800
- Other Revenues: $689,000

**TOTAL:** $43,842,100

**EXPENDITURES**

- Haldimand-Norfolk Health Unit: $9,504,900
- Haldimand-Norfolk Social Services: $25,642,400
- Haldimand-Norfolk Social Housing: $8,694,800

**TOTAL:** $43,842,100