



*Algoma*

**PUBLIC HEALTH**

Santé publique Algoma

**MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER  
BOARD REPORT  
JANUARY 2014**

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## TRANSITIONAL TIME AT APH

The new year has been kicked off with a very successful move of staff from the ground floor to the second floor as well as the necessary reconfiguration of the second floor to fit the additional cubicles. Staff were extremely accommodating and recognize the opportunity for closer working relationships and program efficiencies by being on the same floor.

In addition to this move, we have introduced a new organizational structure that will be shared with the Board in the meeting. The structure will reduce the number of direct reports to me from 11 Directors to 4. The intention of this change is to create a smaller Executive that can assist me with strategic and operational planning and implementation while simultaneously allowing Program Managers to focus on program and service delivery.

An RFP has been issued to secure assistance in a comprehensive strategic planning process starting February 1 with an anticipated completion date sometime this summer. The staff are genuinely looking forward to supporting the strategic planning initiative and their input is a top priority for me.

## 1. PROGRAMS AND SERVICES

### COMMUNICABLE DISEASE UPDATE

As of January 8, 2014, Algoma Public Health has had 29 confirmed lab reports of influenza A H1N1 – 7 cases are currently hospitalized. The majority have been of people in the age range of 20-60 years. This strain is predominately affecting healthy, young adults, causing severe illness including ICU admissions and deaths. This year's vaccine is reported to be a very good match to the circulating strain.

Syndromic surveillance in our district hospitals shows us that the number of respiratory visits has been rising substantially in the last few weeks and in particular that the demographic with the most hospital visits is the 18-64 year old age group.

Given the age group that is being most affected and the severity of illness it is causing, staff vaccination is of utmost importance. APH has taken this opportunity to encourage unvaccinated staff or public in facilities, institutions or workplaces to get their flu shot through media releases and interagency communications.

A gastrointestinal outbreak was declared at Algoma Manor in Thessalon last week. Staff and residents have been affected with sudden onset of nausea, vomiting and diarrhea. Lab confirmation on one of the submitted samples indicated that norovirus is the responsible organism. The outbreak peaked at the end of December but new cases are still presenting, albeit in small numbers.

## **ENVIRONMENTAL HEALTH UPDATE**

### **Vectorborne Diseases**

Vectorborne diseases (West Nile Virus and Lyme Disease) are part of the Infectious Disease Protocol from the Ministry of Health and Long term care and specifies: “the board of health shall develop and implement an integrated vector-borne diseases management strategy based on local risk assessment and other scientific evidence with respect to effective and efficient prevention and control measures...” In addition we also follow the provincial strategies and trends.

#### ***Overview for 2013 season:***

##### **West Nile Virus**

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- Trapping started July 9, 2013 and ended on August 21, 2013
- 100 degree days were not met this year, thus, sampling occurred bi-weekly.
- 55 traps were set
- 1,820 mosquitoes were trapped
- A sub-sample of # females was identified
- # pools were viral tested
- None tested positive
- A low risk of WNV infection (spread from bird-to-bird or bird-to-human) exists because:
  - the Culex population was low throughout the season
  - there was insufficient degree-day accumulation to have WNV amplify within the Culex mosquitoes
- no Culex pools tested positive for WNV in 2013
- there were no human cases of West Nile virus in Algoma in 2013

##### **Lyme Disease**

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- 14 ticks were submitted for testing.
- 2 were *Ixodes scapularis*, the species which transfers Lyme disease
- None tested positive for *Borrelia burgdorferi*
- 2 Individuals were diagnosed with Lyme disease
- 1 of the cases was contracted locally

There was a slight increase in tick submissions last year and we will be doing more health promotion to encourage more submissions in 2014. In Algoma we are fortunate to have the forestry lab and they are willing to work in partnership with us to identify ticks from animals. We use this service as a sentinel program to predict human exposures in the Algoma District. We have had some of the ticks sampled from Algoma that are capable of transferring *Borrellia burgdorferi* but none have tested positive to date, however we have informed local physicians that Lyme disease is here in Algoma and to ensure they are aware of the testing procedures, false negatives and the importance of early detection. The program

director also sits on the provincial Vectorborne working group to keep the program up to date. Additional health promotion may be done in 2014.

The Vectorborne program will continue as normal for the 2014 season with slightly more health promotion on the detection of ticks and encouraging people to submit them to APH for analysis. Additional reminders to physicians that Lyme disease is in the Algoma District may also be conducted.

## **CHRONIC DISEASE PREVENTION UPDATE**

### **Tobacco Cessation and Prevention Programs**

Recent highlights from Tobacco Cessation and Prevention Programming have included implementation of the Ministry funded worksite cessation demonstration project with Essar Steel. Implementation of the employer/employee baseline needs assessment survey included over 400 responses on what is presently offered and is needed to support quitting smoking in the workplace. Enhancements of supports and resources will be the next step for this partnership in the New Year.

There is now a new medical directive for specialty trained APH cessation staff to dispense nicotine replacement therapy in partnership with the Centre for Addiction and Mental Health STOP on the Road workshops. This opportunity will open doors for APH to reach smokers in high risk populations including those in the worksite with counseling and nicotine replacement therapy in 2014.

Two *Schools Without Borders* committee youth representatives (Winston Sullivan and Rosie DeFazio) were supported with the opportunity to attend the National Conference on Tobacco or Health youth stream in Ottawa after participating on the provincial Advocacy Planning Committee that helped coordinate the advocacy portion of the conference.

Three members (Alexandra Ambeault, Shania Kilpatrick, Kimberly Amyotte) of the Algoma Public Health STEALTH youth led committee in Blind River were nominated for the Ministry of Citizenship and Immigration's 2014 Volunteer Service Awards.

## **MENTAL HEALTH AND ADDICTIONS UPDATE**

APH Community Mental Health and Addictions Programs continue to partner with Chronic Disease in expanding APH capacity to provide smoking cessation services throughout the District of Algoma. Two employees, a Mental Health Rehabilitation Worker in Elliot Lake and CADAP Addictions Supportive Housing Case Manager in Sault Ste. Marie, will be receiving the TEACH training in January. This will improve access for mental health and addiction clients to receive smoking cessation services while promoting health equity.

Community Mental Health staff have embarked on a unique monitoring indicator of changes in smoking behaviours with their clients in response to enhanced tobacco reduction/cessation supports offered by staff this year. Early baseline data in 2013 showing 72 % of clients assessed were smokers with over half not thinking about reducing or quitting smoking will be compared to year end data.

## **CHILD HEALTH UPDATE**

### **Young Parents Connection**

The goal of the Young Parents Connection is to support young parents ages 14-25 in improving the health and well being of their families by providing them information, skill building activities and social support. The programming is done in collaboration with a number of community agencies. Community partners include Algoma Public Health, Children's Aid Society, Child Care Algoma/Best Start Hub, Ontario Works, Red Cross, Sault College, The Pregnancy Centre, Women in Crisis, YMCA, and new to the committee this year is Algoma District School Board. An active steering committee strives to support the young parents. In fall 2013 three YPC participants provided feedback to the committee and strategies to improve delivery of program. The same three youth volunteer on Thursday nights to assist new participants at the YPC program and collect their volunteer hours required to graduate.

Young Parents Connection has been running successfully for 8 years on Thursday evenings at the YMCA, approximately 25-30 young parents participated on a weekly basis.

A variety of evidence based programming is provided such as Triple P, Kids Have Stress Too, GAME, Prenatal Information and You and Your Baby classes. A Community Kitchen operates every Thursday. The parents rotate through the sessions on a weekly basis. The 2014 YPC calendar "Special Presentations" will include – Cyber Bullying, SSM Public Library, and Algoma Public Health's Dental program, Sault College Makeover Night and Ontario Works Job Fair.

Algoma Public Health receives a \$ 20,000 annual disbursement from the District of Sault Ste. Marie Social Services Board-Ontario Works Division. This funding supports the coordination and delivery of parenting programming in the program.



## **DISTRICT SERVICES**

### **Sexual Health Program – Central Algoma Sexual Health Services**

The Public Health Standards require the provision of sexual health clinical services to priority populations throughout the District. At present, sexual health services in Central Algoma are provided from either Central Algoma Secondary School (CASS) in Desbarats or from the APH in Blind River. Although both locations are good sites, they are often inaccessible to many of the clients that are not CASS students or clients in the Thessalon to Bruce Mines area that do have access to transportation. As a pilot program, we will be providing sexual health clinical services from our satellite office in Thessalon. The clinic will be staffed from the Blind River office and provided bi-weekly on a by-appointments basis. Services to be provided are low-cost contraceptives, Plan B sales, condom distribution, pregnancy testing and general sexual health counseling.

Public awareness of the services have been circulated to the local healthcare facilities and referral agencies.

Although this is a pilot program, we look forward to a successful implementation and the need to fill the service gap to Central Algoma clients.

## 2. PARTNERSHIPS

### BOARDS OF EDUCATION

We are delighted to announce that we have donated the theatre currently in the Guido Caputo Room to the Huron-Superior Catholic District School Board. We are also pleased to announce that Tim Murphy and his youth engagement theatre productions and rehearsals will now be hosted by the Algoma District School Board. We look forward to evaluating the impact that Tim's work is having on youth knowledge, attitudes and behaviour.

### HEALTH CARE

Our relationship with Group Health Centre continues to grow including the development of an official Terms of Reference for our working relationship to oversee activities for the coming year. The CEO of the Sault Area Hospital, Ron Gagnon invited me to attend a strategic planning meeting with himself and the Chairman of their Board which resulted in a subsequent meeting at APH and an expression of interest for the alignment of health goals and objectives for the Algoma District as well as other potential working relationships between our two organizations.

### ABORIGINAL

Catherine Willet, our Public Health Nurse who also holds the position of Aboriginal Liaison at APH, is now a member of the Provincial Working Group on Public Health for First Nations led by the Ministry of Health and Chiefs of Ontario together with Health Canada. This will enable her to better understand Federal and Provincial policy development in the area of First Nations health care delivery that will be extremely useful for APH to be familiar with as we continue to strengthen our working relationships with the communities. She will be visiting two First Nations this month to begin to understand gaps and opportunities for public health services in First Nation communities.

## 3. POLICY

### IMPROVED ACCESS TO DENTAL CARE FOR CHILDREN AND YOUTH

On December 16, 2013, the Ministry of Health and Long Term Care announced changes that will expand current eligibility and improve access for dental care for low income children and youth.

Healthy Smiles Ontario (HSO) is a program for families with children under 17 years of age and who have no form of dental coverage. As of April 2014, the current financial eligibility threshold for the HSO program will be increased and will vary depending on the number of children in a family. In 2012 and 2013, a total of 136 and 164 clients, respectively, were enrolled with the HSO program in Algoma.

In August 2015, the Ministry of Health will launch a new oral health program that will integrate six publicly funded dental programs into one program. This new program will provide families with easy access to their dental care needs and improve service delivery. At this time, the new program is at a “conceptual level” and the Ministry will be engaging health units to discuss the implementation process and to ensure that the needs of children and youth are met.

These changes were implemented as part of Ontario’s Poverty Reduction Strategy 2013. As stated in the report, “children’s oral health is important to their overall health. People with low incomes have tooth decay rates and treatment needs as much as three times greater than individuals with higher incomes. Poor oral health can affect a child’s performance in school and self- esteem. Later, it can create barriers to employment for youth and adults due to the poor appearance of their teeth”. For more information a copy of this report can be accessed at [www.children.gov.on.ca](http://www.children.gov.on.ca) .

### **HUMAN RESOURCE UPDATE**

In 2005, the Ontario Government enacted the Accessibility for Ontarians with Disabilities Act (AODA). The AODA is a provincial law that recognizes the history of discrimination against persons with disabilities in Ontario and will require the development, implementation and enforcement of standards for accessibility to goods, services, facilities, employment, accommodation, and buildings for persons with disabilities. The long-term goal of this legislation is to achieve a barrier-free Ontario by 2025. Algoma Public Health filed compliance reports in 2012 and 2013 indicating that we are meeting the requirements under the Customer Service Standard and the Integrated Accessibility Standards Regulation.

Respectfully submitted,

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