

MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER BOARD REPORT February 2014

Prepared by Dr. Kimberley Barker MD CCFP MPH FRCPC

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 2 of 11

Table of Contents	
Transitional Time at APH	Page 3
Programs	Page 3-9
Partnerships	Page 9-10
Policy	Page 10-11
Next Steps	Page 11

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 3 of 11

TRANSITIONAL TIME AT APH

This month, Algoma Public Health has launched three major initiatives. We kick started the month off by securing our Strategic Planning consultancy firm, Social Research Consulting Inc. who will spend the next six months with us, our external stakeholders and community partners, in reviewing our vision and mission statements, as well as developing our next five-year strategic plan. We will look forward to the full Board participation in this initiative.

Our second major project is taking the lead on the *Health Links* project for the Algoma District. This project is fully funded by the North East Local Health Integration Network (LHIN) and will enable APH to assess emergency room and admission rate data, together with understanding the types of cases being seen in the emergency room on a frequent basis so that we can assist the health care community in identifying barriers to care and prevention of illness. We are the first public health unit in Ontario to take the lead on this project.

Our final significant project for this month has been the bringing together of CEOs from several organizations to develop a proposal called for by the Ministry of Health and Long-Term Care entitled *The Healthy Kids Campaign Challenge*. Proposals for this four-year initiative are due March 14 and we will be submitting two proposals: one for the District and one for Sault Ste. Marie. Our partners are listed at the end of this report.

APH staff has expressed great enthusiasm for these three initiatives as well as our many Olympic activities hosted at APH.

1. PROGRAMS AND SERVICES

COMMUNICABLE DISEASE UPDATE

Influenza

Influenza is waning across Algoma with substantially decreased lab confirmed illness, smaller numbers of symptomatic arrivals at district and SAH emergency departments and less school absenteeism with fever/ILI symptoms. Although there was a busy period for family health teams and emergency departments in January, overall this year has been a mild one for outbreaks as the H1N1 virus targeted a younger age group than usual (particularly the 18-55 age group).

Healthcare worker influenza vaccination in institutions is strongly promoted through combined efforts of IC staff at facilities, management and APH. Each year we recognize the leaders in several categories and the following had > 90% of staff immunized against influenza in 2013:

- 1) St. Joseph's Manor Highest LTCH @ 95%
- 2) St. Joseph's General Hospital Highest Hospital @ 90 % + Most Improved (up from 55% last yr.)
- 3) Golden Birches Terrace- 93%
- 4) Mauno Kaihla Koti- 90%
- 5) Extendicare Maple View- 90%
- 6) Extendicare Van Daele- 90%

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 4 of 11

Outbreaks

In the last few weeks, Algoma has seen a number of norovirus outbreaks (gastrointestinal) and respiratory outbreaks (causative agent often is respiratory syncytial virus) in daycares.

Sexual Health

The Sexual Health program has made the transition successfully to the 2nd floor of APH and adjusted to delivering clinic services with slightly different staffing paradigms. Planning is underway to ensure a seamless move to our new floor plan/schedule in the spring.

MENTAL HEALTH AND ADDICTIONS UPDATE

Needle Syringe (Exchange) Program (NSP) - Algoma Public Health and John Howard Society Sites

The activity report for NSP has been finalized for the second half of 2013. A total of 736 contacts were made with customers. A total of 90,275 needles were distributed. This is an increase of 14,587 syringes from the first half of 2013. From a harm reduction perspective, this demonstrates continued success in providing harm reduction supplies to customers. The increase in distribution may be contributed to having NSP at the John Howard Society that allowed for a downtown location and increase in daily access to safe injection supplies.

REPRODUCTIVE HEALTH

"Laying the foundation for a lifetime of good health begins even before babies are conceived, and continues through the first months of life. We must provide the support young women need to maintain their own health and start their babies on the path to health." – The Healthy Kids Panel (2013)

Online Prenatal Education - We have added two new prenatal education options for expectant parents in Algoma. Expectant parents now have the option of face-to-face education as well as a new online prenatal education course. The *gift of motherhood* is a comprehensive prenatal education program that can be accessed by parents throughout Algoma, including those who are geographically isolated. With this option, we hope to overcome barriers such as transportation, anxiety, scheduling conflicts or for those clients who prefer self-directed learning.

Teen Prenatal Education - Prenatal education for teens and young adults continues to be available at the Young Parents Connection(YPC) at the YMCA. We have added **teen prenatal classes** at APH during the calendar year when YPC is not running.

OPHA Reproductive Work Group – We continue to be members of this provincial advocacy group. Work is focused on advocacy measures to influence public policy at the provincial level.

The Healthy Weights Strategy Work Group - The intent of this internal working group is to develop a comprehensive local implementation of the recommendations made by the "No time to wait: the healthy kids strategy". The importance of the preconception and prenatal period as it relates to childhood obesity is clear. We will be participating in provincial discussions around key messaging for women in their childbearing years and will implement changes accordingly in the prenatal curriculum.

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 5 of 11

ORAL HEALTH UPDATE

The oral health program has committed to developing a range of health promotion messages for 2014 with the goal of sharing the importance of oral health with clients that access services at Algoma Public Health.

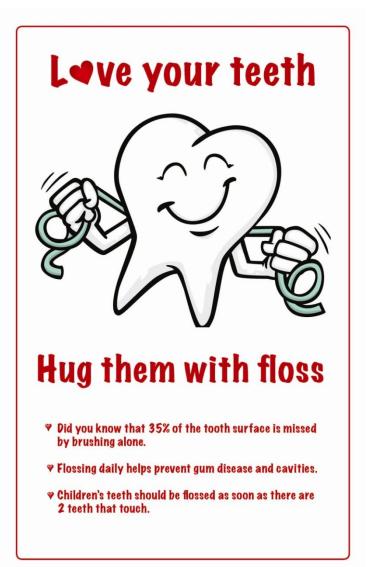
In January, the program embarked on a 12 Months of Messaging project with the goal of increasing

awareness and communicating the value of oral health. The health messages are developed using a multi-disciplinary approach and profiled on a monthly basis. The messages are communicated to clients throughout Algoma using social media in addition to posters and television monitors located in the reception and lobby areas. Some key messages for 2014 include:

- Smoking cessation and oral health
- Importance of daily flossing
- Oral health & overall health
- 1st dental visit by 1st birthday
- Sip all day...Risk decay.

The oral health program continues to monitor the caries free rate in junior and senior kindergarten students throughout Algoma. The caries free rate for 2012-13 was 58%. This project is only one strategy to encourage parents and our communities to value the importance of oral health.

In May 2013, the use of electronic health records was launched in the oral health program. According to Profile, a total of 846 clients have been assessed in the Sault Ste. Marie and Blind River dental clinic from June 1st through December 31st, 2013. These clients represent children, youth, and adults accessing preventive and treatment services.



Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 6 of 11

CHRONIC DISEASE/INJURY PREVENTION UPDATE

<u>Diabetes Strategy Prevention Program for High-Risk Populations</u> in North-eastern Ontario

Algoma Public Health (APH) has been implementing the Diabetes Strategy Prevention Program, a Ministry of Health and Long Term Care (MOHLTC) program, since 2010. The purpose of this program is to develop a primary prevention approach to reduce the rates of type 2 diabetes among priority populations. The program components include:

- Behaviour Modification
- Train the Trainer Education
- Screening High-risk Individuals for Type 2 Diabetes
- Communication Campaign

The priority target populations for this program include individuals who are 18 years of age and older who self-identify as aboriginal and/or who are living on a low income.

We are one of the five north eastern health units along with Sudbury, North Bay, Timiskaming and Porcupine that have collaborated on a Regional Communication Campaign which includes prevention messages using television, radio, billboards, newspapers, posters, and promotional items. The tag line "Bring back the tradition of healthy living" has been incorporated in the campaign.

APH is working with many community partners to increase opportunities and access to affordable physical and recreational activities as well as increasing the consumption of healthy foods and food preparation skills. Some initiatives being used to deliver this program include organizing, supporting and/or delivering diabetes prevention workshops, healthy living programs, walking groups, community kitchens, community gardens and grocery store tours. Examples are:



- Community Kitchens (Community Mental Health, Community Alcohol/Drug Assessment Program, Family Support Workers program in the health unit and in the community, Indian Friendship Centre). We will be piloting a Slow Cooker Program with Indian Friendship Centre this March.
- Community Gardens (start-up costs for building and growing gardens). Currently partnering with Indian Friendship Centre, Sault Housing Authority, Red Cross, Algoma Food Network, March of Dimes)
- 10,000 Steps Towards Healthy Living
- Walking programs with Community Mental Health, Garden River, and exercise programs with George Leach Centre (Parents and Children Exercise Program- PACE), support the Hub Trail Festival.

We are currently in our second year of the three-year funded program. We will continue to offer programs and education opportunities to the residents of Algoma, hoping to reduce the incidence of type 2 diabetes.

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 7 of 11

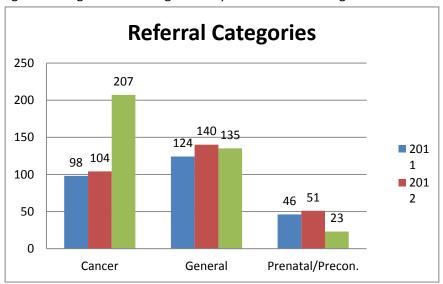
GENETICS

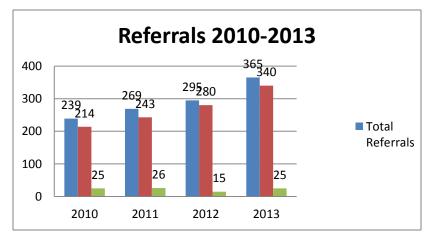
Synopsis of 2013

The Genetics Program at APH helps individuals and families in the Algoma District to understand genetic factors in diseases, disabilities and birth defects. Individuals/families are referred to the genetics program by their primary health care provider. Genetic nurses manage cases ensuring that clients are counselled by genetic nurses, cancer counsellors or the geneticist at genetic clinic. Genetic clinics are held 5-6 times with 268 cases in 2012 and 277 cases in 2013.

Medical Genetics is a fast-paced, continually evolving field. Cancer Genetics has seen many advances in the past several years and at APH we have experienced a trend towards more clients seeking assessment for a personal or family history of cancer. Cancer referrals have increased by 100% over last year. The Ontario Breast Screening High Risk Program which began in July 2011 has been a significant

source of new cancer referrals as well as the "Angelina Jolie effect" (the famous actress's decision to have a prophylactic double mastectomy as a result of being a carrier of a BRCA mutation). This is the first year in the history of our program that cancer referrals have surpassed all other referrals combined. In general, referrals have been on an upward trend since 2011 with a 23% increase in 2013.





The complexity of genetic referrals is also more evident. Genetic testing is evolving daily and studies are bringing new knowledge about known genetic conditions and newly discovered gene mutations. 237 genetic tests were ordered in 2013; this is a 20% increase from 2012. Ordering of out-of-country tests is also on the rise. With whole genome sequencing on the horizon, the exciting world of genetics will continue to evolve with new

discoveries, which will enable earlier detection, prevention and management of disease.

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 8 of 11

ENVIRONMENTAL HEALTH UPDATE

Infection Control: Personal Service Settings (PSS)

In January 2014, Public Health Inspectors did a presentation for the students in the aesthetician program at Sault College. The role of Algoma Public Health, the inspection process and infection control practises were discussed. We are adopting a PSS Course to offer to the all the aestheticians in Algoma. This course would be in addition to the pool operators course and food handling training courses that we currently provide across the district and part of our health promotion strategy. PHIs are working with Sault College to organize a pilot course with their students this fall. Next year we will open up the course to aestheticians' already working in the field.

A PHI has accepted a position on the College's Advisory Committee for the aestheticians program so we will have a stronger infection control voice at that table. In addition our team sits on other provincial infectious disease teams to help improve existing systems such as being a pilot health unit for the new templates for iPHIS (computer program that all lab confirmed reports must be entered into for the MOHLTC) investigations.

Daycare Infection Control Initiatives

The Algoma Public Health website was updated for daycare operators to have easy access to information for their facilities. Chapter 3 of the daycare manual outlines all of the procedures related to outbreak management in a childcare setting. The Environmental Health Daycare team has been highly involved with both Sault Ste. Marie and District daycare supervisors, attending meetings, providing feedback and consultation in addition to inspections. Operators and owners have been contacting the health unit with suspect outbreaks and inspectors have been aiding in investigating and resolving the issues.

In addition, future Early Childhood Educators (ECE) and Nursing students have been targeted by the Environmental Health Daycare Team, and a presentation was conducted in collaboration with other departments at APH to give insight on our programs. A presentation was given for ECE students on infection control, food safety, water safety, injury prevention and communicable diseases.

The Environmental Health team has also been very involved in school inspections and providing education on infection control practices. School boards have been encouraged to contact the health unit with unusual numbers in illness amongst staff and students.

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 9 of 11

DISTRICT SERVICES

Seasonal Flu Immunization Program

Seasonal flu clinics in the District offices have concluded for the season. As of the end of 2013, a total of 3623 clients were immunized throughout the District communities. Clinics were held in Elliot Lake, Blind River, Spanish, Iron Bridge, Descartes, Thessalon, Wawa, White River and Missanabie.

Office Location	Number of Immunizations
Wawa	708
Elliot Lake	1735
Blind River	1180
Total	3623

This total is lower than previous years and this can be attributed to the addition of flu clinics provided by the local pharmacies in Elliot Lake.

Although flu clinics are finished in the District offices, clients can still obtain their flu shots at the respective regular monthly immunization clinics.

2. PARTNERSHIPS

BOARDS OF EDUCATION

APH, together with the Algoma District School Board and the Catholic District School Board, hosted an evening for CEOs from across multiple sectors of our community to participate in an evening with guest speaker Dr. Jean Clinton. The evening focused on the role of community organizations to improve the mental health of children and youth. The CEO group will meet again next month to look at what key activities with focused objectives could be achieved by the collective organizations.

HEALTH CARE

Elliot Lake Hospital hosted grand rounds this past week where we presented the latest in public health and called for stronger collaboration on a variety of health care issues. This is the second invitation that Elliot Lake health care professionals have extended to APH. Next month we hope to do something similar with the physician groups in Wawa.

Two meetings with the executive team at Sault Area Hospital have culminated in the sharing of relevant policies and procedures such as medical errors and human resources as well as providing an opportunity to participate in their seminars on continuous quality improvement. They have requested assistance in evaluating patient data. We will look forward to continued mutual support and the implementation of the *Health Links* project.

Multiple meetings of various APH and GHC staff have initiated the opportunity for better understanding of programs and services. We look forward to the seven physicians moving in sometime in May.

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 10 of 11

PROVINCIAL

Laurie Boston and Jonathon Bouma have begun their monthly meetings with the Ministry of Health in Toronto supporting the implementation of the strategic plan that will be presented to the Board in March by Dr. Arlene King. In addition to this, we have appointed staff to sit on the Provincial Healthy Weights Committee, Health Equity Working Group and a Cultural Competency Working Group. Staff is enjoying the exposure of province-wide initiatives and new networking opportunities.

SAULT STE. MARIE POLICE SERVICE

Staff from the Mental Health and Addictions programs have met with Inspector Art Pluss to discuss the opening of their new site on Gore Street and the potential for supporting residents in that neighbourhood through office sharing. Sault Ste. Marie Police Service has generously offered all APH programs an opportunity to use their new office to determine the needs of the community and to consider what services we may be able to offer from this site.

ABORIGINAL

Our Aboriginal Liaison, Catherine Willet, accompanied me to a meeting hosted in Sudbury by the Chiefs of Ontario for a full-day meeting with the North Shore Tribal Council together with North Bay and Sudbury Health Units. The outcome of this meeting was a one-time request to the Ministry of Health for funding to examine increased access to our services by the six North Shore Communities.

3. POLICY

HUMAN RESOURCE UPDATE

Beginning July 1, 2014, Algoma Public Health must ensure that all staff completes a basic occupational health and safety awareness training program. The content of the training must meet new regulatory requirements.

The <u>Occupational Health and Safety Awareness and Training Regulation</u> (O. Reg. 297/13) under the <u>Occupational Health and Safety Act</u> (OHSA) is the new regulation that requires employers to make sure workers and supervisors complete a basic occupational health and safety awareness training program.

Under the new regulation, Algoma Public Health must:

- ensure that workers complete a basic occupational health and safety awareness training program as soon as reasonably possible
- ensure that supervisors complete a basic occupational health and safety awareness training program within one week of working as a supervisor
- maintain a record of the training completed by workers and supervisors; and
- provide a worker or supervisor with written proof of completion of the training, if requested by the worker or supervisor (up to six months after ceasing to work for the employer).

Medical Officer of Health and Chief Executive Officer Board Report February 2014 Page 11 of 11

About seventy percent (70%) of staff have completed the Ministry of Labour e-learning modules "Worker Health and Safety Awareness in 4 Steps" and "Supervisor Health and Safety Awareness in 5 Steps" training programs.

NEXT STEPS

Over the next four weeks we will look forward to leading the Health Links initiative, the submission of the Healthy Kids Challenge application, the ongoing work of developing our strategic plan as well as the alignment of programs to our 2014 budget.

Respectfully submitted,

Dr. Kim Barker, MD CCFP MPH FRCPC

Mesale.

Current partners for the Healthy Kids Campaign Challenge:

- Algoma District School Board
- Algoma District Services Administration Board
- Algoma Family Services
- Algoma Public Health
- Children's Aid Society of Algoma
- Children's Rehabilitation Centre Algoma
- Community Living Algoma
- Conseil scolaire catholique du Nouvel-Ontario
- Conseil scolaire du grand nord de l'Ontario
- Corporation of the City of Sault Ste. Marie
- Group Health Centre
- Huron-Superior Catholic District School Board
- Indian Friendship Centre
- John Howard Society of SSM and District
- Nog-da-win-da-min
- North Shore Tribal Council
- Ontario Early Years/Child Care Algoma
- Ontario Provincial Police
- Sault Are Hospital
- Sault Ste. Marie Police Services