



*Algoma*

**PUBLIC HEALTH**

Santé publique Algoma

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

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## **TRANSITIONAL TIME AT APH**

Strategic planning has begun at APH and all staff have participated in small focus group sessions with our facilitator, Susan Snelling, to ensure their contributions are captured early on in the process. Susan will be presenting at the Board meeting this month to describe the process to you and to determine the best way of engaging the Board. She will also be meeting with approximately 20 external stakeholder organizations that we are identifying for her.

The timing of Dr Arlene King's visit to Sault Ste. Marie aligns perfectly with our strategic planning initiative and all APH staff has been invited to an afternoon session with Dr. King where she will present the provincial strategic plan. Dr. King will be meeting with Mayor Amaroso, the North Shore Tribal Council, Group Health and she will also be visiting the new Gore Street site where the police will be opening up a store front that will provide APH with a location where we can provide outreach services downtown.

This month's board report focuses on topics that have some element of agency risk and describes how we are working to mitigate or reduce the risks. This approach is in reaction to the Ministry of Finance audit report that suggests that Board members need to be more familiar with risk management aspect of APH. I will look forward to your feedback on this.

## **1. PROGRAMS AND SERVICES**

### **CHRONIC DISEASE PREVENTION/INJURY PREVENTION**

#### ***Waterpipes***

A waterpipe (hookah or narghile) is typically used to smoke shisha, a sticky sweet mixture of tobacco and/or other plant material, molasses and flavours. Shisha's high sugar content mixed with flavorings makes the smoke very aromatic. Water cools the smoke making it easier to tolerate and more pleasurable for beginner smokers. Hookah use is an emerging trend gaining popularity among youth and young adults in certain communities in Ontario. The availability of shisha and waterpipes at local retail stores and the emergence of businesses promoting hookah use in public places in certain parts of the province have the potential to significantly undermine local tobacco control efforts. Permitting waterpipe smoking in enclosed public places can expose the public to the harmful effects of secondhand smoke, is confusing as to what is and isn't acceptable in public places and undermines enforcement efforts where without expensive testing it is unclear what exactly is being smoked. Other municipalities such as Peterborough and Orillia have amended their municipal smoke-free bylaws to include waterpipes and other weeds or substances in their definitions of smoke and/or tobacco products restricted in public places. A discussion of the pending public health concerns for Algoma and recommendations for action by the Board of Health is being tabled.

***Smoke Free Ontario Act and Health Protection and Promotion Act  
(Food Safety) Amendments***

**Bill 149, Health Statute Law Amendment Act (Healthy Decisions Made Easy), 2014** is a private member's bill that has been introduced to amend the Health Protection and Promotion Act and the Smoke-Free Ontario Act to improve the health of Ontarians.

Basically this act has two amendments, the first is under the HPPA and would legislate that any food premise that has over 5 restaurants (chain restaurants) and gross revenue over 5 million to display the number of calories per serving of all food items and provide brochures with nutrition information. It also includes provisions for high sodium content notification. What this would mean for Public Health Inspectors' workload would be another item to monitor, discuss and educate during the inspection which may take a few minutes longer per inspection but also would mean adjusting the current electronic inspection forms. At APH and most other health units in Ontario we pay an external company called Decade for a product called Hedgerow. The MOHLTC does not pay for this service and each health unit must pay annual fees per user for this service. It is very costly to adjust this electronic form due to proprietary rights and each health unit would be paying separately to get the same questions added into the program.

The second part of Bill 149 is the amendment of the Smoke-Free Ontario Act with respect to flavoured tobacco products, new tobacco products and smokeless tobacco. This amendment is to try to reduce the uptake of use of tobacco products by young adults who may be attracted to the types of flavours. This inspection process would be added into the Tobacco Enforcement Officers role and would increase the time spent reviewing the tobacco vendors for the display ban, the vendor signage check and the youth access inspections. The Tobacco Information System (TIS) is the ministries electronic inspection program and we would hope these additional items to check and discuss would be added directly into this system. For APH this amendment to the SFOA would mean that inspections would take some additional time which may put pressure on other roles such as by-law enforcement throughout the district of Algoma.

**Bill 162, the Making Healthier Choices Act** was introduced by the MOHLTC in February and requires restaurants with 20 or more locations to post calorie information on menus and menu boards. Similar to Bill 149, Public Health Inspectors would be given the authority to inspect and enforce the requirements in the Act. The government introduced Bill 162 to support recommendations in the Healthy Kids Panel's report and strengthen their commitment to reducing overweight and obesity in children.

## **ENVIRONMENTAL HEALTH UPDATE**

### ***Flooding***

It is anticipated that spring of 2014 maybe a significant year for flooding across the Algoma district. In the fall of 2013 there were significant amounts of rain and flooding and the ground water tables were saturated. The quick freeze and cold temperature may have slowed down the migration of water into deeper soil keeping the ground water tables high. The volume of snow over the winter across the district and especially in the north will also add to the volume of water with the spring rains.

We are focusing attention and health promotion messaging to help people prepare for the floods, what to do during a flood and what is recommended for the clean up after a flood. Health inspectors are working with emergency teams such as the SSM emergency co-coordinator and the Conservation Authority on the messaging and have prepared a pamphlet for the residents of Sault Ste. Marie (enclosed). This pamphlet will also be modified for our rural areas and shared on line and on Facebook to residents in Algoma. APH has also offered our Twitter account for messaging during events to these emergency teams.

### ***Preparation:***

Algoma Public Health Inspectors/Managers have always been involved with all community groups to plan and prepare for all types of emergencies. We presented at community groups last fall for flooding clean-up recommendations. Some recent training includes: review of the APH emergency plan, Incident Management System (IMS) 100 course, social media training for emergencies and table top exercise, attending the Goulais River Flood Meeting, the City of Sault Ste. Marie Plan review session to name a few. We are involved with all the emergency planning groups across the district all year and are in contact with municipalities and emergency co-coordinators responding and participating in all events.

Additional training for PHIs is scheduled including this spring includes: scribe course, IMS 200 2 day course, the HIRA (Hazard Identification Risk Assessment), hosting the Public Health Ontario IMS 200 for public health training and mock exercise and we sit on the planning committee for the Rural and Ready conference this May. (Save the date enclosed). Information and registration:

<http://www.chippewahd.com/site/default.aspx?PageType=3&DomainID=1&ModuleInstanceID=218&ViewID=047E6BE3-6D87-4130-8424-D8E4E9ED6C2A&RenderLoc=0&FlexDataID=340&PageID=1>

Be Safe. Plan. Prepare.

## **MENTAL HEALTH AND ADDICTIONS UPDATE**

### ***Community Mental Health Program (CMH) and Impact on Client Tobacco Use***

Mental health consumers live 25 years on average less than the general public as a result of preventable chronic diseases, many that can be attributed to their smoking. There has been a long standing complex relationship with continuing or changing tobacco use behaviour with this demographic but the CMH program at Algoma Public continues to work toward making a difference. In 2013, 117 CMH clients had their tobacco use initially assessed by staff and additionally 107 other CMH clients were reassessed for changes in smoking their status or needs for resources or support referral. Of those reassessed, 71% were continuing to use tobacco. Although a significant portion 66% were not interested in changing their tobacco use which is not uncommon with this demographic, encouragingly 34% were making changes with 6% having quit. More good news...Indicator monitoring demonstrated 16% of clients using tobacco had made positive progress towards cessation and 61% of this positive progress included quitting or maintaining not smoking. Program successes also identify 16 clients who were supported with in depth tobacco harm reduction counseling as part of their regular case management visits, resulted in 7 clients making serious quit attempts and 4 of these so far have remained smoke-free.

## **CHILD HEALTH UPDATE**

### ***Healthy Kids Community Challenge- “The Challenge”***

As part of the provincial strategy to reduce childhood obesity, the Healthy Kids Community Challenge encourages partners from different sectors to work together to implement activities that promote healthy behaviours for children and youth.

Municipalities and Aboriginal Health Access Centers are eligible to apply for up to 1.5 million dollars for a period of four years to fund the challenge. The ministry will further support this by providing the central coordinator role and will provide timed social marketing themes related to **physical activity, healthy eating and adequate sleep**. Thirty (30) communities will be selected based on community need, delivery capacity, and multisectoral partnerships.

Using the multisectoral partnership approach, Algoma Public Health (APH) has led the process for 2 municipal applications, one for the municipality of Sault Ste. Marie and a “joint” application from Johnson and Thessalon municipalities. Public health, education, recreation, nongovernmental organizations and local businesses unique to the communities, have endorsed the applications.

The focus of this challenge aligns to the public health mandate and as a result of this alignment; APH will anticipate an impact on human resource allocation, if the application(s) are successful. Our experience and knowledge related to program, policy and partnership development will be an asset to the challenge. A project manager position is expected to be allocated in the funding.

It is anticipated that APH will employ the project manager. Success in acquiring the funding and partner in kind support will determine our involvement this project.  
Applications will be submitted on March 14, 2014.

### **SEXUAL HEALTH UPDATE**

#### ***Teen Pregnancy Prevention Initiative (APH)***

From 2008-2011 the Algoma region ranked 5<sup>th</sup> highest for teen birth rates. In 2011, 21.1 teens (per thousand) in Algoma gave birth compared 10.3 teens (per thousand) in Ontario. Teen pregnancy and child bearing have substantial social, health and economic impacts. The reality is that many teens that get pregnant already live below the poverty line and pregnancy will make it very difficult for them to break the cycle of poverty. Reducing teen pregnancy rates has been called, by the Centre for Disease Control, a “winnable” public health battle. An internal APH working group was formed and is working on raising awareness in our community regarding this issue. This group is meeting with key stakeholders with the intent of developing a comprehensive 5-year community plan. APH is hoping to adapt a highly successful teen pregnancy initiative developed in Milwaukee, Wisconsin. This initiative resulted in a reduction of teen pregnancy rates by 50 % in 7 years, 3 years earlier than planned.

The future is compromised for most teenaged mothers. Many will face poverty; ill health; abuse; unprotected sex, which carries the risk of contracting a STI or HIV; frequent pregnancies; and an end to education. There are comparatively few positive life options for teenaged mothers. Their children are more likely than those of older mothers to be malnourished and have developmental problems.

Preventing unwanted teenaged pregnancy and investing in girls’ education, health, and livelihoods, means:

- Promoting young women’s human rights and rectifying pervasive gender inequalities;
- Supporting adolescent girls to grow up happy, healthy, and empowered;
- Saving lives – decreasing unnecessary maternal, infant, and child mortality and illness;
- Ensuring more babies will be born to mothers who are better prepared to care and provide for them;
- Improving the economic potential of families – breaking the cycle of intergenerational poverty; and
- Producing positive ripple effects for communities and societies, including improved productivity, reduced expenditures, and economic growth.

Source: (UNFPA, 2007a, p. 12)

## **COMMUNICATIONS SPECIALIST UPDATE**

**The APH Youth Engagement Theatre** has two productions presently in rehearsal. This spring, *Rehearsing for Life* will be re-mounted and performed for every second semester Grade 9 Health and Physical Education class both locally and across the district from April 7th to 17th. Also debuting this spring is the latest version of the Grade 4/Grade 5 presentation which will run every Tuesday and Friday from April 25th through to May 30th for local elementary schools, while the district tour hits the road June 3rd, 6th and 10th.

**“Freggie” and APH’s nutrition messages** will be distributed in an exciting new health promotion package to all Algoma English elementary schools in the coming weeks with a French language version in development that will quickly follow. For its efforts, APH has been rewarded with a nomination for the prestigious “Fresh Health Award” by the Canadian Produce Marketing Association.

**Mental Health and Seasonal Affect** were the focus of an edutainment initiative developed for an APH-CMH client luncheon promoting a holistic approach and offering practical strategies for dealing with the mid-winter blues, which can have a greater impact on those already vulnerable. This event was well attended and client feedback regarding the strategies they learned was excellent.

**Environmental Health and Rabies** just received the green light to develop an interactive presentation targeting elementary school-aged children around animal safety and rabies education for introduction in the schools in the fall of 2014.

## **VACCINE PREVENTABLE DISEASES**

### ***Immunization of School Pupils Act***

Effective July 1, 2014, the schedule of required immunization under the Immunization of School Pupils Act (ISPA) will be updated to align with Ontario’s current publicly-funded immunization schedule. The updates include:

1. The number of doses and intervals for vaccines against tetanus, diphtheria, poliomyelitis, measles, mumps, and rubella are updated to reflect current clinical guidelines and recommendations as per the provincial schedule.
2. In addition, meningococcal disease (meningitis), pertussis (whooping cough), and varicella (chicken pox) are added as designated diseases requiring proof of immunization for school attendance (unless a valid statement of exemption is provided to the medical officer of health).

The Ministry of Health and Long-Term Care and the Ministry of Education have developed a working group to develop a communication strategy for parents of school aged children regarding the updated immunization requirements. Parents will be required to provide immunization records according to the new schedule for the 2014/15 school year

The goal is that these changes will provide increased protection and a healthier school environment by decreasing the risk of vaccine preventable diseases



## 2. PARTNERSHIPS

This month, in collaboration with the Cities of SSM, Johnson and Thessalon, APH hosted a number of meetings to complete the Healthy Kids Challenge Campaign application as described earlier in the report. There was unprecedented participation by CEOs and staff on a weekly basis. The cooperation of multiple stakeholders and commitment to the joint implementation of the project (if the applications are successful) is a terrific example of the types of initiatives that APH can champion to contribute to the development of healthier communities. The CEOs from the organizations look forward to identifying other projects that will bring together a number of potential players. The following organizations were present in the development of the Healthy Kids Challenge Campaign: Sault Area Hospital, Municipalities, Sault Area Police Services, Algoma Family Services, Sault College, all School Boards, Children's Aid Society, Innovation Center, private sector representation, YMCA, North Shore Tribal Council, John Howard Society and Children's Rehabilitation Center Algoma.

## 3. POLICY

A number of internal policies continue to be developed to address administrative procedures at APH. The travel and expense policies will be presented to the Board this month and the Whistle Blowing policy was distributed to all staff. Other policies will be presented at next month's meeting to address recommendations made by the Ministry of Finance.

## NEXT STEPS

Next month we will continue to focus on strategic planning which will include the Board and external stakeholders. We will also be hosting the NE LHIN SSM Health Links meeting which will include SAH, Group Health, Dr. Allan McLean, the Innovation Center and Community Care Access Center with a goal of identifying who the top 5% users of the Emergency Room are and how we can support the health care system to better address the health care needs and prevent unnecessary ER visits.

This month we also begin the renovation of a classroom at the Willow Avenue site to accommodate the move of our immunization and travel clinic staff from the Cambrian Mall.

Respectfully submitted,

Dr Kim Barker, MD CCPF MPH FRCPC