

# MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER BOARD REPORT APRIL 2014

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#### TRANSITIONAL TIME AT APH

The strategic planning initiative at APH has provided the agency with a historical level of both internal and external stakeholder engagement. This past month, a competition was held that invited all APH staff from across the district to submit a logo or tag line that could be used as our strategic planning theme. We received over 60 submissions, short listed it down to four and have invited the staff to vote on the final four. The results will be announced at this month's board meeting. This level of staff engagement is a true reflection on the staff's dedication to the organization and its potential future.

Invitations to our external stakeholders to also participate have received a great deal of attention with partner organizations anxious to contribute to shaping the future of public health in our community. Susan Snelling will have completed all of her external and internal consultation by the end of May and we will look forward to a summary report of her findings. This will mark the completion of stage one of three for our strategic planning initiative and enable us to enter into the development of the plan over the summer months.

#### 1. RISK MANAGEMENT

# <u>Measles</u>

#### **Background**

The measles virus spreads easily from person to person and characteristic symptoms include fever and a red, blotchy rash that begins on the face and spreads down the body. Measles is a highly contagious disease and can be very serious, with complications including ear infections and pneumonia, and in rarer cases encephalitis and death. It still kills 122 000 children worldwide every year (2012 stats).

The best protection against measles is vaccination with two doses of measles-containing vaccine. In Ontario, one dose of Measles, Mumps and Rubella (MMR) vaccine is given after the first birthday, with a second dose given between 4-6 years-of-age.

# **Comments**

In Canada, measles is largely controlled by vaccination. However, with travel and declining vaccine coverage, it is beginning to re-emerge in Ontario and particularly British Columbia. Algoma's last case was in 1995 and our current coverage rate is 89.45%. We are planning a mid-April launch of a measles catch-up campaign to offer parents an opportunity to fully protect their children.

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#### **Financial Implications**

There will be a moderate amount of hours of lieutime to accommodate the extra clinics.

#### **Staffing Implications**

APH may draw on nursing complement in other programs to help offer the clinics.

#### Conclusion

With vaccine preventable diseases such as measles appearing in Ontario, it is important that Algoma Public Health be involved in working with vaccine delivery agents such as local physicians, engage in health promotion messaging in the media, and offer clinics to protect vulnerable residents of our region.

# Rabies

#### Rabies Investigation Program - CFIA Specimen Testing Service Discontinued

As of April 1, 2014, the Canadian Food Inspection Agency (CFIA) has discontinued their rabies specimen collection, submission and testing service. Previously, CFIA had provided laboratory-testing services for the presence of the rabies virus in animal specimens submitted by health units across the province. The testing procedure is often used in rabies investigation to determine the presence of the rabies virus and whether post exposure prophylaxis (PEP) is required. Due to funding cuts, CFIA will no longer provide this service and health units will be required to develop their own solutions.

The Ontario Ministry of Health and Long-Term Care have been in discussions with various government agencies and potential stakeholders to develop a long-term solution. Many options have been proposed but it is uncertain at this time whether they are applicable for our health unit.

#### Comments

As an interim measure, health units have been advised to administer PEP in high-risk situations. Our inventory of rabies vaccine is well stocked and we have an adequate supply to address any concern throughout the District.

#### **Financial Implications**

As we will likely have a lower threshold for the administration of vaccine in the absence of animal testing, there is likelihood that we will utilize more vaccine.

#### **Staffing Implications**

None.

#### 2. PROGRAM HIGHLIGHTS

#### FAMILY HEALTH UPDATE

#### Triple P: A Positive Parenting Program

The Triple P – Positive Parenting Program® (Triple P) is a system of evidence-based education and support for parents and caregivers of children and adolescents (from birth to age 16). The system increases parenting skills and parenting confidence, by engaging, encouraging and empowering families to address common child and adolescent social, emotional, and behavioral problems.

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In 2013, a total of 591 individuals contacted the Parent Child Information Line (PCIL) regarding parenting concerns. A total of 272 clients were referred to a Triple P seminar and 107 clients were referred to a Triple P primary session (one-on-one visit with a Triple P practitioner). Appointments for primary care are presently provided by Child Care Algoma Best Start Hub staff and APH Family Health staff.

In Algoma, over 200 professionals are trained to provide this program. Presently there is 20 staff in the Family Health program that is trained to provide seminars and primary care sessions, and 5 staff from Chronic Disease Prevention is trained to provide teen seminars and groups.

Algoma Public Health participates in the Community Implementation, Promotions, and Measurement Committees. District work groups also meet regularly to implement Triple P in their area. Public Health Nurses also participate in the Provincial Public Health Network. Algoma Public Health is one of the 14 partners that are committed to this collaborative community approach, with Algoma Family Services leading the process and our journey. The Sault Ste. Marie Innovation Centre has also committed with the development and maintenance of the Ontario Triple P database.

Families in Algoma can register online at <a href="www.triplepalgoma.ca">www.triplepalgoma.ca</a> or by calling the Parent Child Information Line (PCIL).

# **CHRONIC DISEASE PREVENTION**

### Freggie

#### APH's work with Freggie wins CPMA's Fresh Health Award 2014

The Canadian Produce Marketing Association (CPMA) presents various awards annually at their Convention and Trade Show. The Fresh Health Award is a prestigious national award "presented to a company that has demonstrated a commitment to and involvement with the Fruits and Veggies - Mix it up!™ program, and its Freggie™ Children's Program, to increase the consumption of produce for overall better health." Algoma Public Health was recently notified that we will be this year's recipient of the Fresh Health Award for the work being done with Freggie™ throughout the Algoma district.

New research is showing that meaningful mascots such as Freggie<sup>™</sup> have the power to influence consumers long after childhood, as the relationship developed between a child and a character stays with them and continues to unconsciously affect their feelings about a product's healthfulness. Children's eating habits are an important influence on their health now, and in the future. Habits and attitudes developed early in life can last a lifetime.

#### **VOLUNTEER SERVICES UPDATE**

Algoma Public Health believes that volunteers make an important contribution to the delivery of its programs and services and is committed to providing opportunities for volunteers to learn and serve the community. APH have over 50 registered volunteers that commit to a number of APH programs. Volunteers have dedicated their time to assisting in immunization and flu clinics, community health fairs, community closets, community kitchens, and packaging resources and these are just a few areas where volunteers have made an impact on the delivery of our programs and services. National Volunteer week is April 6-12, 2014 and Algoma Public Health will recognize the outstanding dedication and contribution of our volunteers throughout the week.

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### 3. PARTNERSHIPS

# **BOARDS OF EDUCATION**

Our biannual meeting with the Directors of the four Boards of Education this past month led to a decision for us to focus less on the development of health curriculum for the Boards of Education and a call for enhanced support for programming outside of the traditional 9-3 pm school day. This is in keeping with the strategic focus of the school boards to promote wellness in their children, which will require healthy lifestyles outside of the school day. Next steps includes the meeting of key staff to identify potential activities that might include parents, caregivers and other key stakeholders in the contribution of wellbeing among children and youth.

### **HEALTH CARE**

Both Executive teams of the Sault Area Hospital and Algoma Public Health met for a two-hour working group session where opportunities for joint initiatives in the area of program evaluation, staff development and joint procurement were discussed. The group will meet quarterly to review progress against activities identified. During the last week of April, a visit to Wawa will provide a similar opportunity.

Two presentations at Grand Rounds for Group Health Center have been provided this past month to physicians – one on Lyme disease and another on treatment and diagnosis of gonorrhea. These sessions were well attended.

### **POST SECONDARY TRAINING**

Two meetings with the University of Algoma have led to early discussions around increased student placement opportunities in both administrative, IT and clinical settings. The University is interested in supporting research priorities of mutual interest and follow up meetings have been set.

Sault College would like to explore additional non-teaching partnership opportunities that will be discussed at the next board meeting.

# **LOCAL HEALTH INTEGRATION NETWORK**

The North East Local Health Integration Network are very supportive of the proposed leadership of APH in developing a Health Links between primary care providers, the hospital and other health care agencies in Algoma. A readiness assessment proposal has been submitted.

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The Change Foundation of the LHIN have asked us to host a meeting of 70 think tank members on May 7<sup>th</sup> to discuss the future of innovation in health care systems. APH will also speak at the meeting as well as participate.

### **MUNICIPAL**

APH has reached out to CEOs of key community organizations in Algoma, including CAS, Algoma Family Services, SSM Social Services, First Nations organizations, School Boards and local Police Services to participate in a facilitated meeting at APH for community leaders to discuss one or more activities that could be jointly worked on by agencies with very similar mandates with respect to community development. The response has been overwhelming and the meeting will be planned for next month.

## **NEXT STEPS**

In anticipation of the melting of the snow, we look forward to supporting communities in preventing flooding, mosquito breeding pools and sunburn! We also look forward to our progress with our strategic plan, new community partnership initiatives and the welcoming of new staff to APH.

Respectfully submitted,

Dr Kim Barker, MD CCPF MPH FRCPC