



Algoma
PUBLIC HEALTH
Santé publique Algoma

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

Prepared by Dr. Kimberley Barker MD CCFP MPH FRCPC

Table of Contents

Celebrating our Success!	Page 3
Risk Management	Page 4-8
Program Highlights	Page 8-10
Partnerships	Page 10-12
Next Steps	Page 12

Celebrating our Successes!

With this being the last Board meeting of the year, and with so much to celebrate, I wanted to take the opportunity to highlight some of our more recent agency wide successes.

We have hosted a number of events at APH with our partners including; one full day with Public Health Ontario and fifteen of our staff to work on our Emergency Plan; two days with Public Health Ontario with fifty of our staff enhancing their skills in health promotion; and a third Public Health Ontario event where we hosted more than 25 Long Term Care and Retirement Home staff to attend a full day of infection prevention and control seminars.

Families within the District of Algoma received some good news that will help to continue to support those with limited resource or extensive medical needs for their child. Algoma Public Health's *Soo Sings* team nominated The Infant and Child Development Program (ICDP) as their charity of choice for a recent citywide competition. A donation of \$2,500.00 was received for the ICDP donation account. The donation account is used to support extra costs associated with providing medical care for infants and children who have or are at risk of developmental delays. This generous donation will also help to ensure that APH can continue to host their annual Christmas party for families and children.

Neighbourhood Resource Centre

In partnership with multiple agencies, the Gore Street Neighborhood Resource Centre opened its doors in May. Algoma Public Health is part of this unique project led by the Sault Ste. Marie Police. This opportunity allows APH to work with agencies who are striving to make an impact on the neighborhood and individuals in this area. As a starting point APH Staff will be working from this location one day a week, assessing the opportunities for client engagement and potential service delivery. This partnership has great potential for advancing new partner relationships and connecting with clients.

Freggie visits the Mill square:

Our very own mascot "Freggie" was at the grand opening of the Mill Square Farmers Market. He has been invited back for repeat appearances. This invite has also been extending to all programs in the agency. This will be a great location to showcase our programs to the community.

Shores of Superior Community Challenge:

To encourage "10, 000 steps", the community of Wawa was successful in getting over **400** residents out to participate in a "virtual" walk- run around Lake Superior. This event was planned in partnership with Superior Children's Centre, Wawa Family Health Team and the Michipicoten Memorial Community Centre.

In the past there have been times it was difficult to recruit in the district, in particular Wawa and area. Recently we had two vacancies for PHNs for the Wawa office. We were successful in recruiting candidates to fill both positions. One of the new employees had completed one of her nursing placement at APH and moved from East Algoma to Wawa for this position. So exciting to see that we are an employer of choice.

2. Risk Management

COMMUNICABLE DISEASE CONTROL

MERS-CoV

Notice

The Middle East Respiratory Syndrome Coronavirus (MERS –CoV) is now of significant concern given the amount of travellers in the province of Ontario. This virus is being closely monitored by all levels of government and screening and response protocols are being shared in the event that our region receives a case.

Summary

As of May 22, 2014, 636 laboratory-confirmed cases of infection have officially been reported to WHO, mainly from the Arabian peninsula with 193 deaths. Cases have been detected in 17 countries to date through travel from affected areas. Secondary transmission has been proven in hospital settings in particular. The illness usually presents as a severe acute respiratory infection associated with renal failure.

Comments

The Provincial Infectious Disease Advisory Committee with Public Health Ontario have published an excellent guideline that we have shared with our district health care interagency group. These guidelines help to align with current recommendations to screen for and test all persons who present with Acute Respiratory Illness and an exposure history, rather than only those with evidence of lower respiratory (e.g. pneumonia) involvement. This is based on evidence of confirmed MERS-CoV in individuals, primarily health care workers, who may present with less serious symptoms.

Financial implications

None

Staffing implications

Minimal. APH Infection control staff are meeting with hospital IPAC teams and sharing information and guidelines such as the PIDAC document to prepare for any unknown respiratory pathogen including MERS-CoV.

COMMUNITY ALCOHOL AND DRUG ASSESSMENT PROGRAM

Needle Syringe Program (NSP)

The Ontario Harm Reduction Distribution Program (OHRDP) with the support from the AIDS & Hepatitis C Programs at the Ministry of Health and Long Term Care are expanding programming by offering provincially funded safe smoking supplies to all 36 Needle Syringe Programs (also known as Needle Exchange Programs) starting July 2014.

Background

Smoking crack cocaine is increasing in popularity because of its low cost and intense high and is a public health issue. Distribution of safer smoking supplies has health, economic and social benefits at an individual and population level. The current landscape of services provided at the provincially funded NSP only provide supplies to those people who inject drugs, restricting access to appropriate, safe supplies, health and social services for people who smoke crack cocaine. In a 2013 survey by OHRDP, of the 36 core NSPs in the province 88% of respondents saw a need to distribute safer smoking supplies and 36.4% were already distributing safer smoking supplies.

The distribution of safer smoking supplies help to decrease the transmission of HIV, HCV, tuberculosis transmission, pneumonia and injury among people who smoke crack cocaine. When safe smoking products are limited or unavailable, people will use harmful makeshift equipment that cause injury and leads to people sharing supplies which may lead to infection. These health risks combined with the risk of sharing contaminated supplies and using unsafe supplies, results in a high prevalence rate of transferring blood on equipment increasing the risk of contracting HIV and Hep C.

Providing safe smoking supplies will lead to an increase in the frequency of using clean supplies, reduce injuries and rate of infectious disease and reduced risk of engaging in other high risk behaviours (trading supplies for sex). Providing these supplies at the NSP also helps to reduce the stigma attached to substance use, provides education on use of products, safe drug use counselling, risks of sharing, other health issues, and engages individuals in the stages of change. Service providers currently offering these supplies found a decrease in the number of supplies shared and associated injury from makeshift equipment.

Program Financial Implications

The supplies are provided for free at no cost for supply or delivery.

Program Expansion Considerations

Algoma Public Health's NSP staff will be provided education and training on the expansion of safe smoking supplies. Best Practice recommendations for the disposal of safe smoking supplies will be implemented. Ordering supplies will be part of the updated order form from the OHRDP as of July 2013. Current NSP policy will be updated to reflect the expansion of supplies.

A plan will be developed to provide community stakeholders in Sault Ste. Marie and Wawa with information and education of the risks and harms associated with smoking crack cocaine along with the risks and benefits of providing safe smoking supplies. Our new partnership with the Gore St. Resource Centre will be a positive support in engaging law enforcement with this program expansion.

Staffing Considerations

None.

ENVIRONMENT HEALTH

Vectorborne Diseases Program: Lyme Disease Active Surveillance

Background

Lyme Disease passive surveillance has been occurring in Algoma for many years (public complaints/samples). Last year there was a slight increase in passive public tick submissions and some of the ticks sampled were capable of transferring *Borrellia burgdorferi*. No ticks have tested positive to date in Algoma. This year we started active tick surveillance for the first time to set a baseline of location and/or presence of ticks.

Comments

Active tick surveillance was initiated in the Algoma district during the first week of June, 2014. The locations of the tick dragging were determined by the high traffic pedestrian trails in the areas of the district that are on the tree line, and are in the wooded area. Active surveillance is conducted in the early mornings by dragging a 1m sheet of diaper cloth over the ground to collect the ticks. Ticks are collected and tested to determine whether or not they are the species that can carry *Borrellia burgdorferi*, the bacteria causing Lyme disease. Ticks identified as having the potential to cause Lyme will be sent to the National Microbiology Lab to test for *Borrellia burgdorferi*. The active tick surveillance program will enhance our knowledge of types of ticks in the Algoma district to better assess risk to the public and ensure accurate health promotion messaging.

Financial Implications/ Staffing Implications

The tick surveillance will be funded with the existing Vectorborne program. The only costs are for the Public Health Inspectors (PHI) students' (time, mileage), PHI time and the costs for the testing of the ticks. PHIs oversee the students in the program during the spring surveillance; the fall surveillance would be done by PHI.

Considerations

The property owners of the designated dragging locations were consulted and permissions were granted for access to these lands. Future health promotion community campaigns are being planned without identifying specific properties.

VACCINE PREVENTABLE DISEASES

Measles

Notice

Despite measles elimination, Canada has experienced ongoing measles activity in 2014, with importations occurring in many provinces and territories. Globally there has been substantial measles activity reported in Europe, Africa and Asia.

Summary

Measles is eliminated in Canada; therefore, one case is unexpected. However, travel-related cases still occur. Symptoms of measles include fever, coryza (cold symptoms), cough, drowsiness, irritability and conjunctivitis. Then, 3 – 7 days after the start of the symptoms, a maculopapular rash appears on the

face and then progresses down the body. Measles can be a serious illness requiring hospitalization. As many as 1 out of every 20 children with measles gets pneumonia, and about 1 child in every 1,000 who get measles will develop encephalitis.

Comments

Measles is more difficult to recognize at the health care provider level due to its rare presence so APH is working with Public Health Ontario to help guide the appropriate clinical response when suspecting a case (see attached memo). APH is also promoting immunizations with the wider public and with the help of Group Health Centre to ensure those at risk are adequately protected through immunization.

Financial implications

Minimal with a few hours of extra time for the clinic provision.

Staffing implications

Some extra clinics have been offered so far in Algoma, and some extra work in communication and working with our community physicians and emergency rooms to increase knowledge of this once common disease.

ORAL HEALTH SERVICES INTEGRATION

Recommendation

For information only.

Summary

The Integration of Oral Health Services plan is to integrate six programs, social programs and Public Health programs, into one program that would decrease the patchwork of services for clients.

Social Programs:

- 1) Ontario Works (OW),
- 2) Ontario Disability Support Program (ODSP)
- 3) Assistance for Children with Severe Disabilities Program

Public Health Programs:

- 1) HSO (Healthy Smiles Ontario),
- 2) CINOT (Children in Need of Treatment) and
- 3) Preventative Oral health Services Protocol

Currently these services each have different eligibility criteria, claim benefits and schedules, as well as different ministries.

Background

http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.aspx

From Dr. Arlene King's report it is suggested that the existing system be reviewed to determine if the integration will improve effectiveness, efficiency and reach the program needs. It is also noted that the

integration of primary dental and medical care can improve patient care, avoid discrepancies in patient information and reduce the need for secondary referrals.

Risk

At this time APH has a relationship with Dr. Wiebe, our Dental Consultant, and with our support he will authorize treatment that was not preauthorized by the dentist because the child requires it. We are concerned with a central location for claims that the individual support for a client may be overlooked. Also, if a claims form is expired and was not noticed prior to the claim being submitted APH will extend the claim so the treatment can be received and we will obtain a form as soon as we can and again we are concerned that the individual client will be forgotten with a centralized claim processing system. We also have to follow the rules of the fee guide which states the fee must be submitted within six months of treatment but because we want to make sure the dentists continue to see our clients if there is an open claim we will ensure they get paid even if it is outside the six month time frame and with a centralized process if the local dentist does not follow the rules and does not get paid we may lose their service to our clients.

Financial Implications

None

Staffing Implications

Potential impact on staffing with regard to staffs role in entering claims and the time required to do so.

3. PROGRAM HIGHLIGHTS

ENVIRONMENTAL HEALTH, INFECTION CONTROL AND EMERGENCY PLANNING UPDATE

Environmental Health Public Health Inspectors (PHIs) conducted many conferences, courses and workshops during the month of May. Training partners to be successful and comply with legislation encourages success for all in Algoma. The following list highlights some of the recent training that was provided:

1. Food handler/ food safety training was offered in May and to date **396** residents of Algoma food handlers have been certified. In 2013 we certified **460**. Every year the number of trained food handlers in Algoma almost doubles.
2. Rural and Ready international conference on emergency planning and preparedness was a great success with partnering with Michigan State and Chippewa County Health Department and Public Health Ontario.
3. Emergency Planning (Incident Management System for Public Health) Training session with Public Health Ontario for the Environmental Health staff and managers. This training will help support the edits and upgrades needed on the APH Emergency Plan and Continuity of Operations Plan. Other partners such as Chippewa County Health Department and the City of Sault Ste. Marie Emergency Planner attended to help for knowledge exchange.
4. Infection Prevention and Control workshop was held in partnership with PHO to facilitate work with our partners in the Long Term Care Homes and Retirement Homes in the District and facilitate dialogue and information exchange on Infection Control and Infectious Diseases.

5. Public Pool and Spa Operator course for all the public pool operators in the district of Algoma was provided to ensure understanding of the requirements to maintain a health and safe environment for the public in spas and pools.
6. Ontario Building Code Workshop on the changes to the code with respect to Part VIII (septic systems) was provided to all the contractors in Algoma to ensure they are updated and properly protecting the environment and water table with adhering to the new legislation.

Training and facilitating knowledge exchange with our partners/clients improves the health and safety in Algoma. Retailers/pool operators/long term care home staff and contractors can better understand the legislations and requirements which assists them with compliance. Public health inspections can occur with educated operators and supporting better partnerships.

CHRONIC DISEASE PREVENTION UPDATE

World No Tobacco Day-Honouring Compliant Retailers

Algoma Public Health recognized the week of World No Tobacco Day with a press conference on Friday May 30 at 10:30 am.

The focus of the event honored 13 convenience store retailers from across the district of Algoma for their 10 years of compliance to the Smoke-Free Ontario Act. These retailers have demonstrated no sale of tobacco to youth under 19 years of age during Public Health tobacco enforcement test shopper compliance checks. Each will received a plaque recognizing their commitment to tobacco use prevention to young people in our communities.

The Smoke Free Ontario Act states “no person shall sell or supply tobacco to a person who is less than 19 years old.” Since the Act was implement and replaced the Tobacco Control Act we have been conducting testing shopping in Algoma to ensure compliance. Twice a year the Tobacco Enforcement Officers take young people (under 19 years old) with them to attempt to purchase tobacco products from tobacco vendors. If the vendor sells the youth the product the TEO will then go into the store and educate and/or ticket the vendor for non-compliance to the Act. The 13 Convenience store owners are being celebrated this year for the first time to recognize 10 years of compliance.

Algoma Public Health strives to work with our clients/tobacco vendors to reduce access of tobacco to our youth. Compliance checks for proper display ban, signage and not selling to youth under 19 years old has been a strategy for decades. We hope these provincial mandates will denormalize tobacco and reduce access to our youth. We rely on the diligence of our partners the tobacco vendors to ensure the Act is followed. Our education strategy is our first line of ensuring compliance and our vendor checks confirm adherence to the Act.

We wanted to acknowledge the efforts made by these 13 operators across the District of Algoma to train their staff and consistently ensure to not sell tobacco to our youth.

ORAL HEALTH UPDATE

First Visit by First Birthday Campaign

April is Oral Health Month. The Oral Health Services Program in partnership with the Sault Ste. Marie Dental Society launched a campaign entitled “1st Dental Visit by 1st Birthday”. It was determined from our Caries Free in Algoma Indicator Report that 42% of JK/SK students have a history of, or current cavities. Health Canada, the Canadian Dental Association and the Canadian Pediatric Society recommend children be seen by a dental professional, six months after the eruption of their first tooth or by the time they are 12 months of age. It is crucial to increase our efforts in advising parents that early childhood tooth decay is preventable through early assessment and education.

On April 3rd the “1st Dental Visit by 1st Birthday” campaign started. Dr. Barker and Dr. Joanna Lamberts from the Sault Ste. Marie Dental Society were on hand to present to the media as well as APH Dental Hygienist Natalie Carrier. The launch coincided with Oral Health Month and was shown on MCTV news.

For this campaign the Oral Health program developed a pamphlet and it is being well received by the dentists in the community as we are continuing to receive requests from dentists for copies. Dr. Lambert developed a pamphlet entitled Bright Smiles and these pamphlets support the campaign and both have been used throughout the community.

In addition to the campaign launch, the Oral Health program along with the dentists from the Dental Society attended at a mall display on April 11th and 12th. The mall display was well received as we had about 73 families entered in a draw and we gave out 150 child floss packs for children aged 2 to 10.

As well, bus ads were developed with the “1st Dental Visit by 1st Birthday” information and they are on the inside of the buses starting the third week of April for three months.

The first joint venture with the Sault Ste. Marie Dental Society was a success and there is hope that more campaigns will happen in the future.

4. PARTNERSHIPS

NORTHERN ONTARIO SCHOOL OF MEDICINE

This s past month we had a second year Family Medicine resident with us at APH who will be joining the Group Health Center after she completes her exams in October. Having her rotate and spend time with APH staff was not only a great opportunity for one of APH’s future health care providers to get to know us but also for APH staff to be able to demonstrate the great work that they do. In June we will have two more students and in July another resident.

ABORIGINAL PARTNERS

During our time at the alPha conference, one half day was dedicated to Aboriginal Partnerships where our work with the North Shore Tribal Council was highlighted and commitments for next steps, that include urban Aboriginal inclusion was proposed.

MUNICIPAL

The City of SSM has permitted our staff to begin a project along the Hub Trail to search for ticks that may be infected with the bacteria responsible for Lyme disease. We are also working with Elliot Lake and St Joseph's Island to do a similar project.

PROVINCIAL

With the Province in "caretaker" mode, many of our key activities have been put on hold, including the Healthy Kids initiative and much of the work we were doing in terms of mental health promotion. We have remained in frequent contact with both the Ministry of Health and Long Term Care to report on the progress we are making against the recommendations they and the Ministry of Finance provided as well as with the Ministry of Children and Youth Services with respect to our concern around the lack of funding for our Speech and Language Programs in particular.

FEDERAL

As a member of one of the Public Health Agency of Canada's Collaboration Center Advisory Boards, I spent two days in Ottawa where the direction of the federal government with respect to public health and the particulate interest in supporting healthy living priorities were highlighted. We will be applying for a research grant through the Public Health Agency to support the development of a chronic disease surveillance tool, unique to the North.

LHINs

We are extremely fortunate to have an excellent relationship with our North East Local Health Integration Network where we participate on the Geriatric Network Council as well as regular meetings with the NELHIN CEO Louise Paquette to discuss relevant issues to APH such as the Health Links, access to primary care and mental health and addictions services. This month was no exception.

GHC

There have been some recent challenges at GHC which culminated in the decision by the APH executive team to withdraw from the arrangement that we had announced earlier this year that included the moving of seven of their physicians into our premise. Whilst the original principles of the Affiliation Agreement remain, GHC is undergoing leadership changes, which will require us to pause on immediate activities and reevaluate next steps.

SAH and Lady Dunn Health Centre

We have a number of joint initiatives underway with SAH, including the sharing of data elements key to both of our institutes, joint training of our senior management where our HR Director participated in leadership training initiatives with SAH and we will be joining them for a two day leadership training on the 19 and 20 of June. We have also begun expanding our surveillance of mum's in need of methadone through this initiative. A similar arrangement is underway with the Lady Dunn Health Centre in Wawa.

Superior Family Health Team

The Superior Family Health Team has recently been awarded funding by the LHIN to look at the provision of care to complex patients that include multiple diagnoses. APH has been invited to participate in the evaluation and data analysis of the project.

NEXT STEPS

This summer we will focus on the final stages of Strategic planning as well as the development of program plans for 2015. As the successful recipient of the Health Links funding we will be issuing an RFP to develop a business case for the next steps in this exciting opportunity. Now that we have an epidemiologist on board, we are undertaking a number of innovative research projects, which will need preliminary work over the summer. We look forward to putting much of our past years learning into practice during the coming months.

Respectfully submitted,

Dr Kim Barker, MD CCFP MPH FRCPC