



Algoma

PUBLIC HEALTH

Santé publique Algoma

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

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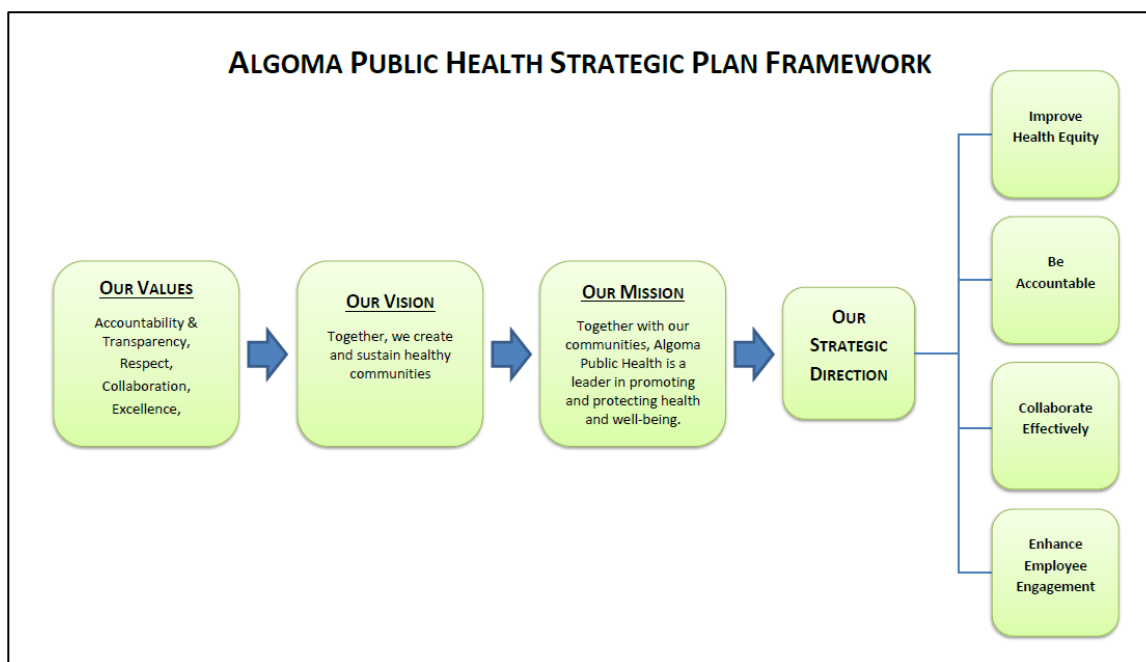
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Summer Summary of Events at APH

It has been nearly three months since we last met as a Board of Health and there have been many exciting achievements at Algoma Public Health that deserve mention.

The important work of our Strategic Plan continued and expanded. We invited staff to volunteer to become members of strategic direction working groups. Nearly forty staff volunteered to participate in each of the Board endorsed strategic directions (Enhance Employee Engagement, Be Accountable, Collaborate Effectively and Improve Health Equity). The groups met at several times over the summer and have come up with activities that they would like to see as part of the five-year strategic plan. These will be presented in a high level at the Board of Health (BOH) meeting on September 17th as they continue to be a work in progress. We are currently working towards an October 20, 2014 launch date for the final, Board approved, APH 2015-2019 Strategic Plan.



Our close working and reporting relationship to both the Ministries of Health and Finance have continued over the summer as we continue to provide both Ministries with monthly reporting against our expected implementation of recommendations by the end of 2014. Both Ministries are impressed with the work that we have undertaken and have asked us to pilot a course this fall for risk identical and management on the part of public health unit managers and directors. The date has been set for October 30th for this half day event that will be in-person with Ministry of Finance staff leading us through the module.

Although we continue to prioritize our responsibilities to our funders, we are very aware of our most important accountability – that being to the communities we serve. We have spent much of the summer focused on two main reports to Algoma citizens. The first one is on the delivery of equitable programs to our community that will be presented to you at our BOH meeting next week, and a cancer report (see last page of this report). In response to media requests, we launched a preliminary and very

short version of the larger cancer report that will be launched this fall. We have applied for a grant that would enable us to more effectively support tobacco cessation in our District and we will hear on September 26th, if we have been successful. The intent is to launch our full report together with our plans to address the use of tobacco at this time.

We are extremely grateful for the incredible staff that we have at APH across the District and continue to strive to celebrate their achievements, which I hope you will see throughout this report.

1. RISK MANAGEMENT

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Vaccine Preventable Diseases, Requirement #3 and 6

This report addresses the following Strategic Directions: Be Accountable

| | |
|------------------------|--|
| Risk | <ul style="list-style-type: none">• For APH, the risk of not providing information to parents regarding all options for flu vaccination and access includes: lack of transparency and parents claiming they were not fully informed in order to make decisions regarding which flu vaccine to access.• On the flipside, promoting a vaccine that is not free may be seen as inequitable service provision. |
| Recommendations | <ul style="list-style-type: none">• APH VPD staff to provide information to families with children < 6 years of age regarding the availability of FluMist in order to ensure informed decision making and consent.• Those who are requesting or considering FluMist will be directed to their primary care practitioners for prescriptions and administration. |
| Key Points | <ul style="list-style-type: none">• FluMist (Influenza vaccine, Live, Attenuated and Intranasal Spray) is a needle-free flu vaccine which is administered as a mist through the nose. This is not a publicly funded vaccine.• The National Advisory Committee on Immunization (NACI) recommends FluMist as the preferential flu vaccine for children < 6 years of age.• At the provincial level, the MOHLTC continues to discuss how best to inform parents of the NACI recommendations as well as whether or not this statement should be included in medical directives, screening tools, or fact sheets in order to provide parents with information to make informed decisions and provide informed consent.• PHUs will not receive FluMist as publicly funded vaccine.• FluMist is available for purchase from Algoma District pharmacies and the estimated cost per dosage is approximately \$22.00 and during the 2013-14 Flu season the supply of FluMist was limited |
| Analysis | <ul style="list-style-type: none">• APH values transparency and as such it is important for APH to consider and provide accurate information to parents regarding all flu vaccines in order to provide full disclosure which enables parents to make informed decisions regarding their child's health care. |

| | |
|-------------------------------|--|
| Action | <ul style="list-style-type: none">• APH VPD staff will provide information to families with children < 6 years of age regarding the availability of FluMist in order to ensure informed decision making and consent.• Those who are requesting or considering FluMist will be directed to their primary care practitioners for prescriptions and administration. |
| Financial Implications | None |
| Staffing Implications | None |

2. HR REPORT

In order for employees to enjoy the last month of summer, we offered employees the flexibility to work 8:00-4:00 during the month of August provided there was adequate program coverage. This was well received by the employees and we are exploring the feasibility of extending this option throughout the year.

We are also reviewing our employee orientation program and making recommendations to have a consistent program throughout the agency. We will conduct the same review for our volunteer orientation program in the new year.

Leadership roles and responsibilities were defined and approved with input and assistance from the leadership team. The roles and responsibilities are the foundation for the leadership job descriptions and performance review tool.

Another project we are excited about is to review and recommend a new Employee Performance Review tool which will focus on the employee's strengths, opportunities for improvement and setting measurable goals. This tool would enhance communication between employees and their managers.

During the summer months our volunteers have been a great asset in their continued assistance in our Community Closet, Canadian Prenatal Nutrition Program, packaging supplies, and assisting in community events. They are quite excited to help us in our upcoming flu campaign and assisting in the school immunization and dental screening programs.

Currently we have the following vacancies in Sault Ste. Marie: Two Public Health Inspectors, one Public Health Nurse, one Clerical and one Nurse Practitioner. We have vacant casual clerical position in Wawa.

3. PROGRAM HIGHLIGHTS

ENVIRONMENTAL HEALTH

Drinking Water Program Highlights September 2014

Brown Water complaints in the City of Sault Ste. Marie update

This report addresses the Environmental Health Program Standards (Safe Water, Safe Food and Health Hazard) found at:

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf specifically for Safe Water Protocol subsection Drinking Water found at:

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/drinking_water.pdf

Water safety is our mandate and we work in collaboration and partnership with the Ministry of the Environment (MOE) and all municipal water plant operators including the Sault Ste. Marie Public Utilities Commission (PUC). Algoma Public Health (APH) has been monitoring the quality of the drinking water supply from the PUC and has been involved with the changes implemented in 2008 when the PUC was ordered by the MOE to alter their water chemistry to reduce leaching of lead into the water lines. All recommendations were to meet numerous Ontario Regulations.

The brown water issues noted by many residents (mainly in the east end) have been occurring because of the water chemistry and flow changes. The distribution pipes have a biofilm coating the inside which is now being 'washed out' which causes pieces of iron pipe, biofilm or manganese to discolor the water. PUC switched from chloramine disinfectant to free chlorine residual disinfectant in the distribution system. The MOE approved method is the most widely used drinking water disinfection. Removing the ammonia also changed the water chemistry and allowed the increase in chlorine odour in the water which has also been a complaint by residents. Complaints have been received, responded to and documented by PUC and APH over the years.

The MOE is the legislated regulator of the municipal water system and ensures all mandated bacteriological and chemical parameters are tested and meet the Ontario Drinking Water standards. APH's role is to ensure that the public is protected and that the water is being tested and the quality is being maintained during any changes treatment and process. This summer in the east end of the city there were breaks in the water main that resulted in a drop in the water pressure. One water sample taken at this time suggested the water was not safe for drinking. Therefore, APH issued a boil water advisory that lasted a week. APH continues to monitor the situation and work with the PUC and the MOE to resolve this situation. In addition to the regular monitoring samples we have also requested that the MOE conduct more sampling during the brown water events and we are assisting in acquiring those samples. The PUC is planning to communicate with consumers on a regular basis to update them on future changes. They have requested joint communication with the MOE and APH. We will continue to work with PUC and MOE to ensure water safety.

Environmental Health Program Highlights September 2014 International School of Public and Environmental Health

This report addresses the Environmental Health , Infectious Diseases and Emergency Preparedness Program Standards found at; http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

Algoma Public Health, Lake Superior State University and Sault College are proud to announce that the first International School for the training of Public Health Inspectors was granted approval by the Canadian Institute of Public Health Inspectors (Canada)'s Board of Certification as the 6th School in Canada/ (and the first in the USA). Graduates will be eligible to sit the Board of Certification Exams to be eligible to work in Canada as certified Public Health Inspectors. This will generate a larger pool of candidates for the future vacancies of health inspectors at APH. This school is unique in the country and will allow local northern Ontario students to stay in the north and receive post-secondary university education in Public Health.

At this time we would like to formally invite the Board of Health to attend one or both of the Signing Ceremonies occurring on Sept 24, 2014 at Sault College/APH and on Sept 25, 2014 at Lake Superior State University. The announcement and invitation are attached for your reference.

FAMILY HEALTH UPDATE

School Readiness Summer Camps

Research has shown that children who have practice using appropriate social and communication skills, in addition to being regulated, will have more success entering kindergarten. Summer camps offered by Preschool Speech and Language Services (PSLS) and Infant and Child Development Program (ICDP) provide children with the opportunity to practice using these skills in order to prepare them for their transition to school.

This summer, PSLS and ICDP offered 5 different camps at William Merrifield Public School, Holy Cross Catholic School and Eastview Public School. Camps were offered in west, central and east areas of the city and children were bussed from home or child care.

Children attended for eight days and that amounted to 16 hours of direct therapy. For clinicians with PSLS, that is equivalent to 37 visits a week or 74 therapy hours a week for each of the three clinicians. Seventy children attended our summer camps. Pre- and post-testing allowed for evaluation, parents and clinicians completed the FOCUS (Focus on Outcomes of Communication Under Six).

- *Parents* indicated that 54% of children made significant gains over the course of the two weeks
- *Clinicians* found 83% of children made significant gains over the two weeks

Following the group, parents, teachers and school boards were provided with progress reports and one page profiles for each of the children. This is part of their transition to school plan.

Partnership with local school boards, Children's Rehabilitation Centre Algoma, Waabinong, Garden River Wellness Centre, OEYC Best Start Hubs contributed to ensuring the success and support of this program.

4. PARTNERSHIPS

GROUP HEALTH CENTER AND SUPERIOR FAMILY HEALTH CENTER

The APH executive team have met twice over the summer with the new executive of the GHC and have made tremendous strides in terms of agreements on staffing for our flu clinics, our needle exchange center and enhanced data sharing that will enable APH to focus on a clear understanding of the health status of our citizens in SSM. We have done similar work with equally exciting outcomes with the Superior Family Health Team

SAULT AREA HOSPITAL AND LADY DUNN

We are thrilled to announce that we are now monitoring ER visits in both Wawa and Sault Ste. Marie and have analyzed their data of ER visits since 2013 providing very useful information for us from a prevention component to hospital staffing and program planning.

ABORIGINAL

We have met with the new CEO of North Shore Tribal Council, Chief Angus Toulouse, who is extremely passionate about Public Health. We continue to work with each community health director to establish a needs assessment and potential service provision options.

NORTHERN ONTARIO SCHOOL OF MEDICINE

We had the pleasure of having a second year medical student for the month of July with us and we now have six third year medical students based in Sault Ste. Marie that will be doing an eight month research project with our staff at APH. The projects include childhood obesity, cancer, syndromic surveillance, cold chain and the built environment. We are delighted to be able to have such enthusiastic staff that will expose medical students to public health early in their careers which should encourage them to consider this as a career.

LOCAL HEALTH INTEGRATION NETWORK

Despite the slow release of funding from the Ministry of Health to the LHIN for our Health Links project, we continue to work closely with the LHIN on the development of tools and data sharing agreements for the implementation which we anticipate will be next week. We have also been an active member of the LHIN Geriatric Network to address many issues facing our aging population including the prevention of falls.

MUNICIPAL

In collaboration with the SSM new Chief of Police, APH co presented a new initiative that is being sponsored by the Province to enhance community safety and wellbeing. This will be a pilot project that is also occurring in eight other Ontario municipalities. If the pilot is successful in reducing crime, enhancing safety and wellbeing, then we would approach other Algoma municipalities to consider a similar project.

PROVINCIAL

The Ministry of Health has been unusually slow in releasing our budgets for 2014. Every public health unit is in a similar situation where we are operating on an approved board budget since March of this year with no idea as to what the Province will be approving. Nevertheless, we continue to participate in a number of provincial committees and initiatives. We understand the Ministry of Health intends on announcing the results of the Healthy Kids Challenge next week.

FEDERAL

We have been included in several Health Canada and Public Health Agency of Canada webinars to ensure each of our communities are prepared to manage an Ebola virus case should the unlikely need arise.

NEXT STEPS

Justin Pino is attending the Association of Ontario Public Health Business Administrators General Meeting in Perth, ON September 15-17, 2014.

Meetings with the Directors of Education, SAH Executive Team and another Meeting of the CEO's of Algoma are scheduled over the next couple of weeks.

We will continue to build on the leadership roles and responsibilities document to include decision trees and work on improving the orientation program and researching best models for the employee review tool.

Trips to the district are currently being organized for October.

Respectfully submitted,

Dr Kim Barker, MD CCFP MPH FRCPC

Algoma Cancer Report

Key Findings

It has been ten years since the last report on cancer in the Algoma district was released. Below is a snapshot of a new Algoma Public Health cancer report that will be released in Fall 2014.

As the lead public health agency in Algoma, we will do our part to help fight cancer by:

- Supporting health public policy
- Working with our community partners
- Increasing public awareness
- Creating supportive environments
- Collaborating with health care providers

We can all take action against cancer, in part, by making healthier lifestyle choices as well as through regular participation in cancer screening programs that aim to identify cancers in early and more treatable stages.

Together, we can improve the health of Algoma residents.

Newly diagnosed cases of cancer from 2000-2009

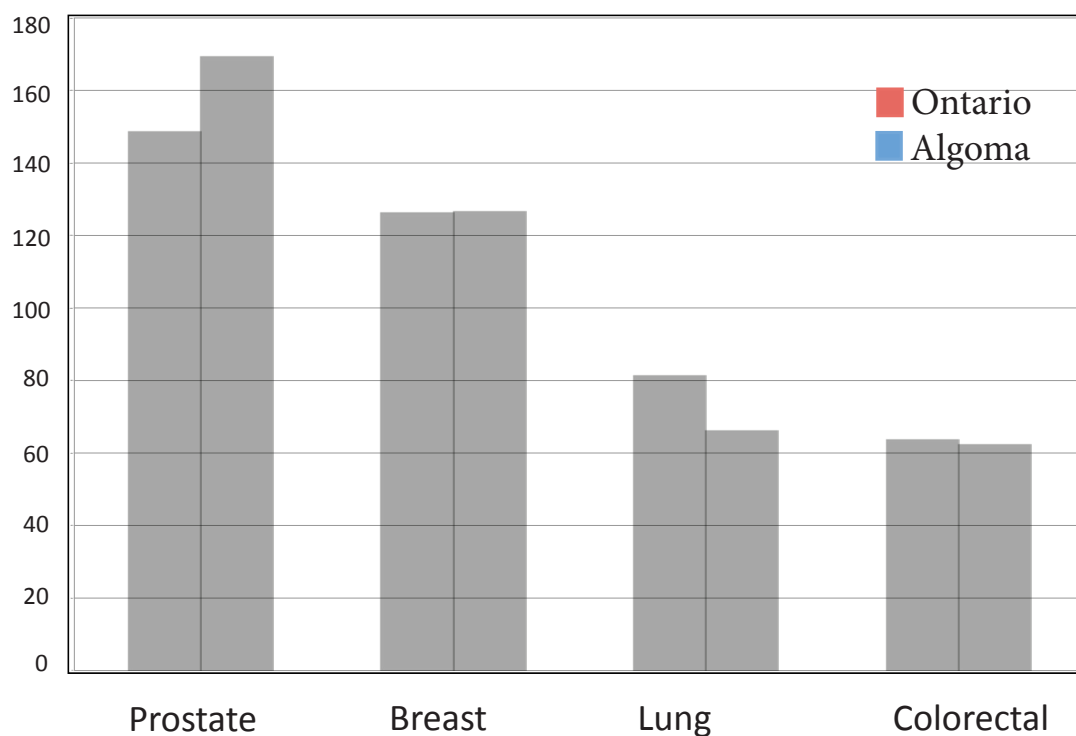
In this 10-year span, there were **7,499** newly diagnosed cases of cancer in the 15-75+ age groups.

This means that an average of **750** people per year were diagnosed with cancer.



Most common types of cancer

per 100,000 population



Prostate, breast, lung and colorectal cancers were the most common types of cancer in Algoma.

According to the Canadian Cancer Society (2014), these four cancers account for over half (52%) of all newly diagnosed cancers in Canada.

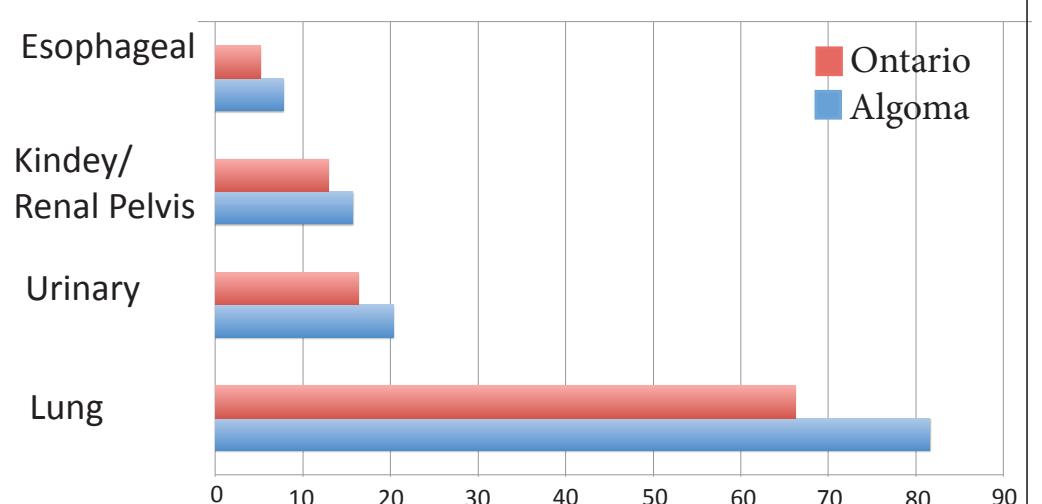
Overall cancer incidence rate from 2000-2009

per 100,000 population



Algoma's rates were statistically higher for 4 types of cancers from 2000-2009

per 100,000 population



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Ontario
Agency for Health
Protection and Promotion



SAULT
COLLEGE



LAKE SUPERIOR
STATE UNIVERSITY

September 5, 2014

During the year of 2010 we graciously received a letter of support for the establishment of the Sault Ste. Marie School of Public and Environmental Health. In 2014 the school was accredited by the Board of Certification.

The Members of the Sault Ste. Marie School of Public and Environmental Health wish to thank you for your support in this endeavor and would like for you to join us at the official launch. I have attached the launch information for you. Please RSVP by September 17, 2014 to tstorozuk@algomapublichealth.com.

Sincerely,

Sherri Cleaves, CPHI (C), BASc(EH), CIC, OHS (Cert), Deputy Building Code Chief
Chair, Advisory Council for the International School of Public and Environmental Health.

/ts

Enclosure





**S.S.M. INTERNATIONAL SCHOOL OF PUBLIC AND
ENVIRONMENTAL HEALTH**

**SIGNING OF ARTICULATION AGREEMENT
BETWEEN
SAULT COLLEGE AND LAKE SUPERIOR STATE UNIVERSITY**

YOU'RE INVITED

September 24th, 2014

at 11:00 a.m.

Sault Ste. Marie Community Rooms

294 Willow Avenue

(Visitors parking is nearest the APH building entrance,
tokens will be given for the gate)

**What a great way to celebrate Ontario's
Environmental Health Week!**



September 25th, 2014

at 11:00 a.m.

Lake Superior State University

