



*Algoma*

**PUBLIC HEALTH**

Santé publique Algoma

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

**Prepared by Dr. Kimberley Barker MD CCFP MPH FRCPC**

## Table of Contents

Fall Festivities	Page 3
Human Resource Update	Page 3
Risk Management	Page 3
Program Highlights	Page 4-9
Partnerships	Page 9
Next Steps	Page 10

## **FALL FESTIVITIES**

The largest pot-luck in the history of APH celebrated the new APH 2015-20 Strategic Plan which included staff presentations on the strategic directions, the distribution of the laminated strategic plan placemats, as well as sufficient lanyards with APH values for every employee. A bus brought our District staff from Elliott Lake and Blind River and staff from Wawa car pooled – a true Agency wide event! Our Hallowe'en costume party followed ten days later with the second floor zombies winning the prize.

Last week, we announced the membership of the four strategic direction sub committees, each made up of staff (including district), managers, and directors. These four groups will each be responsible for contributing to the logic models that will describe the work to be done by APH, as well as to request quarterly updates on indicators they establish that will also be communicated to the Board and the rest of APH. There is no shortage of work ahead but we are incredibly fortunate to have a terrific team of staff that is very committed to the work they do.

## **HUMAN RESOURCE UPDATE**

On October 29 and 30 the leadership team participated in professional development focusing on topics related to effective leadership and risk management.

Models, tools and techniques on how APH leaders can become a more effective leadership team were presented. Vonda Plett from Bricolage Leadership Development introduced and facilitated discussions on topics such as understanding key characteristics of an effective team, collaborative approaches to decision making, and engaging in healthy conflict. The leadership team developed expected behavioural standards for team interventions as well as a number of processes and procedures to be discussed at future leadership meetings

The final day ended with a risk management session presented by experts from the Ministry of Finance and Health. The facilitators presented tools and templates for the leadership team to use to effectively assess and mitigate risk.

## **1. RISK MANAGEMENT**

Both the Ministries of Finance and Health joined us on Thursday October 30<sup>th</sup> for a very comprehensive training on risk management. Below, we continue to report monthly on these risks and in January intend on listing APH's top ten risks and mitigation strategies.

## 2. PROGRAM HIGHLIGHTS

### COMMUNICABLE DISEASE CONTROL

#### **Topic: Ebola**

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/Deliverables: Req 13 of the Infectious Diseases Program Standard: The board of health shall communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious disease issues.

**This report addresses** the following Strategic Directions: Collaborate Effectively

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. There were a small number of cases reported in Nigeria and a single case reported in Senegal; however, these cases are considered to be contained, with no further spread in these countries. Mali is the latest African country affected. The United States and Spain have also received travel-related cases. The majority of the cases have been in Guinea, Liberia and Sierra Leone in West Africa.

Although Canada has not had any cases to date, planning and preparedness are in full swing to ensure mechanisms are in place to deal with the case and support the public health follow-up to limit any transmission of Ebola. Appropriate screening of travellers with symptoms is the cornerstone to subsequent actions.

A steering committee for Algoma with representatives from community physicians, family health teams, EMS, hospitals, Public Health Ontario and APH staff has been established to provide support and help answer the many questions around screening, personal protective equipment and care for the suspect case.

APH is sending out weekly communications to physicians and interagency partners to inform them of the latest IC knowledge and best practice guidelines from the Ministry of Health and Long Term Care and Public Health Ontario. We also sit on the SAH steering committee that is meeting at least 3 times per week to meet the challenges outlined in the directive from the Chief Medical Officer of Health to all hospitals in Ontario.

Our hospitals in Algoma have sophisticated infection control systems and procedures in place that are designed to limit the spread of infection, protect health care workers, and provide the best care possible for the patient. APH and the hospitals work closely together in disease prevention and control.

**COMMUNITY ALCOHOL/DRUG ASSESSMENT PROGRAM**

**Topic: STOP Study for Addictions**

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Ontario HealthCare Reporting Standards MOHLTC to Provide counseling including brief interventions, to develop skills to manage substance abuse issues.

**This report addresses** the following Strategic Directions: Collaborate Effectively, Improve Health Equity, and Enhance Employee Engagement

The Community Alcohol/Drug Assessment Program has partnered internally and externally to offer the STOP (Smoking Treatment for Ontario Patients) program to their clients seeking smoking cessation services. With the support of the Smoke Free Ontario (SFO) and STOP programs at APH, we applied to Centre for Addiction and Mental Health (CAMH) to participate in their expansion of the STOP study that is related to those agencies connected to ConnexOntario a provincial database of drug and alcohol services. This expansion of the study is to help build capacity in delivering smoking cessation interventions and resources to diverse populations in Ontario. This study is unique in that it provides 26 weeks of Nicotine Replacement Therapy compared to the usual 5 weeks. The early results of this arm of the study have indicated higher percentage of smoking cessation outcomes for this population.

The Collaboration Agreement was successfully approved by CAMH and we are preparing for the initial discussions on the implementation options for our program. Three of CADAP's staff have received the STOP training, building capacity and employee development. Invaluable support has been received from the SFO Coordinator at APH arranging training for staff. Staff trained in the District has already started co-facilitating the STOP program to clients. Enhancing our staff's skills has enhanced their ability to provide services that will expand access to essential resources for smoking cessation.

## **INFANT CHILD DEVELOPMENT PROGRAM/PRESCHOOL SPEECH AND LANGUAGE SERVICES**

### **Topic: Special Needs Strategy**

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/Deliverables: Infant Child Development Program and Preschool Speech and Language Program.

**This report addresses** the following Strategic Directions: Collaborate Effectively

In Feb 2014, four Ministries (Children and Youth, Ministry of Community and Social Services, Ministry of Education, and the Ministry of Health and Long Term Care) came together and launched a provincial strategy to improve services for children and youth with special needs in Ontario. This provides direction and an expectation for children's community agencies such as Public Health, Health services providers, and district school boards to work collaboratively to improve service experiences and outcomes.

Ontario's Special Needs Strategy is the beginning of a new way of delivering services to children and youth with multiple and/or complex special needs and their families. The plan is to have:

- A new standard developmental screen for preschool children (estimate piloting Fall of 2015)
- A coordinated family-centered services planning for children and youth with multiple and/or complex needs to ensure clear access and seamless experience of services, and
- An integrated approach to delivery of rehabilitation services (speech language, occupational therapy and physiotherapy).

On October 20<sup>th</sup>, 2014 APH attended a regional meeting convened by the four Ministries to bring local services providers together in order to discuss a collective approach to service delivery and strategy, organize the local development table, and discuss local proposal development expectations.

For Algoma, the first meeting of the local development table is booked for November 10, 2014 which includes service providers such as Algoma District School Board, Child and Community Resources, Children's Rehabilitation Centre of Algoma, all school boards, the Indian Friendship Centre, North-East Community Care Access Centre, and the Northeast LHIN.

The Special Needs Strategy places the needs of children and youth at the center of all policy, program and service delivery decisions. As our community moves forward Algoma Public Health will be a partner in developing, implementing and monitoring a new approach to coordinated service planning and the delivery of rehabilitation services, all providers will be asked to identify a recommended approach which meetings the children and youth with special needs.

## INJURY PREVENTION AND SUBSTANCE MISUSE

**Topic:** National Teen Driver Safety Week Promotion

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/Deliverables: Injury Prevention OPHS Requirements #2, #3a, #4a, #4b, and #5

**This report addresses** the following Strategic Directions: Collaborate Effectively

Canadian teenagers, between the ages of 16 and 19, remain at a higher risk of death per kilometre than all other age groups. While young people only make up 13% of licensed drivers, they account for approximately 25% of all road-related injuries and fatalities. For example, driver distraction is a factor in between 15% and 19% of fatal collisions involving teen drivers. Teenagers are known to demonstrate increased risk-taking behaviour, particularly related to driving. Most of these injuries and deaths can be prevented. (*Parachute Canada*)

Algoma Public Health collaborated with the Sault Ste. Marie Police Service (SSMPS), Sault Ste. Marie Safe Communities Partnership, Sault Ste. Marie Emergency Medical Services, and the Ontario Provincial Police to promote National Teen Driver Safety Week (NTDSW) from October 19<sup>th</sup> – 25<sup>th</sup> in the Algoma district with a focus on distracted driving.

The promotion included the development of the following multi-media prevention education material:

- Poster: *Think Texting and Driving is #NBD? R.I.P.* (Northern Digital Media and APH Infonet)
- Posters: *You Don't Want Us Responding to Your Text* (Community partners and Exhibit 234 event)
- SSMPS Radio Advertisement (Q104 and Easy Rock)
- Community Display Boards (i.e. Fire halls, MTO electronic boards North and East of city limits, Canadian Tire, and Superior Heights C. & V.S.)
- Social Media Messages (Twitter; Facebook)
- Resource package sent to ADSB and HSCDSB (links to curriculum resources; morning announcement scripts with distracted driving facts and safety tips; links to *Is It Worth It?* multi-media campaign; promotion of Exhibit 234)
- Interagency promotion of NTDSW and *Exhibit 234* via weekly newsletter and email



In collaboration with the Algoma District School Board, a consciousness-raising art installation entitled *Exhibit 234* was displayed at the senior semi-final football games at Superior Heights on Saturday October 25th. The purpose of this 3-dimensional art exhibit was to help students and passers-by wrap their heads around the enormous number of preventable driving fatalities of 15-19 year olds in one year by dramatically displaying 234 personal items belonging to teenagers on the “canvas” of an actual demolished vehicle, with each item representing a young life lost (Transport Canada, 2010). Emergency response vehicles and community partners were present at *Exhibit 234* distributing prevention education resources along with safety promotion giveaways (key chains, lip balm, water bottles) courtesy of Safe Communities Partnership and Parachute Canada.



Over the course of NTDSW, the social media campaign responses yielded the following results:

- Photos posted to Facebook by SSMPs received 7,308 views, 151 “likes,” 30 “shares,” and 35 positive comments
- Twitter messages sent by SSMPs during NTDSW generated 91 re-tweets, received 62 favours, and gained 28 new followers for their Twitter account

The community partners plan to further develop the health promotion and prevention strategies of NTDSW and expand the membership of community partners to include the district school boards and businesses, thus broadening our target audience of teens and their families across the Algoma district.

### VACCINE PREVENTABLE DISEASES

#### **Topic: Annual Flu Campaign**

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Vaccine Preventable Diseases Program Standard 7.

The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including:

- Board of health-based clinics;
- School-based clinics (including, but not limited to, Hepatitis B and Meningococcal immunization);
- Community-based clinics; and
- Outreach clinics to priority populations.



**This report addresses** the following Strategic Directions: Collaborate Effectively

Algoma Public Health (APH) continues to work in a joint partnership with the Group Health Centre providing Influenza clinics in Sault Ste. Marie at the new location of APH, 294 Willow Avenue. Appointments can be made district wide by calling 705-541-2332 or 1-800-469-2449.

As of October 28<sup>th</sup>, 3904 flu vaccinations have been provided at our clinics across the Algoma district.

APH has distributed 16,530 doses of flu vaccine to participating health care providers/agencies and in October there were 8,510 doses distributed to participating pharmacies in the district of Algoma. Between the dates of Sept. 26 – Oct. 28, 2014 pharmacies in Algoma have administered a total of 5130 doses (1189 in EL, 297 on St. Joseph's Island, and 3644 in Sault Ste. Marie).

### **3. PARTNERSHIPS**

#### **North Shore Tribal Council**

We are delighted to announce that the Ministry of Health and Long Term Care have awarded us with one time funding to provide a secondment from the North Shore Tribal Council to work at APH in order to advance a more formal arrangement of public health service delivery not only to First Nations that belong to the North Shore but also across Algoma and in urban settings.

#### **NOSM and other student learner projects**

Our medical students and MPH student continue to work on their research projects together with myself and our epidemiologist. This month we also had a number of students who are studying nursing, speech and language and mental health.

#### **Sault Ste. Marie Police Services**

On November 19<sup>th</sup>, APH, together with SSM Police and Algoma District School Board will be hosting a one day event with a number of community leaders to propose a pilot project that aims to promote community wellness and safety. This event is being sponsored by SSM police.

#### **Health Links**

We have begun the work with the Sault Area Hospital, together with primary care providers that include Garden River, MacDonald Meredith and Aberdeen, Laird, Prince, Goulais Bay, and Sault Ste. Marie. This next two months we will be working collaboratively to develop a business plan for the following stage of work.

## NEXT STEPS

We look forward to providing the Ministries of Finance and Health with our final report on the full set of deliverables request from them that will see APH on a new trajectory that focuses on the future needs of our District but does not forget the lessons learned from the past. We will look forward to the implementation of our strategic plan, the development of our 2015 program plans and the ongoing celebration of our staff and the high quality work that they do.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Kim Barker", with a small dot at the end.

Dr Kim Barker, MD CCFP MPH FRCPC