



Algoma

PUBLIC HEALTH

Santé publique Algoma

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

December 2014/January 2015

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SUMMARY

I would like to take this opportunity to welcome our new board members and to wish all of our board members a healthy and safe 2015. Many of you will have attended a full day of orientation on January 17th which will contribute to a great start to the year for Algoma Public Health.

We already have a number of new initiatives that support our strategic directions including extended hours of operation for our mental health services, new funding for our fall prevention program, - Stay on Your Feet, and a significant research grant to support tobacco cessation programs in Algoma. I am delighted to share with you the operational plan for the Medical Officer of Health for the 2015 calendar years and I will look forward to reporting on this workplan over the course of the year.

PROGRAM HIGHLIGHTS

COMMUNITY MENTAL HEALTH

Topic: Targets – Deliverables Update

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: NELHIN & MOHLTC Mental Health &Addiction Accountability Agreement(s) 2014-17: Deliverables.

This report addresses the following Strategic Directions: Health Equity & Accountability

Health Equity

Capitalizing on the broad health resources available through Algoma Public Health, the CMHP continues to offer a variety of groups to improve mental health client knowledge of healthy lifestyles such as health and wellness groups, walking groups, community garden and community kitchens, smoking cessation and tobacco management.

Accountability

The Community Mental Health Program continues to provide Psychiatric Case Management Programing (Intensive Case Management; Community Treatment Order Case Management and Transitional Case Management) throughout the Algoma District for individuals living with serious mental illness through a NELHIN funding agreement.

The NE LHIN Accountability Agreement: Targets 2014/15

Deliverable	LHIN Target	Q2 Report
Individuals served by Functional Center:	900-1100	546
# of Direct Face to Face Visits:	12,500	6,270

Program data for these targets are reported quarterly. There is opportunity for the programs to further increase capacity to provide case management services to an expanded number of visits. The Program has received word from the NELHIN confirming that we will be receiving annualized funding for an additional 3FTE Case Managers and 1FTE Peer Support Worker (\$329,000). This additional funding is specific to extending CMHP hours of operation in SSM until 8pm- Monday-Friday & 10am -6pm weekend(s) through expansion of our “Transitional Case Management Program”. We believe this new initiative will add much to our local continuum of available case management resources. We will begin recruitment shortly and will be promoting the new hours, implementation date, referral processes and program details in the very near future.

In addition, the program delivers a Rent Supplement Administration and Supports within Housing Program, through a MOHLTC corporate funding agreement.

The MOHLTC Funding Agreement 2014/15: Administration of \$286,000 in mental health and addiction rent supplement(s).

Apr. 1/14 – Dec. 1/14

Mental Health	Addiction
113	14

The Program also continues to work with other Algoma Public Health programs and many community partners on broader social housing initiatives throughout the district. In November of this year, CMHP entered into a new partnership with Sault Ste. Marie Housing Corporation, one CMHP case manager has been aligned full time for 5 months to provide mental health and addiction supports within the corporations many housing initiatives including emergency shelters. The program also awaits funding approval for the semi-supported 6 unit “Road to Recovery House” submitted in March of this year.

DISTRICT OFFICES

Topic: District Seasonal flu clinics

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

This report addresses the following Strategic Directions: Health Equity and Collaboration

The District Offices have concluded another successful universal seasonal flu immunization program. As of December 31, 2014, 2855 residents have been immunized throughout the District. This number has been declining over the past few years. The overall decline is primarily due to the increased participation of the pharmacies in Elliot Lake. The breakdown is as follows:

<i>Office</i>	<i>Total Number of Shots (as of December 31)</i>
<i>Blind River</i>	1009
<i>Elliot Lake</i>	911
<i>Wawa</i>	562
<i>White River</i>	109
<i>Missanabie</i>	7
<i>Iron Bridge</i>	122
<i>Desbarats</i>	23
<i>Thessalon</i>	22
<i>Total</i>	2855

Although the flu clinics are completed, residents can still obtain their flu shots at our regular immunization clinics at their local Health Unit Office. Appointments can be made by calling the toll free number at **1-866-402-1193** for a clinic in their respective locations.

The success of the Program is truly a collaboration of community partners. Some of the partners involved are the Blind River District Health Center Auxiliary, Algoma District School Board, St. Andrew's United Church in Elliot Lake and the Iron Bridge Lions Club. We thank all those people and organizations for their contribution and look forward to their assistance next season.

ENVIRONMENTAL HEALTH

Topic: Health Hazard response and Abatement: Climate Change/Weather Advisories

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Environmental Health Program Standard, Health Hazard Identification and Prevention

This report addresses the following Strategic Directions: Collaboration and Health Equity

The Health Hazard Identification and Prevention Program Standard address topics which affect the overall health of the population. Some population groups are more vulnerable to environmental health impacts and maybe less able to cope with climate issues; housing and pest control concerns; and other factors outside their control which affects the quality of life and health.

In Algoma as of Dec 31, 2014, we have responded to more than 1700 public requests and complaints and the top 4 topics are: food safety concerns; residential well and municipal water requests for information; requests and registration for food handler certification exam; and pest control request for service and information.

Public Health Inspectors respond to clients and assist the public with climate change issues, emergency preparedness, pest control, Vectorborne diseases, garbage complaints, housing concerns, bed bug infestations, heating issues, landlord and tenant concerns, indoor air quality and mold, land control, pools, cyanobacteria and recreational water to name a few.

Climate Change issues and responses from public health are changing and increasing to include working with community policy makers, planners and other government agencies. These partnerships are important to be able to continue to deal with health hazards from the environment.

Weather changes and increases in severe flooding, droughts, heat and cold days and wind events have become more common. Public Health Ontario and the MOHLTC have focused efforts and resources on these issues to better support health units to become leaders and resources to other local agencies.

Cold alerts, power outages and inclement weather this winter will initiate more public health messaging. With the winter season potential cold advisories may also be issued and information can be found at the MOHLTC website at: http://www.health.gov.on.ca/en/public/programs/emu/emerg_prep/et_cold.aspx

APH continues to participate in provincial agency working groups relating to air quality, heat and cold advisories and health index in order to protect and promote population health and well-being.

Additional information on these topics are available on: Clean air Partnership website :
<http://www.cleanairpartnership.org/node/769>

ENVIRONMENTAL HEALTH

Topic: Rabies and Injury Prevention Health Promotion Strategy 2014

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Infectious Diseases Program Standards, Rabies Prevention and Control Protocol.

This report addresses the following Strategic Directions: Collaboration, Health Equity

In 2013, the rabies investigation database was analyzed and it was found that 90.1% of all dog and cat bites in Algoma occurred on the owner's property.

For the period of 2009-12, further analysis revealed dog bites/exposures accounted for 73.96% of all animal types reported.

In response to this trend and to reduce the number of dog bites a district wide prevention/education strategy was developed and implemented.

To coincide with Rabies Awareness Month, in May 2014 we initiated the **Rabies and Injury Prevention Health Promotion Strategy**. This strategy included working collaboratively with both internal and external partners in order to reach our target audience.

Our target population and topics included:

- Dog Owners: Knowledge of why dogs bite and how to prevent dog bite injuries.
- General Public: Teaching dog bite warning signs and how to prevent dog bites.
- Children: Teaching children how to act around dogs.

The strategy included distributing educational material targeting:

- 1) Parents by providing education on how to prevent dog bites in children. These were distributed across the district to 61 Day Cares and Best Start Hubs, 10 Libraries, and 5 Parent Literacy and
- 2) Dog owners to educate them on how to prevent dog bites. These were distributed throughout Algoma to all Veterinary Clinics, Pet stores, Grocery stores, Sault Ste. Marie Humane Society; dog kennels, dog trainers, and to two major dog show events (Paws for Cause and SSM Dog Show at the Curling Club).

We also placed promotional material on our APH internal TV, Facebook and Twitter and our website.

We partnered with Algoma Infant Development Program and published articles in two newsletters: Parenting Matters and Knowing and Growing.

Our goal was to educate both the dog owners and children/parents on dog bite prevention strategies. We will evaluate the health promotion strategy program in 2015.

PARENT CHILD SERVICES

Topic: Fetal Alcohol Spectrum Disorder (FASD)

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

Reproductive Health Requirement 2: *The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development of healthy policies and the creation or enhancement of supportive environments to address preconception health, healthy pregnancies, and preparation for parenting.*

This report addresses the following Strategic Directions: Collaborate Effectively

FASD is an umbrella term that describes the range of lifelong, brain-based disabilities that can occur in an individual whose mother drank alcohol during pregnancy. Alcohol exposure during pregnancy causes the most serious neuro-behavioural effects on the developing brain compared to other substances. This disorder occurs in ANY community where women drink alcohol.

Community FASD Training Workshops – October 20 & 21, 2014

Dan Dubovsky, FASD Specialist for the SAMHSA Centre of Excellence in the United States, was brought to Algoma to train professionals about recognizing FASD and implementing successful management strategies. Approximately 140 educators, caregivers, and health and social service providers attended daytime workshops, while over 50 people, many of them students, attended the evening public education session.

District participants attended via videoconference at multiple Algoma District School Board sites in Hornepayne, Chapleau, Wawa, Desbarats, Blind River and Elliot Lake. Seventy-four participants completed evaluations stating that the sessions increased their knowledge and understanding of FASD and that they would like more training to build upon this workshop.

Dan also met separately with eleven CEO's from social services, public health, police services, Sault Area Hospital, Group Health Centre, Community Living Algoma, Algoma Family Services, and Algoma District School Board to make the case for paying attention to FASD and developing a long-term strategy for Algoma.

Next steps include planning for public awareness messaging, public presentations, additional training for professionals and continued efforts to coordinate programs and services to support those living with FASD.

The Role of Public Health

Public Health can support efforts to reduce FASD by:

- increasing public awareness about avoiding alcohol during pregnancy
- working with health and social service providers to routinely screen women about their alcohol use before and during pregnancy and referring them to addiction supports
- helping to coordinate community FASD supports across Algoma (diagnosis, intervention, respite, etc.)
- working with community partners to ensure that public education and FASD training takes place across the district
- providing data around FASD to the community

APH has chaired the *Algoma FASD Committee*, a large partnership of organizations and caregivers, since 2002 and has led the creation of a community FASD resource support directory.

PARENT CHILD SERVICES

Topic: Healthy Babies Healthy Children Implementation Evaluation

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Healthy Babies Healthy Children Protocol 2012

This report addresses the following Strategic Directions: Improved Health Equity

In 2014 the Ministry of Child and Youth Services in partnership with Public Health Ontario (PHO), conducted an implementation evaluation on the Healthy Babies Healthy Children (HBHC) program regarding the first 6 months of the implementation of the new HBHC protocol (2012). PHO presented provincial results to HBHC Managers in the spring of 2014 and during fall 2014, individual health units participated in presentations of their own local program implementation results.

October 2014, APH evaluation results from the Ministry were presented. Based on the evaluation, 2015 program plan goals for HBHC is to increase targets include the following three activities:

- 1) Prenatal Screens: The Ministry has set a target stating 25% of all provincial births will be screened prenatally. From the PHO implementation evaluation it was noted that the Ontario screening rate is 9% and Algoma's is 10%. This year our program plan will involve increasing the percent screened by providing Health Care Providers with a referral system that will allow them to easily refer to HBHC and the PHN's will do the screening.
- 2) Early ID Screens: The Ministry target is 20-35% of the population of children 6 weeks to 6 years will be screened. In the evaluation it was noted that Ontario has a <1% screening rate and Algoma was 1%. This target is part of our program plan in order to increase the percent of children in this age group being screened. We will be using APH staff that work with families with children ages 6 weeks to 6 years to complete the referral for PHN's to do the screening,
- 3) Lastly, during the Implementation evaluation it was noted by the Ministry that APH's target of the number of families not being contacted post discharge from the hospital and identified with risk was 39%. The target for this percentage is 25 % (14% lower). To address this there will be an internal process review completed to determine why these families are not being contacted, as well in addition there will be training for staff regarding for proper data entry.

In order to evaluate progress toward these goals, we will monitor on a quarterly basis with a plan to meet these targets by end of December 2015.

APH Evaluation Highlights:

Target	Provincial Result	APH Result
HBHC postpartum screen completion (the completion of a screen helps determine the level of risk for the client)	71%	84%
Successful Postpartum Contact for "at risk" clients	83%	95%
Successful Postpartum Contact for "not at risk" clients	95%	98%
Successful contact with in 48 hrs:		
• "at risk" client	55%	74%
• "low to no risk" clients	59%	87%

PREVENTION OF INJURY AND SUBSTANCE MISUSE

Topic: North East Stay On Your Feet Falls Prevention Strategy

This report addresses OPH Standards: Prevention of Injury and Substance Misuse: Falls Across the Lifespan

This report addresses Strategic Directions: Collaborate Effectively: Improve Health Equity

MOHLTC Accountability Indicators: Public Health Accountability Agreement (PHFAA): Proposed Indicators: Health Promotion: Fall-related emergency visits in older adults age 65+. Developmental Indicators: Assess the effectiveness of public health unit partnerships regarding falls prevention:

Stay On Your Feet (SOYF) is a collaborative, multi-faceted falls prevention strategy in North Eastern Ontario with the goal of improving the quality of life for older adults (65+) by reducing the rate and severity of falls in this age group. Falls are the most common cause of major injury hospitalization for seniors and the leading cause of preventable injury that results in avoidable emergency department visits.

The SOYF strategy is a partnership between NE LHIN and 5 Northern Ontario Public Health Units including Algoma Public Health. The strategy addresses healthy public policy development, environmental support conducive to positive health outcomes, skill development for professionals and the target audience and education and awareness.

The SOYF structure consists of a Regional Steering Committee, a Regional Network, as well as local SOYF Coalitions whose role and responsibility is to implement local initiatives based on the regional SOYF work plan.

To reduce the rate and severity of falls, the SOYF Strategy has included the implementation of Stand Up! a best practice Falls Prevention Program for Seniors 65+. Stand Up! is a 12 week program that consists of group exercises, home exercise and education and awareness sessions about falls prevention. On September 5th, Algoma Public Health hosted a Stand Up! facilitator training workshop at which time 16 health care service providers, fitness instructors and other professionals throughout Algoma including Algoma Public Health were trained to deliver Stand Up! Beginning in January 2015 Stand Up! will be offered to seniors in different locations throughout Algoma.

A skill development opportunity "The Canadian Falls Prevention Curriculum," (CFPC) was offered through SOYF in September and October of 2014. Algoma Public Health participated in the curriculum training. The CFPC will be offered via OTN to local health care service providers and SOYF coalition members in 2015 in partnership with regional and local facilitators, NELHIN and Ontario Injury Prevention Resource Centre (OIPRC).

"The Independent Living Guide" falls prevention resource for older adults was created and developed by the local Slips Trips & Falls Committee supported by Algoma Public Health. This guide has since been

reprinted and distributed by regional SOYF coalitions. In addition, the new Community Paramedicine program in Algoma District is utilizing the Independent Living guide as a home safety audit tool.

Algoma Public Health injury prevention program will continue to collaborate with NELHIN, community and regional partners, and community seniors to roll out the comprehensive SOYF strategy in 2015

VACCINE PREVENTABLE DISEASES

Topic: Annual Flu Campaign and VPD update for 2014

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: Effective Collaboration

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.

As of December 31, 2014, 9581 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 September 26-Jan 13, 2015 pharmacies in Algoma have administered a total of 10,946. In the 2013-14 flu season the total of injections given by pharmacies was 10,186.

Date: 2014-15

Flu Vaccination Rates for Nursing Homes, Homes for the Aged and Chronic Care Facilities of Hospitals

Name of Home	Total Number of Staff	# Vaccinated	# with medical exemption	adjusted # of staff	% Vaccinated
Collegiate Heights				0	
Extendicare Maple View	343	288	5	0	85%
Extendicare Van Daele	151	126	9	142	89%
F.J. Davey Home	545	338	35	0	77%
Great Northern Retirement Home				0	
Mauno Kaihla Koti (OFRA)	195	176	4	191	92%
Algoma Manor (Thessalon)	123	91	0	123	74%
Golden Birches Terrace (Blind River)	42	40	0	42	95%
Lady Dunn Health Centre (Wawa)				0	
St. Joseph's Manor (Elliot Lake)	86	86	0	86	100%
Huron Lodge (Elliot Lake)				0	
Hillside Park Retirement (Elliot Lake)	22	17	0	22	77%

Flu Vaccination Rates for Hospital Staff

Hospital Name	Total Number of Staff	# Vaccinated	# with medical exemption	adjusted # of staff	% Vaccinated
St. Joseph's General Hospital (Elliot Lake)	325	310	5	320	97
Sault Area Hospital	2186	1564	34	0	73
BRDHC- Thessalon	23	20	0	23	87
BRDHC- Blind River	120	93	2	118	79
BRDHC- Matthews	12	8	1	11	73
Lady Dunn Health Centre (Wawa)	97	62	0	0	64

APH Flu Survey

For many years APH has promoted immunization of Health care workers and Staff in Health care facilities (hospitals, LTC's primarily) as a significant way to keep patients and residents healthy. We have been working with the infection control or occupational health staff at the institutions to increase flu coverage rates and keep the number of outbreaks at a minimum has led to the development of one of our early internal indicators. Our VPD and IC staff work hard to promote the flu shot in the general population as well and our staff help deliver these immunizations across the district of Algoma.

We know what the rates are in many health care and now would like to know our own! Do we follow through on the advice we give to others? We developed an anonymous survey to provide us a measurement of our uptake of the flu shot at APH.

Influenza is now here in Algoma so it is particularly time-sensitive to get immunized before exposure. Even with the possibility of a vaccine mismatch, there is still substantial cross-protection in flu vaccines and lessens the duration and severity of an infection, should one occur.

Results:

174 responses to the survey and 74% indicated they did get immunized which 26% did not. The reasons why not included: don't want to or fear foreign things in body and don't believe it works. The primary reasons why were that it protects those around me and protects me. Most APH employees get their shots here at the office.

Other key stats for VPD for 2014:

Regular Immunization: (Excluding Flu)

School Immunization Clinics (Gr 7/8 and High School clinics district wide) – 3419

Regular Immunization Clinics (district wide clinics held in office) – approx. 7500

Travel Consultations: District wide – 321

TB Skin Testing – approx. 1154

Phone Logs- approx. 2000 phone calls handled by the PHNs on the VPD Phone Line.

RISK MANAGEMENT

COMMUNICABLE DISEASE

Topic: Influenza

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Infectious Diseases Prevention and Control

7. The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the [Infectious Diseases Protocol, 2008 \(or as current\);](#) the [Institutional/Facility Outbreak Prevention and Control Protocol, 2008 \(or as current\);](#) [PDF] and provincial and national protocols on best practices.

This report addresses the following Strategic Directions: Collaborate Effectively

Risk	<ul style="list-style-type: none">• Significant morbidity and mortality may occur in years of less effective flu immunization thus early detection and outbreak response measures are very important in lessening severe illness/death amongst some of our most susceptible individuals.
Recommendations	<ul style="list-style-type: none">• With the mounting evidence of a mismatch of the Influenza A H3N2 component in this year's vaccine, it is recommended to administer antivirals regardless of immunization status as part of a rapid response to outbreaks in institutions.
Key Points	<ul style="list-style-type: none">• The 2014-15 influenza season is increasing in ON over the holidays and in Algoma we have had 5 influenza outbreaks in LTC's to date as well as an ongoing hospital based outbreak at the SAH. Community numbers are rising as well.

Analysis	<ul style="list-style-type: none"> Despite similar vaccination rates across the region, this year's protection is lessened somewhat due to the mismatch. Cross-protection does exist so this year's vaccine is still worthwhile against the drifted strain but less effective than normal. Flu seasons dominated by A/H3N2 have historically resulted in more morbidity and mortality.
Action	<ul style="list-style-type: none"> APH is heavily involved in surveillance, response and outbreak management of influenza outbreaks in the community. Routine meetings with the affected institution, guidance in infection control measures, recommendations with antivirals and support from laboratory are all crucial in timely response to an emerging disease such as influenza.
Financial Implications	<ul style="list-style-type: none"> Nothing substantial to APH however institutions will suffer significant overtime, staff illness and medication costs as well as bed blocking in outbreak areas.
Staffing Implications	<ul style="list-style-type: none"> We have devoted 3 public health inspectors and the support of CDC nursing staff in managing the ongoing LTC and hospital outbreaks as well as the increase in community influenza cases.
Recommendations	<ul style="list-style-type: none"> With the mounting evidence of a mismatch of the Influenza A H3N2 component in this year's vaccine, it is recommended to administer antivirals regardless of immunization status as part of a rapid response to outbreaks in institutions.

COMMUNITY ALCHOL DRUG ASSESSMENT PROGRAM

Topic: ASH Program

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

Ontario Healthcare Reporting Standards (OHRS V9.0) Functional Center – Addictions Treatment Substance Abuse - To provide addiction counseling in the community which is based on client need as to the frequency and intensive of service.

This report addresses the following Strategic Directions: Improve health equity, be accountable and collaborative effectively.

Risk	<ul style="list-style-type: none"> Reduction in FTE in budget plan with no increase in base funding for the last few years, combined with an increase in salary for APH staff for 2014-2017, and increases in benefits and pension contributions, the CADAP and ASH will be showing a reduction of FTE's in the budget sent to NELHIN's. This financial constraint places challenges on current service delivery by creating increased waitlists, creating pressure on clients accessing services in a timely manner, and will increase pressure on front line staff.
Recommendations	<ul style="list-style-type: none"> Advocacy from the MOH to the NELHIN's to provide base funding increase. Continue to explore options internally and with community partners on how to best manage waitlists.

Key Points	<ul style="list-style-type: none"> • There has been no increase in base funding since there was a 2% increase in 2011-2012. There will be no base funding increase for the current MSAA agreement 2014-2017. • Budget adjustments continue to be made yearly to reduce some budget lines including travel, professional development. Even with these changes, the following FTE reductions were necessary: 2015-16 reduction will be - .05 (CADAP) 2016-17 reduction will be - .11 (ASH -.03, CADAP -.08) • Other local NHLHIN funded addiction programs are also affected by the lack of base funding increases. This places additional strain on waitlists, program planning, and resources as the community attempts to engage clients in a timely manner to assist in their ability to improve their overall health.
Analysis	<ul style="list-style-type: none"> • The lack of base funding increases from the NE LHIN's has a daily impact of service provision. The increase of costs of providing service and the increase of clinical demand from increase in referrals, in combination with no yearly base funding increases, places pressure on current service delivery. This creates an increase on waitlists, creating stress on clients accessing services in a timely manner. As the present level of human resources are stretched to capacity to deliver the current program demands, program capacity to deliver services within the Ministry's best practice guidelines remains a challenge.
Action	<ul style="list-style-type: none"> • Advocate to the NE LHIN's for an increase in base funds. • Collaborative efforts being discussed with other community counseling agencies via the Sub-system table for counseling to discuss options to provide alternative waitlist services. • The Northeast ASH Committee advocated successfully for additional funds for clients in need. Each of the 5 programs received one time funds in the amount of \$5000 to use to purchase items for clients in need of housing start up, etc. This funding was received in March 2014 and will be received in January 2015. In order to receive this funding, a request for proposal is required to be submitted yearly.
Financial Implications	<ul style="list-style-type: none"> • Cost increases for the CADAP program continue to rise at a rate greater than the no increases to base funding. With the above noted reductions to the budget for staff training, travel, mileage, and program materials and supplies, we will have no choice but to begin staff gapping where possible and as a last resort, reduction in program FTE's.
Staffing Implications	<ul style="list-style-type: none"> • Should this trend continue, a further reduction in FTE's will occur creating a negative impact on client care and services.

PARTNERSHIPS

North Shore Tribal Council

We were successful in securing one time funding for a project with the North Shore Tribal Council where we will formally look at services and potential options for expanding our services to First Nations communities on reserve. The work will be completed March 31st and we welcome the two Health Directors that we have seconded to do this work from North Shore.

Healthy Kids

A presentation was made to the Sault Saint Marie Council to secure a contribution to the Healthy Kids Community Challenge project – a three year project aimed at improving physical activity, healthy eating and improved sleep habits for children and youth.

Health Links

We have completed our Business Plan for one year funding and await confirmation of funding from the Ministry of Health and Long Term Care.

North East LHIN

We are grateful that the strong working relationship we have with our LHIN who have provided us with additional funding to extend our hours of operation for patients with mental health needs and also to implement the Stay on Your Feet program aimed at reducing falls in older adults.

Economic Development Council

Following the one day meeting hosted by the EDC in December, we have met to discuss how expanding partnerships might support public health initiatives to achieve greater reach in Algoma.

NEXT STEPS

With a priority of supporting municipalities to adopt healthy public policies, I will begin reaching out to the 21 municipalities in Algoma to create an opportunity to meet with Council. We also look forward to next steps with the work that we have started with the School Boards and Sault Saint Marie Police Services' Wellness and Safety Project. Our new method and template for program planning has been developed and the new program plans will be ready for implementation in February. This will permit us to support our strategic directions and create an effective reporting mechanism to the Board. Finally, next month the Board will be presented with our 2015 budget for approval.

Respectfully submitted,



Dr. Kim Barker, MD CCFP MPH FRCPC