



*Algoma*

**PUBLIC HEALTH**

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**MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER  
BOARD REPORT  
February 2015**

**Prepared by Connie Free, Acting CEO and Dr. Penny Sutcliffe, Acting MOH**

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## **SUMMARY**

We are pleased to share with you the acting MOH and acting CEO report for the period since the January 21, 2015 Board meeting.

At its meeting of January 29, 2015, the Board ratified the interim Leadership Transition Plan which included the appointment of Acting MOH and CEO positions and provided for the recruitment of an Acting Director of Clinical Services and corresponding roles. The following are key developments since this plan was approved:

- As Acting MOH and CEO, we are working well together to clarify respective role responsibilities and we would observe that both APH and the Sudbury & District Health Unit (SDHU) are gaining much from the exchange of information that has resulted.
- We are ensuring that for the MOH role, all regulatory college and statutory responsibilities are upheld (e.g. medical directives, communicable disease management).
- We are pleased to announce that Jonathan Bouma was the successful applicant for the Acting Director Clinical Services position. Recruitment has begun for the Acting Manager position now vacant.
- Recruitment is underway for the permanent MOH.
- The Executive team continues to be extremely supportive of the transition plan, ensuring that we continue to work as a team to lead the organization.

Key organizational initiatives include program planning and the Strategic Plan. The development of a new program planning template has enhanced the improvement of clear program directions and will be ready for implementation in March. The addition of strong measureable outcomes will aid in reporting to the board on a quarterly basis, as well as measuring the achievement of program goals. The Strategic Plan is being operationalized through the four strategic direction sub-committees. These sub-committees are now starting to meet with staff to review the 2015 work plan and develop activities to implement and monitor progress towards goals aligned with the strategic direction. Staff are very engaged and view the strategic plan as the work of the agency which will assist APH in achieving our vision, mission and values.

## PROGRAM HIGHLIGHTS

### COMMUNITY MENTAL HEALTH

**Topic:** Community Mental Health Program

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

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

As identified in last month's report, the Program has been approved annualized funding by the NELHIN 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 (TCM). Our goal is to implement the new hours of operation on April 1<sup>st</sup>, 2015 and we are working diligently on functional and process planning.

The goal of TCM is to proactively intervene, so that individuals receive timely, appropriate support to address needs and avert potential crisis, and to provide transitional follow-up until ongoing supports are in place (e.g. Intensive Case Management, Outpatient Psychiatry follow-up, Addiction Services, Counselling) for the individual, or by extending hours of an individual's existing supports.

Transitional case management services embedded in the community will help address:

- Existing wait times for service
- Prevent potential mental health and addiction crisis by targeting and engaging identified at risk complex and high users of MH & A services.
- Add mobility and follow-up where necessary to the Central Access Service (CMHA) for mental health and addictions services.
- Provide support and guidance to Police services regarding mental health crisis, with an aim at facilitating diversion from Emergency Department.
- Provide enhanced outreach services through alignment with several new local health and social service hubs (SSM police- Gore Street hub, SSM Soup Kitchen- health & child care hub, Primary care clinics).
- Prevent potential client crisis and reduce recidivism rates at Sault Area Hospital (SAH).
- Expand existing APH-transitional case management services located at SAH, providing enhanced hours of community mental health and addictions system support to SAH emergency department and mental health and addiction inpatient unit by adding mobility and follow-up where necessary to after hour and weekend discharge plans.

A comprehensive indicator metrics has been developed to evaluate the outcomes of this new initiative. We believe the enhanced programming will add much to our local continuum of available case management resources and will keep the Board updated on target progress.

The models of both Intensive Case Management and Transitional Case Management are built on foundations of sector and non-sector collaborations in order to meet the needs of people with complex issues. This new programming builds on enhanced collaboration with the multiple service sector organizations mentioned above and demonstrates program commitment to advancing our APH strategic directions.

## **LAND CONTROL**

### **Topic: Ontario Building Code – Part 8 Program Update Algoma Public Health Bylaw 06-01 and 06-02**

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

***The Part 8 Program is a program mandated under the authority of the Ontario Building Code and not a Public Health Program.***

**This report addresses** the following Strategic Directions: Collaboration

Algoma Public Health is the principal authority for Part 8 (Private Sewage Disposal Systems) under the Ontario Building Code (OBC). The Code permits principal authorities to pass bylaws, resolutions and regulations to carry out duties under the OBC. The agency has two bylaws; Algoma Public Health By-law 06-01 and 06-02.

- **By-law 06-01** sets out the authority, issuance of building permits and fee schedule.
- **By-law 06-02** designates the Chief Building Official, Deputy Chief Building Official and Inspectors to conduct duties under the OBC.

Both bylaws have been reviewed and updated. Changes primarily involved the updating of relevant regulation changes, the naming of new designated officials and the revision of the subdivision fees.

The naming of new officials, as Marshall Chow is stepping down from the Chief Building Official duties and have transferred the duties to the Program Manager of the Environmental Health Program, Sherri Cleaves, and in her absence, the Deputy Chief Building Official shall be the Acting Director of Clinical Services, Jonathon Bouma.

Subdivision inspection fees have been changed from \$250 per lot to \$1000 minimum and \$50 per lot for every lot over 10 lots. The change represents a cost reduction to the development fees to the applicant.

The by-laws have been submitted for the Board's approval.

## **PARENT CHILD SERVICES**

### **Topic: NutriSTEP®**

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

- Child Health - Requirement 7 and 11
- Chronic Disease Prevention – Requirement 12
- Ministry of Health and Long Term Care Public Health Unit Accountability Indicator NutriSTEP®  
Preschool Screen Implementation Status Report

**This report addresses** the following Strategic Directions: Health Equity and Collaborate Effectively.

NutriSTEP® is a validated and reliable nutrition screening questionnaire that can identify feeding, activity, weight and nutrition concerns in children ages 18 months to 5 years. There is a Toddler NutriSTEP® for ages 18 to 35 months and a Preschooler NutriSTEP® questionnaire for ages 3-5 years. NutriSTEP stands for Nutrition Screening Tool for Every Preschooler.

The screening questionnaire provides an efficient way to assess the five components believed to influence the nutritional status of preschoolers and toddlers including:

- 1) food and nutrient intake,
- 2) factors affecting intake and eating behaviour,
- 3) physical growth,
- 4) physical and developmental capabilities, and
- 5) physical activity and sedentary behaviour.

Parents self-administer the nutrition screening questionnaire choosing the best response to describe their child's behaviour. Results are totaled to determine the child's nutritional risk as low, moderate or high. Parents are provided with educational resources and referral to community (i.e. health care provider, registered dietitian) and provincial supports (i.e. EatRight Ontario).

Nutrition screening raises parental awareness of healthy eating, promotes early intervention and targets children at higher risk for further assessment and treatment. It is estimated that 10-20% of the population of young children aged 18 months to 5 years will be identified as high nutritional risk. Poor nutrition can lead to growth problems such as failure to thrive and obesity, anemia, lifelong poor eating habits, lack of school readiness and inability to learn at school.

Algoma Public Health is currently implementing NutriSTEP® in our Healthy Babies Healthy Children program and plans to include it with other child health programs over the next few months. Surveillance data is being collected through our electronic health record system in an effort to evaluate the current nutritional status of children between the ages of 18 months to 5 years. APH is also partnering with the Algoma Best Start Integrated Services table to develop a district wide implementation plan.

## RISK MANAGEMENT

### ENVIRONMENTAL HEALTH

**Topic:** Food Safety Protocol, Accountability Agreements

**This report addresses:** Environmental Health Program Standards Food Safety Protocol, and MOHLTC Accountability Agreements

**This report addresses the following Strategic Directions:** Accountability

<b>Risk</b>	<p>An update from previous Board Meetings in 2014: Two Public Health Inspectors resigned in 2014 and currently APH has replaced one PHI position starting in February 2015.</p> <p>100% completion for the two Accountability Agreement requirements for high risk food inspection and medium risk food inspection was not met in 2014.</p> <p>Accountability Agreement 2.1: Inspect all high risk food premises not less than once every 4 months: in 2014 we completed 91.8% of required inspections.</p> <p>Accountability Agreement 2.2: Inspect all medium risk food premises not less than once every 6 months; In 2014 we completed 88.9% of required inspections.</p>
<b>Recommendations</b>	<p>Environmental Health is working hard to achieve the set targets and ensure compliance of the required MOHTC program standards and Accountability Agreements.</p> <p>(PHI Accountability Agreements: 2.1High Food Inspections, 2.2 Medium Food Inspections, 3.1Personal Service Setting Inspections, Tanning Bed Inspections, 3.2 Rabies Investigations, 2.4Drinking Water Risk Assessments, 2.3Public Pool Inspections, 2.5Public Spa Inspections).</p>
<b>Key Points</b>	<ol style="list-style-type: none"> <li>1. MOHLTC Requirement #7 states “...shall inspect and provide all the components of Food Safety Program within food premises as defined in the Health Protection and Promotion Act and in accordance with the Food Premise Regulations.”</li> <li>2. A contingency plan for the shortage of a PHI was created in 2014. The plan is currently being adjusted to potentially reduce work in some program standards that are currently not an accountability agreement while also maintaining balance of all program needs. PHI conduct risk assessments and prioritizing of workload on a routine basis to ensure public health and safety.</li> <li>3. MOHLTC issued a new Risk Categorization of Food Premises which increases the time needed for each food premise inspection in 2015.</li> <li>4. MOHTC has additional potential Accountability Agreements which include two for food safety: Inspect all temporary food premises and monitor number of certified</li> </ol>

	food handlers on site during inspections. These additional agreements will increase the time needed in Food Safety Program.
<b>Analysis</b>	Contingency Plan, risk management and prioritization of work has been done and will continue to be analyzed to ensure public health and safety.
<b>Action</b>	Continue to strive to work within allocated staff resources, and will have ongoing evaluation on the progress as needed and will formally re-evaluate on a quarterly basis.
<b>Financial Implications</b>	The Environmental Health Program budgets have funds allocated for the vacant PHI position.
<b>Staffing Implications</b>	None
<b>Action</b>	Continue to strive to work within allocated staff resources, and will have ongoing evaluation on the progress as needed and will formally reevaluate on a quarterly basis.

### **CHRONIC DISEASE PREVENTION**

#### **Topic:** Healthy Communities Partnership Program

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Requirement #6 - The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding multiple chronic disease prevention topic areas, including, physical activity and healthy eating.

**This report addresses** the following Strategic Directions: Collaborate Effectively and Health Equity

<b>Risk</b>	Funds through the current ministry approved HCP work plan are available for the development of this type of community strategy.
<b>Recommendations</b>	<p>APH and Healthy Communities Partnership (HCP) have a well-established and ongoing working relationship with the Sault Ste. Marie (SSM) city planners (linking health and planning).</p> <p>As a result of this partnership there is a recommendation that HCP funding be available to support the proposed SSM Mobility Plan.</p>
<b>Key Points</b>	The goal of the HCP program is to improve health outcomes through the development of local healthy eating and physical activity policies and the activities to support these components. Outcomes of the program are to increase the number of networks, community leaders and decision makers involved in healthy



	<p>eating and physical activity policy development.</p> <p>To date, the city of SSM has worked on various elements of healthy public policy development and enhancing supportive environments (i.e. participation in official plan review, development of cycling master plan, and development and expansion of non-motorized trails). SSM and more specifically the Sault Trails Advisory Committee (STAC) are at a stage where they are ready to move forward with some next steps regarding the development of a SSM Mobility Plan, which includes:</p> <ul style="list-style-type: none"> <li>• To investigate the addition of other community partners within the city and area who can provide expertise and information in healthy public policy and planning.</li> <li>• To investigate hiring of a consultant to develop a business plan/strategic plan by pulling together multiple elements, such as, celebrating the new bike lanes, signing cycling routes, communication campaign, educating the public both vehicular and cyclists how to use bike lanes, location of cycling routes, identify pedestrian hot spots, safety concerns, and include recommendations for improving cycling and pedestrian infrastructure.</li> </ul>
<b>Analysis</b>	<p>The HCP project provides resources and support for engaging with municipalities regarding healthy public policies and planning throughout the Algoma District. The HCP project goals and funding assists APH to meet the Chronic Disease Prevention requirements of the Ontario Public Health Standards.</p> <p>The proposed SSM Mobility Plan aligns well with the objectives and outcomes of the 2014-2015 HCP workplan.</p> <p>The proposed SSM Mobility Plan can help to enhance the overall health and wellbeing of the community of SSM and surrounding area.</p>
<b>Action</b>	<p>Request for the Board for Algoma Public Health to pass the proposed resolution to provide the City of SSM with up to 10,000.00 for the proposed SSM Mobility Plan from the 2014/2015 HCP funding.</p>
<b>Financial Implications</b>	<p>APH and the Ministry of Health and Long Term Care have signed an Agreement for the HCP Project for the Budget Period of April 1, 2014 to March 31, 2015 for the amount of \$44,150. The Ministry has approved the HCP Algoma work plan and the funds associated with activities outlined in the plan. The funds can support the development of the proposed SSM Mobility Strategic Plan.</p>
<b>Staffing Implications</b>	<p>N/A</p>

## **PARTNERSHIPS**

### **Algoma District Municipal Association (ADMA)**

APH Executive Team members will be attending the ADMA meeting on April 11, 2015 in Elliot Lake. This is a valuable opportunity to meet with Mayors from communities across the Algoma District and provide a presentation regarding the programs and services we provide to their communities.

### **CEO TABLE**

APH attended the first CEO table meeting of the year, on Jan 27, 2015. The Community Safety and Wellbeing framework that was introduced to the group in November 2014 was re-visited. This framework, sponsored by the Province, is aimed at reducing crime, enhancing safety and wellbeing. There was agreement around the table that an environmental scan of current initiatives should take place before a framework is adopted. At the next meeting, February 17, 2015, a theming exercise related to current initiatives, will take place. This exercise will inform the next steps of the creation/adoption of a framework for a community strategy.

### **FIRST NATIONS INITIATIVE**

The partnership between the North Shore Tribal Council and APH has gained momentum in the last month. The initiative has been named, Mno BmaaDziidaa- "Walking together for Health". On January 27th, Representatives from the Chiefs of Ontario were on site at APH to offer consultation. Face to face focus groups with the First Nation communities started the first week of February. The goal of the focus groups will be to explore interest in public health service and/or needs in each of the communities. Results of these focus groups will be presented in the final report. Cultural Competency training has been scheduled for all APH staff, March 4-6, 2015. Maya Chacaby, an Aboriginal Cultural Competency Education Coordinator from the Ontario Federation of Indigenous Friendship Centres will provide the training.

### **Health Links**

The Business Plan has been submitted to the Ministry of Health and Long Term Care for one year funding and we are await confirmation of acceptance and funding. APH remains committed to Health Links and we look forward to working with the Steering Committee.

### **SAH**

Algoma Public Health and the Sault Area Hospital's Infection Prevention and Control Team (IPAC) have a long running relationship in responding to both the expected and unexpected diseases that emerge in the local area. Thorough surveillance mixed with infection control measures in a hospital environment not only helps control transmission within an institution but also to the greater community. This partnership which entails almost daily communication also is mirrored in a wider interagency infection control group in which APH facilitates discussion and sharing of IPAC best practice and surveillance data and recommendations. Algoma Public Health can also bring in subject matter experts such as the Infection Control Resource Team from Public Health Ontario or the Regional Infection Control Networks to assist in consultation and training.

## NEXT STEPS

As we move forward with new leadership, we are focused on our Strategic Planning activities and delivering quality public health programs and services to the citizens of Algoma. We continue to meet with community partners to explore opportunities and develop new relationships moving forward. Our new method and template for program planning has been initiated and the new program plans will be ready for implementation in March. This will permit us to support our strategic directions and create an effective reporting mechanism to the Board. Lastly, we continue to strengthen our relationship with our Acting MOH, Dr. Sutcliffe, which has enhanced knowledge, leadership capacity, and partnership with our Northern neighbor.

Respectfully submitted,

Connie Free, Acting CEO and Dr. Penny Sutcliffe, Acting MOH