



Algoma
PUBLIC HEALTH
Santé publique Algoma

8a) Attachment

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

Prepared by Dr. Penny Sutcliffe, Acting Medical Officer of Health (MOH) and Sandra Laclé,
Acting Chief Executive Officer (CEO)

Table of Contents

Words for Thought	Page 3
Month in Review	Pages 3-4
Transitions	Page 4
Program Highlights	Pages 4-8
Risk Management	Pages 8-10
Partnerships & Community Updates	Page 11-12
Next Steps	Page 12

WORDS FOR THOUGHT

Mental Health Week May 4-10, 2015

In any given year, 1 in 5 Canadians experiences a mental health or addiction problem.

Who is affected?

- 70% of mental health problems have their onset during childhood or adolescence.
- Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.
- Men have higher rates of addiction than women, while women have higher rates of mood and anxiety disorders.
- People with a mental illness are twice as likely to have a substance use problem compared to the general population. At least 20% of people with a mental illness have a co-occurring substance use problem.
- Similarly, people with substance use problems are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use problem have a co-occurring mental illness.
- Canadians in the lowest income group are 3 to 4 times more likely than those in the highest income group to report poor to fair mental health.
- Studies in various Canadian cities indicate that between 23% and 67% of homeless people report having a mental illness.

http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

MONTH IN REVIEW

On Tuesday May 5, 2015 S. Laclé and L. Zeppa attended a networking opportunity with other community leaders from Sault Ste. Marie and the Algoma District with Professor Matthew Sanders to discuss responsive community-based services and promotion of mental wellness for children, youth and families. Positive parenting skills are increasingly being seen as a successful strategy for promoting child development, improving mental wellness, and supporting crime prevention efforts. Professor Sanders is the creator and author of the Triple P – Positive Parenting Program.

S. Laclé and L. Zeppa attended the performance, *Rehearsing for Life*, by the Youth Engagement Troupe on April 22, 2015. The troupe is led by Timothy Murphy, Communication Specialist at Algoma Public Health and performers are high school students from across the city. *Rehearsing for Life* addresses substance use and misuse, safe partying practices, sexual health and positive assertiveness training with Grade 9 Health and Physical Education classes from both Algoma District School Board and Huron-Superior Catholic District School Board.

On April 30, 2015 S. Laclé traveled to Wawa with L. Zeppa and J. Bouma to meet with staff in our Wawa office and a Family Health Team community partner. We had the opportunity to have lunch with some of the evacuees from James Bay and speak with the Mayor of Wawa, Mr. Ron Rody.

alPHA's Annual Health Unit Employee Fitness Challenge was held on May 7, 2015. All staff members from each of Ontario's 36 health units are encouraged to participate in a minimum of 30 minutes of

physical activity on this day and the health unit with the highest percentage of staff participation wins. In Sault Ste. Marie staff organized a guided Hub Trail walk, pick-up hockey game and circuit training. Each of the district offices organized a 30 minute group walk. A light lunch was provided for all participants. This year **80%** of staff participated, compared to 48% of staff participating last year.

TRANSITIONS

District Offices

Congratulations and best wishes to Marshall Chow, District Manager. Marshall Chow will be retiring after almost 30 years of services with Algoma Public Health. His last day with Algoma Public Health will be May 26, 2015. We thank Marshall for his many years of leadership, dedication and support to the agency and to the district offices. His presence will be missed.

We are happy to report that Sherri Cleaves will take on the position of Algoma West District Manager and will assume the responsibility of the Wawa Office. Currently we are in the process of recruiting an Algoma East District Manager who will have responsibility for the Blind River and Elliot Lake Offices.

Genetics

Sault Area Hospital, the Northern Ontario Regional Genetics Program and Algoma Public Health are scheduled to meet on May 14, 2015 to discuss next steps related to the transitioning of the Genetics Program. Internal planning is getting underway and progress is being made towards the goal of ensuring a smooth transition for staff and clients. Once completed, the detailed transition plan will be shared with the Board of Health for final approval.

PROGRAM HIGHLIGHTS

CHRONIC DISEASE PREVENTION

Topic: Healthy Communities Partnership

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

In May 2009, the Ministry of Health launched the *Healthy Communities Partnership Fund*, an integrated approach to improve the health of Ontarians. Since that time, the Healthy Communities Partnership (HCP) Algoma Committee has been working toward increasing the number of networks, community leaders and decision makers involved in supporting healthy communities. The goal of the HCP is to improve health outcomes through the development of local healthy eating and physical activity policies.

Healthy Eating

Based on the recommendation to improve the current food environment, the HCP agreed to work to advance the following policy outcomes:

- 1) ***Increase the access to healthy food choices at municipal parks and recreational areas.***
Community recreation facilities are gathering places for people of all ages. They provide safe, public spaces for physical activity and create a social environment that can strengthen a sense of community. The availability of healthy food options at these facilities can have a positive impact on the health of residents in the community. During the 2014/2015 year, the HCP conducted a *Healthier Food Choices in Recreational Settings Survey*. Private and municipal recreational facilities were invited to participate. The intent of the survey was to gather information to understand the current food environment at recreational facilities, as well as enhance awareness about healthy food options. A final report was developed based on the survey data, which highlights the findings and includes recommendations for moving forward. Currently the HCP is in the process of surveying consumers who visit recreation facilities in Algoma. A final report will be developed from these results as well.
- 2) ***Increase the accessibility, affordability and availability of health foods through community design.*** The HCP has also been working with the Sault Ste. Marie Innovation Centre to develop food access maps. These maps include food access points throughout Algoma (i.e. grocery stores, food banks, community kitchens, butcher shops, u-pick/farm gates, farmer's markets, convenience stores, and fast food locations). These points on a map provide information, such as local food sources and gaps in food access which can help to inform future policy development. The final phase of this project will see these maps visually appealing, interactive, easy to use, and available through multiple community partner websites.

Physical Activity

Based on the recommendation to improve active living, the HCP has been working to raise awareness and support improvements in the built environment in order to enhance physical activity opportunities. Municipal official plans, land use designations and transportation master plans can help to support physical activity, access to recreation, and active transportation (walking and cycling to common destinations). Over the past few years the HCP has contracted the services of Dillon Consulting to work with municipalities to review official plans. These reviews provide municipalities with information and feedback about recommendations and considerations for the inclusion of policies and or strengthening existing wording to enhance/support healthy communities. Currently, the HCP is working with a few municipalities to implement a Rural Active Living Assessment (RALA). The RALA tools have been designed to help collect data in rural communities regarding physical environment features, amenities, community characteristics, community programs, and policies that could potentially influence levels of physical activity among residents.

To date, Algoma Public Health (APH) has not received information or confirmation regarding additional funding to support the work of the HCP in the 2015/2016 year and beyond. Despite this, APH and the HCP will continue to work in partnership with municipalities to strive to advance policy development and supportive environments for achieving healthier communities.

INJURY PREVENTION AND SUBSTANCE MISUSE

Topic: Modernization of Beverage Alcohol Regulations in Ontario

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Requirement # 1 - The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, related to alcohol use. 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 alcohol use.

This report addresses the following Strategic Directions: Collaborate Effectively, Be Accountable, and Health Equity.

Over the last few months the provincial government has been increasing the availability of alcohol across the province. Under the premise of modernizing the alcohol distribution system in Ontario and increasing access to related revenue there have been various announcements proposing expanded opportunities for alcohol sales. The latest announcement would see the expansion of up to 450 new beer retail outlets across the province. This would be in addition to the current 1800 retail outlets already existing.

Alcohol is the second leading cause of death, disease and disability in Canada as well as a causal factor in more than 60 diseases and a component cause in over 200 others such as cardiovascular and liver diseases, various cancers, and mental illness, and a significant cause of injury and mortality from incidents, impaired driving, violence, and suicide.

Research repeatedly demonstrates that the consumption of alcohol and its related harms increase as alcohol becomes more available. The impact of outlet density on high risk drinking is especially prominent among younger drinkers. In Algoma 79% of adults (76% Ontario wide) and 46% of Algoma teens aged 12-18 have reported consuming alcohol in the past 12 months (36% Ontario wide); and 16% of Algoma drinkers 12+ have reported heavy episodes of drinking (5 or more drinks on one occasion at least once a month).

In 2013 the economic burden from the consumption of alcohol cost the provincial government \$5.3 billion as oppose to the \$3 billion received in dividends and taxation revenue from the sale of alcohol.

Algoma Public Health (APH) is required under the Ontario Public Health Standards to develop health promotion and protection strategies to mitigate against the risks of alcohol consumption, and Boards of Health are held accountable under Ministry of Health and Long Term Care Accountability Agreements for reporting on local alcohol consumption rates. As well as monitoring trends in alcohol consumption, harms and impacts APH is currently involved in regional working group promoting the Canada's Low Risk Drinking Guidelines.

In keeping with efforts to promote health and wellness and to reduce harms associated with alcohol consumption the Board of Health for Algoma Public Health is asked to:

- Endorse motion: Modernization of Beverage Alcohol Regulations in Ontario (to be read at the Board of Health meeting)
- Share this Modernization of Beverage Alcohol Regulations in Ontario report and resolution with all municipalities throughout Algoma District and the Federation of Northern Ontario Municipalities (FNOM)
- Support the publication of an open letter to the community to enhance understanding of the risks associated with increased alcohol density

INFANT CHILD DEVELOPMENT PROGRAM

Topic: Infant Child Development Program and Services

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

This report addresses the following Strategic Directions: Improve Health Equity, Collaborate Effectively,

The Infant Child Development Program (ICDP) funded under Ministry of Child and Youth Services is a voluntary program within Algoma Public Health and is offered to parents with infants and young children (birth to six years of age) and who meet any the following criteria:

- ✓ difficulty during pregnancy, labour or delivery
- ✓ significant prematurity or underweight
- ✓ neonatal illness
- ✓ congenital handicaps
- ✓ developmental delays

Referrals include children with Autism Spectrum Disorder, Neonatal Abstinence Syndrome, to children with behaviour concerns such as aggression, social delays, and communication delays.

The ICDP program focuses on a family centered approach where the Parent Infant Advisor (PIA) works collaboratively with families dealing with family concerns which include but are not limited to the child's development, teaching parent skills, providing parents with information on such things as child development, what services are available in their community, how to advocate and stress management techniques. The PIA visits the family's home on a regular basis and an individual plan of intervention is developed based on results of assessments and family needs.

April 1, 2014 to March 31, 2015:
Clients receiving services - 424 children
New referrals - 318 children
Total: 742

Of these 742 children:
527 - were 0-3 years old
215 - were 4-6 years old

The ICDP program also saw 68 children in their clinic which runs every Wednesday from 1:00 to 4:00. Referrals come from a variety of sources including other APH programs, Health Care Providers, Schools and parents.

VACCINE PREVENTABLE DISEASE

Topic: Influenza Immunization Rates in Algoma

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: VPD Requirement #6 (The board of health shall provide consultation to community partners to develop immunization policies (e.g., workplace policies) based on local need and as requested.) and VPD Requirement #7 (The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit)

This report addresses the following Strategic Directions: Collaborate Effectively and Be Accountable

On an annual basis, Algoma Public Health liaises with local health care providers and institutions to ensure provision of publicly funded influenza vaccination. One particular focus of the Communicable Disease Control program is to recognize local institutions and community agencies on their staff immunization rates for influenza. This year, awards were distributed as follows:

- 1) Highest Long-Term Care Home – St Joseph’s Manor (Elliot Lake)
- 2) Highest Hospital – St Joseph’s General Hospital (Elliot Lake)
- 3) Most Improved – Sault Area Hospital
- 4) Community Plaque – Algoma Public Health

RISK MANAGEMENT

COMMUNITY ALCOHOL & DRUG ASSESSMENT PROGRAM

Topic: Provincial Expansion of Beer Sales

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 725107811– Addictions Treatment – Substance Abuse MSAA Service Plan

This report addresses the following Strategic Directions: Improve Health Equity, Collaborative Effectively

Risk	Along with the Community Alcohol and Drug Assessment Program’s (CADAP’s) current financial constraints, should the Province continue with their plan to expand alcohol sales, it will place additional 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	Support internal and external Algoma Public Health efforts in responding to the expansion of beer sales in Ontario and safe alcohol consumption. The program will provide supporting data and monitor referral rates at a local, regional and provincial level of individuals, reporting alcohol as a problem substance.

Key Points	<ul style="list-style-type: none"> • For 2014/15 fiscal year, for individuals accessing addiction programs at APH, alcohol continues to be the second highest problem substance reported. • Individuals accessing Local Health Integration Network (LHIN) funded addiction programs, in the North East LHIN region, alcohol is the highest problem substance reported. • Comparatively, the NE LHIN region statistics for alcohol are 4% higher than the provincial average. This has been a trend for the last 4 years. • The North East LHIN has higher percentages of people whose health practices are known to compromise health status as compared to Ontario. These include adults who are current drinkers reporting heavy drinking, 26.5% vs. 21.1%. • The highest percentage by age groups reporting alcohol as a problem substance, are between the ages of 18 and 34 which represents 44% of clients accessing services at CADAP. • The Province's alcohol expansion plans will increase alcohol accessibility in the community and will likely result in an increase stated statistics and demands on services.
Analysis	<p>Drinkers in the NELHIN region are at a higher risk of heavy drinking. The rates of individuals reporting problem drinking on admission at addiction programs in the north east region are already above the provincial average.</p> <p>The plans to increase access of alcohol to the general public along with the current status of drinkers in the region, and the absence of funding increases from the NE LHIN's will result in an impact of service provision.</p> <p>This will also impact the rates of chronic disease connected to heavy drinking.</p> <p>To date, the current projected numbers of referrals to the CADAP program are on target with the Multi-Sector Accountability Agreement (M-SAA).</p>
Action	<p>Advance the partnership with Chronic Disease program and work collaboratively with the goal of increasing community awareness of the low risk drinking guidelines.</p> <p>To monitor referral rates at a local, regional and provincial level to develop data for comparison should the Province continue with the alcohol expansion plans.</p> <p>Support Algoma Public Health's response to the provincial alcohol expansion plans.</p>
Financial Implications	<p>With an increase in access to alcohol, there is potential for increase in referrals to the program. This will have future impact on the program. There are currently no projected enhancements to the budget.</p>
Staffing Implications	<p>An increase in referrals, without a budget enhancement, will have a negative impact on client care and services.</p>

ENVIRONMENTAL HEALTH

Topic: Evacuation of Kashechewan First Nation

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

8. The board of health shall exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedures in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).

This report addresses the following Strategic Directions: Collaborate Effectively

Risk	Services required to respond to or prevent health needs are addressed through the Emergency Response Community Control Group. This Group liaises with the community and the provincial Emergency Operations Centre. Food, water, housing and disease control assessment is conducted with the help of Algoma Public Health (APH) and the Red Cross. The evacuees this year include many stage1 (more vulnerable) people with young children and seniors.
Key Points	Approximately 140 people from Kashechewan on the James Bay coast have been evacuated to the community of Wawa. Many others have been relocated to other areas of Ontario. As projected the Kashechewan residents have started to return home on May 11, 2015.
Analysis	The combined efforts of local, provincial and federal authorities ensured a safe and coordinated evacuation. Once the evacuees were on the ground in Wawa, the Municipality activated their Emergency Response Community Control Group. The Group responded by organizing and responding to the needs of the evacuees. APH is a member of the Emergency Response Community Control Group.
Action	The evacuees are being housed in three local hotels and food needs met through the community hall or Legion hall with local vendors providing meals. Public health's role has included verification of food premises inspection and ensuring public health information is available for families with children, as needed.
Financial Implications	Three Algoma Public Health staff members were placed on standby for the entire weekend the evacuees arrived, April 25-26. The Municipality and Emergency Response Control Group are aware of on call numbers for APH should a public health issue or need arise beyond normal working hours.
Staffing Implications	In addition to standby implementation, a staff member, manager, director and ACEO have attended daily Emergency Operations Center, Ministry of Health and Long Term Care teleconference meetings to help in public health's response and implementation of evacuation.

PARTNERSHIPS & COMMUNITY UPDATES

Algoma Leadership Table

On April 7th the provincial government, through the Poverty Reduction Strategy Office announced a local poverty reduction fund, with a focus on supporting local solutions to poverty. On May 4th, the Algoma Leadership Table convened and agreed to submit an “expression of interest” application for this fund. The focus of the expression of interest will be “youth poverty reduction”, with a focus on upstream prevention: early child hood development, teen pregnancy prevention and youth employment. This application will build on the successes of the Neighbourhood Resource Centre in the downtown core of Sault Ste. Marie and the partnership framework that the Algoma Leadership Table is using to drive community wellness and safety. APH is at this table and this application, if successful, will align the agency’s plan to reduce the teen pregnancy rate and Enhance Health Equity.

Blind River District Health Centre

The Acting Director of Clinical Services, J. Bouma, and the District Manager, M. Chow, attended a Blind River District Health Centre Board meeting to present on APH’s programs and services on April 28th. District partnerships and public health mandate and service delivery were highlighted and that challenges in improving health of the region of Algoma is a joint responsibility of municipal, institutional and public health domains amongst others and in consideration of the determinants of health.

Neighbourhood Resource Centre

M. Bruni and S. Laclé, along with members of the Executive and Leadership teams and program staff, attended the one year anniversary of the Neighbourhood Resource Centre (NRC) located on Gore St on May 8, 2015 in Sault Ste. Marie. The NRC is a multi-agency facility that provides the surrounding community with direct access to service agencies. A number of community programs are held in the Wellness Centre that focus on education, health promotion, disease prevention and engagement.

APH’s Community Mental Health program has also been working closely with the NRC this past year, with one case manager working out of NRC one ½ day per week providing information to agency participants on our local mental health system supports and resources, as well as providing direct psychiatric case management services to individuals coming into the resource center in need of mental health supports. In addition, starting April 1st, 2015 the program’s Transitional Case Management team has been available to the center for rapid mobilization of case management supports Monday- Sunday including evenings. On Thursdays, one transitional case manager works on site supporting the walk-in clinic operated by Dr. McLean.

North East Local Integration Health Network (NELHIN)

On April 9th, at the invitation of the North East Local Integration Health Network (NELHIN), S. Laclé, L. Zeppa and J. Metheany attended a funding announcement by David Oraziotti and the NELHIN. One of the funding announcements will support people with mental illnesses or addictions as they transition from hospital to community. This enhanced funding will support the Transitional Case Management services that are delivered by Algoma Public Health’s Community Mental Health Program. Funding was also announced to support a mental health and addictions housing initiative that will be driven by the partnership between the Sault Ste. Marie Housing Corporation, Canadian Mental Health, Sault Area Hospital and Algoma Public Health’s Community Mental Health Program.

Postpartum Mood Disorders- “You Are Not Alone”

The You Are Not Alone team is raising awareness about Postpartum Mood Disorders (PPMD) and helping make PPMD a priority, by creating informed communities, with access to services for early detection and timely treatment. APH is an active team member of this community coalition. On April 27th, Sault Ste. Marie City Council proclaimed May 7th 2015 as Parental Mental Health Day urging the community to become a “postpartum mood disorder aware community”. PPMD has been a key area of focus of APH Parent Child Service delivery for many years. A service “pathway” has been developed. Screening for PPMD is built into many of the entry points of APH’s programs.

A Healthy Human Development (HHD) Collective Area of Focus Table was convened in January 2014; this table was formed through Strategic Plan for Ontario’s Public Health Sector, Make No Little Plans that was launched in 2013. Through ongoing consultation with policy makers and public health practitioners, the HHD Table has prioritized the area of “parental mental health” in the perinatal period to support healthy child development, as a focus. Laurie Zeppa, Director of Community Services participated in the consultation for this area of focus and will continue to participate at this table under the direction of Public Health Ontario.

NEXT STEPS

The recruitment for a permanent MOH/CEO continues. Advertising at the provincial and national levels is ongoing and includes the Algoma Public Health Website, Canadian Public Health Association Website, Public Health Physicians of Canada Website, alPHa Website, and the HealthForceOntario Website. In addition, the position posting has been forwarded to the Director of the Public Health and Preventive Medicine program of all Medical Schools in Ontario.

On June 11, 2015 Dr. Peter Donnelly, President and Chief Executive Officer of Public Health Ontario will be visiting Algoma Public Health. Planning is underway to host Dr. Donnelly.

We have had one Board member express interest in the Governance Standing Committee. Other Board members are invited to submit their name to C. Luukkonen. A first meeting of the Committee will be arranged for June.

Respectfully submitted,

Dr. Penny Sutcliffe, Acting MOH and Sandra Laclé, Acting CEO