



*Algoma*  
**PUBLIC HEALTH**  
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8a) Attachment

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

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## SUMMARY/INTRODUCTION

### **Words for Thought ....**

*"The theme for this year's convention – Adapting to a Changing World – is very appropriate, in that the public health sector is continuing to respond and adapt to changes in our population, our environment and technology. TOPHC will provide a unique opportunity to bring together and bridge perspectives from various disciplines of public health in order to develop innovative solutions to meet the challenge of improving people's health... As a result of the commitment, hard work and passion of Ontario's Public Health professionals, the province continues to make great strides in the areas of infectious disease prevention and control, supports for promoting healthier living, environmental health and emergency preparedness, to name just a few". (Dr. Erik Hoskins, Minister of Health and Long Term Care, The Ontario Public Health Convention - TOPHC, 2015)*

This report highlights many of partnership initiatives of Algoma Public Health. These partnerships extend across sectors and across our District and are essential to our Vision (2015-2020) where together we create and sustain healthy communities.

This past month has had a strong internal focus, with S. Laclé and J. Pino visiting Blind River and Elliot Lake offices. These visits included All Staff meetings at each site and a tour of each office. It was noted that in June it will be 3 years since the collapse of the Algo Mall. During this time staff from Elliot Lake have remained valiant in their efforts to offer public health services from a temporary location. These visits were positively received by both staff and management in attendance. Dr. Sutcliffe and S. Laclé, along with the senior executive team, will host an All Staff meeting from the Sault Ste. Marie Office on Friday, April 10, 2015. A visit to the Wawa Office is being planned for later in April.

Mr. Graham Scott, Assessor with the MOHLTC continued his on-site interviews on March 24<sup>th</sup> – 25<sup>th</sup>, 2015. Mr. Scott began his governance assessment and interviews with Board members, staff and municipal leaders on February 26, 2015.

MOH/CEO recruitment 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, Dr. Sutcliffe promoted at the recent public health convention, TOPHC, as did S. Laclé at Public Health Ontario.

S. Laclé participated in a Public Health Ontario Board meeting on March 24<sup>th</sup>, 2015. This included a tour of the recently relocated Toronto Public Health Laboratory. PHO has confirmed that Dr. Peter Donnelly CEO will visit APH on June 11<sup>th</sup>, following a visit to the Sudbury & District Health Unit on June 10<sup>th</sup>.

## PROGRAM HIGHLIGHTS

### COMMUNITY MENTAL HEALTH

**Topic:** Partnering in Social Housing Initiatives

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

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

Community Mental Health Program (CMHP) continues to take a leadership role in collaborating with many community partners and key stakeholders in planning, establishing, implementing, and supporting social and supportive housing initiatives throughout the district. As identified for the Board in December, in 2014 the program entered into a new partnership with Sault Ste. Marie Housing Corporation (SHC). One CMHP Psychiatric Case Manager was aligned full time from November 1<sup>st</sup>, 2014- March 31<sup>st</sup>, 2015 through a purchase of service contract, to provide mental health supports within the Corporation's many housing initiatives including emergency shelters. This new initiative has been evaluated by SHC and community partners and has been shown to be highly effective in linking many homeless individuals and families to the appropriate type of housing and continuing levels of support. SHC has expressed the opinion that this pilot initiative has been very successful due in large part to the exceptional level of specialized knowledge, skill and energy of the APH-CMHP staff alignment. To that end, SHC has requested renewal of this partnership/contract for two years covering the period of April 1<sup>st</sup>, 2015 until March 31<sup>st</sup>, 2017. APH's Mental Health and Addiction services are strengthened by the foundations of public health delivery with particular focus on the social determinants of health and improving health equity.

A new initiative in Elliot Lake, in partnership with a private landlord, has helped to coordinate a second level housing program known as "Tokyo Place". The new program is based on the SSM-CMHP supported housing model "Elgin Place" that is now in its 7<sup>th</sup> year of operation. "Tokyo Place" which opened in Elliot Lake in February of this year, will help to provide safe, affordable, semi-supported housing to persons living with a serious mental illness, while building relevant life skills needed for independent living. Community Mental Health staff provide in house support to residents 2 hours per day, 3 days per week. Staff work to help residents develop skills such as cooking, nutrition, time management, housekeeping, responsibility, social skills, and communication skills and provide ongoing support to residents as they work their personal recovery plans.

The APH-CMHP is built on foundations of sector and non-sector collaborations in order to meet the needs of people with complex issues. Both of these new programing opportunities build on enhanced collaboration with the service and private sector partners mentioned above and help demonstrate our program commitment to advancing our APH strategic directions.

## **ENVIRONMENTAL HEALTH**

**Topic:** Ontario Building Code – Part 8 Program Annual Report 2014

**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 is 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) of the Ontario Building Code. As a requirement of section 7. (4) of the Ontario Building Code, the agency is required to present an Annual Report to the public.

Building Permit activity has been on a slight decline since 2011. The decline can be attributed to a decrease in property development proposals such as subdivision reviews and sanitary survey inspection programs. Regardless of the downturn, the Program continues to be financially self-sustaining.

The 2014 year-end statistics for the Program is as follows:

### **Land Control Statistics for 2014**

Office	Class 2 (leach pit)	Class 4 (complete system)	Class 4 (tank only)	Class 4 (bed replacement/ alteration)	Class 5 (holding tanks)	File searches	Other* services
<i>Sault Ste. Marie</i>	3	123	2	6	3	78	79
<i>Blind River</i>	0	27	1	2	0	30	8
<i>Elliot Lake</i>	0	4	0	0	0	0	3
<i>Wawa</i>	0	2	0	0	0	2	0
<b>Totals</b>	<b>3</b>	<b>156</b>	<b>3</b>	<b>8</b>	<b>3</b>	<b>110</b>	<b>90</b>

\* Other services include performance level reviews, pre-development audits, applications for consents, zoning amendments and minor variance applications.

**Total revenues from the 2014 land control season:**

<b>FEES</b>	<b><i>Sault Ste. Marie</i></b>	<b><i>Blind River</i></b>	<b><i>Elliot Lake</i></b>	<b><i>Wawa</i></b>
<i>Permits</i>	101200	21550	3700	1500
<i>Consents/severances</i>	12,500	1746	0	0
<i>File searches</i>	6,150	2475	0	150
<b>TOTALS</b>	<b><i>\$119,850</i></b>	<b><i>\$25,771</i></b>	<b><i>\$3,700</i></b>	<b><i>\$1,650</i></b>

**2014 Land Control Total Revenue: \$150,971**

## **ENVIRONMENTAL HEALTH/CHRONIC DISEASE PREVENTION**

**Topic:** Smoke Free Ontario Act (SFOA), Tobacco Enforcement Protocol and Accountability Agreements

**This report addresses:** the requirements of the Ontario Public Health Standards (2014) and Program Guidelines/ Deliverables: Directives: Enforcement of the Smoke –Free Ontario Act (Jan 2015), Tobacco Compliance Protocol, 2014, Accountability Agreements and SFOA.

**Strategic Directions:** Accountability and Partnership.

### **Smoke-Free Ontario Act/ONTARIO REGULATION 48/06**

The SFOA, Ontario Regulations 48/06 was amended in January 2015. APH tobacco enforcement staff has been working with municipalities, communities, owners and operators of bars and restaurants and school boards to educate and explain the changes to the Act and to ensure the new legislation is being followed. The highlights of the amendments are:

- 1) Children’s playgrounds and play areas: and all public areas within 20m of any point on the perimeter of a children’s playground are to be smoke free. In Algoma several communities had created by-laws addressing no smoking within 15m of playground and these signs and distance requirements will need to be amended to match the new 20m distance requirements.
- 2) Restaurant and bar patios: Patios are now smoke free areas. Smoke-free patios will help to limit hospitality workers’ exposure to second-hand smoke and reduce social role modeling of tobacco use to children, youth and young adults as a “normal”.
- 3) Sports fields and spectator areas on publicly-owned land: Smoking is banned within 20m of the perimeter of sports fields, sport surfaces and spectator areas adjacent to sports fields. The prohibition applies to municipally owned sports fields or sports surfaces only.
- 4) Tobacco sales: are banned on post-secondary education campuses, in elementary and secondary schools, and in day nurseries.

The regulatory amendments ensure that all Ontario communities and businesses have the benefit of the same level of protection from exposure to second-hand smoke and tobacco use. APH has been working with our community partners and municipalities to ensure that they are aware of the changes to the Act. The Ministry of Health and Long-Term Care has provided APH with prescribed signage for installation within parks, playgrounds and sports fields; however, municipalities are responsible for the installation of the signs, including covering the costs of installation. Signs will be posted during the spring/summer season due to the current weather conditions.

### **Ministry Accountability Agreements:**

The MOHLTC has listed 4 accountability agreements related to SFOA enforcement for 2015; the following list the results for 2014:

- 1.4: % tobacco vendors in compliance with youth access legislation at the time of last inspection: target >90% and APH performance 93%;

- 1.5: % of secondary schools inspected once per year for compliance with section 10 of the SFOA: target 100% and performance N/A (baseline year) (APH was 100%)
- 1.6: % tobacco retailers inspected for compliance with section 3 of SFOA: target 100% and APH performance 100%
- 1.7: % tobacco retailers inspected for compliance with display, handling and promotion sections of the SFOA: target 100% and performance N/A (baseline year) (APH was 100%)

## **ORAL HEALTH**

**Topic:** Blind River Community Water Fluoridation Report

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Protocol for the Monitoring of Community Water Fluoride Levels, 2014

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

This report is provided in compliance with the Ministry of Health and Long Term Care protocol for the monitoring of community water fluoride levels. The protocol requires the medical officer of health to submit a report to the board of health if the fluoride concentration is below 0.6 ppm for more than 90 days in a fluoridated municipal water system. The Blind River Water Treatment Plant recently experienced a total of 98 days without fluoride.

On February 19<sup>th</sup>, 2015, Algoma Public Health was notified by the Blind River Water Treatment Plant of an interruption in municipal water system fluoridation. During the months of December 2014 and January 2015 no fluoride was added to the municipal water due to an analyzer failure. The component that was required for proper set-up and calibration was back ordered. The operator informed APH that several attempts were made to contact both the supplier and delivery service to determine the reasoning for the delay in receiving this component.

At the time of reporting to APH, the Blind River Water Treatment Plant had a lapse of 72 days during which no fluoride was added to the community drinking water supply. APH's dental consultant was contacted and he advised us to follow the Ministry's *Protocol for the Monitoring of Community Water Fluoride Levels, 2014*, and wait for 90 days (March 9<sup>th</sup>, 2015) before implementing any further actions.

On March 13<sup>th</sup>, 2015, APH contacted the Blind River Water Treatment Plant to obtain an update on the status of the situation. APH was informed that the issue should be resolved by the following week.

On March 18<sup>th</sup>, 2015, notification was received from the PUC office in Blind River indicating that the calibration standards were received on this date, the fluoride probe was working properly and the fluoride levels were within the prescribed range with a reading of 0.66 ppm.

Throughout this process, APH dental consultant, community health services director, oral health program manager, District program manager and a public health inspector collaborated to ensure

Ministry protocols were maintained. The Medical Officer of Health was not notified until March 18<sup>th</sup>, 2015 which is identified as a process improvement for future incidents. APH will ensure ongoing monitoring of the Blind River Water Treatment Plant to ensure levels are within acceptable ranges.

## **ORAL HEALTH**

### **Topic: Oral Health Services**

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

1. Child Health-Health Promotion and Policy Development
2. Protocol for the Monitoring of Community Water Fluoride Levels

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

April is National Oral Health Awareness month and it is a time to celebrate and recognize the importance of oral health and the critical role that public health dental professionals play in supporting overall health.

Algoma Public Health's oral health services program will be engaging the community in a social media campaign with the goal of increasing their knowledge of oral health practices.

Throughout the month of April, residents across the District of Algoma are invited to submit a picture posing with a cartoon 'smile' cut-out and uploading to our Facebook page using #SmileAlgoma. On April 30<sup>th</sup>, 2015, the photo with the most 'votes' wins an iPad mini.

The contest is a simple, fun way to engage all ages in dental health education and everyone will be encouraged to participate. The following oral health tips that are highlighted on the "smiles" include:

- 2 for 2 is what you do! Brush your teeth twice a day for 2 minutes each time
- Avoid sipping sweet drinks between meals
- Visit a dental professional regularly

Algoma Public Health will also be participating in a Canada-wide social media campaign celebrating 70 years of Community Water Fluoridation (CWF). On April 10<sup>th</sup>, 2015 at 1:00pm (EST) for 70 minutes, APH will be joining dental associations and public health agencies across Canada by launching a social media storm with the intent of educating our colleagues and the public, and to celebrate Canada's pioneering role in fluoridation.

The Ontario Association of Public Health Dentistry has worked with the Children's Dental Health Project in Washington to create a Canadian-specific social media kit to increase awareness of the importance of community water fluoridation. APH celebrates the municipalities of Blind River, Wawa, and Elliot Lake, who have chosen community water fluoridation for the dental health of their communities.



## RISK MANAGEMENT

### INFECTION CONTROL

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

8. 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 \(or as current\)](#); and provincial and national protocols on best practices.

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

<b>Risk</b>	Controlling antibiotic resistant organisms requires a multifaceted approach to tackle identification, colonization and transmission of the bacteria before infections start to present. Although a hospital based outbreak, a significant increase in the number of colonized Long Term Care residents admitted to SAH and returned to their Homes was observed.
<b>Recommendations</b>	A significant collaborative effort of controlling multiple antibiotic resistant organism outbreaks in the Sault Area hospital, with risk to long term care and community residents occurred in the first quarter of the year. Partnerships with the hospital, Long Term Care and public health resulted in prompt limiting of transmission and decreased risk to patients and residents.
<b>Key Points</b>	In early January, a vancomycin-resistant <i>enterococci</i> (VRE) outbreak was declared in a unit at the Sault Area Hospital (SAH), followed by another unit level outbreak of VRE and subsequent methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) outbreaks in three other units at the hospital in the next two month The last outbreak was declared over on April 2 and several enhanced surveillance and control efforts continue to ensure that MRSA and VRE occur at baseline levels and risk to patients remains low.
<b>Analysis</b>	The last outbreak was declared over on April 2 and several enhanced surveillance and control efforts continue to ensure that MRSA and VRE occur at baseline levels and risk to patients remains low. Increased education, use of chlorohexidine baths and screening will reduce the risk of acquiring resistant organisms and possible transmission to susceptible patients.
<b>Action</b>	APH worked collaboratively with the Infection Prevention and Control team at the hospital to institute a number of control measures including screening, cohorting of staff and patients, enhanced cleaning and handwashing (education and implementation), lab surveillance including weekly prevalence screens and consultation with infection control specialists from the University Health Network and Public Health Ontario.
<b>Financial Implications</b>	none
<b>Staffing Implications</b>	Several public health inspectors as well as management were involved for several months in the ongoing work of outbreak involvement.

## **PARTNERSHIPS**

### **Health Links**

On March 26, 2015 APH hosted a Sault Ste. Marie Health Links Steering Committee meeting, attended by S. Laclé and chaired by L. Zeppa. At this meeting the committee agreed to transition the lead organization title to the Group Health Centre. The committee members acknowledged that the Group Health Centre will provide strong leadership as the Project moves from the proposal writing stage that was led by APH, towards project implementation mode.

Recognizing that Algoma Public Health delivers LHIN funded Addiction and Mental Health Services to a large population of vulnerable patients in the community, APH will continue to be an active partner on the Steering committee. Many surveillance and data analysis components of the project also align to the mandate of public health and will become key supportive role of Algoma Public Health to this Project. The North East Local Health Integrated Network regional officer informed the group that the funding for the project was announced and funding letters will follow.

### **Algoma Leadership Table**

On March 30<sup>th</sup>, 2015, S. Laclé and L. Zeppa attended an Algoma Leadership Table meeting hosted by the Sault Ste. Marie Police Service. J. Robson, Epidemiologist APH, presented a summary of community engagement themes from a survey of Table member organizations. This survey will assist the members to identify gaps as well as where strengthening of partnerships and services may be required.

## **NEXT STEPS**

The collective agreement between APH and the Ontario Nurses Association expired on March 31, 2015. A notice to bargain from the Union has been received.

S. Laclé along with Directors, J. Bouma and L. Zeppa, will be attending the Algoma District Municipal Association (ADMA) in Elliot Lake on Saturday, April 11, 2015. APH will be presenting on Algoma Public Health's programs and services.

Ensuring working and service delivery site improvements in Elliott Lake remain a priority. Recruitment for a Manager for the Elliott Lake and Blind River offices is underway. A manager from the Sault Ste. Marie site will assume Management responsibility for the Wawa Office which will benefit by its closer geographic proximity to a manager based in Sault St. Marie than to Blind River/Elliott Lake.

Dr. Sutcliffe and S. Laclé continue to work together to provide seamless and stable MOH and CEO coverage for APH while recruitment for a permanent MOH/CEO continues. The Board is reminded that Dr. Sutcliffe is providing coverage on a month by month basis and that S. Laclé's service agreement is only until August 31, 2015. During Dr. Sutcliffe's planned leave April 24 to May 1 and in accordance with Board motion 2015-37, Dr. Alex Hukowich will provide Acting MOH coverage to APH.

Respectfully submitted,

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