



Algoma

PUBLIC HEALTH

Santé publique Algoma

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

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

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SUMMARY/INTRODUCTION

Words for Thought...

Resilience is the ability to work with adversity in such a way that one comes through it unharmed or even better for the experience. Resilience means facing life's difficulties with courage and patience – refusing to give up. It is the quality of character that allows a person or group of people rebound from misfortune, hardships and traumas.

Resilience is rooted in a tenacity of spirit—a determination to embrace all that makes life worth living even in the face of overwhelming odds. When we have a clear sense of identity and purpose, we are more resilient, because we can hold fast to our vision of a better future.

Much of our resilience comes from community—from the relationships that allow us to lean on each other for support when we need it.

<http://www.wisdomcommons.org/virtue/108-resilience/quotes>

Staff Day will be held on June 17, 2015. District staff will travel to the Sault. This year's theme is Self-resiliency and Self-care. Our guest speaker is Jody Urquhart. The Board Chair will attend for the presentation of the service recognition awards.

Dr. Peter Donnelly, President and CEO of Public Health Ontario visited the Sault Ste. Marie office on June 11, 2015. Various public health programs were showcased. This was followed by a presentation from Dr. Donnelly to all staff about the future of public health. District offices participated by OTN and teleconference.

On June 7-9, 2015 the Association of local Public Health agency (alPHa) held its annual conference in Ottawa, ON. Dr. Sutcliffe, Sandra Laclé and Debbie Kirby represented Algoma Public Health. This year's theme was "Rethinking Public Health".

Following 1.5 days of negotiations, a second round of ONA Negotiations was held on June 2nd. These negotiations resulted in a tentative agreement that will go forward to ONA members for ratification in June. Following ratification by ONA the agreement will come to the Board of Health for ratification.

Board standing committee meetings are scheduled for the week prior to the Board of Health meeting. The Finance Committee meeting is scheduled for June 11, 2015 and the first Governance Committee meeting will be held on June 15, 2015.

In compliance with a request under section 77.3 of the Health Protection and Promotion Act, the Board of Health released the KPMG report to the Chief Medical Officer of Health, on May 15th. A request, under the Municipal Freedom of Information and Protection of Privacy Act was received on May 8, 2015 and is currently under legal review with the intent to release the report with redactions subject to MFIPPA, contractual constraints and notification of third parties as per MFIPPA. An extension to the timeline to process this request was required given the notification of third parties.

PROGRAM HIGHLIGHTS

COMMUNITY MENTAL HEALTH PROGRAM

Topic: Client Needs Assessment – Peer Support

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: Health Equity & Collaborate Effectively

Community Mental Health (CMH) utilizes the Ontario Common Assessment of Need (OCAN) which is completed with each client upon admission to the program and then every 6 months thereafter. The OCAN is a two part assessment combining consumer & clinician assessment. The assessment gives client's the opportunity to self-identify their level of need for assistance across 24 areas of need (for example; meaningful employment, accommodation, food security, psychiatric or addiction supports). Staff also assess each of their client's need(s) based on their clinical knowledge of the client and their circumstances. Case managers review these assessments with their clients; prioritize the areas clients would like to work on and then develop client centered service plans. Since its implementation CMH has completed well over 5,000 OCANs.

By using the OCAN, CMH is able to gather valuable aggregate data about areas of unmet needs, assess these need trends and then use this information to improve program services. For example, our latest generated OCAN report (May, 2015), shows the top 3 areas of unmet need for our clients are Physical Health, Psychological Distress, and Daytime Activities. Issues for any trend in client unmet needs, are very complex; however, the needs themselves provide the impetus for specialized CMH programming such as our Health & Wellness Groups (which are aimed at improving physical health, increased daytime activity opportunities as well as mitigating psychological distress through use of mutual/peer support).

Along these lines, an exciting new opportunity to further capitalize on the efficacy of mutual/peer support in helping to mitigate client unmet needs has presented. CMH has received additional annualized funding (1FTE) from the NELHIN to develop/integrate and implement a Peer Support Program into our supportive services.

Peer Support is founded upon the principle that people who have life experiences in common have something to offer each other which cannot be provided by others. This approach assumes that individuals who have experienced a serious mental illness can better understand and relate to individuals trying to deal with their mental illness and therefore are in a unique position to offer assistance through use of mutual support and the building of positive interdependence. The model of peer interventions has been well researched, many positive outcomes have been evidenced and guidelines for best practices in formal Peer Support interventions have been established.

CMH is currently engaged in the recruitment process and the Peer Support Program will be implemented in the near future.

ENVIRONMENTAL HEALTH

Topic: Infectious Diseases, Infection Prevention and Control Inspections and MOHLTC Accountability Agreement

This report addresses the requirements of the Ontario Public Health Standards (2014) and Program Guidelines/ Deliverables: Infectious Diseases Program Standards, Infection Prevention and Control in Licensed Day Nurseries Protocol, Infection Prevention and Control Practices Complaint Protocol, Infectious Disease Protocol, Risk Assessment and Inspection of Facilities Protocol and MOHLTC Accountability Agreement.

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

Public Health Inspectors (PHIs) conduct Infection Prevention and Control (IPAC) inspections and education for daycares, group, funeral, long term care and retirement homes, schools, recreational camps and other facilities as requested such as evacuation sites (James Bay in Wawa.).

IPAC inspections include education to staff on best practices for preventing the spread of infectious diseases. PHI inspect based on the Best Practice or Guidance documents from the MOHLTC and Public Health Agency (PHO)HO including topics such as: cleaning procedures, chemicals, laundry, identification of illness and reporting, hand hygiene, reprocessing and other issues specific to the site. APH routinely attend external institutional IPAC monthly meetings.

In 2014 PHIs conducted 106 Daycare inspections, 142 Personal Service settings inspections, 34 Residential housing inspections, 40 school inspections, responded to 256 complaint/requests for service and spent over 3000 hours doing regular routine inspections, education and training (not including outbreaks).

PHIs investigate reportable diseases under the Health Protection and Promotion Act, Ontario Regulation 559/91: specification of reportable diseases which can be found at <http://www.ontario.ca/laws/regulation/910559>.

PHIs completed 163 reportable disease investigations complying with provincial surveillance initiatives such as the expanded Salmonella / Campylobacter provincial questionnaires which monitors for specific for trends in the province and Canada. In 2014 Algoma was below the provincial average for reports on the most common food / waterborne diseases (Campylobacter and Salmonella). Provided educational sessions for personal service workers and hairdressing students at Sault College as a pilot project in 2014.

The MOHLTC accountability agreement for 2015: (3.5) - % of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS. We have accommodated this requirement in our policies and will ensure that all the required information is entered appropriately.

For the second year APH will be co-hosting an IPAC educational conference with PHO aimed at Long Term Care and retirement homes. The focus this year will be Antibiotic Organisms (AROs), outbreak management and proper cleaning, disinfecting and sanitizing.

HEALTHY BABIES HEALTHY CHILDREN

Topic: Baby-Friendly Initiative

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

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

The Baby-Friendly Initiative (BFI) is a global campaign of the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) that was initiated in 1991. BFI helps to improve breastfeeding outcomes for mothers and babies by improving the quality of their care. The term Baby-Friendly was selected because it points to the importance of an agency being inclusive of all babies regardless of how they are fed.

The Baby-Friendly Initiative is a Public Health Funding and Accountability Agreement Indicator. Ongoing infant feeding surveillance is collected at various time points within every health unit and this data is routinely paralleled with the provincial data. In 2014 breastfeeding initiation rates across Algoma were 80%, at 48hr contact they remained at 80%, at 2 weeks they dropped to 65% and at 6 weeks 59%. These percentages are quite consistent within the province and collectively we continue to aim for higher rates of duration.

Since designation in 2010 APH has since implemented breastfeeding policies and practices identified by the Baby-Friendly Initiative Integrated 10 Step Practice Outcome Indicators for Hospitals and Community Health Services. APH staff are trained to educate and support families to initiate and maintain breastfeeding. The four agency policies that have been created to support BFI are:

1. [Baby-Friendly Initiative](#)
2. [Breastfeeding](#)
3. [Workplace Breastfeeding](#)
4. [Infant Formula Donations.](#)

Breastfeeding is important because it:

- Improves the health of infants and children by reducing the risk of asthma, SIDS, certain childhood cancers and bacterial meningitis
- Assists with chronic disease prevention (i.e. cancer, type 2 diabetes, osteoporosis, obesity)
- Helps families save money
- Helps with food security

Mothers are welcome to breastfeed anywhere they choose within our agency. However, if mothers request a private place to feed, a Baby-Friendly room is located in the lobby of the Sault Ste. Marie office and mothers visiting our district offices are provided a private room. For breastfeeding assistance clients are referred to the Parent Child Information Line, the Parent Child Information Center or individual Lactation Consultant appointments.

Every health unit is required to be designated BFI and ensure that re-designation is completed every five years. APH received official BFI designation through the Breastfeeding Committee of Canada in January 2010. In March 2015, our agency participated in a pre-assessment site visit from the Breastfeeding Committee of Canada. During this process we received positive feedback on current practices and recommendations to prepare our agency for the reassessment process. APH will be applying for re-designation in the Fall of 2015.

PARTNERSHIPS

Algoma Leadership Table

The table continues to meet and strategize the Well-Being and Safety strategy. A Data Consortium has been created to support the work of the table. Evaluation and data surveillance has been a key agenda item for this group of leaders. The Data Consortium serves as an opportunity for agencies to meet to discuss the availability of local, meaningful data to support program evaluation and funding applications by members. It also serves as a branch of the Algoma Leadership table and plays a key role in the evaluation the overall Community Well-being and Safety Strategy Initiative. Jordan Robson, Algoma Public Health's epidemiologist, serves as the chair of the consortium and coordinates the meetings in addition to having a major role in influencing the direction and tasks of the Consortium.

Boards of Education- Healthy Schools

Algoma Public Health has had a long standing relationship with all boards of education. This relationship is key to the delivery of the Ontario Public Health Standards. Through the leadership of the Chronic Disease Program, a memorandum of understanding (MOU) has been drafted to support the relationship. This MOU is intended to guide going communication and decision making between the board and the agency. A meeting has been planned for June 19th, to review this MOU and establish joint priorities Healthy Schools in the 2015-16 school year.

District Community Gardens

School/Community gardens are being developed in many locations throughout the North Channel. The Algoma Diabetes Prevention Project (funded by the Ministry of Health and Long Term Care) has helped build or add to five gardens in Echo Bay, Richard's Landing, Huron Shores, Bruce Mines and Thessalon. In addition, funding made available through a partnership with APH and the Algoma District Social Services Board (ADSAB) is helping to start two new gardens at two elementary schools in Blind River. Students, school staff, parents, public health nurses and municipal staff are involved in the various aspects of helping these gardens to flourish. Children are getting away from their screens and getting outside to work in the gardens, are applying and learning various skills such as science, math, nutritious eating, food skills, environmental stewardship, intergenerational skill sharing, and leadership skills. Fun is being had by all as we all learn together how to live a healthier life. The picture on front of board package shows the garden box's being made at Blind River Public school.

Smoke Free Ontario

The 2015 Algoma rate of and mortality from lung and bronchus cancers is statistically higher than the province. The percentage of current smokers is higher than the province with the % of current smokers (12+) that smoked at least 100 cigarettes in their lifetime and smoked in the past 30 days, being 23.6% compared to 17.8% provincially. The call to action from this data was to work together to reduce smoking rates by 5% within 5 years. On May 21st and 22nd, the Ontario Tobacco Research Unit (OTRU) was on site at APH to meet with a team of APH staff to review this call to action and strategize next steps. OTRU is a Canadian leader in tobacco control research, monitoring and evaluation. The 2 day session with the team assisted in laying the foundation for evidence based priorities, approaches and monitoring of the initiative. Rob Schwartz, executive director and principle investigator and Shaun O'Connor project at OTRU provided the onsite consultation.

NEXT STEPS

Recruitment efforts will continue throughout the summer for a MOH/CEO. Dr. Sutcliffe has reached out to her colleagues across Ontario. The Board Chair met with Dr. Sutcliffe and S. Lacle on June 11th to review recruitment strategies and contingency planning, understanding the August 31st, 2015 deadline.

Respectfully submitted,

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