

Planning for Public Health in a COVID-19 world

Delegation to the Board of Health

June 18, 2020

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Public Health
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Why this presentation?

- Diversion of much Board of Health public health programming to pandemic response.
 - risks of program/service deferral
 - risks of pandemic response itself
- Required response expected to be ongoing and uneven.
 - requires agency be nimble and agile
 - requires systematic approach to plan for scalable programming based on explicit criteria
- Board of Health has legislated duty to plan for public health programs and services to address local needs.

Timeline of COVID-19

- January–February: planning for possible pandemic
- March 10, 2020: first local confirmed case
- March 11, 2020: WHO pandemic declaration
- March 17, 2020: Ontario State of Emergency



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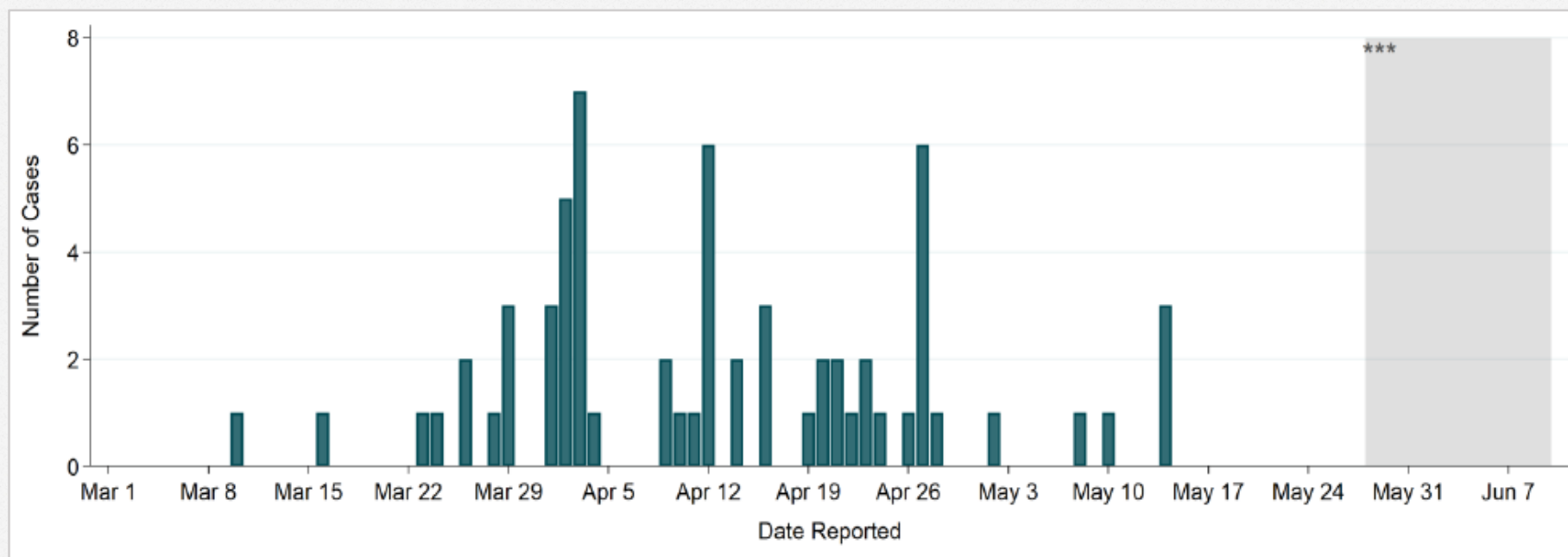


**World Health
Organization**

Ontario

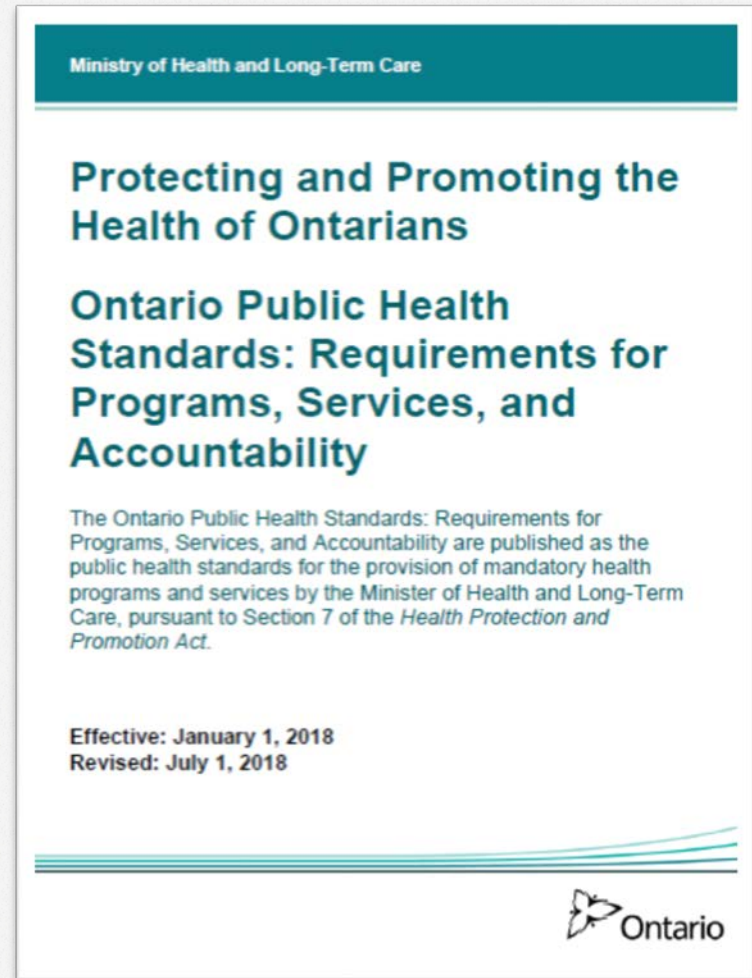


Beyond the first wave



Board of Health mandate

Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these needs occur.



Planning within current context

Focus

1. Understand and plan for the repercussions of **relaxed public health measures**.
2. Mitigate the health impacts associated with the **COVID-19 response and the deferral** of public health work.

Assumptions

- Continue effort to maintain an effective response to COVID-19.
- Be prepared to adjust rapidly to changing circumstances.

Drivers of informed decision-making

- government direction
- Strategic Plan
- past agency priorities
- literature
- epidemiological data
- survey data
- other situational factors

Epidemiology – Sudbury and Districts

Total confirmed cases as of June 09, 2020 at 6:00 PM: 64 Cases

Cases over time

Notes:
Coordinated targeted surveillance in long-term care homes and emergency child care centres began on Saturday, April 23. This targeted surveillance may account for recent increases in cases seen below. Also, the Integrated Public Health Information Systems (PHIS) protocols for assigning Onset Date uses the date of testing in absence of other reliable information, which can account for increased numbers since that time.

FIGURE 1. Confirmed cases, by date of reporting, Sudbury and districts

Number of Cases

Mar 1 Mar 8 Mar 15 Mar 22 Mar 29 Apr 5 Apr 12 Apr 19 Apr 26

Data Source: COVID-19 Canada Open Data Working Group
*** illnesses occurring during this period may not yet be reported

FIGURE 2. Confirmed cases, by date of symptom onset

Number of Cases

Mar 1 Mar 4 Mar 7 Mar 10 Mar 14

Data Source: COVID-19 Canada Open Data Working Group
*** illnesses occurring during this period may not yet be reported

Newsroom

News Release

Ontario Introduces Public Transit Safety Guidance

Measures designed to keep passengers and employees safe as more people go back to work during COVID-19

June 11, 2020 9:00 A.M. | [Ministry of Transportation](#)

Statistics Canada

Subjects Data Analysis Reference Geography Census Surveys and statistical programs About StatCan Canada

Home → [Information for Survey Participants \(ISP\)](#) → [List of surveys in collection](#) → [Impacts of COVID-19 on Canadians - Parenting During the Pandemic](#)

Impacts of COVID-19 on Canadians - Parenting During the Pandemic

Frequently asked questions [List of surveys in collection](#) Videos Infographics Search in ISP

As the COVID-19 pandemic continues to evolve, it is necessary to quickly gather data to inform the public and decision makers.

Currently, we are asking about the challenges of parenting during the pandemic. If you are the parent or guardian of children aged 0 to 14, please take a few minutes to share your insights. This questionnaire focuses on children's activities, child care and school, employment status, and your concerns for your family's overall well-being.

This information will be used by government organizations such as the Public Health Agency of Canada and Employment and Social Development Canada, and other types of organizations, to evaluate the delivery of health and social services and economic support, and to ensure best practices are adopted when reopening workplaces and public spaces. Your information may also be used by Statistics Canada for other statistical and research purposes.

Priority setting steps

Step 1

- list programs and services
- identify timelines
 - short-term (3 months)
 - medium-term (6 months)
 - long-term (6+ months)

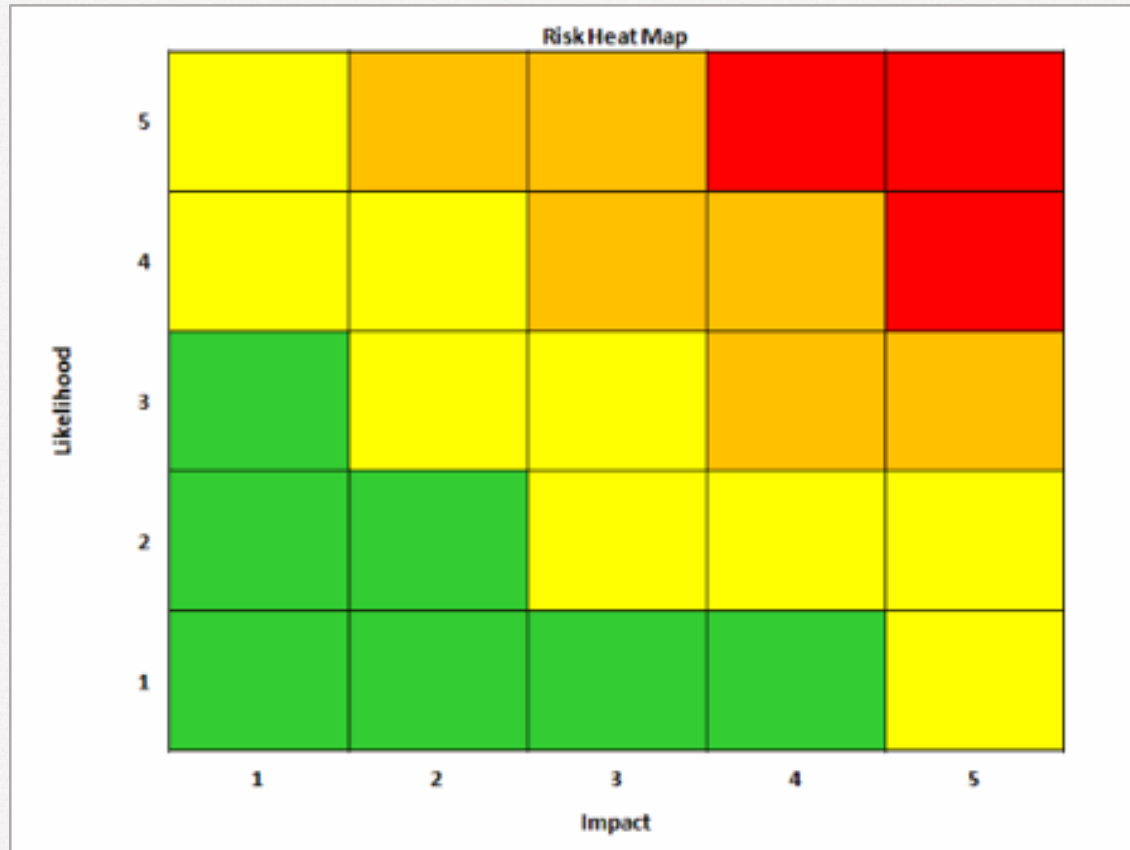
Step 2

- risk assessment
- rank
 - likelihood (1-5)
 - impact (1-5)

Risk assessment ranking matrix

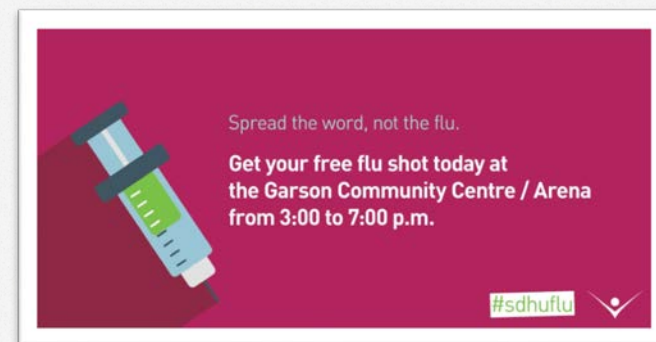
Values	Likelihood that the impact will occur if work is not done (L)	Impact to health (of community/community members) if work is not done (I)
1	Unlikely to occur	Negligible impact on health
2	May occur occasionally	Minor impact on health
3	Is as likely as not to occur	Notable impact on health
4	Is likely to occur	Substantial impact on health
5	Is almost certain to occur	Threatens the health of community

Mapping overall results



High priority: Health Protection

- emergency preparedness and response
- health hazard response
- control of infectious diseases: sporadic diseases of public health significance, case and contact management (including Environmental Health)
- control of infectious diseases outbreak management
- onsite clinic services, community-based immunizations, school-based immunization services
- vaccine cold chain inspection



High priority: Health Protection

- sexual health case management and contact tracing
- Needle Exchange Program
- Growing Family Health Clinic
- Health Information Line
- recreational water and public beaches inspection and enforcement
- inspection and enforcement: food safety, small drinking water systems, infection control related inspections
- blue-green algae



High priority: Health Promotion

- positive parenting
- Healthy Babies Healthy Children family visits
- Breastfeeding Clinic
- healthy pregnancies (prenatal)
- school health collaboration and partnerships
- resilient schools

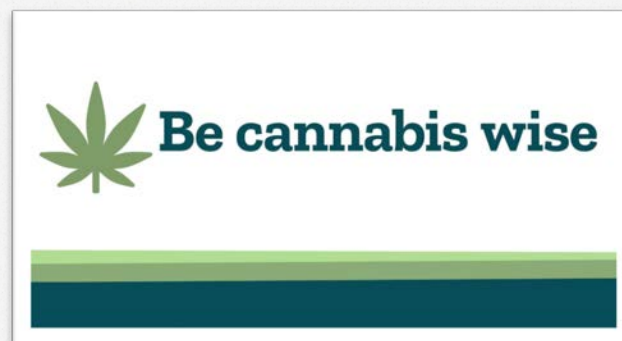
High priority: Health Promotion

- public mental health
- domestic violence and intimate partner violence
- life promotion and suicide prevention
- healthy eating: food insecurity, food literacy
- access to recreation
- age friendly communities/seniors' strategy



High priority: Health Promotion

- Ontario Naloxone Program
- District drug strategies: Lacloche Foothills, Sudbury East, Manitoulin
- Community Drug Strategy partnerships/collaboration
- Opioid Early Warning System Surveillance Framework
- Community Drug Strategy: harm reduction programming
- Community Drug Strategy: supervised consumption services
- substance use and harm reduction in schools
- alcohol/cannabis use prevention
- comprehensive tobacco control



High priority: Health Promotion

- dental health: case management for referred children, preventive care for children in need, Ontario Seniors' Dental Care Program (OSDCP)
- Healthy Smiles Ontario and Ontario Seniors Dental Care Program (OSDCP) navigation and enrolment
- OSDCP preventive care
- OSDCP clinic build
- municipal engagement
- COVID-19 health promotion campaigns



High priority: Health Equity

- racial equity
- Indigenous engagement
- poverty advocacy



Ongoing investments: critical baseline supports

- All work made possible by underlying supports:
 - Corporate services, including human resources, finance, information technology, infrastructure
 - Communications
 - Foundational Standards, including population health assessment & surveillance, research and evaluation, quality assurance
 - Professional practice and development

Next steps

- mapping capacity to priorities, starting with “red”/high priorities
- ongoing assessment of priority needs and context with adjustments as needed
- continued planning for the fall and beyond, future wave scenario planning
- ongoing evaluation

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