



# Board of Health Meeting #06-20

Public Health Sudbury & Districts

Thursday, October 15, 2020

1:30 p.m.

Skype

**AGENDA – SIXTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**SKYPE**  
**THURSDAY, OCTOBER 15, 2020 – 1:30 P.M.**

**1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**

- Order in Council for provincial appointment of Claire Gingras to the Board of Health, Public Health Sudbury & Districts dated September 24, 2020

**2. ROLL CALL**

**3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

**4. DELEGATION/PRESENTATION**

**i) Continuous Quality Improvement (CQI) – A Year in Review**

- Krista Galic, Manager, Quality, Monitoring, Staff & Student Development, Corporate Services Division

**5. CONSENT AGENDA**

**i) Minutes of Previous Meeting**

- a. Fifth Meeting – September 17, 2020

**ii) Business Arising From Minutes**

**iii) Report of Standing Committees**

**iv) Report of the Medical Officer of Health / Chief Executive Officer**

- a. MOH/CEO Report, October 2020

**v) Correspondence**

- a. New Regulations for Vaping Advertising and Promotion to Protect Youth
  - Email from the Acting Director General, Health Canada, Controlled Substances and Cannabis Branch, Tobacco Control Directorate, to Dr. Sutcliffe, dated September 29, 2020
- b. Letter of Appreciation from Board of Health to Public Health Sudbury & Districts Staff
  - Letter from the Board of Health Chair, to Public Health Sudbury & Districts staff, dated September 25, 2020

- c. COVID-19 and Long-Term Care Reform
  - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the federal Minister of Health, Minister of Long-Term Care, and the Ontario's Long-Term Care COVID-19 Commission, dated September 18, 2020
- d. Guaranteed Basic Income
  - Letter from the Board of Health Chair, Peterborough Public Health to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance and the President of the Treasury Board, dated September 17, 2020
- vi) **Items of Information**
  - a. alPHa Information Break September 25, 2020
  - b. Ministry of Health News Release re Updated COVID-19 Modelling for Second Wave September 30, 2020
  - c. Public Health Sudbury & Districts First Wave Response Evaluation: Community Survey Results October 2020

#### **APPROVAL OF CONSENT AGENDA**

##### **MOTION:**

**THAT the Board of Health approve the consent agenda as distributed.**

#### **6. NEW BUSINESS**

- i) **2018 – 2022 Accountability Monitoring Plan**
  - Public Health Sudbury & Districts Strategic Priorities: Narrative Report, October 2020
- ii) **Safe supply and the decriminalization of personal possession of illicit substances**
  - Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated October 8, 2020
- iii) **Continuous Quality Improvement**
  - Annual CQI report, April 1, 2019 – March 31, 2020

#### **7. ADDENDUM**

##### **ADDENDUM**

##### **MOTION:**

**THAT this Board of Health deals with the items on the Addendum.**

#### **8. ANNOUNCEMENTS / ENQUIRIES**

- Please complete the October Board of Health meeting evaluation in BoardEffect following the Board meeting.

**9. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

**THAT we do now adjourn. Time: \_\_\_\_**



Ontario

**Executive Council of Ontario  
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario  
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*,  
**Claire Gignac** of Sudbury, be appointed as a part-time member of the Board of Health for the Sudbury and District Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

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EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*,  
**Claire Gignac** de Sudbury, est nommée au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Sudbury et du district pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

Christine Elliott

**Recommended: Minister of Health**

**Recommandé par : La ministre de la Santé**

[Signature]

**Concurred: Chair of Cabinet**

**Appuyé par : Le président | la présidente du Conseil des ministres**

**Approved and Ordered:**

**Approuvé et décrété le :**

SEP 24 2020

[Signature]

**Lieutenant Governor  
La lieutenante-gouverneure**

**MINUTES – FIFTH MEETING**  
**BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**  
**SKYPE**  
**THURSDAY, SEPTEMBER 17, 2020 – 1:30 P.M.**

**BOARD MEMBERS**

Randy Hazlett  
Jeffery Huska  
René Lapierre  
Bill Leduc

Glenda Massicotte  
Paul Myre  
Ken Noland  
Jacqueline Paquin

Mark Signoretti  
Natalie Tessier  
Carolyn Thain

**BOARD MEMBERS REGRETS**

Robert Kirwan

**STAFF MEMBERS PRESENT**

Stacey Gilbeau  
Sandra Laclé  
Stacey Laforest

Rachel Quesnel  
France Quirion  
Dr. Penny Sutcliffe

Renée St. Onge

**GUESTS/OBSERVERS**

*\*Due to virtual meetings, we are unable to confirm all guest attendees*

Media

**R. LAPIERRE PRESIDING**

**1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**

The meeting was called to order at 1:30 p.m.

Consensus was provided that the roll call as well as the review of agenda/declarations of conflict of interest be held prior to the Election of Officer for the Board of Health Executive Committee.

The Board Chair recapped that there is no longer a provincial state of emergency. A motion on today's addendum that is housekeeping in nature, proposed revisions to the Board of Health by-law 04-88 removing references to the declaration of emergency

but continues to allow electronic participation in Board meetings as allowed now under different provincial legislation.

The Board of Health Chair sought and received the Board's concurrence to proceed with today's electronic meeting as per the proposed motion and revised by-law on today's addendum.

The Board Chair summarized meeting processes for today's virtual meeting. Board members will be invited to share any objections to proposed motions and if there are any objections, a recorded roll call vote in alphabetical order will take place for that motion. Movers and seconders have been obtained prior to today's meeting for each motion.

## **2. ROLL CALL**

## **3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

There were no declarations of conflict of interest.

- Thank you letter from the Deputy Premier and Minister of Health to James Crispo dated July 27, 2020
- Thank you letter from the Board of Health Chair to James Crispo dated August 4, 2020
- Letter from James Crispo to Board of Health Chair dated August 14, 2020
- Thank you letter from the Deputy Premier and Minister of Health to Nicole Sykes dated September 1, 2020
- Thank you letter from the Board of Health Chair to Nicole Sykes dated September 1, 2020

The Public Appointment Secretariat has officially advised that the provincial membership terms of James Crispo and Nicole Sykes on our Board of Health have not been renewed. Thank you letters have been sent in appreciation of their engagement and contributions.

### **i) Election of Officer – Board of Health Executive Committee**

- Board of Health Executive Committee Terms of Reference, Board of Health Manual C-II-10

Given both James Crispo and Nicole Sykes were on the Board of Health Executive Committee, nominations are being sought for two Board member at large to fill these vacancies to the end of 2020.

Following a call for nominations, Randy Hazlett, Carolyn Thain, Paul Myre, and Natalie Tessier were nominated.

There being no further nominations, the nominations for the Board Executive Committee for the year 2020 was closed. Carolyn Thain and Paul Myre declined their nominations. Randy Hazlett and Natalie Tessier accepted their nominations and the Chair announced:

#### **APPOINTMENT TO BOARD OF HEALTH EXECUTIVE COMMITTEE**

##### **MOTION**

***THAT the Board of Health appoint the following individuals to the Board Executive Committee for the remainder of the year 2020, replacing members whose provincial appointee terms were not renewed.***

- 1. Randy Hazlett, Board Member at Large**
- 2. Natalie Tessier, Board Member at Large**

#### **4. DELEGATION/PRESENTATION**

- i) COVID-19 – Public Health Sudbury & District's response to support safe school re-openings**
  - Brenna Eastick, Program Manager, School Health & Behaviour Change, School Health, Vaccine Preventable Diseases and COVID Prevention Division
  - David Groulx, Program Manager, COVID in Schools, School Health, Vaccine Preventable Diseases and COVID Prevention Division

Dr. Sutcliffe shared that there has been remarkable collaboration across Northern Ontario Boards of Health and Boards of Education. There was joint communiqué released by the Directors of Education and Medical Officers of Health from across Northern Ontario which exemplifies the education and public health united commitment to students, families, and communities.

The joint media statement outlined the Top 10 COVID-19 Basic Rules for Safe Schools and communicated that together, we will continue to learn and adapt as we navigate the first ever modern-day school reopening during a global pandemic.



Public Health Sudbury & Districts is working actively with school boards in our service area to ensure they have the Public Health supports they need for a healthy and successful return to school.

For many months, the teams at Public Health Sudbury & Districts have been working to respond to COVID-19, and we know that our pandemic response journey is not over yet. To provide increased and dedicated capacity to support schools, and to ensure comprehensive and effective public health management of COVID-19, Public Health Sudbury & Districts has restructured to include a temporary new division. The School Health, Vaccine Preventable Diseases, and COVID Prevention Division was put in place effective Monday, August 24, 2020. Staff have been redeployed to this new division, giving consideration to the priorities of the organization and the need to deliver on the most critical programs while continuing to respond to COVID-19.

David Groulx and Brenna Eastick, managers recently appointed to the School Health, Vaccine Preventable Diseases and COVID Prevention Division were welcomed to present on public health efforts on these three key areas to ensure a safe re-opening of schools:

- 1) COVID-19 prevention
- 2) COVID-19 management
- 3) COVID-19 school focused nurses

There is overlap between these three areas, and it is of the utmost importance that all three work together to ensure a safe re-opening of schools.

It was concluded that following the simple yet powerful Top 10 COVID-19 Basic Rules for Safe Schools will go a long way to getting us through the school year safely together.

Questions were entertained. N. Tessier shared that as principal, she and her school board feel supported by PHSD and its staff. In response to an inquiry, Dr. Sutcliffe clarified that Public Health Sudbury & Districts follow Ministry of Health's directives as well as guidance documents and protocols. The COVID-19 Guidance: School Outbreak Management was released on August 26, 2020, just prior to the schools opening. Schools are accountable to their Ministry and some have chosen to go beyond the requirements. It was noted that school boards had reached out to PHSD over the summer to have their proposed plans reviewed by public health. Dr. Sutcliffe concluded that an excellent team of staff have provided advice and ensured consistency in application.

D. Groulx and B. Eastick were thanked for their presentation.

## **5. CONSENT AGENDA**

- i) Minutes of Previous Meeting**
  - a. Fourth Meeting – June 18, 2020
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
  - a. Board of Health Executive Committee, Unapproved Minutes dated July 29, 2020
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, September 2020
- v) Correspondence**
  - a. 2020-21 Provincial Funding
    - Letter from the Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts, dated August 21, 2020
  - b. Funding Health Units during COVID-19
    - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Deputy Premier and Minister of Health and Long-Term Care, dated August 19, 2020
  - c. Decriminalization of Personal Possession of Illicit Drugs
    - Letter from Board of Health Chair, Chatham-Kent Public Health, to the Federal Minister of Health and the Minister of Justice and Attorney General of Canada, dated July 30, 2020
  - d. Provincial Approach to Face Coverings
    - Letter from the aPHa President, Council of Ontario Medical Officers of Health Chair and the Boards of Health Section Chair, to the Minister of Health, dated July 23, 2020
  - e. Public Health Modernization
    - Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Minister of Health, dated July 16, 2020
    - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Minister of Health, dated June 19, 2020
  - f. 2020 Municipal Cost Share of Public Health Funding
    - Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Minister of Health, dated July 16, 2020
    - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Minister of Health, dated June 19, 2020
  - g. Public Health Ontario Leadership
    - Letter to Dr. Peter Donnelly from the Public Health Sudbury & Districts Medical Officer of Health and Chief Executive Officer dated July 9, 2020

**vi) Items of Information**

**a. alPHa Information Break**

August 21, 2020

In response to an inquiry regarding the Board of Health Executive Committee meeting where the infrastructure modernization project was discussed, Dr. Sutcliffe clarified that there were no errors or omissions in the original project estimate through the RFP process. The RFP process allowed all proponents to bid on the same project scope. The next step is for the successful proponent to examine the building and infrastructure needs in detail and to provide further refinement of costing. A timely decision was required to avoid delays in the project which would have resulted in additional project costs. The architects and mechanical and electrical engineering consultants have reviewed the condition of the building and gained a more detailed understanding of the required infrastructure work. The age of the building and additional work identified, such as related to the HVAC system, resulted in higher project estimates. The financial planning of the Board over the years has ensured that the funds are available to complete this work without having to seek project financing.

Staff is conducting a detailed financial analysis as there are many COVID-19 related developments that must be taken into consideration in the development of the 2021 budget. A further review is anticipated for the fall Board of Health Finance Standing Committee meeting.

**18-20 APPROVAL OF CONSENT AGENDA**

***MOVED BY HAZLETT– MASSICOTTE: THAT the Board of Health approve the consent agenda as distributed.***

**CARRIED**

**6. NEW BUSINESS**

**i) COVID-19 Pandemic**

- a. Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated September 10, 2020
- Chief Medical Officer of Health memo on School-Focused Nursing Initiative dated August 11, 2020
- Revised Program Accountability Chart dated August 24, 2020
- COVID-19 First Wave Response Evaluation – Staff Survey – Summary of Results

- Public Health System Evaluation and Lessons from the First Peak of COVID-19: A Report on Behalf of the Council of Ontario Medical Officers of Health, September 1, 2020
- Thank you letter from Windsor-Essex County Health Unit to Public Health Sudbury & Districts, dated August 25, 2020
- Deputy Minister memo on Pandemic Response dated August 20, 2020

Dr. Sutcliffe was invited to provide highlights from her briefing note outlining the significant impact of the COVID-19 pandemic on the operations of Public Health Sudbury & Districts.

It is important to keep the Board apprised of the PHSD's COVID-19 response as it has resulted in a significant diversion from other public health programs and services and a significant reallocation and investment of resources. Updates were provided regarding situational assessment, organizational changes, planning and programming, evaluation as well as financial.

Dr. Sutcliffe noted the importance of ensuring sustainability of our resources for a long-term response. We have seen the impact of case and contact management work on public health and it is important to look after staff's mental health and sustainability of workload. The Board also recognized the challenges and voiced its appreciation for the staff's ongoing work in the COVID-19 response. A thank you letter will be drafted for the Board Chair to send to all staff on behalf of the Board of Health.

Questions and comments were entertained. In response to a question about how much data we are keeping, Dr. Sutcliffe noted that we have excellent tracking, including from our call centre and financial to track COVID-19 expenses. It was also acknowledged that further collaboration could take place with health care providers to better understand their challenges. It was concluded that COVID-19 surveys are taking place on various topics to get a sense of the long-term impact on our communities.

**ii) Sudbury & District Medical Officer of Health**

The proposed motion identifies persons eligible to provide coverage for the Medical Officer of Health. The internal process to operationalize coverage was summarized. Individuals listed in the motion would be approached for their availability and interest and a mutual agreement signed. The Board Chair is always apprised of who is covering and the duration. The change in the motion adds Dr. Gemmill, retired MOH from Kingston who agreed to provide coverage as required.

**19-20 SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH**

***MOVED BY HUSKA – THAIN: WHEREAS the Sudbury & District Board of Health Executive Committee passed motion 05-14 that provides for the appointment of individuals as Acting Medical Officers of Health for the Sudbury & District Health Unit; and***

***THAT Board of Health motion 41-14 updated paragraph five of motion 05-14***

***THEREFORE BE IT RESOLVED THAT the following paragraph amends motion 41-14 by replacing paragraph five of motion 05-14 with the following paragraph:***

***BE IT THEREFORE FURTHER RESOLVED THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals be eligible for appointment as Acting Medical Officers of Health for the Sudbury & District Health Unit:***

- Medical Officer of Health, Public Health Sudbury & Districts***
- Medical Officer of Health, North Bay Parry Sound District Health Unit***
- Medical Officer of Health, Porcupine Health Unit***
- Medical Officer of Health, Thunder Bay District Health Unit***
- Medical Officer of Health, Northwestern Health Unit***
- Medical Officer of Health, Algoma Public Health***
- Dr. Alex Hukowich, Medical Officer of Health (retired)***
- Dr. Ian Gemmill, Medical Officer of Health (retired)***

**CARRIED**

**iii) Guaranteed Basic Income**

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated September 10, 2020
- Letter from the Board of Health Chair, Chatham-Kent Public Health, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated July 27, 2020
- Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated July 16, 2020
- Letter from the Board of Health Chair, Porcupine Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 29, 2020
- Letter from the Board of Health Chair, Peterborough Public Health, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 25, 2020

- Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 19, 2020

It was pointed out this topic will be familiar to longstanding Board of Health members relating to previous Board of Health advocacy in 2015 (#43-15) for guaranteed basic income and from the Association of Local Public Health Agencies (ALPHA). The provincial pilot that was underway was discontinued. A number of boards of health have also supported motions for reconsideration of the basic income, recognizing an opportunity to transform the Canada Emergency Response Benefit (CERB). It was clarified that COVID-19 has demonstrated the importance of supporting the most vulnerable from a health equity perspective.

The proposed motion endorses advocacy from other Board of Health as it relates to the evolution of CERB for all communities.

Questions and comments were entertained and it was clarified that the motion is not advocating for the continuation of CERB but an evolution to basic income basic income and create equitable opportunities from a health perspective for all.

#### **20-20 BASIC INCOME FOR INCOME SECURITY DURING THE COVID-19 PANDEMIC AND BEYOND**

***MOVED BY MASSICOTTE – MYRE: THAT the Board of Health for Public Health Sudbury & Districts endorse correspondence from Ontario boards of health recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.***

***AND FURTHER THAT relevant individuals and organizations be apprised of this motion and supporting materials.***

**CARRIED**

#### **iv) Annual Board of Health Self-Evaluation**

- 2020 Board Self-Evaluation Questionnaire

R. Lapierre stated that the annual survey is available electronically for all Board members to complete. As part of its governance role, Board members have an opportunity to anonymously share what is working well and what could be improved. Feedback can also be provided regarding the new format of virtual meetings since April. It was shared that in 2019, the Board's response rate was 78% and in 2018 was 85%. Survey results will be shared at the November Board of Health meeting.

## **7. ADDENDUM**

### **21-20 ADDENDUM**

***MOVED BY NOLAND – MASSICOTTE: THAT this Board of Health deals with the items on the Addendum.***

**CARRIED**

### **DECLARATIONS OF CONFLICT OF INTEREST**

There were no declarations of conflict of interest.

#### **i) Public Health Response to COVID-19**

- Letter from the Association of Local Public Health Agencies (alPHA) President, Council of Ontario Medical Officers of Health Chair and the alPHA Boards of Health Section Chair to the Premier of Ontario, dated September 11, 2020

No questions or comments.

#### **ii) 2020-21 and 2021-22 Provincial Funding**

- Letter from the Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts, dated September 10, 2020

No questions or comments.

#### **iii) Board of Health Manual Revision**

- Revised Board of Health G-I-30 By-Law 04-88

Proposed revisions to by-law remove references to the provincial declaration of emergency order given it is now over. Those participating electronically will be counted in quorum and have the ability to vote. It was clarified that the by-law notes, which would apply for future, that although electronic participation is permitted, Board members would be expected, wherever possible, to attend meetings in person.

Some Board members voiced concerns regarding electronic participation for closed meetings due to the potential risks associated with sharing secure documents. It was suggested that this be revisited once COVID-19 restrictions were no longer required. It was clarified that by-law 04-88 applies to Board of Health standing committees.

### **22-20 BOARD OF HEALTH MANUAL – BY-LAW 04-88**

***MOVED BY NOLAND – MASSICOTTE: WHEREAS on April 16, 2020, the Board of Health for Public Health Sudbury & Districts approved motion 11-20 which amended***

***By-law 04-88 to allow for electronic participation in meetings as permitted under the, then current, provincial declaration of emergency; and***

***WHEREAS the provincial Declaration the Emergency came to an end on July 24, 2020; and***

***WHEREAS the Municipal Act was amended by the COVID-19 Economic Recovery Act, effective July 21, 2020, to permit equivalent electronic participation of boards in meetings as permitted under the declaration of emergency***

***THEREFORE BE IT RESOLVED THAT Board motion 11-20 be rescinded and Board of Health Manual by-law be approved as presented on this date.***

A recorded vote was conducted.

|                          | YEA    | NAY    |
|--------------------------|--------|--------|
| Hazlett, Randy           | X      |        |
| Huska, Jeffery           | X      |        |
| Kirwan, Robert (regrets) |        |        |
| Leduc, Bill              | X      |        |
| Massicotte, Glenda       | X      |        |
| Myre, Paul               | X      |        |
| Noland, Ken              |        | X      |
| Paquin, Jacqueline       | X      |        |
| Signoretti, Mark         |        | X      |
| Tessier, Natalie         | X      |        |
| Thain, Carolyn           | X      |        |
| Lapierre, René           | X      |        |
| TOTAL                    | 9 Yeas | 2 Nays |

**CARRIED**

**iv) 2019 Public Health Sudbury & Districts Annual Report**

- 2019 Annual Report, English and French

Dr. Sutcliffe was pleased to present the 2019 annual report prepared by staff even with competing COVID-19 priorities. The report will be made available to the public and shared electronically with partners and stakeholders following today's Board of Health meeting.



## 8. ANNOUNCEMENTS / ENQUIRIES

In response to an inquiry re this year's Halloween given we are amid a global pandemic, Dr. Sutcliffe noted that this is being discussed by the province and that much can change between now and the end of October; however, celebrating in a safe fashion with public health measures in place is always recommended, such as physical distancing, hand washing, remaining outside and wearing face coverings. COVID prevention strategies as listed in the *10 rules to live by* is a helpful reference.

R. Lapierre, NE representative on the alpha Board of Directors, provided an update on the work of the alpha Board of Directors, Board of Health Section Executive Committee and Policy sub-committee he participates on.

The work and unwavering commitment of Dr. Sutcliffe and team towards its mission, vision and values during the pandemic response were recognized.

Board members were reminded to complete the following surveys

- September 17, 2020, Board of Health meeting survey
- Annual Board of Health self-evaluation survey
- Annual MOH/CEO performance appraisal survey

R. Hazzlet shared that he has been appointed to the Association of Municipalities of Ontario (AMO) Board of Directors.

Board members interested in joining the Joint Board of Health/Staff Accountability Working Group are asked to email the Board Secretary. Two representatives are being sought to participate on the Working Group to replace J. Crispo and N. Sykes.

## 9. ADJOURNMENT

### 23-20 ADJOURNMENT

***MOVED BY TESSIER – HAZZLET: THAT we do now adjourn. Time: 3:11 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

## Medical Officer of Health/Chief Executive Officer Board of Health Report, October 2020

### Words for thought

#### ***Joint Statement from the Co-Chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses - Latest National Opioid-Related Harms Data***

OTTAWA, ON, Sept. 30, 2020 /CNW/ - Today, the co-chairs of the federal, provincial and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses—Dr. Theresa Tam, Chief Public Health Officer of Canada and Dr. Jennifer Russell, New Brunswick's Chief Medical Officer of Health—issued the following statement on the release of [new data on opioid-related harms in Canada](#), from January 1, 2016 to March 31, 2020.

The opioid overdose crisis continues to have a devastating impact on the lives of many Canadians, their families and communities. New national data released today show that between January 1, 2016 and March 31, 2020, 16,364 people died of an apparent opioid-related overdose in Canada, with 1,018 deaths and 1,067 opioid-related poisoning hospitalizations occurring in the first three months of 2020.

Sadly, since March 2020, several provinces and territories have reported the highest numbers of opioid-related harms, including deaths, since they began monitoring the crisis. This could be attributed to a growing unpredictable and toxic street drug supply, limited access to services available for people who use substances, and feelings of isolation and anxiety that may be a result of COVID-19 and the public health measures implemented to reduce the impact of the pandemic in Canada. As a consequence, more people are using drugs alone, putting them at increased risk of overdose and death.

We must continue to build broad understanding that substance use disorder is not a choice, but a treatable medical condition that requires a broad range of care and treatment options. Reducing the stigma associated with substance use, and providing people with services and supports that best meet their needs, and reduce harm is more important now than ever. This includes collaboration across sectors to address the underlying drivers of this crisis—such as mental illness, socioeconomic factors (e.g., housing, employment), social inclusion and access to health services—that put Canadians at increased risk.

Safer drug supply initiatives are one of the tools available to help prevent overdoses and are a critical part of a comprehensive approach to the opioid overdose crisis.

These life-saving programs provide prescription medications as an alternative to the toxic illegal drug supply for people struggling with substance use disorders. They are also a lifeline, connecting patients with important health and social services, including treatment and mental health supports, which may be more difficult to access during COVID-19.

COVID-19 has been part of our daily reality for more than six months now, with many more months ahead of us. We recognize its tragic impact on people who use substances, their families, and communities. We must all come together to increase health and social supports, including harm reduction measures, treatment and prevention, and provide compassionate care.

Source: Public Health Agency of Canada

Date: September 30, 2020

## General Report

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### 1. Board of Health

#### ***Annual Board of Health self-evaluation - 2020***

Board of Health members are reminded to complete the annual Board of Health self-evaluation questionnaire in BoardEffect under the Board of Health Workroom – Collaborate – Surveys by October 20, 2020.

#### ***Fall 2020 alPHa Symposium & Section Meetings***

In light of the ongoing COVID-19 pandemic, declaration of emergency by the Province of Ontario and the associated emergency orders and restrictions (now extended under the *Reopening Ontario Act*), the 2020 alPHa Annual General Meeting and Conference that has historically taken place in June was postponed. The alPHa Board of Directors will determine a new date once circumstances allow. Until the time that the AGM takes place, all Board positions remain unchanged.

#### ***Roll Up Your Sleeve***

With the co-circulation of COVID-19 and influenza, it is more important than ever to get your annual flu shot. In addition to community opportunities (e.g. pharmacies and health care providers), Board of Health members may receive their influenza immunization on Tuesday, October 22, 2020, at the 1300 Paris Street site, from 8:45 a.m. to 11:45 a.m. and 1 p.m. to 4 p.m. Please call our reception at 705.522.9200, ext. 0 to book an appointment at any of our offices.

## ***Board of Health Mandatory Training – 2020***

Board members are requested to complete the two mandatory annual Board of Health training as described below before year end.

### *1. Baby Friendly Initiative (BFI)*

BFI training module as well as the Policies & Procedures (x4) and key messages.

The online instructions and Policies/Procedures and key messages have been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Baby Friendly Initiative (BFI)

- (i) the BFI online training module will have to be viewed from a computer as the module software is not accessible from your iPads;
- (ii) the links within the module (except for the video on slide 22 on the importance of breastfeeding) will not work for you. Instead, please review the attached materials; and
- (iii) it is not necessary for you to complete the Post Test section of the module.

### *2. Emergency preparedness*

The Power Point has been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members.

**Once these two mandatory training materials have been reviewed, please email [quesnelr@phsd.ca](mailto:quesnelr@phsd.ca) to confirm completion.** Do not email [training@phsd.ca](mailto:training@phsd.ca) as indicated on the BFI training module and the Emergency Preparedness Power Point.

## ***Appreciation of Public Health Sudbury & Districts Staff***

Staff have emailed personalized thank you notes recognizing the Boards' thoughtful gesture in its letter of appreciation to all staff that is included in the agenda package under Correspondence.

## **2. Financial Report**

The August 2020 year-to-date cost-shared financial statements report a positive variance of \$763,315 without COVID related expenses. With COVID-19 expenses of \$1,206,970, the net financial position is a negative variance of -\$443,655 for the period ending August 31, 2020. Gapped salaries and benefits account for 21.1% or -\$93,689 and operating expenses and other revenue account for 78.9% or -\$349,967 of the variance.

We continue to work to assess the impact of the 2020 funding announcements which informs our budget deliberations in preparation for the fall Board of Health Finance Standing Committee meeting.

### 3. United Way

Public Health Sudbury & Districts launched its 2020 United Way Campaign on September 30, 2020. The United Way's Development Manager spoke to staff about the positive impact United Way has on our community especially during the COVID-19 pandemic. With the onset of the pandemic, programs and services that many people relied on were no longer available. As a progressive public health agency, we are committed to improving health and reducing social inequities. Our United Way workplace campaign is another way we collectively demonstrate our commitment to achieving our vision: healthier communities for all. Last year, our organization raised \$8840 for the United Way. Our campaign goal this year is \$8000.

Following are the divisional program highlights.

## Health Promotion

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### 1. Chronic Disease Prevention and Well-Being

#### ***Seniors Dental Care***

Oral Health Program staff continue to provide preventive oral health services to clients of the Ontario Seniors Dental Care Program (OSDCP) at our main office. Staff also provide OSDCP enrollment support to low-income seniors and service navigation for enrolled clients.

On September 1, 2020, the Ontario government announced the expansion of the OSDCP, which will involve spending \$25 million to fund seventy-eight dental infrastructure projects across the province. As part of this expansion, Public Health Sudbury & Districts will be receiving capital funding to build a new dental clinic for OSDCP clients in Greater Sudbury. We are currently working on the clinic design with an architect.

### 2. Healthy Growth and Development

#### ***Breastfeeding***

During the month of September 2020, the breastfeeding clinic continued to provide services to new mothers in the Sudbury and Manitoulin districts. A total of 69 appointments were delivered, the majority of which were done via Skype to ensure safety of staff as well as mothers and infants. In qualifying circumstances, mothers came for face-to-face clinic appointments on the condition that they did not show any signs of illness (e.g. fever, cough) and wore a face covering.

#### ***Growth and development***

In September 2020, the Healthy Families team led the creation and mail out of an updated 18-month referral pathway and accompanying resource guide highlighting relevant community resources and specialized programs to 196 health care providers across the catchment area. As

a child's last regularly scheduled visit with a clinician before they enter school, the enhanced 18-month well-baby visit provides an opportunity to improve the odds that children will meet their developmental potential by examining and evaluating a child's progress and to identify areas where there may be some difficulties. For children not meeting developmental milestones, having an awareness of specialized services can help clinicians support all families while providing extra assistance for families at risk.

The HBHC program continued to provide services to over 200 active families in the program across the Sudbury and Manitoulin district areas. The public health nurses and family home visitors help children get a healthy start in life through screening and assessments to see if there are any risks that could affect a child's healthy development. They provide referrals to community programs and services supports for new parents and help in finding community programs and resources on all kinds of subjects, such as: breastfeeding, nutrition and health services, parenting programs, and family literacy programs.

### ***Healthy pregnancies***

During the month of September, the health promoter on the Healthy Families team partnered with a specialist and data analyst in the Knowledge and Strategic Services Division to conduct a survey regarding perinatal experiences during COVID-19. The survey was sent to the email addresses of each mother that had taken Public Health's online prenatal program since March of 2020 and had given permission to be contacted further. A total of 57 people participated in the survey. The results are currently being analyzed to inform healthy pregnancies programming.

The Healthy Families team also continues to offer its online prenatal class. During the month of September 2020, 54 expectant parents, their partners, and other health professionals registered via the website. This virtual class offers information on *Understanding Your Pregnancy, Understanding Labour and Delivery, What to Expect the First Hours After Birth and Learning About Life With Your New Baby*.

### ***Positive parenting***

The health promoter for the Healthy Families team continues to chair the district-wide Triple P Steering Committee. On September 29, 2020, the committee consisting of 15 partner agencies met virtually to discuss each agency's ability to provide Triple P services across the district. Agencies that have trained practitioners reported that virtual and online programming has been made available and that parents can access these services via the *parenting4me.com* website or by directly contacting each agency. The 2019 annual report was shared with the group for review. This report outlined the number of parents that have accessed parenting services, with which school board their child is enrolled, how parents heard about the program, if the child is receiving services from other agencies, and finally, which level of Triple P was utilized. This information is shared with the partners to ensure that Triple P programming is meeting the needs of parents across our communities.

In September 2020, six parents registered to receive Triple P parenting programming through the online course.

### **3. School Health**

#### ***Oral Health***

Oral Health Program staff have been providing preventive oral health services at the main office to children enrolled in the Healthy Smiles Ontario (HSO) Program. Staff have also been providing HSO-enrollment support, oral health service navigation, and case management follow-ups with children identified to be in need of urgent care. Staff have been busy planning for the upcoming delivery of oral health screening and assessment in schools, including making modifications to previous processes to mitigate the risk of COVID-19 and contacting schools to arrange screening dates. School screenings will commence at the beginning of October.

### **4. Substance Use and Injury Prevention**

#### ***Life promotion, suicide risk, and prevention***

On September 10, Public Health Sudbury & Districts, in partnership, held a virtual media event. In addition, utilizing social media and curbside pick-up, 300 native butterflies were released from 45 different groups and families in the community. Key partners and community members were encouraged to use social media to unite and share stories with each other. The social media post reached over 5000 people, and over 500 people engaged with the post (e.g. likes, comments, shares, etc.).

#### ***Substance use***

As a result of the increases in opioid-related harms in 2020 (33 opioid-related deaths between January and May 2020 in Sudbury and districts), 3 media events were requested and completed.

The Application Advisory Committee continues to work together gathering information and key documents required of the Health Canada application for exemption under section 56.1 of the Controlled Drugs and Substance Act, as well as the Ministry of Health & Long-Term Care funding proposal. Additional smaller working groups have also been struck to work more specifically on location determination, and integration of referral pathways, as well as Indigenous supports and services.

#### ***Harm reduction – Naloxone***

In July and August, 2631 doses of naloxone were distributed by Public Health Sudbury & Districts and Réseau ACCESS Network. Although there is variability from month to month, the number of doses distributed by both agencies has increased since January 2020.

# School Health, Vaccine Preventable Diseases, and COVID Prevention Division

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## 1. School Health and Behaviour Change

### ***COVID behavior change***

Staff members continue to develop messaging and deliver programming for all ages to help mitigate risk and protect against COVID-19.

In early September, Public Health Sudbury & Districts partnered with the municipality of Chapleau to issue a joint statement on the Top-10-COVID-Rules-to-Live-By. Public Health staff continue to collaborate with Health Sciences North, the City of Greater Sudbury, and the Greater Sudbury Police Service to develop messaging on following COVID safety tips and being kind to one another. Partnerships with other municipalities continue to develop.

On September 3, a public health nurse was a guest presenter at a virtual phone chat hosted by Réseau Access Network to provide information on COVID-safe behaviours and the top rules for older adults to follow as they relate to COVID-19. Public Health staff continue to plan sessions to engage with older adults.

A series of social media posts targeted to youth and young adults were also developed to encourage the adoption of safe behaviours and remind youth how to prevent the spread of COVID-19. Messaging reminded youth about how to safely gather with friends, how to reduce risks and plan ahead, the importance of maintaining social circles, and that the risk of the virus is still present. Tools and resources for youth and adult influencers are in development to continue to encourage proper mask use as well as to promote mental health in the times of COVID-19.

Additional messages and scenarios were provided to remind the public how to stay safe when taking transit, what to do if they are identified as a close contact of a confirmed case of COVID-19, and when to go for testing. A public health nurse also conducted a radio interview to discuss further COVID-19 prevention measures and advice to celebrate Halloween safely next month.

### ***Healthy eating behaviours***

A series of social media posts were developed to share COVID-safe tips on health eating, meal planning, and proper drinking fountain use during return to school.



## **2. Vaccine Preventable Diseases and COVID Case and Contact Management**

The Vaccine Preventable Disease program continues to offer vaccines to infants and children who are starting or completing a primary vaccine series, to adolescents as part of the school-based vaccine program, and to individuals who are having difficulties accessing a health care provider. We are offering these services in a COVID-19 safe manner.

Plans are currently being developed to offer onsite influenza vaccine clinics for the 2020/21 influenza season. Due to the anticipated co-circulation of COVID-19 and influenza, it is more important than ever for community members to be immunized against influenza. As such, health care providers have been issued several Advisory Alerts to help them prepare to provide vaccination services in the coming season. This year, high dose influenza vaccine for individuals 65 years of age and older will be available through community pharmacies that are participating in the Universal Influenza Immunization Program (UIIP).

## **3. COVID and Schools**

The COVID and Schools team has been working with school boards, principals, staff, and parents to ensure a safe and healthy return to school. The team has been working in partnership with school community members to provide guidance on protection strategies in schools, and supporting the planning and operationalization of the provincial guidance documents related to COVID-19 management in schools. The team has provided education, awareness, and up-to-date information by attending school staff meetings, visiting schools on-site, and leading workshops with principals and board administration. For example, a public health nurse visited a school to talk to students about the importance of self-screening everyday before attending school, and another nurse consulted with school administration to help address concerns about students gathering outside during breaks. The team also presented various scenarios and mitigation strategies to a principal group and during a school board meeting. The team also responds to an average of 40 calls per day from parents and schools and has been providing support and guidance on symptom management, illness prevention, and answering any questions and concerns.

# **Health Protection**

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## **1. Control of Infectious Diseases (CID)**

During the month of September, staff followed-up with 14 new local cases of COVID-19 and their contacts. Furthermore, 9 sporadic enteric cases were investigated.

Public health inspectors followed-up on 43 complaints and 33 consultations and requests for service related to compliance with COVID-19 preventative measures.

## **2. Sexual Health/Sexually Transmitted Infections (STI) including HIV and other Blood Borne Infections**

### ***Sexual health clinic***

The Elm Place office site completed a total of 448 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in September, resulting in 244 onsite visits.

### ***Needle exchange program***

In August, harm reduction supplies were distributed, and services received through 2844 client visits across the Public Health Sudbury & Districts' service area.

## **3. Food Safety**

During the month of September, public health inspectors issued one closure order to a food premises due to adverse water sample results. The closure order has since been rescinded following corrective action and the premises allowed to reopen.

Public health inspectors issued three charges to two food premises for infractions identified under the Food Premises Regulation.

## **4. Health Hazard**

In September, 27 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

## **5. Ontario Building Code**

During the month of September, 42 sewage system permits, 25 renovation applications, and 3 consent applications were received.

## **6. Rabies Prevention and Control**

Nineteen rabies-related investigations were carried out in the month of September. Three specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

Two individuals received rabies post-exposure prophylaxis following an exposure to wild or stray animals.

## 7. Safe Water

During September, 80 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 4 regulated adverse water sample results.

Two boil water orders, and two drinking water orders were issued. Furthermore three boil water orders were rescinded.

In the month of September, one public pool and one public spa were issued closure orders as a result of elevated bacteria in the water. Both premises remain closed.

## 8. *Smoke Free Ontario Act*, 2017 Enforcement

In September, *Smoke Free Ontario Act* Inspectors charged five individuals for smoking on school property.

# Knowledge and Strategic Services

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## 1. Health Equity

The youth-led anti-black racism “Woke” project continues to engage youth and community members through its grassroots youth group ULU. ULU has had several consultations with the Greater Sudbury Police concerning issues Black, Indigenous, and People of Colour (BIPOC) encounter in the community and with police officers. As part of Public Health’s racial equity work, an Allyship training package has been developed which includes a one-hour online module and a three-hour interactive workshop. All staff will be invited to participate this fall and sessions will be open to community partners and the public.

Funding from the Ontario Trillium Foundation to support the Circles initiative ends this month. Health Equity team staff continue to work with Greater Sudbury to support the development of a business case for consideration in Greater Sudbury’s 2021 budget to support the sustainability of the Circles initiative. Programming has continued with regular Circles sessions being held virtually. The Partners to End Poverty steering committee continues to meet more regularly during the COVID-19 pandemic to continue to share issues and opportunities to address the economic challenges caused by the pandemic on the most vulnerable members in the community. On September 24, members of the Health Equity team presented a two-hour Bridges out of Poverty workshop to students from the Community and Health Services Navigation post graduate program at Cambrian College.

Health Equity team staff have also supported a United Way initiative to provide masks to vulnerable children and older adults. The team have supported by engaging with schools and agencies serving older adults across our service area, including First Nation communities, in

order to better understand the need so that United Way can distribute masks accordingly. To date, over 2000 masks have been distributed in elementary schools, 780 in secondary schools, and 580 in First Nation communities.

## **2. Indigenous Engagement**

Staff were invited to present at a half-day session organized by the Northern Ontario School of Medicine for their Year 2 medical students from the Thunder Bay and Sudbury campuses. The session was focused on First Nations and Public Health and featured presentations by staff from our agency on the Indigenous Engagement Strategy development and implementation, as well as presentations from Chiefs of Ontario and the Sioux Lookout First Nations Health Authority.

Indigenous Engagement staff have supported engagement with First Nation schools in support of their concerns with safe reopening this fall.

## **3. Population Health Assessment and Surveillance**

Three new internal Population Health Assessment team Indicator Reports (PHASSt-IR) were produced using data from the Rapid Risk Factor Surveillance System (RRFSS). Topics include: Public Opinions and Causes of Climate Change (RRFSS) 2019 (5 Indicators), Impact of Climate Change (RRFSS) 2019 (4 Indicators), and Rural and Urban Health Profiles (RRFSS) 2013-2015 (22 Indicators).

With students having returned to classes in September, Knowledge and Strategic Services has resumed its Student Absenteeism Surveillance program. Data on student absenteeism at over 100 schools in our service area are provided to Public Health Sudbury & Districts. Trends are analyzed daily by an epidemiologist and schools showing significant increases in illness-related absenteeism are flagged for possible follow-up by the Health Protection and Schools, Vaccine Preventable, COVID divisions.

## **4. Strategic Engagement Unit and Communications**

Connecting with community stakeholders to coordinate and leverage communications activities to support the response to COVID-19 remains of critical importance. To that end, the Communications Sub-Committee of the Infectious Disease Pandemic Response Committee continues to offer stakeholders structured as well as timely opportunities to share updates, identify common issues or opportunities for collaboration, as well as ensure consistency and clarity regarding public health measures and community actions that can be supported to limit the spread of illness. Many sectors are represented in the membership, for example, stakeholders include representative from all area school boards, post-secondary institutions, Greater Sudbury, the Chamber of Commerce, and Health Sciences North.

The Communications team has been working closely with the newly formed School Health, Vaccine Preventable Diseases, and COVID-19 Prevention division to help develop and roll-out return-to-school communications and resources. The Communications team also supports the development and rollout of protocols to communicate case and outbreak information in the community as well as in school settings.

Respectfully submitted,

*Original signed by*

Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

# Public Health Sudbury & Districts

## STATEMENT OF REVENUE & EXPENDITURES

For The 8 Periods Ending August 31, 2020

### Cost Shared Programs

|  | Annual<br>Budget    | Budget<br>YTD       | Current<br>Expenditures<br>YTD | Variance<br>YTD<br>(over)/under | Balance<br>Available |
|--|---------------------|---------------------|--------------------------------|---------------------------------|----------------------|
| <b>Revenue:</b>  |                     |                     |                                |                                 |                      |
| MOH - General Program                                      | 14,904,494          | 9,989,042           | 9,989,042                      | 0                               | 4,915,452            |
| MOH - Other Related Program                                | 1,806,222           | 1,204,153           | 1,204,152                      | 1                               | 602,070              |
| MOH - One Time Revenue                                     | 1,179,500           | -                   | -                              | 0                               | 1,179,500            |
| MOH - Unorganized Territory                                | 826,000             | 550,667             | 550,667                        | 0                               | 275,333              |
| Municipal Levies   | 8,080,180           | 5,386,793           | 5,386,794                      | (1)                             | 2,693,386            |
| Interest Earned  | 140,000             | 110,905             | 104,794                        | 6,111                           | 35,206               |
| <b>Total Revenues:</b>                                     | <b>\$26,936,396</b> | <b>\$17,241,560</b> | <b>\$17,235,449</b>            | <b>\$6,111</b>                  | <b>\$9,700,947</b>   |
| <b>Expenditures:</b>                                       |                     |                     |                                |                                 |                      |
| <b>Corporate Services:</b>                                 |                     |                     |                                |                                 |                      |
| Corporate Services   | 4,928,416           | 2,912,503           | 2,927,495                      | (14,992)                        | 2,000,921            |
| Office Admin.  | 115,350             | 45,770              | 42,461                         | 3,309                           | 72,889               |
| Espanola   | 117,509             | 77,186              | 73,303                         | 3,883                           | 44,206               |
| Manitoulin   | 127,187             | 83,646              | 74,459                         | 9,187                           | 52,728               |
| Chapleau   | 104,631             | 69,015              | 64,244                         | 4,771                           | 40,387               |
| Sudbury East   | 17,940              | 11,960              | 12,170                         | (210)                           | 5,770                |
| Intake   | 337,278             | 221,528             | 220,202                        | 1,326                           | 117,076              |
| Facilities Management                                      | 574,599             | 400,871             | 397,527                        | 3,344                           | 177,072              |
| Volunteer Resources  | 3,850               | 1,854               | 203                            | 1,651                           | 3,647                |
| <b>Total Corporate Services:</b>                           | <b>\$6,326,761</b>  | <b>\$3,824,333</b>  | <b>\$3,812,064</b>             | <b>\$12,269</b>                 | <b>\$2,514,697</b>   |
| <b>Health Protection:</b>                                  |                     |                     |                                |                                 |                      |
| Environmental Health - General                             | 1,246,804           | 771,835             | 770,372                        | 1,463                           | 476,432              |
| Environmental  | 2,527,907           | 1,637,669           | 1,595,303                      | 42,366                          | 932,604              |
| Vector Borne Disease                                       | 87,545              | 19,772              | 19,224                         | 548                             | 68,321               |
| Small Drinking Water Systems                               | 178,774             | 116,890             | 122,133                        | (5,243)                         | 56,641               |
| CID  | 1,266,024           | 862,204             | 920,989                        | (58,785)                        | 345,035              |
| Districts - Clinical                                       | 223,123             | 147,415             | 145,240                        | 2,175                           | 77,883               |
| Risk Reduction   | 185,942             | 104,895             | 104,512                        | 383                             | 81,430               |
| Sexual Health  | 1,231,693           | 788,329             | 730,519                        | 57,810                          | 501,174              |
| MOHLTC - Influenza   | -                   | -                   | -                              | -                               | -                    |
| MOHLTC - Meningitis  | -                   | -                   | -                              | -                               | -                    |
| MOHLTC - HPV   | -                   | -                   | -                              | -                               | -                    |
| SFO: E-Cigarettes Protection and Enforcement               | 36,700              | 16,956              | 9,316                          | 7,640                           | 27,384               |
| SFO: Protection and Enforcement                            | 259,800             | 129,086             | 96,988                         | 32,098                          | 162,812              |
| Infectious Diseases Control Initiatives                    | 479,100             | 312,965             | 312,965                        | -                               | 166,135              |
| Food Safety: Haines Funding                                | 36,500              | -                   | -                              | -                               | 36,500               |
|  | <b>\$7,759,912</b>  | <b>\$4,908,016</b>  | <b>\$4,827,561</b>             | <b>\$80,455</b>                 | <b>\$2,932,351</b>   |
| <b>Health Promotion:</b>                                   |                     |                     |                                |                                 |                      |
| Health Promotion - General                                 | 1,434,506           | 887,386             | 803,721                        | 83,665                          | 630,785              |
| School   | 1,476,141           | 959,735             | 974,571                        | (14,836)                        | 501,570              |
| Districts - Espanola / Manitoulin                          | 336,364             | 218,256             | 211,380                        | 6,876                           | 124,984              |
| Nutrition & Physical Activity                              | 1,139,448           | 688,249             | 563,329                        | 124,920                         | 576,119              |
| Districts - Chapleau / Sudbury East                        | 402,549             | 263,378             | 259,233                        | 4,145                           | 143,316              |
| Injury Prevention  | 516,438             | 325,004             | 280,868                        | 44,136                          | 235,570              |
| Tobacco, Vaping, Cannabis & Alcohol                        | 479,591             | 295,460             | 292,910                        | 2,550                           | 186,681              |
| Family Health  | 635,138             | 415,987             | 383,771                        | 32,216                          | 251,367              |
| Reproductive & Child Health                                | 988,657             | 630,250             | 404,987                        | 225,263                         | 583,670              |
| Mental Health and Addictions                               | 607,321             | 362,717             | 296,306                        | 66,411                          | 311,015              |
| Dental   | 452,214             | 281,041             | 258,928                        | 22,113                          | 193,286              |
| Healthy Smiles Ontario                                     | 612,200             | 381,017             | 369,391                        | 11,626                          | 242,809              |
| Vision Health  | 68,977              | 1,208               | 826                            | 382                             | 68,151               |
| SFO: TCAN Prevention                                       | 97,200              | 7,009               | 6,301                          | 708                             | 90,899               |
| SFO: TCAN Coordination                                     | 285,800             | 172,624             | 165,617                        | 7,007                           | 120,183              |
| SFO: Tobacco Control Coordination                          | 100,000             | 65,323              | 65,323                         | 0                               | 34,677               |
| SFO: Youth Tobacco Use Prevention                          | 80,000              | 49,931              | 49,364                         | 567                             | 30,636               |
| Harm Reduction Program Enhancement                         | 150,000             | 93,757              | 90,939                         | 2,818                           | 59,061               |
| Diabetes Prevention  | 175,000             | 73,540              | 62,900                         | 10,640                          | 112,100              |
| <b>Total Health Promotion:</b>                             | <b>\$10,037,544</b> | <b>\$6,171,872</b>  | <b>\$5,540,665</b>             | <b>\$631,207</b>                | <b>\$4,496,879</b>   |
| <b>Knowledge and Strategic Services:</b>                   |                     |                     |                                |                                 |                      |
| Knowledge and Strategic Services                           | 2,583,500           | 1,626,397           | 1,577,381                      | 49,016                          | 1,006,119            |
| Workplace Capacity Development                             | 23,507              | 2,381               | 2,607                          | (226)                           | 20,900               |
| Health Equity Office                                       | 14,440              | 6,393               | 10,985                         | (4,592)                         | 3,455                |
| Social Determinants of Health Nurses Initiatives           | 180,500             | 117,439             | 117,438                        | 1                               | 63,062               |
| Strategic Engagement                                       | 10,232              | 3,507               | 2,211                          | 1,296                           | 8,021                |
| <b>Total Knowledge and Strategic Services:</b>             | <b>\$2,812,179</b>  | <b>\$1,756,117</b>  | <b>\$1,710,622</b>             | <b>\$45,495</b>                 | <b>\$1,101,557</b>   |
| <b>Total Expenditures:</b>                                 | <b>\$26,936,396</b> | <b>\$16,660,338</b> | <b>\$15,890,912</b>            | <b>\$769,426</b>                | <b>\$11,045,483</b>  |
| <b>Net Surplus/(Deficit)</b>                               | <b>\$0</b>          | <b>\$581,222</b>    | <b>\$1,344,537</b>             | <b>\$763,315</b>                |                      |
| <b>COVID-19 Pandemic Response</b>                          |                     |                     | <b>1,206,970</b>               | <b>(1,206,970)</b>              |                      |
| <b>Surplus/(Deficit) net of COVID-19 Pandemic Response</b> |                     |                     |                                | <b>\$(443,655)</b>              |                      |

## Public Health Sudbury & Districts

### Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES  
Summary By Expenditure Category  
For The 8 Periods Ending August 31, 2020

|   | BOH<br>Annual<br>Budget | Budget<br>YTD     | Current<br>Expenditures<br>YTD | COVID-19<br>Expenditures<br>YTD | Variance<br>YTD<br>(over) /under | Budget<br>Available |
|---|-------------------------|-------------------|--------------------------------|---------------------------------|----------------------------------|---------------------|
| <b>Revenues &amp; Expenditure Recoveries:</b>       |                         |                   |                                |                                 |                                  |                     |
| Funding   | 26,994,234              | 17,299,393        | 17,338,025                     | -                               | (38,632)                         | 9,656,209           |
| Other Revenue/Transfers                             | 741,206                 | 414,770           | 472,895                        | -                               | (58,125)                         | 268,311             |
| <b>Total Revenues &amp; Expenditure Recoveries:</b> | <b>27,735,440</b>       | <b>17,714,163</b> | <b>17,810,920</b>              | <b>-</b>                        | <b>(96,757)</b>                  | <b>9,924,520</b>    |
| <b>Expenditures:</b>                                |                         |                   |                                |                                 |                                  |                     |
| Salaries  | 18,291,489              | 11,531,773        | 11,029,372                     | 609,664                         | (107,263)                        | 6,652,453           |
| Benefits  | 5,097,834               | 3,333,785         | 3,247,091                      | 73,120                          | 13,574                           | 1,777,622           |
| Travel  | 301,159                 | 82,388            | 75,126                         | 5,434                           | 1,828                            | 220,599             |
| Program Expenses                                    | 1,085,446               | 375,539           | 345,489                        | 47,216                          | (17,166)                         | 692,741             |
| Office Supplies                                     | 67,459                  | 38,934            | 23,792                         | 4,443                           | 10,699                           | 39,224              |
| Postage & Courier Services                          | 64,972                  | 38,525            | 35,337                         | 5,119                           | (1,931)                          | 24,516              |
| Photocopy Expenses                                  | 31,367                  | 15,228            | 17,037                         | 14,109                          | (15,918)                         | 221                 |
| Telephone Expenses                                  | 65,266                  | 43,178            | 39,527                         | 46,467                          | (42,816)                         | (20,728)            |
| Building Maintenance                                | 465,467                 | 334,269           | 329,608                        | 76,644                          | (71,983)                         | 59,215              |
| Utilities   | 219,249                 | 102,166           | 95,413                         | -                               | 6,753                            | 123,836             |
| Rent  | 320,584                 | 204,782           | 201,725                        | -                               | 3,057                            | 118,859             |
| Insurance   | 117,849                 | 116,182           | 115,712                        | -                               | 470                              | 2,137               |
| Employee Assistance Program ( EAP)                  | 35,000                  | 29,247            | 31,770                         | -                               | (2,523)                          | 3,230               |
| Memberships   | 29,889                  | 27,985            | 29,844                         | -                               | (1,859)                          | 45                  |
| Staff Development                                   | 204,768                 | 25,567            | 18,214                         | 198                             | 7,155                            | 186,356             |
| Books & Subscriptions                               | 9,345                   | 2,955             | 2,332                          | -                               | 623                              | 7,013               |
| Media & Advertising                                 | 148,850                 | 41,219            | 37,298                         | 175,595                         | (171,674)                        | (64,043)            |
| Professional Fees                                   | 341,871                 | 143,059           | 143,570                        | 35,420                          | (35,931)                         | 162,881             |
| Translation   | 49,440                  | 21,340            | 28,613                         | 42,000                          | (49,273)                         | (21,173)            |
| Furniture & Equipment                               | 24,718                  | 11,603            | 11,747                         | 5,158                           | (5,302)                          | 7,813               |
| Information Technology                              | 763,418                 | 613,226           | 607,775                        | 66,383                          | (60,932)                         | 89,260              |
| <b>Total Expenditures</b>                           | <b>27,735,439</b>       | <b>17,132,951</b> | <b>16,466,393</b>              | <b>1,206,970</b>                | <b>(540,412)</b>                 | <b>10,062,076</b>   |
| <b>Net Surplus ( Deficit )</b>                      | <b>1</b>                | <b>581,212</b>    | <b>1,344,527</b>               | <b>(1,206,970)</b>              | <b>(443,655)</b>                 |                     |

## Sudbury & District Health Unit

### SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended August 31, 2020

| Program                                       | FTE | Annual Budget | Current YTD | Balance Available | % YTD  | Program Year End    | Expected % YTD |
|---|-----|---------------|-------------|-------------------|--------|---------------------|----------------|
| <b>100% Funded Programs</b>                   |     |               |             |                   |        |                     |                |
| Indigenous Communities                        | 703 | 90,400        | 46,201      | 44,199            | 51.1%  | <i>Dec 31</i>       | 66.7%          |
| Pre/Postnatal Nurse Practitioner              | 704 | 139,000       | 58,741      | 80,259            | 42.3%  | <i>Mar 31/2021</i>  | 41.7%          |
| OTF - Getting Ahead and Circles               | 706 | 112,271       | 68,431      | 43,840            | 61.0%  | <i>Mar 31/2021</i>  | 79.2%          |
| CGS - Local Poverty Reduction Evaluation      | 707 | 67,771        | 32,307      | 35,464            | 47.7%  | <i>Mar. 31/2021</i> | 40.0%          |
| WOKE Age: Youth Driven Racial Equity          | 708 | 82,037        | 91,413      | (9,376)           | 111.4% | <i>Mar 31/2021</i>  | 41.7%          |
| LHIN - Falls Prevention Project & LHIN Screen | 736 | 100,000       | 19,811      | 80,189            | 19.8%  | <i>Mar 31/21</i>    | 41.7%          |
| Northern Fruit and Vegetable Program          | 743 | 176,100       | 124,596     | 51,504            | 70.8%  | <i>Dec 31</i>       | 66.7%          |
| Triple P Co-Ordination                        | 766 | 66,663        | 30,417      | 36,246            | 45.6%  | <i>Dec 31</i>       | 66.7%          |
| Supervised Consumption Study                  | 770 | 12,920        | 24,683      | (11,763)          | 191.0% | <i>Dec 31</i>       | 66.7%          |
| Healthy Babies Healthy Children               | 778 | 1,476,897     | 564,549     | 912,348           | 38.2%  | <i>Mar 31/21</i>    | 41.7%          |
| Ontario Senior Dental Care Program            | 786 | 810,200       | 185,620     | 624,580           | 22.9%  | <i>Dec 31</i>       | 66.7%          |
| Anonymous Testing                             | 788 | 61,193        | 15,257      | 45,936            | 24.9%  | <i>Mar 31/21</i>    | 41.7%          |
| <b>Total</b>                                  |     | 3,195,452     | 1,262,026   | 1,933,426         |        |                     |                |



**From:** TCP Questions / PLT (HC/SC) <hc.tcp.questions-plt.sc@canada.ca>  
**Sent:** September 29, 2020 11:42 AM  
**To:** Rachel Quesnel <quesnelr@phsd.ca>  
**Subject:** New Regulations for Vaping Advertising and Promotion to Protect Youth

Dear Dr. Penny Sutcliffe,

Thank you for your letter of August 5, 2020, addressed to the Honourable Patty Hajdu, Minister of Health, concerning youth vaping. I have been asked to respond on the Minister of Health's behalf. Your supportive comments regarding the recent implementation of the [Vaping Products Promotion Regulations](#) are much appreciated.

The Government of Canada shares your concerns about the rapid rise in youth vaping. Health Canada is continuing to take action, including putting in place additional controls through regulations as well as continuing our public education efforts.

In April 2019, Health Canada [consulted Canadians](#) on potential regulatory measures to reduce youth access and appeal of vaping products, including measures to restrict the concentration and/or delivery of nicotine, and prohibit the manufacture and sale of vaping products with certain flavours or flavour ingredients and/or prohibit the promotion of certain flavours. Building on the [feedback](#) from these consultations, the Department is developing additional regulations to further reduce the appeal of these products to young Canadians, including proposals restricting nicotine concentration and flavours.

Furthermore, Health Canada has invested more than \$12 million in a national public education campaign - [Consider the Consequences of Vaping](#) - which launched in December 2018 to inform youth and their parents of the harms and risks of vaping. A recent evaluation of the advertising campaign found that 26% of teens who reported having seen the ads decided not to try vaping as a result.

The Government of Canada is also funding community-led and not-for-profit organizations to respond to youth vaping in Canada. Through the [Substance Use and Addictions Program](#) (SUAP), \$14 million in grants and contributions funding is being made available over five years to provinces, territories, non-governmental organizations, Indigenous organizations, key stakeholders and individuals to strengthen responses to address tobacco and vaping product use. Examples of these funded projects include support for the Lung Health Foundation's development of an engaging and interactive online youth tobacco and vaping cessation platform and a 3-year initiative through the University of Toronto to develop, pilot and evaluate interventions for youth vaping cessation.

Thank you for the important work you are doing on tobacco control at the local & regional level with Public Health Sudbury & Districts. Thank you again for taking the time to share your comments on this important issue. Please be assured that we will continue to take action to protect the health of Canadians.

Sincerely,

Sonia Johnson, Acting Director General  
Tobacco Control Directorate  
Controlled Substances and Cannabis Branch  
Health Canada



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

September 25, 2020

Dear Public Health Sudbury & Districts Staff:

At its September 17, 2020, meeting the Board of Health received updates on Public Health Sudbury & Districts' COVID-19 response to date. On behalf of all members of the Board of Health, I am writing to each and every one of you to express our sincere appreciation for your important work.

The impact of the work of Public Health is evidenced throughout our entire service area and touches all, including community members, workplaces, long-term care homes, congregate settings, and schools. Public Health Sudbury & Districts staff have been very busy over the last several months keeping our communities safe and ensuring we, our partners, and stakeholders are well prepared to respond to this pandemic. All of this while continuing to deliver important non-COVID-19 programs and services.

The Board of Health appreciates your commitment and tireless efforts towards living our mission of *Working with our communities to promote and protect health and to prevent disease for everyone and* recognizes the professional and personal sacrifices for all resulting from the pandemic.

As Chair for the Board of Health, I am honoured to represent all of the amazing people who make up this great organization.

Sincerely,

*Original signed by*

René Lapierre  
Chair, Board of Health  
Public Health Sudbury & Districts

cc: Board of Health

Healthier communities for all.  
Des communautés plus saines pour tous.

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Rainbow Centre**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON POM 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON POP 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

101 rue Pine Street E  
Box / Boîte 485  
Chapleau ON POM 1K0  
t: 705.860.9200  
f: 705.864.0820

**Toll-free / Sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



September 18, 2020

The Honourable Patty Hajdu  
Minister of Health  
House of Commons  
Ottawa, Ontario, K1A 0A6  
Email: [Patty.Hajdu@parl.gc.ca](mailto:Patty.Hajdu@parl.gc.ca)

The Honourable Marilee Fullerton  
Minister of Long-Term Care  
Ministry of Health and Long-Term Care  
400 University Ave., 6<sup>th</sup> Floor  
Toronto, ON M7A 1T7  
Email: [merrilee.fullerton@pc.ola.org](mailto:merrilee.fullerton@pc.ola.org)

Ontario's Long-Term Care COVID-19 Commission  
700 Bay Street, 24<sup>th</sup> Floor  
Toronto, ON M5G 1Z6  
Email: [Info@LTCcommission-CommissionSLD.ca](mailto:Info@LTCcommission-CommissionSLD.ca)

Dear Ministers:

**RE: COVID-19 and Long-Term Care Reform**

COVID-19 has shone a glaring light on what many knew to be a crisis with the Long-Term Care (LTC) system in Canada in need of reform and redesign, with 81% of COVID-19 related deaths in Canada occurring in LTC Homes (LTCHs) which is far higher than other comparable countries.<sup>i</sup> Urgent reform and redesign of Canada's LTC system is critical in order to address infection prevention and control (IPAC) issues (including COVID-19) and to improve all standards, quality of care and quality of life. Those who require services within a LTCH setting deserve those assurances.

A [report](#) released following deployment of the Canadian Armed Forces (CAF) to five LTCHs in Quebec and Ontario struggling in their response to COVID-19 indicates highly concerning living conditions and serious lapses in standards and quality of medical and personal care. The list of deficiencies identified by the CAF as requiring immediate attention is lengthy and includes inadequate infection and control practices, inadequate supplies and lack of training, knowledge, oversight and accountability of LTCH staff and management.<sup>ii</sup>

The Royal Society of Canada (RSC) Working Group on LTC has since released a [policy briefing](#) highlighting the pre-pandemic issues with LTCHs that contributed to the heightened crisis in the face of COVID-19, a global pandemic. Namely, addressing the changing demographics and complexities of older adults entering homes, the inadequate workforce and staffing mix to meet their needs, and the inadequate physical environments to accommodate the complex needs of residents, are critical issues that must be addressed moving forward with LTC reform and redesign.

❑ **Barrie:**  
15 Sperling Drive  
Barrie, ON  
L4M 6K9  
705-721-7520  
FAX: 705-721-1495

❑ **Collingwood:**  
280 Pretty River Pkwy.  
Collingwood, ON  
L9Y 4J5  
705-445-0804  
FAX: 705-445-6498

❑ **Cookstown:**  
2-25 King Street S.  
Cookstown, ON  
L0L 1L0  
705-458-1103  
FAX: 705-458-0105

❑ **Gravenhurst:**  
2-5 Pineridge Gate  
Gravenhurst, ON  
P1P 1Z3  
705-684-9090  
FAX: 705-684-9887

❑ **Huntsville:**  
34 Chaffey St.  
Huntsville, ON  
P1H 1K1  
705-789-8813  
FAX: 705-789-7245

❑ **Midland:**  
A-925 Hugel Ave.  
Midland, ON  
L4R 1X8  
705-526-9324  
FAX: 705-526-1513

❑ **Orillia:**  
120-169 Front St. S.  
Orillia, ON  
L3V 4S8  
705-325-9565  
FAX: 705-325-2091

The Working Group policy briefing outlines nine steps requiring strong federal/provincial/territorial and municipal leadership to address necessary improvements in IPAC and provision of quality care for LTC residents with increasingly complex needs:

1. Implement best practice national standards for the necessary staffing and staffing mix to deliver quality care in LTCHs and attach federal funding to the standards;
2. Implement national standards for training and resources for infectious disease control and for outbreak management;
3. Provide appropriate pay and benefits including sick leave for the large unregulated segment of the LTC workforce (i.e. care aides and personal support workers);
4. Provide full time employment and benefits for regulated and unregulated nursing staff and assess impact of “one workplace” policies implemented during COVID-19;
5. Establish minimum education standards for unregulated direct care staff, ongoing education for both regulated and unregulated direct care staff, and proper training and orientation for all external agency staff assigned to a LTCH;
6. Support educational reforms for specialization in LTC for all providers of direct care (i.e. care aides, health and social service providers, managers and directors);
7. Provide mental health supports for LTCH staff;
8. Implement reporting requirements and data collection needed to effectively manage and ensure resident quality of care and quality of life, resident and family experiences and quality of work life for staff; and
9. Take an evidence based approach to mandatory accreditation as well as to regulation and inspection of Long-Term Care Facilities (LTCFs). <sup>iii</sup>

The Simcoe Muskoka District Health Unit's (SMDHU) Board of Health at its September 16, 2020 meeting endorsed these recommendations and is writing to advocate for their adoption through your collective efforts to create necessary system reform and redesign for Ontarians living in LTCHs.

As of September 8, 2020, of the 21 outbreaks within institutional, workplace and congregate settings in Simcoe Muskoka, LTCHs and Retirement Homes accounted for 76% (16) of the outbreaks. As of August 25, 2020, there have been 24 resident deaths attributed to these LTC and Retirement outbreaks and an additional 2 Simcoe Muskoka resident deaths in facilities outside of the region for a total of 26. The median age of all cases who have recovered is 46 years compared to the median age of 85 years among all deceased cases. <sup>iv</sup>

SMDHU's mandate under the Ontario Public Health Standards (OPHS, 2018) <sup>v</sup> regarding LTC and Retirement Homes is substantial. As a vulnerable population, SMDHU supports these facilities with food safety, and infectious and communicable disease prevention and control (including outbreak management). There are currently 29 LTC and 53 Retirement Homes within SMDHU. Since March 1, 2020, the Infectious Disease team has supported over 1700 IPAC consults or COVID-19 questions for LTC and Retirement Homes.

In addition to the mandate in LTCF's, SMDHU is required to develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and

substance use in the health unit population. <sup>iv</sup> SMDHU supports community dwelling seniors and promotes healthy aging at home for those that are able, and for as long as they are able. The SMDHU supports these seniors through;

- active participation on the Ontario Fall Prevention Collaborative, the Simcoe County and other community based Age-Friendly Community Coalitions, The Muskoka Seniors Planning Table, Age-Friendly and the Central LHIN Fall Strategy;
- best practice healthy aging policy advocacy; and
- a wide variety of community awareness and engagement strategies to promote healthy aging key messages.

SMDHU remains committed to supporting local LTC and Retirement Homes to improve IPAC practices and to advocate for improvement to standards and quality of care and quality of life for residents, their families and staff, and implore municipal, provincial and federal leaders to make the necessary investments to create safe supportive care to ensure the health and safety for residents of LTCHs.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau, Chair  
Simcoe Muskoka District Health Unit Board of Health

AD:JC:cm

cc: Ontario Boards of Health  
Matthew Anderson, President and CEO, Ontario Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Mayor and Council of Simcoe and Muskoka  
Members of Provincial Parliament for Simcoe and Muskoka

**References:**

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<sup>i</sup> Canadian Institute for Health Information. "New analysis paints international picture of COVID-19's long-term care impacts": CIHI; June 25, 2020. Available from: <https://www.cihi.ca/en/new-analysis-paints-international-picture-of-covid-19s-long-term-care-impacts>

<sup>ii</sup> Headquarters 4<sup>th</sup> Canadian Division Joint Task Force (Central). (2020). [OP LASER - JTFC Observations in Long Term Care Facilities in Ontario](#)

<sup>iii</sup> Estabrooks CA, Straus S, Flood, CM, Keefe J, Armstrong P, Donner G, Boscart V, Ducharme F, Silvius J, Wolfson M. *Restoring trust: COVID-19 and the future of long-term care*. Royal Society of Canada. 2020 retrieved on Aug. 28 at [https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES\\_EN.pdf](https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf)

<sup>iv</sup> Retrieved on Aug. 25, 2020 <https://www.simcoemuskokahealthstats.org/topics/infectious-diseases/a-h/covid-19>

<sup>v</sup> Ministry of Health and Long-Term Care. (2018). [OPHS](#)

September 17, 2020

The Right Honourable Justin Trudeau, P.C., MP  
Prime Minister of Canada  
[justin.trudeau@parl.gc.ca](mailto:justin.trudeau@parl.gc.ca)

The Honourable Chrystia Freeland, P.C., M.P.  
Deputy Prime Minister and Minister of Finance  
[chrystia.freeland@parl.gc.ca](mailto:chrystia.freeland@parl.gc.ca)

The Honourable Jean-Yves Duclos  
President of the Treasury Board  
[Jean-Yves.Duclos@parl.gc.ca](mailto:Jean-Yves.Duclos@parl.gc.ca)

Dear Prime Minister Trudeau, Minister Freeland and MP Duclos:

**I am writing on behalf of the Board of Health for Peterborough Public Health to ask that a Guaranteed Basic Income be included in the Speech from the Throne on September 23<sup>rd</sup>.** In June 2020, our Board of Health shared with you our support for the Canada Emergency Response Benefit (CERB) to be transitioned to a Guaranteed Basic Income. We are writing again in the light of the upcoming Speech from the Throne to emphasize how a policy decision to institute a Guaranteed Basic Income for all Canadians at this time could improve both health equity and food security not only during this COVID-19 pandemic but well beyond.

**The connection between poverty and poor health outcomes is well known.** We have seen this most recently with COVID-19 infection rates. Data from Toronto Public Health indicates higher COVID-19 infection rates for low income households.<sup>1</sup> Introducing a guaranteed basic income would have the most impact on the same individuals, families and households for whom this pandemic is most dangerous. A basic income would ensure that these Canadians would be protected from the added harms of lost jobs and lost revenue. By addressing the social inequities at play, it could improve their health equity.

Within the last three months, Statistics Canada has released data revealing increased food insecurity rates during May 2020 of the pandemic, in comparison to 2017-2018.<sup>2</sup> This is no surprise, given that the root of food insecurity is inadequate incomes. Many Canadians have experienced loss of income over the past six months. Food insecurity is a sensitive marker of material deprivation, and is linked to poor health outcomes such as increased rates of mood and anxiety disorders, arthritis, asthma, back problems, and diabetes, as well as increased health care costs.<sup>3</sup> We also know that food charity is not the solution to food insecurity. Research points to income policy as an effective measure to reduce food insecurity.<sup>4</sup> **A Guaranteed Basic Income is needed to address the problem of household food insecurity in Peterborough, and across Canada.**

We also would like to note that **income policies with specific eligibility criteria are helpful, but are not a substitute for a Guaranteed Basic Income**, as there may be risk of leaving some Canadians behind, without

equal opportunity to meet their basic needs. For example, income policies focused solely on households with children or people who were recently employed could leave behind those receiving social assistance, unless there is implementation of complementary Guaranteed Basic Income policy. Many social assistance rates do not match the cost of living (with a deficit of \$200 for a single person on Ontario Works after paying for food and rent alone).<sup>5</sup> A Guaranteed Basic Income would allow for inclusion, and funds to meet basic needs for all Canadians who need it.

We recommend that a basic income be available to everyone when needed; subject only to residency and income; sufficient to live in dignity and security; respectful of autonomy; complementary to social services; and reliable.<sup>6</sup> A Guaranteed Basic Income can build on successes of CERB, to effectively support Canadians moving forward during the pandemic, and in resilience during future crises.

**As described above, as residents and communities move through and beyond the COVID-19 pandemic, we strongly recommend that a Guaranteed Basic Income be prioritized immediately, to work towards health equity, food security, and a stronger, more resilient Canada.**

Sincerely,

*Original signed by*

Mayor Andy Mitchell  
Chair, Board of Health

/ag

cc: Local MPs  
Hon. Carla Qualtrough, Minister of Employment, Workforce Development and Disability Inclusion  
Hon. Patty Hajdu, Minister of Health  
Hon. Ahmed Hussen, Minister of Families, Children and Social Development  
Hon. Domenic LeBlanc, Minister of Intergovernmental Affairs  
Hon. Marc Miller, Minister of Indigenous Services  
Hon. Erin O'Toole, Leader of the Conservative Party of Canada  
Yves-François Blanchet, Leader of the Bloc Québécois  
Jagmeet Singh, Leader of the New Democratic Party  
Elizabeth May, Green Party of Canada  
The Association of Local Public Health Agencies  
The Ontario Public Health Association  
Ontario Boards of Health

## **REFERENCES:**

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<sup>1</sup> Toronto Public Health, 2020. *COVID-19 infection in Toronto: Ethno-racial identity and income*. Retrieved from <https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/>

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<sup>2</sup> Statistics Canada (2020). Canadians experiencing food insecurity during the COVID-19 pandemic, May 2020. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020042-eng.htm>

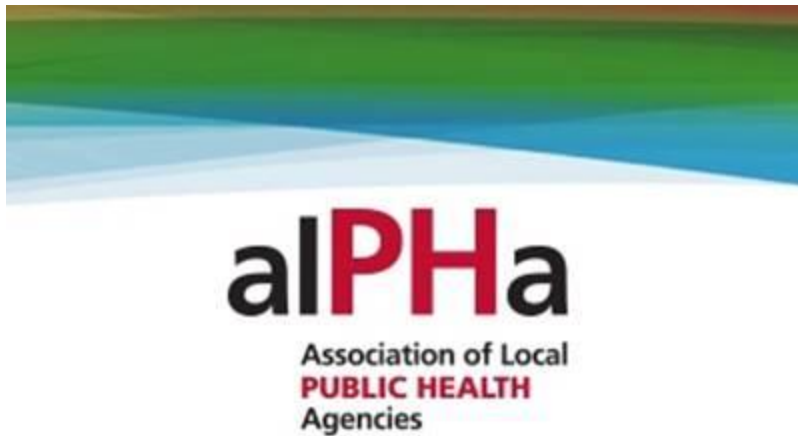
<sup>3</sup> Tarasuk V, Mitchell A. (2020). Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>

<sup>4</sup> Tarasuk, Valerie (2017). Implications of a Basic Income Guarantee for Household Food Insecurity. Research Paper 24. Thunder Bay: Northern Policy Institute. Retrieved from <https://proof.utoronto.ca/>

<sup>5</sup> Peterborough Public Health (2019). No Money for Food is Cent\$less. Retrieved from <https://www.peterboroughpublichealth.ca/wp-content/uploads/2020/01/2019-Limited-Incomes.pdf>

<sup>6</sup> Coalition Canada (2020). The Basic Income we Want. Retrieved from <https://basicincomecoalition.ca/basic-income/basic-income-we-want-for-canada/>





## Information Break

September 25, 2020

*This update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence and events. Visit us at [alphaweb.org](http://alphaweb.org)*

### COVID-19

Recently, the Council of Ontario Medical Officers of Health (COMOH) wrote to the Minister of Health, the Minister of Long-Term Care and the Minister of Education to provide expert advice as public health physicians on the subject of widespread testing for COVID-19 on Ontarians who are asymptomatic and have no identified risk factors such as travel or contact with a known case. [Read COMOH's letter.](#)

COMOH also released a report: *Public Health System Evaluation and Lessons from the First Peak of COVID-19: A Report on Behalf of the Council of Ontario Medical Officers of Health – September 1, 2020.* The report evaluated Ontario's local public health system response to the first peak of COVID-19. [Read COMOH's report.](#)

In addition, alPHA wrote to the Premier about Ontario's public health system and its ongoing response to COVID-19. [Read alPHA's letter.](#)

alPHA representatives continue to participate in key stakeholder briefings and sharing Ministry of Health Situation Reports as well as COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPHA.

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

The alPHA Board of Directors, working with Strategy Corp, is finalizing the new communications strategy. In support of the Association's Strategic Plan, the strategy will build upon public health successes related to the pandemic response and increase the sector's influence among decision-makers. The strategy

further aims to raise public awareness of the value of public health's work, particularly with regards to the response to COVID-19. Look for further updates on this important initiative in this space.

### **alPHA Board Meeting**

The alPHA Board of Directors met on September 25<sup>th</sup> and had a number of special guests:

- Colleen Geiger, President and Chief Executive Officer (acting); Chief, Strategy and Stakeholder Relations, Research, Information and Knowledge, Public Health Ontario
- Dr. Brian Schwartz, Vice President, Public Health Ontario
- Dr. Barbara Yaffe, Associate Chief Medical Officer of Health, and Elizabeth Walker, Director, Accountability and Liaison Branch from the Office of Chief Medical Officer of Health.
- Matt Anderson, President and CEO of Ontario Health

Presentations and discussions were focused on COVID-19. This was a key opportunity for alPHA to meet with decision-makers and to continue to provide leadership, input and feedback to the province.

In addition to the above noted guests, alPHA's Board members were pleased to welcome Samiya Abdi who is a Senior Program Specialist, Health Promotion, Chronic Disease and Injury Prevention, PHO to the meeting. As part of a commitment to anti-racism and with her leadership, the Board is engaging in ongoing education and training.

### **Get Local COVID-19 RRFSS Data Fast!**

RRFSS has developed new modules that collect local in-depth health information related to COVID-19 behaviours and attitudes. Over 100 new COVID-19 related questions will be available in Fall 2020 through the new RRFSS on-line survey. In addition, online data collection costs are much lower than the traditional RRFSS telephone survey and preliminary results will be made available to RRFSS members before the end of the year. There is still time for health units to join RRFSS in Fall 2020—so don't delay! For further information please visit our website: <https://www.rrfss.ca/news> or contact Lynne Russell, RRFSS Coordinator: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca)

### **13<sup>th</sup> Annual DLSPH Student-Led Conference**

13th Annual Student-Led Conference, presented by the Dalla Lana School of Public Health at the University of Toronto, will be held virtually on November 12-14, 2020. "Moving Beyond Repair: Upstream Approaches to Public Health Emergencies" will bring together students, academics, practitioners, community stakeholders, and policy-makers to discuss how deep-rooted systemic health inequalities are illuminated in the midst of public health crises, such as the current COVID-19 pandemic. For more information about the event, please visit the conference Facebook (<https://www.facebook.com/DLSPHStudentLed/>) or Instagram (<https://www.instagram.com/dlsphstudentled/>) pages.

### **Don't Forget to Update Our Contact Information!**

We are still receiving a considerable amount of mail at our old address. Please ensure that all staff have alPHA's current location. (Mail forwarding from our old address expires soon!):

**480 University Avenue, Suite 300  
Toronto ON M5G 1V2**

Our general contact email is: [info@alphaweb.org](mailto:info@alphaweb.org)

On social media? Don't forget to follow us on Twitter: [@PHAgencies](https://twitter.com/PHAgencies)

## **Public Health News Roundup**

**Ontario Investing \$741 Million to Reduce Surgeries Backlog and Expand Access to Care**  
September 25, 2020

**Ontario Investing More Than \$1 Billion to Expand COVID-19 Testing and Contact Tracing**  
September 24, 2020

**Ontario Updates COVID-19 Testing Guidelines** September 24, 2020

**Ontario Extends Critical Delivery Program for Seniors and People with Disabilities** September 24, 2020

**Electronic Press Kit Now Available: Ontario Expands COVID-19 Testing to Pharmacies**  
September 23, 2020

**Ontario Expands COVID-19 Testing to Pharmacies** September 23, 2020

**Ontario Set to Launch Largest Flu Immunization Campaign in Province's History** September 22, 2020

**Ontario Presses Ottawa to Increase Share of Health Funding** September 21, 2020

**Ontario Limits the Size of Unmonitored and Private Social Gatherings across Entire Province**  
September 19, 2020

**Premier Ford Presses Ottawa to Increase Funding for Ontario Priorities** September 18, 2020

**Lower Limits for Unmonitored and Private Social Gatherings in Ottawa, Peel and Toronto Regions** September 17, 2020

**Ontario Launches New COVID-19 Screening Tool to Help Protect Students and Staff** September 16, 2020

**Province Ramps Up Production of Ontario-Made Ventilators** September 15, 2020

**Health Preparedness and Rebuilding the Economy Top Priorities in Ontario's Fall Legislative Agenda** September 14, 2020

**Ontario Investing in Hospital Upgrades and Repairs** September 14, 2020

**Ontario Launches COVID-19 School and Licensed Child Care-specific Web Page** September 11, 2020

**Ontario Expanding Innovative Mental Health and Addictions September 10, 2020**

**Ontario Takes Extraordinary Steps to Reopen Schools Safely September 8, 2020**

**Keeping Students and Staff Safe as They Return to School September 7, 2020**

**Province Supports Ontario-Made Face Masks in the Fight Against COVID-19 September 4, 2020**

**Ontario Welcomes Postsecondary Students Back to School September 4, 2020**

**Ontario Extends Support for Employers and Employees Impacted by COVID-19 September 3, 2020**

**Welcoming Caregivers to Ontario's Long-Term Care Homes September 2, 2020**

**Ontario Expanding Seniors Dental Care Program September 1, 2020**

**Ontario Recognizing International Overdose Awareness Day August 31, 2020**

**Safe Outings Now Possible for Long-Term Care Home Residents August 28, 2020**

**Ontario Releases COVID-19 Management Plan for Schools August 26, 2020**

**Additional Funds Enhance Ontario's Robust Back-to-School Plan August 26, 2020**

**Ontario Expands Indoor Capacity for Meeting and Event Facilities August 21, 2020**

### **Upcoming Events - Mark your calendars!**

**\*\*\*POSTPONED\*\*\* 2020 Annual General Meeting & Conference** - Date and time to be determined. Please visit the [conference page](#) for updates

**Association of Local Public Health Agencies**  
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)

## News Release

### **Ontario Releases Updated COVID-19 Modelling for Second Wave**

September 30, 2020

#### **Modelling Shows Following Public Health Measures Remains Critical to Stop the Spread**

TORONTO — The Ontario government today released updated COVID-19 modelling, which shows the province is experiencing a second surge in cases similar to what other jurisdictions have experienced. The province is providing the public with full transparency about the consequences if Ontarians are not vigilant in adhering to public health measures. The Chief Medical Officer of Health says Ontarians must be vigilant in adhering to public health measures to reduce the number of new cases and the spread of the virus.

Ontario has developed a comprehensive plan, *Keeping Ontarians Safe: Preparing for Future Waves of COVID-19*, to ensure the health care system is prepared for the immediate challenges of the fall including future surges and waves of COVID-19 and flu season. The plan ensures the province is able to quickly respond to any scenario in order to protect all Ontarians and communities.

"COVID-19 continues to be a serious threat in our communities, and today's modelling shows the importance of adhering to public health measures," said Christine Elliott, Deputy Premier and Minister of Health. "Over the summer we saw how our collective efforts helped slow the transmission of COVID-19, we must not let our guard down now as we head into the cold and flu season. We all need to do our part and continue to follow all public health measures in place to contain and stop the spread of the virus."

Key highlights from the modelling update include:

- Ontario is currently on an upward trajectory similar to what its peer jurisdictions, including Victoria, Australia and Michigan in the United States, have experienced.
- Cases are currently doubling approximately every 10 to 12 days.
- The growth in cases was initially in the 20 to 39 age group but now cases are climbing in all age groups.
- Forecasting suggests that Ontario could be around 1,000 cases per day in the first half of October.

- Intensive Care Unit (ICU) occupancy is currently steady, but it is predicted that admissions will likely rise with an increase in COVID-19 patients being hospitalized.
- Ontario may see between 200 and 300 patients with COVID-19 in ICU beds per day if cases continue to grow.
- In order to reduce the spread and the number of new cases, it remains critical that Ontarians continue to adhere to public health measures, including avoiding large gatherings, physical distancing and wearing a face covering.

"With the recent rise in cases, we limited private social gatherings and tightened public health measures for businesses and organizations to reduce the transmission in our communities," said Dr. David Williams, Chief Medical Officer of Health. "We wanted to release this modelling to be open about the challenges our province faces, and the important work we all need to do to flatten the curve."

The Chief Medical Officer of Health and other public health experts will continue to closely monitor the evolving situation to advise if and when public health restrictions need further adjustment, or if a community-specific or region-specific approach should be taken.

#### QUICK FACTS

- To reduce the risk of transmission of COVID-19, it is critical that all Ontarians continue to follow everyday steps to reduce risk of COVID-19 transmission:
  - Staying home when ill or keeping your child home from school when ill, even with mild symptoms;
  - Maintain physical distance by keeping at least two metres from others outside your social circle;
  - Wash hands regularly with soap and water or use alcohol-based hand sanitizer if soap and water are not available; and
  - Wear a face covering when physical distancing is a challenge or where it is mandatory to do so.
- Testing is available to those within provincial testing guidance at any of the province's assessment centres and participating pharmacies. To find your closest assessment centre or pharmacy, please visit [ontario.ca/covidtest](https://ontario.ca/covidtest).
- For additional protection, the Ontario government is encouraging everyone to download the new COVID Alert app on their smart phone from the Apple and Google Play app stores.

#### ADDITIONAL RESOURCES

- [COVID-19: Modelling Update](#)
- [New Public Health Measures Implemented Provincewide to Keep Ontarians Safe](#)
- [Ontario Limits the Size of Unmonitored and Private Social Gatherings across Entire Province](#)

- [Get the facts from Public Health Ontario on how to protect yourself and others](#)
- Visit Ontario's [website](#) to learn more about how the province continues to protect Ontarians from COVID-19.

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# **Public Health Sudbury & Districts COVID-19 First Wave Response Evaluation**

## **Community Survey Results**

Public Health Sudbury & Districts  
October 2020



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS



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This report is available online at [www.phsd.ca](http://www.phsd.ca). Ce rapport est disponible en français.

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# Executive Summary

Since the beginning of 2020, and more specifically since March, Public Health Sudbury & Districts has been leading the response to the COVID-19 pandemic across all sectors in the communities we serve. In order to better understand the response and to plan for ongoing improvements, Public Health is evaluating its actions and sharing lessons learned from the first wave. To do this, Public Health sought feedback from various perspectives including community members, partners, and stakeholders via an online bilingual community survey. The survey was open from July 22 to August 5, 2020.

These findings can be used to protect our communities by:

- building on aspects of the response that worked well and that should continue or be enhanced during resurgence and future waves
- learning from experiences and lessons learned during the first wave to course correct as necessary and ensure sound practices to protect people from COVID-19 for future waves

## Sample

- 788 surveys were completed
  - 95.3% of respondents completed the survey in English and 4.7% completed the survey in French
  - 92.3% of respondents were from Greater Sudbury and collectively 7.7% were from district areas (Sudbury and Manitoulin districts)
- 33.8% (266) of respondents identified as community partners, local organizations, or from the business sector
- 16.2% of organizational respondents indicated they were from school boards, 13.9% were from hospitals, and 8.6% were from a municipal government agency
- 53.4% of respondents indicated that within their business or organization they represented frontline staff, 25.2% were managerial staff, and 12.4 were administrative staff

## Summary of Findings

- 72.8% of all respondents were satisfied with the agency's response
- 67.6% of respondents believed that the agency played an important role in the community during the first wave of the pandemic
- 66.4% of all respondents agreed that Public Health Sudbury & Districts is a trusted community agency responding to the pandemic
- 81.0% indicated that they relied on Public Health Sudbury & Districts for information related to COVID-19

- Almost 60% of community partners and stakeholders indicated that Public Health Sudbury & Districts directly supported their COVID-19 response activities
  - Over 70% of partners and stakeholders were satisfied with direct supports received
- Respondents were appreciative of continual updates via social media and Public Health Sudbury & Districts' website with information about COVID-19 cases but would have liked to have more information, especially a more precise geographical location of cases
- Respondents appreciated explanations of how government directives impacted our area but found the information contradictory at times
- Face coverings were discussed frequently with views ranging from wanting the wearing of face coverings to be optional, to making face coverings mandatory with strict enforcement. Many would have liked to have face coverings mandated earlier, with clear explanation of their benefit
- Respondents requested continual reminders that the virus is still present and that all residents and visitors remain vigilant
- Respondents requested a strong public health response to back to school with increased staff availability for contact tracing

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# Background

Public Health Sudbury & Districts has been actively planning, coordinating and responding to COVID-19 since the beginning of 2020, with even more focus since the first case was confirmed in our service area on March 10, 2020 and the declaration of COVID-19 as a global pandemic by the World Health Organization on March 11, 2020. As a result of this focused response, all programs and services were adapted and many were reduced or paused in compliance with the Government of Ontario province-wide state of emergency, declared on March 17. The response also involved a redeployment of a number of staff to ensure a smooth COVID-19 response. Public Health leadership for the local response has been done across all sectors in the communities we serve.

With the first wave having been declared over in early June, 2020, Public Health has lent its mind to planning for future waves, and to evaluating its response, with an goal of understanding lessons learned and adjusting future response actions. This evaluation has consisted of a multi-pronged approach, gathering feedback both internally from staff and externally from community members, partners, and stakeholders. This report presents the findings that represent these latter perspectives.

These findings can be used to protect our communities by:

- building on aspects of the response that worked well and that should continue or be enhanced during resurgence and future waves
- learning from experiences and lessons learned during the first wave to course correct as necessary and ensure sound practices to protect people from COVID-19 for future waves

# Methods

Community member, partner, and stakeholder perspectives were collected via an online bilingual survey, which was open from July 22 to August 5, 2020. Details about the sample include the following:

- 788 surveys were completed
  - 95.3% of respondents completed the survey in English and 4.7% completed the survey in French
  - 92.3% of respondents were from Greater Sudbury and collectively 7.7% were from district areas (Sudbury and Manitoulin districts)
- 33.8% (266) of respondents identified as community partners, local organizations, or from the business sector
- 16.2% of organizational respondents indicated they were from school boards, 13.9% were from hospitals, and 8.6% were from a municipal government agency
- 53.4% of respondents indicated that within their business or organization they represented frontline staff, 25.2% were managerial staff, and 12.4 were administrative staff

# Results

## Community partner and stakeholder feedback

This section includes feedback received from community partners and stakeholders. A total of 266 (33.8%) of the survey's respondents indicated that they represented partners, businesses, or organizations within the service provision area of Public Health Sudbury & Districts. More than half (53.4%) of the business or organization respondents were frontline staff, while a quarter (25.2%) were managerial staff and 12.4% were administrative staff. Respondents represented a variety of sectors including local municipal government; seniors care (long-term care and seniors' residences); childcare (such as daycares and early development centers); child welfare and protection; not-for-profits (including social services, charities, and environmental services); primary care (dental, pharmacy, mental health, and hospice); communication companies; and the education sector.

Partners and stakeholders provided feedback on overall direct supports provided by Public Health, supports to prevent the spread of COVID-19, supports for signage, information sheets and guidance, supports for planning and re-opening, overall indirect supports provided by Public Health, and supports for non-COVID-19 programs and services.

### Public Health direct supports to community partners, businesses, and organizations

The majority of respondents, 59.8% (159), indicated that Public Health Sudbury & Districts directly supported their COVID-19 response activities; 27.1% were unsure while 11.7% indicated no support. Additionally, the **majority of partners and stakeholders (71.0%) indicated that they found the agency's support for their COVID-19 response to be to be excellent or good.**

*My business or organization's support from Public Health on our COVID-19 response was:*

|            | Count | Percentage |
|------------|-------|------------|
| Excellent  | 57    | 35.8       |
| Good       | 56    | 35.2       |
| Average    | 16    | 10.1       |
| Poor       | 6     | 3.8        |
| Very poor  | 1     | 0.6        |
| Don't know | 10    | 6.3        |

|                      | Count      | Percentage   |
|----------------------|------------|--------------|
| Prefer not to answer | 13         | 8.2          |
| <b>Total</b>         | <b>159</b> | <b>100.0</b> |

#### Partners and stakeholders gave examples of supports provided by Public Health:

- Emergency preparedness: outbreak management and enhanced monitoring
- Provision of resources, information, and tools that organizations could then disseminate to staff, clients, and community members including:
  - updated protocols to protect staff and customers from COVID-19 transmission including personal protective equipment requirements, cleaning precautions
  - physical distancing recommendations; work from home guidelines; suggestions for connecting with clients safely, including vulnerable populations; stay at home directives
  - training tools
  - approach for working with vulnerable populations during COVID-19
- Updates about new, active, and resolved COVID-19 cases in our region
- Follow-up with positive COVID-19 test results and contact tracing

#### Highlights from the field

*“Collaboration between senior management, the City of Greater Sudbury, and the health unit was frequent and consistent. In my role, I was able to reach out to Public Health directly to obtain necessary support with prompt response.”*

*“I work with developmentally challenged people. We had two instances where we had Public Health Sudbury & Districts instruct us when two of our ladies had some symptoms and needed to be tested for COVID-19. Public Health proved very helpful!”*

*“Greater Sudbury Police worked with PHSD [Public Health Sudbury & Districts] to establish screening questions and what PPE [Personal protective equipment] requirements were necessary to operate!”*

*“Daily visits to support homeless individuals at the arena.”*

*“I work in the emergency department, and we worked closely with Public Health regarding testing patients and notifying patients of results. Among other areas as well.” “ED and other managers have connected with Public Health and hospital staff to develop safe practices.”*

*“Emails daily for updates on COVID-19 status in our retirement home. Organized the COVID-19 testing for staff and residents.”*



# Public Health support to prevent the spread of COVID-19

The agency sought to understand the extent to which it supported or provided resources to partners, businesses, and organizations about how to prevent the spread of COVID-19 and how to respond to outbreaks in their workplace.

- 54.5% (n=145) of partners and stakeholders indicated that they received supports or resources
- **69.0% felt well supported** by Public Health, 15.9% did not, 9.7% did not know, and 5.5% skipped the response

## Highlights from the field

*“We followed Public Health guidance in keeping our staff safe and developing protocols for safely treating patients.”*

*“LTC [Long-Term Care], advice, protocols, policies, and set up of space.”*

*“Safety practices - i.e. interactions between workers and clients as well as building safety considerations.”*

*“Worked closely with our staff to make sure we were being safe and following the best possible advice for decontaminating, distancing, gym use, etc.”*

## Signage, information, and guidance

The agency sought to understand the extent to which partners, businesses, and organizations received signage, information sheets, and/or guidance about COVID-19.

- 39.5% (n=105) of partners and stakeholders indicated that they received supports or resources.
- **72.4% felt well supported** by Public Health, 21.9% did not, 3.8% did not know, and 1.9% skipped the response

### Highlights from the field

*“Information provided by PHSD [Public Health Sudbury & Districts] was used to make decisions about working from home, closing/reopening the gym, and other decisions by management.”*

*“Got posters on hand washing, symptoms, etc. and have used resources to advise students.”*

*“Utilisation d’équipement de protection, directives de comment faire les rendez-vous, nettoyage, etc.”*

## Planning and re-opening support

The agency sought to understand the extent to which local businesses and/or organizations received support to prepare for Stage 1, 2, or 3 re-openings (such as consultations, policy support, and/or training) to implement public health measures to ensure the safety of all during COVID-19.

- 31.6% (n=84) of partners and stakeholders indicated that they received supports for Stage 1, 2, or 3 re-openings
- **73.8% felt well supported** by Public Health, 13.1% did not, 11.9% did not know, and 1.2% skipped the response

### Highlights from the field

*“When reopening was a possibility, they were asked to review protocols. Came and did a walk through to help with making sure our opening ideas followed guidelines.”*

*“Advising on safety protocols for access to school. We received direction from PHSD [Public Health Sudbury & Districts] on how to safely attend our school during the shutdown. As a result, our school provided us with PPE [Personal protective equipment] and other guidance.”*

*“Public Health sent resources to prepare us for reopening. They also gave us a list of recommendations and looked over our policies before opening.”*

## Public Health indirect supports to community partners, businesses or organizations

Additionally, respondents from the business and community partner sectors were asked to provide insight into whether their organization received or accessed indirect supports from Public Health Sudbury & Districts to assist in their COVID-19 response activities. Over half of

the respondents, 51.5% (137), indicated that Public Health Sudbury & Districts indirectly supported their COVID-19 response activities; 30.1% were unsure while 5.3% indicated no support. **The majority of partners and stakeholders (81.0%) indicated that they found the agency's support for their COVID-19 response to be excellent or good.**

|                      | Count      | Percentage   |
|----------------------|------------|--------------|
| Excellent            | 47         | 34.3         |
| Good                 | 64         | 46.7         |
| Average              | 16         | 11.8         |
| Poor                 | 1          | 0.7          |
| Very poor            | 1          | 0.7          |
| Don't know           | 3          | 2.2          |
| Prefer not to answer | 5          | 3.6          |
| <b>Total</b>         | <b>137</b> | <b>100.0</b> |

Partners and stakeholders accessed the website and social media for COVID-19 related information, news releases, videos, best practices, and updates on cases. They also relied on local interviews with Public Health professionals.

#### Highlights from the field

*"I consulted the website for information about case counts, symptoms and other COVID-19 related information. I forwarded a link with information about testing centres to our school board."*

*"Our COVID-19 response work required us to consult daily epidemiological updates from Sudbury, Ontario, Canada, etc."*

*"The epidemiological statistics were very helpful. The collaboration between APH [Algoma Public Health], PPH [Porcupine Public Health] and PHSD [Public Health Sudbury & Districts] so that we may have a consistent message in our schools is also helpful."*

*"We as an organization depend on Public Health webpages, news releases, and phone calls for the advice we need to give the people we support a better quality of life."*

## Non-COVID-19 programs and services

The agency also sought to understand the extent to which existing agency community partners and organizations continued to receive support on non-COVID-19 related programs, projects, or initiatives during the first wave of the pandemic.

- 21.4% (57) indicated that their business or organization did receive support for non-COVID-19 related programs, services, or initiatives. See Appendix A for a list of examples provided.
- **78.9% felt well supported** by Public Health, 5.3% did not, 14.0% did not know, and 1.8% skipped the response.

### Highlights from the field

*“The agency provides front line harm reduction services. Due to COVID-19, supply numbers rose, and Public Health was able to respond and ensure community members were able to access new equipment and harm reduction/overdose services.”*

*“Prompt replies interagency to non-COVID-19 related issues that were relevant to client care i.e. Positive STI [Sexually transmitted infection] tests and contact tracing.”*

The agency wanted to further explore the unintended consequences of scaling up the agency’s pandemic response, which caused a reduction in non-COVID-19 related services and programs. Of those who responded to this question (189), 44.7% indicated that their business or organization did not experience any negative impacts, 21.1% were unsure, and **only 3.8 % indicated that their business or organization experienced negative impacts**; almost one-third (30.4%) of respondents did not answer this question.

### Partners and stakeholders gave examples of negative impacts:

- difficulty connecting with staff
- students did not receive their tuberculin test
- no food handlers’ program being offered
- limited operations of the Circles program

### Highlights from the field

*“No food handlers’ program being offered. Virtual services should be an option. Many restaurants are open and require staff to be trained. Many people like to have a real time trainer to ask questions and have opportunity to interact to help them grasp the material.”*

*“Availability of public health staff was put in comparison to regular practice. Person always changed. The communication of contact extensions did not occur. Decisions and processes were varied depending on the staff you were speaking with.”*

## Community feedback

Community members provided feedback on Public Health’s leadership, guidance, and communication, COVID-19 information and resources, COVID-19 services, and overall satisfaction with Public Health’s COVID-19 response.

## Public Health leadership, guidance, and communication

All respondents, including community members, partners, and stakeholders were asked to reflect on the leadership, guidance, and communication provided by Public Health Sudbury & Districts during the first wave of the pandemic.

|  | <b>Strongly Agree</b>  | <b>Agree</b>           | <b>Neutral</b>         | <b>Disagree</b>      | <b>Strongly Disagree</b> | <b>Not Applicable</b> | <b>Unsure/ Skipped</b> | <b>Total</b> |
|--|------------------------|------------------------|------------------------|----------------------|--------------------------|-----------------------|------------------------|--------------|
| PHSD leadership guided my community's COVID-19 response  | <b>23.4%<br/>(184)</b> | <b>40.5%<br/>(319)</b> | <b>14.2%<br/>(112)</b> | <b>4.7%<br/>(37)</b> | <b>3.2%<br/>(25)</b>     | <b>0.5%<br/>(4)</b>   | <b>(107)</b>           | <b>788</b>   |
| PHSD provided clear direction about how I can protect myself and my family during the COVID-19 response. | <b>28.8%<br/>(227)</b> | <b>36.3%<br/>(286)</b> | <b>11.9%<br/>(94)</b>  | <b>6.2%<br/>(49)</b> | <b>3.7%<br/>(29)</b>     | <b>0.4%<br/>(3)</b>   | <b>(100)</b>           | <b>788</b>   |
| PHSD provided clear information during COVID-19 response.  | <b>24.1%<br/>(190)</b> | <b>36.9%<br/>(291)</b> | <b>12.4%<br/>(98)</b>  | <b>8.8%<br/>(69)</b> | <b>4.2%<br/>(33)</b>     | <b>0.1%<br/>(1)</b>   | <b>(106)</b>           | <b>788</b>   |
| PHSD provided timely information during COVID-19 response.   | <b>25.3%<br/>(199)</b> | <b>36.5%<br/>(288)</b> | <b>12.1%<br/>(95)</b>  | <b>8.0%<br/>(63)</b> | <b>3.4%<br/>(27)</b>     | <b>0.1%<br/>(1)</b>   | <b>(115)</b>           | <b>788</b>   |

|   | <b>Strongly Agree</b>  | <b>Agree</b>           | <b>Neutral</b>         | <b>Disagree</b>       | <b>Strongly Disagree</b> | <b>Not Applicable</b> | <b>Unsure/ Skipped</b> | <b>Total</b> |
|---|------------------------|------------------------|------------------------|-----------------------|--------------------------|-----------------------|------------------------|--------------|
| PHSD use of social media, website, traditional radio, digital and print media kept me well informed about COVID-19. | <b>29.2%<br/>(230)</b> | <b>37.7%<br/>(297)</b> | <b>10.9%<br/>(86)</b>  | <b>6.3%<br/>(50)</b>  | <b>1.9%<br/>(15)</b>     | <b>0.3%<br/>(2)</b>   | <b>(108)</b>           | <b>788</b>   |
| PHSD provided information that answered my questions during COVID-19.   | <b>17.0%<br/>(134)</b> | <b>33.5%<br/>(264)</b> | <b>16.8%<br/>(132)</b> | <b>10.4%<br/>(82)</b> | <b>4.2%<br/>(33)</b>     | <b>5.1%<br/>(40)</b>  | <b>(103)</b>           | <b>788</b>   |
| PHSD was transparent in sharing information with the community during COVID-19                                      | <b>19.5%<br/>(154)</b> | <b>28.7%<br/>(226)</b> | <b>17.9%<br/>(141)</b> | <b>11.9%<br/>(94)</b> | <b>6.3%<br/>(50)</b>     | <b>0.3%<br/>(2)</b>   | <b>(121)</b>           | <b>788</b>   |
| PHSD played an important role in the community during COVID-19.   | <b>33.6%<br/>(265)</b> | <b>34.0%<br/>(268)</b> | <b>11.2%<br/>(88)</b>  | <b>4.8%<br/>(38)</b>  | <b>2.3%<br/>(18)</b>     | <b>0.3%<br/>(2)</b>   | <b>(109)</b>           | <b>788</b>   |
| PHSD is a trusted community agency for responding to COVID-19.  | <b>31.9%<br/>(251)</b> | <b>34.5%<br/>(272)</b> | <b>11.9%<br/>(94)</b>  | <b>4.9%<br/>(39)</b>  | <b>3.0%<br/>(24)</b>     | <b>0.1%<br/>(1)</b>   | <b>(107)</b>           | <b>788</b>   |

In general, the majority of the community feedback was positive. Almost 64% of respondents believed that the agency's leadership helped to guide our community through the first wave of the pandemic. Similarly, 67.6% of respondents believed that the agency played an important role in the community during the first wave of the pandemic, while an additional 66.4% of respondents agreed that Public Health Sudbury & Districts is a trusted community agency responding to the pandemic.

Almost two-thirds (65.1%) of respondents agreed that the agency provided clear direction to protect themselves from COVID-19 and that the communication was clear (61.0%) and timely (61.8%). However, less than half of the respondents (48.2%) believed that the information was transparent. The use of various media forms, including traditional radio, social media, the agency's website, digital and print media kept 66.9% of respondents well-informed about COVID-19, with half (50.5%) of respondents indicating that the agency provided information that answered their questions.

### Highlights from the field

*“Great, quick response has been helpful during all parts of the pandemic when I have had to reach out directly.”*

*“More timely response to emerging needs in the community and from stakeholders. A more empowered staff that can make decisions and convey those decisions to other staff so that response is more rapidly standardized.”*

*“Public Health Sudbury & Districts comes with professional staff who have many resources for organizations and people alike. They should continue doing what they are doing, educating the public!”*

*“Thank you for the long hours and tireless work to try to get us through the pandemic. I know we have smart and innovative people who work for us to come up with solutions for us to live during this pandemic. We can get through this together.”*

*“Video and print updates by Dr. Sutcliffe are very valuable. She is sincere and empathetic, and I believe a very trusted source of information on procedures to be followed.”*

## COVID-19 information and resources

**Most respondents (81.0%) indicated that they relied** on Public Health Sudbury & Districts for information related to COVID-19 either often or sometimes.

Additionally, 59.1% of respondents indicated that they had accessed, viewed or been given resources or information from the agency related to COVID-19 with the vast majority of those respondents indicating that they found the information helpful:

|                                    | Very Helpful   | Somewhat Helpful | Not at all helpful | NA            | Don't Know  | Prefer not to answer | Total |
|------------------------------------|----------------|------------------|--------------------|---------------|-------------|----------------------|-------|
| Epidemiological statistics reports | 34.8%<br>(162) | 38.2%<br>(178)   | 3.2%<br>(15)       | 10.3%<br>(48) | 9.4<br>(44) | (19)                 | 466   |

|  | <b>Very Helpful</b>    | <b>Somewhat Helpful</b> | <b>Not at all helpful</b> | <b>NA</b>            | <b>Don't Know</b>    | <b>Prefer not to answer</b> | <b>Total</b> |
|--|------------------------|-------------------------|---------------------------|----------------------|----------------------|-----------------------------|--------------|
| Status updates about testing and cases in the Sudbury and Manitoulin districts   | <b>59.7%<br/>(278)</b> | <b>29.6%<br/>(138)</b>  | <b>4.9%<br/>(23)</b>      | <b>1.7%<br/>(8)</b>  | <b>0.6%<br/>(3)</b>  | <b>(16)</b>                 | <b>466</b>   |
| News releases and public service announcements on the latest COVID-19 developments   | <b>55.2%<br/>(257)</b> | <b>33.9%<br/>(158)</b>  | <b>4.7%<br/>(22)</b>      | <b>0.4%<br/>(2)</b>  | <b>0.9%<br/>(4)</b>  | <b>(23)</b>                 | <b>466</b>   |
| Information about COVID-19 via Public Health Sudbury & Districts' website  | <b>44.8%<br/>(209)</b> | <b>38.2%<br/>(178)</b>  | <b>3.9%<br/>(18)</b>      | <b>4.3%<br/>(20)</b> | <b>4.3%<br/>(20)</b> | <b>(21)</b>                 | <b>466</b>   |
| Information about COVID-19 via Public Health Sudbury & Districts' social media channels  | <b>48.9%<br/>(228)</b> | <b>34.3%<br/>(160)</b>  | <b>4.5%<br/>(21)</b>      | <b>4.9%<br/>(23)</b> | <b>2.8%<br/>(13)</b> | <b>(21)</b>                 | <b>466</b>   |
| COVID-19 related promotional campaigns (e.g. to promote testing, wearing a face covering, mental health, community supports, physical distancing, and handwashing) | <b>52.1%<br/>(243)</b> | <b>31.5%<br/>(147)</b>  | <b>8.8%<br/>(41)</b>      | <b>0.9%<br/>(4)</b>  | <b>2.8%<br/>(13)</b> | <b>(18)</b>                 | <b>466</b>   |

Of note, the majority of respondents rely on COVID-19 related information from the agency. Participants largely accessed COVID-19 information through peripheral contact such as accessing the agency's website and news releases.



### Highlights from the field

*“Reporting on the website and on social media has been clear and timely and has helped guide my decisions about how to change my family's activities.”*

*“Your website is not user friendly.”*

*“Language in most communication is too bureaucratic and not strong enough to emphasize the risk of not complying with recommendations.”*

*“L'information sortait en anglais et on devait demander pour l'information en français.  
L'information devrait sortir dans les deux langues.”*

*“The reporting of cases was well done. I would like to see more detail such as which businesses anyone who tested positive may have attended and when.”*

*“Daily reporting, news releases and giving advice and warnings kept me calm and gave me a sense of community.”*

## COVID-19 services

24.0% of respondents indicated that they had direct contact with the agency or received services for any reason related to COVID-19. The two main sources of direct contact with the agency were through the call centre or contact tracing and following up on test results, with 67.7% and 56.6% respectively of respondents indicating these services as helpful.

### Highlights from the field

*“Personally, their response team. They received a call, they responded immediately. They gave accurate information and they followed up on each situation that I was involved in.”*

*“Staff did their best to answer questions, but we certainly received conflicting answers. This needs to be improved. You may want to continue to provide answers to questions.”*

*“I have been really impressed with how helpful, thorough, and friendly every member of the public health team has been!”*

|   | Very Helpful  | Somewhat Helpful | Not at all helpful | NA            | Don't Know   | Prefer not to answer | Total |
|---|---------------|------------------|--------------------|---------------|--------------|----------------------|-------|
| COVID-19 call centre for questions, concerns or guidance on public health measures or provincial orders | 42.3%<br>(80) | 25.4%<br>(48)    | 8.5%<br>(16)       | 17.5%<br>(33) | 5.3%<br>(10) | (2)                  | 189   |

|  | Very Helpful  | Somewhat Helpful | Not at all helpful | NA            | Don't Know   | Prefer not to answer | Total |
|--|---------------|------------------|--------------------|---------------|--------------|----------------------|-------|
| COVID-19 contact tracing, follow-ups for test results, possible exposure and/or advice regarding testing | 32.3%<br>(61) | 24.3%<br>(46)    | 7.4%<br>(14)       | 27.0%<br>(51) | 6.9%<br>(13) | (4)                  | 189   |

## Overall Satisfaction with Public Health's COVID-19 Response

Respondents were asked to reflect on their entire experience during the first wave of the pandemic and were asked their satisfaction with the agency's response to date for handling the local COVID-19 outbreak. Almost three quarters of the respondents (**72.8%**) indicated that they were satisfied with agency's response.

|                      | Count      | Percentage   |
|----------------------|------------|--------------|
| Very Satisfied       | 328        | 41.6         |
| Somewhat satisfied   | 246        | 31.2         |
| Not at all satisfied | 82         | 10.4         |
| Don't know           | 15         | 1.9          |
| Prefer not to answer | 115        | 14.6         |
| <b>Total</b>         | <b>788</b> | <b>100.0</b> |

### Highlights from the field

*"Keep up the good work! We depend on you to keep us safe by keeping an eye on the important things that may affect our health while we do what we need to do. Were a team!"*

*"I didn't find the presence as much as I would have wanted. Toronto was doing daily debriefing. I understand that we didn't have the same number of cases, but we still could have had some more updates."*

*"I believe that through all of this Public Health has done a great job. No one has had to experience a situation like this before and having to continuously keep up with information and changes, I believe that everyone has done a great job."*

# Lessons learned

Community members provided examples of aspects of the response that worked well along with aspects of the response that should continue. In addition, respondents were asked to provide examples of aspects of the response that could be improved or ramped up and to provide input on what else Public Health Sudbury & Districts should consider for future planning related to COVID-19 in the coming months.

## What worked well

Respondents shared examples of aspects of the response that worked well as they relate to the effectiveness of the response, collaboration, Public Health workforce, update of cases, education, and communication.

### **Effectiveness of the response**

- kept virus to a minimum in this area

### **Collaboration**

- community collaboration on emergency preparedness and outbreak management
  - revision of policies, protocols, and guidelines
  - provision of screening questions and personal protective equipment (PPE) requirements
  - education of employees
- early response to provide recommendations before the province took action and promotion of provincial directives as they became available
- supporting assessment centres
- supporting school closures

### **Public Health workforce**

- redeployment and increases in staffing
- availability to answer questions and to educate
- strong workforce: keeping up with evolving information, professional, dedicated, thorough, trustworthy, innovative, helpful
- effective case and contact management
- walk-throughs of businesses and organizations to ensure safety
- continue to provide non-COVID-19 programming with focus on chronic diseases, immunization, seniors, mental health, and harm reduction

### **Highlight from the field**

*“Thank you for your efforts. I’m hoping you can increase staff at the health unit as staff are shuffled from other valuable programs to take on this important task.”*

*“Doing the best you can with something new!”*

### **Update of cases**

- timely updates through multiple media sources
- information on the location of new cases, mode of transmission (community spread, travel, contact with traveler), age, sex, and testing
- having access to updated case numbers decreased worry, kept people home, and kept them from having visitors

### **Education**

- information about the virus, symptoms, and best practices to reduce transmission (handwashing, sneezing into sleeve, physical distancing, isolating, face coverings, not touching face, staying home when ill, limits to visiting, travel, gatherings, social circles)
- information such as screening tools, recommendations, visual aids, posters, and signs to businesses and community partners
- translated what the provincial announcements mean for our area
- informative videos on how to protect individuals and families
- encouraged wearing face coverings, providing exceptions for face coverings
- reminders to respect and show kindness to others

### **Highlights from the field**

*“Reliable information from a trusted source.”*

*“Giving up-to-date, and daily news releases were quite helpful. As a community you were able to feel that the concern was legitimized.”*

### **Communication**

- at the forefront in the first wave, keeping everyone well informed
- timely, constant, clear, open, transparent, and honest, without contradiction, down to earth, and scientific communication
- Medical Officer of Health news releases, radio interviews, tweets, and chats
- use of billboards and bus advertisements
- regular communication by phone, email, and video with community partners
- easy access to trustworthy information for the community through phone, Facebook, Twitter, local media (radio, TV), and website
- messaging in both French and English
- website up to date, helpful, with lots of information, easily accessible
- Facebook is linked to website

### Highlights from the field

*“Excellent social media presence with clear, succinct, and recent evidence-based principles. Should promote more community members to subscribe / follow.”*

## What should be improved or ramped up

Respondents shared examples of aspects of the response that could be improved or ramped up as they relate to preparation, education, communication, protocols and guidelines, and collaboration.

### Preparation

- prepare for a second wave, design, implement, and disseminate a pandemic plan
- align and strengthen coordination with the province
- begin planning for mass immunization events
- ensure availability and accessibility of agency staff when required for supports
- collaborate with local governments for planning

### Highlight from the field

*“How plans for next wave are coming. How community can prepare.”*

### Education

- educate the community about the role of Public Health during a pandemic
  - more education about how contact tracing works
- provide more scientific knowledge about the virus: risks, prevention, asymptomatic spread, vaccines, and how the virus affects children
- provide simplified information sheets, infographics, and videos to educate community and stakeholders about wearing face coverings, personal protective equipment (PPE), washing hands, disinfection, cleaning, prevention of transmission, physical distancing, social circles, etc.
- provide balanced information regarding public health messages so people can make informed decisions
- provide more information about how to access testing and when to be tested
- create uplifting messaging to reduce mental health impacts
- provide stories from those who have been infected, health care workers to convey the severity of the virus and the importance of following public health directives
- communicate to the public the importance of minimizing travel
- create a campaign to address attitudes and beliefs about guidelines and to counter misinformation

### Highlights from the field

*“Keep us informed and help the community to continue to make good choices when it comes to protecting the public health of Greater Sudbury. Continue to push for all members of the community to take this pandemic seriously and exercise all the good public health practices: wear a mask, wash your hands frequently, continue to maintain social distancing, stay home if you are feeling sick and avoid large gatherings”.*

*“Tell the public more about the work a health unit does... contact tracing numbers, other stats you gather to show the community what the PHSD does. Include other work as well, if baby checks are happening, opioid etc. showing the community that yes you take care of COVID-19 AND so much more.”*

### Communication

- increase the agency’s presence in the community by intensifying communication (e.g. daily debriefings and updates, virtual townhalls, posting on community Facebook pages, scheduled press conferences on TV and radio, leveraging local influencers to get the message out)
- provide clear, timely, direct, correct, and consistent messaging
- use messaging to reduce fear rather than create it
- develop an overall communication approach
  - communicate the “why” of decisions
  - develop innovative and inclusive ways of sharing information
    - consider various barriers, abilities, and specific target groups
- provide greater detail about cases, testing, and surveillance (e.g. age, sex, geographic location, where contracted; where traveled, whether related to large gathering, etc.)
- improve the call center by answering the phone lines and returning calls more promptly
  - provide agency staff more education so they become more confident in replying to questions
- improve the agency’s website so that it’s easier to navigate

### **Highlights from the field**

*“Be more visible in the community. Not everyone has access to the internet or to your website. Daily updates on CTV news at 6 and on CBC Radio would be helpful to reach the marginalized.”*

*“Stay at home directives, physical distancing guidelines! Working from home. It would be helpful if Public Health had a regular time slot on CBC Radio everyday to explain and give updates about the current local and provincial situation. Also, to reinforce the measures the community a take to keep us all safe. i.e.: wearing masks. A daily quick update via Radio would be helpful, especially for Seniors or people who don't have internet access.”*

*“Please ramp up with some communication that explains in simple terms the consequences to public health if not following recommended social bubble limits, mask wearing, 2m apart.”*

### **Protocols and guidelines**

- share greater details about federal, provincial, and local protocols and guidelines
- strengthening public health measures are met with mixed views: some suggest providing strict rules and regulations rather than guidelines/recommendations; others suggest scaling back on public health measures
- masking/face covering guidelines are being met with mixed views: supporters voiced that wearing face coverings should be mandated and enforced; non-Supporters voiced that face coverings should be optional or worn by those who are sick or at risk
- enforcement
  - enforce protocols for gatherings, physical distancing, face coverings (mixed views), and self-isolation
  - inspect businesses for compliance with directives

### **Collaboration**

- increase collaboration with community partners for emergency preparedness, outbreak management
- provide additional contact with First Nations communities, Indigenous partners, and organizations
- assist daycares in providing a safe environment
- dedicate staff to support schools with reopening and ongoing safety measures

# Conclusions

This evaluation report describes perspectives from community members, partners, and stakeholders on our agency's COVID-19 first wave response. Specifically, it describes what worked well, challenges, and what could be improved in our ongoing response related to direct and indirect supports and resources, the provision of non-COVID-19 related programs and services, unintended impacts on current service delivery, leadership and oversight, and communication. Overall, the results indicate that the agency's response and supporting processes and structures during the first wave of the pandemic were adequate, appropriate, and effective. Additionally, community partners, stakeholders, and community residents offered valuable insight regarding opportunities to improve and sustain our Public Health Sudbury & District COVID-19 response.

- Public Health Sudbury & Districts must continue to provide ongoing leadership and guidance in all essential public health functions to support community partners, stakeholders, and the general public and tailor responses that meet the needs and strengths of our communities
- Provide clear, concise, and engaging public health communications across traditional and social media platforms that enable community partners, stakeholders, and the public to reduce the spread of COVID-19
- Increase collaborations with community partners and stakeholders to address new, changing, and complex community challenges such as return to school, increased demand for health services, increase in visitors to long-term care homes, re-opening of businesses, and larger social gatherings
- Improve and increase key public health measures to increase the detection of COVID-19, specifically promoting upscaling testing, reporting, and contact tracing
- Educate community partners, stakeholders, and the public with the most current, clear, concise, and scientifically proven evidence and public health measures to reduce the spread of COVID-19 and improve safety

Finally, thank you to all for generously providing your feedback, input, and experience. These findings will be helpful when building on aspects of our COVID-19 response as well as help us plan and prepare for future waves, the upcoming influenza season, and future pandemics.



# Appendix A–Examples of non-COVID-19 supports provided by Public Health

- online exercise program
- food safety inspection
- Circles program
- sexually transmitted infection (STI) reporting and contact tracing
- sexual health clinic
- vaccines, including flu shots
- pre and post-natal care
- sun safety information
- car seat safety supports
- Respiratory Syncytial Virus (RSV) instructions for schools
- water testing directives
- food programs for schools
- childcare centres supports
- family health program
- supportive housing supports
- harm reduction services:
  - Community Drug Strategy and safe consumption services assessment
  - distributing harm reduction equipment
  - providing substance use information

**APPROVAL OF CONSENT AGENDA**

**MOTION:     THAT the Board of Health approve the consent agenda as distributed.**

# Public Health Sudbury & Districts 2018–2022 Accountability Monitoring Plan **Strategic Priorities: Narrative Report**

**Strategic Priorities: Narrative Report**  
October 2020



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

# Introduction

The *Public Health Sudbury & Districts 2018–2022 Strategic Plan* includes four Strategic Priorities that represent key areas of focus. The Strategic Priorities build on past successes and direct future actions to create optimal conditions for health for all. The Strategic Priorities: Narrative Report highlights stories from Public Health Sudbury & District's programs and services to paint a picture of our priorities in action. These Narrative Reports are provided to the Board of Health two times per year—in the spring and fall—as a component of the [2018–2022 Accountability Monitoring Plan](#).

It is important to note that narratives do not necessarily reflect a specific reporting timeline. Rather, they represent an ongoing monitoring component of our 2018–2022 Strategic Plan.

## Strategic Priorities



### Equitable Opportunities

We strive for health equity by championing equal opportunities for health.



### Meaningful Relationships

We establish meaningful relationships that lead to successful partnerships, collaborations, and engagement.



### Practice Excellence

We strive for ongoing excellence in public health practice including, program and service development and delivery.



### Organizational Commitment

We advance organization-wide commitment and ensure that we are well positioned to support the work of public health.

# Providing families with fresh fruit and vegetables amid COVID-19 pandemic

The Northern Fruit and Vegetable Program provides weekly servings of vegetables and fruit to all elementary students in publicly funded and First Nation schools. This program ceased to operate in March 2020 as schools were closed due to the COVID-19 pandemic.

Public Health Sudbury & Districts, along with our program partners, the Ministry of Health, and the Ontario Fruit and Vegetable Growers Association, quickly developed an alternative program that would provide food access opportunities for communities facing additional food insecurity due to the pandemic.

Weekly deliveries of fresh vegetables and fruit were sent to 13 First Nation communities throughout our district. Communities used the produce from the program and sought out other funding sources to purchase more healthy food options and together created many nutritious food baskets to distribute to families in need. Providing these baskets ensured families accessed healthy food while staying safe in their home community.

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1

## Equitable Opportunities

We strive for health equity by championing equal opportunities for health.

# Working together to collectively respond to COVID-19 in our community

The health of our community relies on a coordinated approach to effectively respond to the COVID-19 pandemic. Developing meaningful relationships while working together with community partners such as child care centres, schools, long-term care homes, retirement homes, municipalities, and business operators helps ensure a safe and collective response.

Daily collaboration with community agencies and stakeholders takes place to ensure:

- consistent messaging
- review and collaboration on COVID-safe operation plans
- role clarity
- appropriate sharing of responsibilities

Public Health has provided expert guidance by reviewing safe re-opening plans for child care centres and schools, providing clarity on legislation, and developing materials including various signage and draft policies for the mandatory use of face coverings. Public Health has also visited many premises to support COVID-safe business operations including guidance and support for physical distancing and infection prevention and control.

Planning with these key partners helps to support healthier communities for all by ensuring the needs of our community members are met during these challenging times. Early and ongoing efforts in our community have effectively helped to flatten the curve and to protect our hospitals from becoming overwhelmed.

Maintaining community partnerships through consistent coordinated communication will continue to support a strong response against COVID-19. We are in this together.



## Meaningful Relationships

We establish meaningful relationships that lead to successful partnerships, collaborations, and engagement.



## Assessing community context with themed surveys during COVID-19 pandemic

Public health programs and services are informed by evidence and responsive to needs and emerging issues. An important method of assessing the community situation during the COVID-19 pandemic has been through surveys. Surveys are a useful effective public health practice tool for informing decisions and supporting program planning. Public Health Sudbury & Districts conducted several themed surveys to gain an understanding of how the pandemic is impacting residents. Between April and August 2020, six separate surveys were administered to residents in our service area on COVID-19 topics related to knowledge, behaviours, impacts, mental health, substance use, injury prevention, and public health pandemic response. A total of 4,000 surveys were completed overall. Survey findings are being used to inform the development and delivery of public health programs and services during the pandemic and contribute to future planning and preparation efforts.

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3

### Practice Excellence

We strive for ongoing excellence in public health practice including, program and service development and delivery.

## Mental health in COVID-19 pandemic

COVID-19 prompted significant public health efforts to change our internal processes, structures, and programs. Early in the public health response, it was crucial to support staff mental health as they navigated their way through these unprecedented times. The organization identified resources, developed material, and identified unique ways to support staff mental health and build resiliency. Efforts to support staff included:

- weekly emails promoting local, provincial, and national resources
- tools for managers to support staff mental health
- partnership with Mindfulness on the Rocks to provide free mindfulness sessions to staff
- development and evaluation of peer-led debrief sessions
- expanded access to the Employee Assistance Program (EAP)
- leadership encouraging staff to utilize vacation time to unplug and recharge

Many of these efforts are ongoing and important to help foster a work environment that supports and sustains mental health and well-being as public health staff continue to respond to COVID-19. There is no health without mental health.



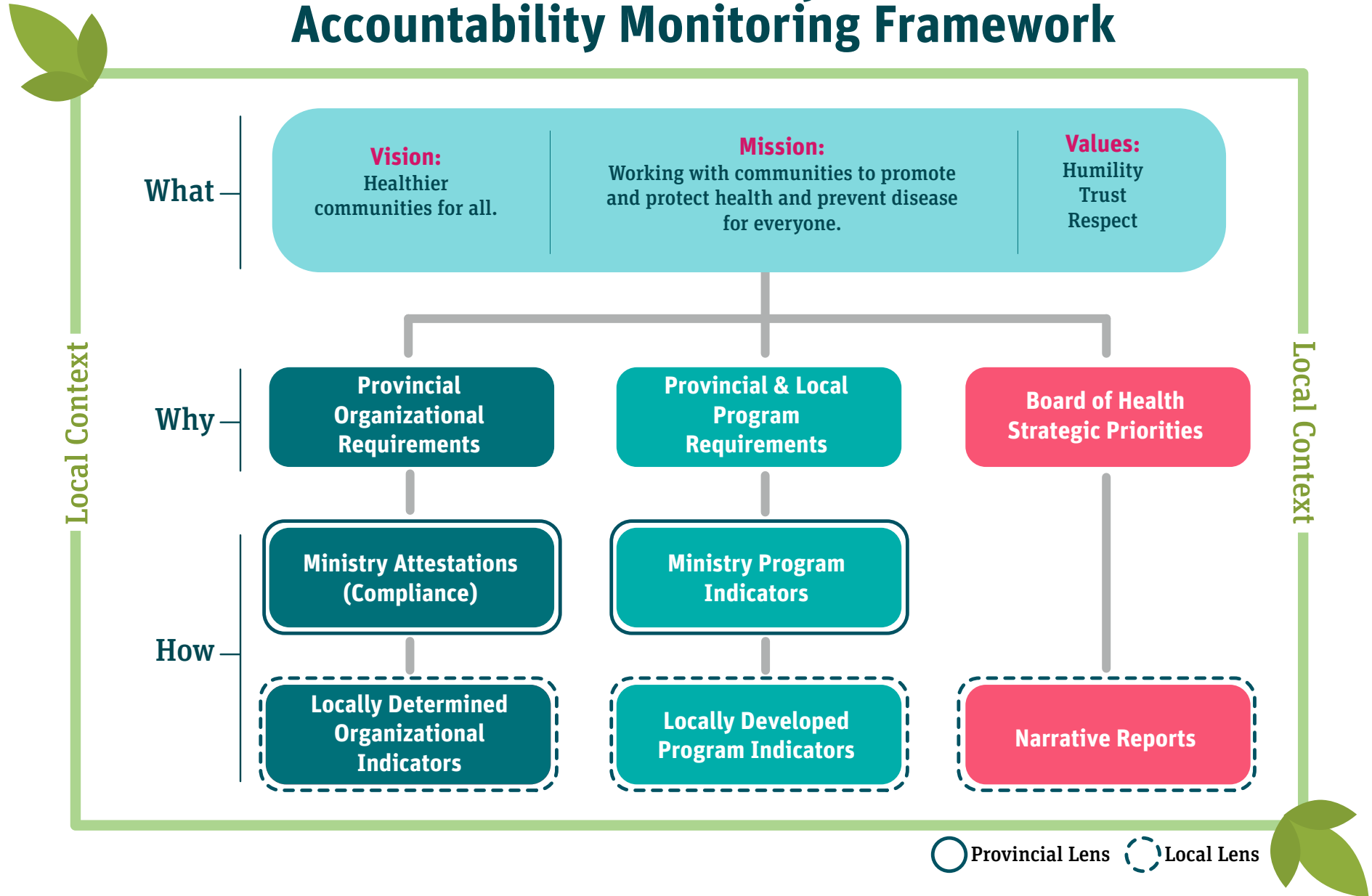
### Organizational Commitment

We advance organization-wide commitment and ensure that we are well positioned to support the work of public health.





# Public Health Sudbury & Districts Accountability Monitoring Framework





**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

# Briefing Note

**To:** R. Lapierre, Chair, Board of Health

**From:** Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer

**Date:** October 8, 2020

**Re:** Additional Measures to Save Lives: COVID-19 Pandemic and the Opioid Epidemic

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☒ For Information

☐ For Discussion

☐ For a Decision

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**Issue:**

The Board of Health is aware of the comprehensive [Community Drug Strategies](#) (CDS) throughout our region that bring together diverse stakeholders. The CDS is organized around the four pillars of health promotion, enforcement and justice, treatment, and harm reduction. All four pillars are necessary to reduce the harms associated with substance misuse; and all are needed now more than ever as the opioid epidemic collides with the COVID-19 pandemic. This briefing note includes a status update and describes actions being explored by staff and CDS partners to mitigate the additional risk of COVID-19 on the ongoing opioid crisis. It anticipates that additional measures will be needed to save lives as these two outbreaks intersect.

**Recommended Action:**

That the Board of Health for Public Health Sudbury & Districts receive this briefing note for information.

**Background:**

*Status update:*

National data released September 30, 2020, show the ongoing devastation of the opioid overdose crisis on the lives of many Canadians with 1,018 deaths and 1,067 opioid-related poisoning hospitalizations for the first three months of 2020.

Ontario, along with a number of provinces and territories, is reporting the highest rates of opioid-related harms, including deaths, since the monitoring of the crisis began. Apparent opioid-related death rates in Ontario have risen each year from 6.2 per 100,000 population in 2016 to 12.1 for the first three months of 2020 (10.4 for 2019).

Locally, the indicators used to monitor opioid-related harms are beginning to show worrisome figures. Tragically, preliminary numbers indicate 35 deaths from opioid-related causes for the first five months

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2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001  
R: January 2017

of 2020 compared with 24 for the same time period in 2019. There is no clear trend in emergency department visits related to opioids comparing 2019 with 2020. Paramedic services calls for opioid-related incidents are elevated for June through August 2020 as compared with 2019.

The national level [Special Advisory Committee on the Epidemic of Opioid Overdoses](#) links the opioid and COVID-19 epidemics. The Committee notes that rising opioid deaths and poisonings could be attributed to a growing unpredictable and toxic street drug supply, limited access to services available for people who use substances, and feelings of isolation and anxiety that may be a result of COVID-19 and the public health measures implemented to reduce the impact of the pandemic in Canada. As a consequence, more people are using drugs alone, putting them at increased risk of overdose and death.

Compared with the province, our service area has persistently elevated rates important opioid-related indicators including emergency department visits and deaths. Additional measures are needed locally to save lives.

#### *Actions being explored*

Announced in mid-September, Health Canada signaled its [support for safer drug supply](#) as an important strategy to complement other harm reduction initiatives in the COVID-19 context. Four safer supply projects were announced and will provide pharmaceutical-grade medication as an alternative to the toxic illegal supply in circulation.

The Canadian Association of Chiefs of Police concluded in their July 2020 report on [Decriminalization for Simple Possession of Illicit Drugs](#) that decriminalization for simple possession is an effective way to reduce the public health and public safety harms associated with substance use and evidence based medical treatment that includes a safe supply.

The Community Drug Strategy is active in all four pillars with Public Health Sudbury & Districts heavily engaged in the health promotion and harm reduction pillars. Along with our focus on stigma, Public Health is supporting the next steps to establish supervised consumption services in our area. Additional measures including safer supply and decriminalization are under active discussion for potential advocacy. The Board can expect to hear more about these additional measures that must be considered to mitigate the impact of COVID-19 on the opioid epidemic.

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

# Annual CQI Report

April 1, 2019 - March 31, 2020

**Internal Report**

*Not to be distributed externally.*

Public Health Sudbury & Districts  
September 2020



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

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| 7 new  | 3          |
| 22 ongoing                                     | 3          |
| 11 completed (sustaining)                      | 3          |
| 4 on hold                                      | 3          |
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# Introduction

Public Health Sudbury & Districts recognizes the importance of Continuous Quality Improvement. A public health system with a culture of quality and transparency is:

- safe
- effective
- client and community/population centred
- efficient
- responsive, and
- timely

2019 marks the first year with the newly developed CQI Framework, Plan, and launch of the Committee. The annual report provides a summary of the components within the Continuous Quality Improvement Corporate Services portfolio.

# Background

Continuous Quality Improvement (CQI) is an overarching philosophy that drives ongoing organizational improvements. It encourages us to think about what we can do better and how we can improve our efforts and processes to achieve better outcomes and greater value.

The Board of Health ensures a culture of quality and continuous organizational self-improvement that underpins programs and services, public health practice, and demonstrates transparency and accountability to clients, the public, and other stakeholders.

Staff identify and use tools, structures, processes, and priorities to measure and improve the quality of our programs and services through our internal Lean reviews. Lean methodologies are based upon principles of continuous quality improvement. We utilize Lean methodology principles in our day to day work to develop a plan, define value, identify opportunities, increase efficiencies, reduce wasteful processes, streamline processes, establish a flow, test change results, and continuously monitor the outcomes.

# Lean Projects

This report captures all Lean projects dated April 1, 2019 – March 31, 2020.

Since April 1, 2019, there have been a total of 44 Lean Reviews across the organization. These reviews have been categorized as completed, ongoing or new to Spring of 2020.

**Table 1: Lean Projects (\* includes automation)**

| <b>7 new</b><br><i>(beginning Spring 2020)</i>           | <b>22 ongoing</b>   | <b>11 completed (sustaining)</b><br><i>(prior to March 31, 2020)</i> | <b>4 on hold</b>                                 |
|--|---|--|--|
| Electronic Health Record (Auditing/Privacy) (CS)         | *Recruitment P2 (CS)  | Environmental Health Auditing Reports (EH)                           | Offsite Storage: Phase II: District Offices (CS) |
| CSR Call Monitoring (CS)                                 | Planned Development and Approval: Communication Processes (KSS) | Access Building Cards (CS)   | Systematic Approach to Auditing (CS)             |
| Accessibility with Customer Service Area (CS)            | Service Agreements (HP)   | *Purchase Orders (CS)  | Accommodations (ergonomic) (CS)                  |
| Dispensing of STI meds (HPT)                             | *Division Manual (HP)   | Evaluation of Print/Copy/Lamination Services (CS)                    | Volunteer Resources Structure (CS)               |
| MBTA process review (HPT)                                | Enteric Disease Follow Up (HPT)                                 | Environmental Health Reporting Process (EH)                          |  |
| Review of monitoring process for reportable STBBIs (HPT) | Printer Consolidation (CS)                                      | *Recruitment P1 (CS)   |  |

|  |   |   |  |
|--|---|---|--|
|  | PHSD Parking – Phase II (CS)  | *Budget Adjustment (CS)                                 |  |
|  | Program Planning Processes (KSS)  | First Aid and CPR (CS)                                  |  |
|  | Contact tracing process review (HPT)  | CDLU process review (HPT)                               |  |
|  | STI med order form (HPT)  | Reviewing the Travel Vaccines in District Offices (HPT) |  |
|  | *Document Approval (CS)   | Drop in process on non-drop-in days (HPT)               |  |
|  | Intake Services (CS)  |   |  |
|  | *Board of Health Motion (MOH)   |   |  |
|  | *Travel and Misc. Expenses (CS)   |   |  |
|  | Accommodations (CS)   |   |  |
|  | Administrative Efficiencies (ETO and info: HR) (CS)                         |   |  |
|  | *Administrative Efficiencies (e-signature, termination/leave workflow) (CS) |   |  |
|  | *Org Charts (CS)  |   |  |
|  | Centralized area for all workflows (CS)                                     |   |  |
|  | Vaccine Inventory Review (HPT)  |   |  |
|  | *Building Access (CS)   |   |  |

|  |   |  |  |
|--|---|--|--|
|  | Learning Management System: Moodle (CS/KSS) |  |  |
|--|---|--|--|

Lean reviews provide an opportunity to reflect and understand the current state and root cause, suggests opportunities for improvements, eliminates waste, adds value, proposes an ideal future state, develops a plan for sustainability, and supports the transition of an improved process.

# Client Satisfaction Survey

As outlined in the 2018 Ontario Public Health Standards, Boards of Health are required to measure client, community, partner, and stakeholder experience to ensure transparency and accountability. As such, Public Health Sudbury & Districts is committed to the development and distribution of a satisfaction survey to gather feedback from our communities and inform program and service improvements across the agency.

Key findings from the responses to the survey in 2019 include:

- 254 satisfaction surveys completed and submitted by clients, partners, or community members between January and December 2019
- 55% of respondents from the Paris street location
- 41% of respondents from the Rainbow Centre location
- Respondents were asked to rate the service they received. Most respondents (87.7%) indicated that the service was either excellent or good (respectively 79.5%, 8.2%).
- A small percent (7%) of clients expressed dissatisfaction with their experiences at our agency. Some examples of areas identified are related to:
  - website improvements
  - customer service, and
  - hours of operation

A revised survey was launched on January 1, 2020. These revisions included:

- Aligning the client satisfaction survey with our client service standards
- Print copies at reception desks available in both English and French
- Envelopes available for surveys to be submitted anonymously
- Respondents select the program/service they are commenting on
- Respondents can request follow up by providing their contact information

Next steps for 2020 include disseminating strength-based quarterly reports to management forum to highlight the positive responses received from clients.

# Client Service Standards

Client Service Standards (see Appendix A) are a public commitment to a measurable level of performance that clients can expect under normal circumstances.

The 2018 Ontario Public Health Standards, under the Good Governance and Management Practices Domain requirement (16) state that: The board of health shall ensure the administration develops and implements a set of Client Service Standards. Additionally, Client Service Standards fit within the broader scope of Quality and Transparency under the 2018 Ontario Public Health Standards whereby; a public health system with a culture of quality and transparency is safe, effective, client and community/population centred, efficient, responsive and timely.

Public Health Sudbury & Districts has developed and launched Client Service Standards to provide timely, quality, transparent, and appropriate public health services to individuals across our service area. Our goal is that clients, partners, and the public are satisfied with the services received from our agency.

Best practices for organization-wide client service standards were followed in the development of our agency Client Service Standards. These best practices include:

- setting times for responsiveness to enquiries;
- accessibility of programs and services in terms of locations, hours of service, and language;
- provision of public information in a manner that is timely and accessible, and in multiple format;
- active offer of French language services

Public Health Sudbury & Districts recognizes the importance of providing quality service to clients and partners. Having an agreed upon set of Client Service Standards is a Ministry requirement but also helps to clarify expectations for clients and employees, drives service improvement, contributes to results-based management, and promotes public health accountability.

In Spring 2019, the Client Service Standards were launched with staff and provided them the opportunity to reflect, operationalize, and digest the standards prior to our external launch in January 2020. Staff were provided opportunities to attend readiness and preparedness sessions. A comprehensive communication plan informed the activities for the public launch on January 7, 2020. Activities included a media release, weekly social media posts, and sharing standards on our website.

# Locally Driven Collaborative Project

Continuous quality improvement (CQI) is broadly defined as an overarching management philosophy and/or framework that drives the daily work of all employees towards organizational excellence. The goal of the CQI Locally Driven Collaborative Project (LDCP) was to strengthen CQI in Ontario's public health units (PHUs). The research team consisted of staff from 30 PHUs and an academic partner.

The research question was: *What can be learned from the efforts to implement CQI in local PHUs in Ontario?* The objective of the research project was to identify and describe successes and challenges encountered by PHUs in their efforts to implement and support CQI by collecting and analyzing CQI case studies from health units.

This qualitative investigation used an exemplary multiple-case study approach to examine the cases separately to understand their unique factors, and examined the data across cases to determine points of similarity and difference. Data were collected from 23 individual cases from 22 health units in Ontario that related to leadership, organizational structure, organization culture, data, and external supports. Both individual public health organizational documents and individual case templates were gathered. 56 interviews were conducted via telephone to gather contextual data from 62 interviewees across the 23 cases.

This research fills a notable gap in the literature, as it uncovered essential factors that are needed to implement CQI in Ontario's PHUs. The CQI case studies have been posted to a sustainable, online repository in the hopes of strengthening CQI efforts across the province. For more information see Appendix B.

## Next steps?

The Quality & Monitoring Specialist is the co-chair of the Knowledge Exchange working group of the CQI LDCP. The knowledge exchange projects must be complete by May 30, 2020, however, the work of the CQI LDCP will continue with the support of the provincial CQI Community of Practice. Staff from all sectors across the province are invited to join the Community of Practice to get involved or keep informed. The Quality & Monitoring Specialist, (chair of the internal CQI Committee) invites all members to join these quarterly provincial teleconferences.



# Quality Maturity Survey

The Quality Improvement Maturity Tool is a validated survey that is used to assess the state of quality improvement in public health units. The tool was developed and used in the United States and was subsequently validated and modified for Ontario's use by Law et al. (Brock University). It includes 23 questions to evaluate quality improvement maturity across three dimensions: organizational culture; capacity and competency; and perceived value. Permission has been granted to use internally for performance monitoring. See Appendix B for survey questions.

The Board of Health is required to ensure a culture of quality and organizational self-improvement (as per Effective Public Health Practice Foundational Standard and the Good Governance and Management Practices Domain). An annual quality maturity survey is sent to all staff in the fall of every year. The data from the survey is used to inform indicator 12 in the Accountability Monitoring Plan and holds the agency accountable for fostering a culture of continuous quality improvement.

The overall quality maturity score will be reported as will sub scores for culture, capacity and competency, and perceived value.

## 2019 Results

The Quality Maturity Survey was completed in November 2019 and a total of 84 staff completed the validated survey. Overall survey responses categorize our organization in the emerging phase (4.94), meaning respondents perceive that we are operationalizing our newly adopted Quality Improvement Framework and have begun building and fostering a culture of continuous quality improvement. The data collected from the survey were reported to the Board of Health in April 2020 as per the [2019 Annual Accountability Monitoring Plan](#).

# CQI committee

The CQI committee was launched on September 23, 2019. The CQI committee has representation from all divisions with varying levels of CQI skills, knowledge, and abilities. The committee is guided by Terms of Reference. A recent change to our Terms of Reference expanded our membership to include all those staff that are knowledgeable, passionate, and skilled in quality improvement. These members, our CQI Champions, will lead quality improvement projects across their division and help foster a culture of continuous quality improvement.

## Capacity Building

### CQI Orientation Module

A CQI orientation module was developed and launched for all staff, including new and current employees. An eight-slide module was prepared that introduces the CQI framework and an overview of continuous quality improvement. Next steps for 2020 include revising our CQI policy and procedure to include that all staff must complete the mandatory orientation module on an annual basis.

### CQI Committee Trainings

As part of leveling up the knowledge, skills, and abilities of our CQI Committee members, the Manager, Quality Assurance and Special Projects developed a three module training series. This training was launched with the Committee in late 2019 and completed in early 2020. This training helped to bridge any knowledge gaps between members and to provide the expertise required for committee members to become CQI champions within their respective divisions.

#### CQI Principles and Tools Training – Module 1

This module provided participants a basic knowledge and introduction to Lean as well as provided participants the opportunity to reflect on improvements made in the organization. The two-hour session introduced the PDSA cycle and highlighted the need to apply CQI measurements and data collection within projects.

#### CQI Lean Tools – Module 2

This module was an interactive session, using our Quality Maturity survey results to guide the discussions at the training. The participants were introduced and asked to apply the data to some frequently used Lean tools (5 whys, Fishbone diagram, Pareto Charts, Process Maps, PICK charts). The A3 document was introduced as the format for showcasing the completed Lean project as a Storyboard.

## CQI Follow-Up and Sustaining – Module 3

Staff discussed potential CQI projects and the tools used in Module 2. This session allowed for questions and answers and greater learning of the tools. The participants learnt that once the project is implemented, the value of PDSA (continuous improvement) is to continually monitor the change. This ongoing monitoring cycle meaningfully engages the staff to observe the progress of the change. Using the Storyboard, a plan will be put in place for validation, monitoring, and follow up at the 30/60/90/365 day marks.

## CQI workplan

A CQI workplan guides the work of the CQI Committee. The annual workplan is updated regularly to reflect the status of all activities.

New to the 2020 workplan, the CQI committee reflected on specific Quality Maturity Survey questions and brainstormed potential causes of why scores relating to certain questions were so low. Using the fishbone tool, these causes were further broken down and identified action items for committee members. These action items were embedded as part of our 2020 workplan and staff will tackle these root causes in attempt to ensure that:

- staff feel that spending time and resources on quality is worth the effort
- staff consult with, and help, one another to solve problems
- staff have the skills needed to assess the quality of their programs and services
- improving quality is well integrated into the way many individuals responsible for programs and services work
- programs and services are continuously evaluated to see if they are working as intended
- staff members at all levels are participating in quality improvement efforts

A high-level project plan (see Appendix D) was created to supplement the workplan. This project plan was presented to the CQI Committee at the February meeting. Next steps for 2020 include the development of sub-groups to begin the task breakdown and deliverables.

## CQI SharePoint Site

The CQI SharePoint site is a centralized area where staff can find:

- Lean tools with thorough instructions on their use
- the inventory of all CQI projects
- the CQI Framework
- the CQI blog (where Storyboards of the projects are found)

The site has promoted links with visual queues to help with navigation of resources. Next steps for 2020 include further discussion and EC approval to develop a “request” button that would allow staff to reach out for CQI support.

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## Continuous Quality Improvement

Home - Continuous Quality Improvement

Project Documents

Inventory of LEAN Projects

Lean Toolkit

Black Belt Course

LEAN Library

Links: LEAN Project Sites

Links: Websites

Meeting Packages

**Recent**

CQI Projects

Organization Wide Reporting and Data Collection

Promoted Links

Site Contents

**Find it Quick**

CQI Blog

Lean Toolkit

Organization Wide Reporting and Data

Inventory of LEAN Projects

Framework

**Stages of a quality improvement**

**PDCA**

**Plan**

- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

**Do**

- Carry out the plan
- Document observations
- Record data

**Check**

- Analyse data
- Compare results to predictions
- Determine what was learned

**Act**

- What changes are to the process?
- Next cycle?

## CQI Inventory

New to 2019 was the development of a [CQI inventory](#). This inventory provides snapshot of all CQI projects, the status, owner, and hyperlinks to the project site. This project management tool provides EC a quick reference of all projects across the agency and the contact person for the project.

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## Inventory of LEAN Projects

Home - Continuous Quality Improvement

Project Documents

Inventory of LEAN Projects

Lean Toolkit

Black Belt Course

LEAN Library

Links: LEAN Project Sites

Links: Websites

Meeting Packages

**Recent**

CQI Projects

**new item or edit this list**

**ALL Items**

Link to Project

Project Name

Location

Customer Organization

Project Manager

Project Type

Project or Campaign

27 [https://go2019.leanproject.ca/qi\\_vrstructure/](https://go2019.leanproject.ca/qi_vrstructure/)

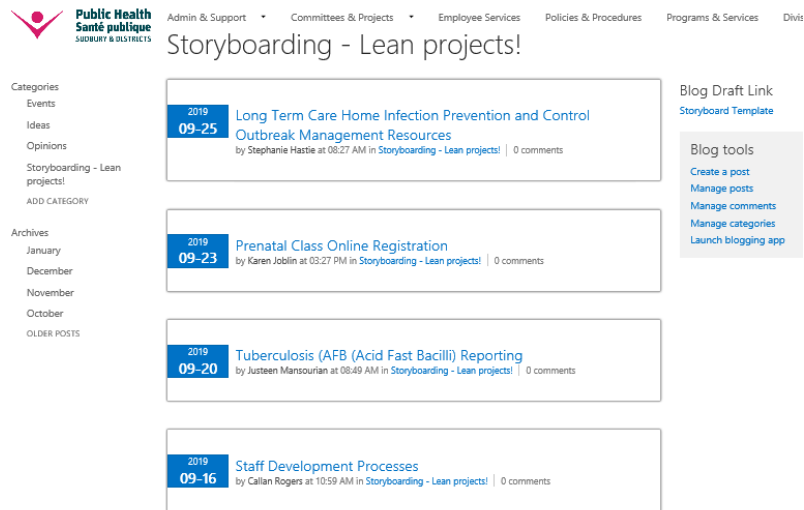
Volunteer Resources Structure

18 <https://go2019.leanproject.ca/travel/>

Travel & Misc Expense

## Storyboarding – The CQI Blog

The [CQI Blog](#) is a repository and summary of all completed projects. A storyboarding template has recently been developed and staff are encouraged to complete a storyboard (see Appendix E) after completion of a Lean project. New to the process includes the need to document pre-determined follow up times for each project. This step ensures that each completed project is reviewed to validate that the findings are being implemented as expected or successfully. Next steps for 2020 include the integration of a change management lens and to ensure that these tools are being operationalized at the time of the project launch.



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## Storyboarding - Lean projects!

**Categories**  
Events  
Ideas  
Opinions  
Storyboarding - Lean projects!  
ADD CATEGORY

**Archives**  
January  
December  
November  
October  
OLDER POSTS

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[Storyboard Template](#)

**Blog tools**  
[Create a post](#)  
[Manage posts](#)  
[Manage comments](#)  
[Manage categories](#)  
[Launch blogging app](#)

**2019 09-25** [Long Term Care Home Infection Prevention and Control Outbreak Management Resources](#)  
by Stephanie Hastie at 08:27 AM in Storyboarding - Lean projects! | 0 comments

**2019 09-23** [Prenatal Class Online Registration](#)  
by Karen Joblin at 03:27 PM in Storyboarding - Lean projects! | 0 comments

**2019 09-20** [Tuberculosis \(AFB \(Acid Fast Bacilli\) Reporting](#)  
by Justeen Mansourian at 08:49 AM in Storyboarding - Lean projects! | 0 comments

**2019 09-16** [Staff Development Processes](#)  
by Callan Rogers at 10:59 AM in Storyboarding - Lean projects! | 0 comments

## Celebrating Successes

Celebrating successes is a standing item on all CQI Committee meetings. We invite CQI Champions to present one of their current or past projects and we reflect, discuss, and celebrate the learnings from the project. The CQI Committee uses insight and our CQI Blog as an avenue to celebrate our successes with the organization and to raise awareness of the projects that are underway or complete.

# Summary

Our [CQI framework](#) guides the work of quality improvement across our organization. Key activities are embedded within all programs and services, in administration and management processes, and at the individual level.

The list of the 48 Lean reviews that have been identified in this report is a strong indicator that staff from all divisions are aware, engaged, and participating in quality improvement. It demonstrates that:

- staff are developing their skills and building capacity in applying quality improvement principles and techniques
- organizational structures are in place to support CQI
- we strive to be leaders in quality improvement practice
- we consider quality improvement in planning and evidence-informed practice, and
- we continually measure, monitor, and evaluate quality improvement initiatives to demonstrate our accountability and excellence

In 2019, the Quality & Monitoring Specialist met with all teams across the organization to showcase our framework, plan, and engage staff in a quality improvement exercise. Staff are encouraged to identify areas within their work where a Lean review could add value. Managers were also encouraged to add CQI as a standing item to their agendas to provide staff a venue to discuss potential improvement opportunities with their teams.

## Next Steps

Next steps for 2020 include continuing to storyboard completed projects and to focus on following up with improvements at a specified time to ensure that the change is successfully implemented. These short narratives will showcase the process review, share success stories, lessons learned, change management approaches, and will be published in the Lean library. Insight posts will also be shared to highlight key success stories.

Finally, new to Q1 2020 includes the need for initial discussions on how to purposefully engage in meaningful conversations between the CQI, Lean, and process evaluations.

# Conclusions

A CQI approach helps to increase the value and performance of the organization. A strong culture of CQI ensures that we are continuously striving for performance improvements and improved client satisfaction. The Quality & Monitoring Specialist will offer mentorship opportunities to the CQI Champions, and support teams in the identification, development, monitoring, and facilitation of Lean reviews across the organization.

The report provides a detailed summary of all CQI initiatives under the Effective Public Health Foundational Standard. It is important to note that there is a significant increase in reported Lean projects over the past 12 months due to extra resources being invested in our quality improvement initiatives. The Manager, Quality Assurance and Special Projects has worked closely with our Business Analyst to focus efforts on streamlining processes through automation.

Key initiatives for 2020 include the need to continue to build capacity amongst CQI Champions through identification of projects and offering support with mentorship as we measure, monitor, and evaluate quality improvement initiatives.

# Appendix A: Client Service Standards

## Our 8 Client Service Standards

### We will...

**1**

Respond to telephone, email, or social media requests within one business day. Our responses or automated messages tell clients when they can expect to get a reply.

**5**

Make sure that the locations where we offer services are accessible, welcoming, and respectful so that everyone has an opportunity to use and benefit from our services.

**2**

Strive to have services in French available, offered, accessible, and visible.

**6**

Strive to respond to requests from our communities, partners, or clients and to tailor our services as possible.

**3**

Offer our services respectfully to every client, recognizing the diversity of communities (for example, age, education, race, ethnicity, income, religion, gender, sexual orientation, or ability).

**7**

Make sure that all information and services provided to our communities use the best available evidence and strive for continuous improvement and ongoing learning.

**4**

Make sure that our approaches and environments are culturally appropriate, safe, and inclusive.

**8**

Protect our client's privacy and keep their information safe and secure.



# Appendix B: LDCP Frequently Asked Questions

## What is Continuous Quality Improvement and why does it matter in public health practice?

Continuous Quality Improvement (CQI) is defined as “an overarching management philosophy or framework that drives the daily work activities of all employees towards organizational excellence.”

In public health practice this means developing and sustaining a culture of quality to provide the best experiences for our communities. This approach requires innovation, critical reflection, and striving toward the best possible outcomes. It means looking for ways to do things more efficiently and effectively. CQI in public health involves being curious, learning from past experiences, and always looking for ways to make things better.

## How does CQI differ from Quality Improvement?

Quality Improvement (QI) is defined as “deliberate actions that are taken to systematically assess and change practices to facilitate better performance.” While CQI includes the systems and structures of the agency that support a culture of excellence, QI is one of the ways to get there. QI is about the specific methods used to improve particular processes or business practices. Put another way, when public health units (PHUs) are striving towards CQI, they will often use quality improvement strategies, projects and tools to meet their goals.

## LDCP initial steps that will help move towards Continuous Quality Improvement?

The LDCP research has shown that the support and involvement of health unit leadership is essential to building a culture of quality and continuous organizational improvement. Data demonstrates success if leaders are talking to staff about, and role modelling, CQI.

Staff training is also an important early step. Provide staff with training about QI and CQI as they begin to practice and learn more about improvement in the context of their work.

The research discusses the CQI journey and how it will differ for every agency depending on size, culture, capacity and commitment.

## LDCP Products:

### List of terms and definitions

A common language allows us to talk to each other about CQI within our public health units, and across the sector – what we’re doing, what works, and what we can do better.

The research project started by reviewing the literature for existing terms and definitions that might be helpful in understanding CQI. Then conducted a multiple stage study with 30 subject matter experts across Ontario to refine and obtain consensus on the terms and definitions that would best help create a shared language.

The list of CQI terms and definitions is available on the Public Health Ontario LDCP website, and the HQO Quorum LDCP group site. The project team believes that speaking the same language, sharing ideas, collaborating, and working towards mutually shared goals will be help build capacity and foster a consistent culture across the province.

### 23 published case studies

Ontario’s public health units have a long history of doing CQI work. However, understanding of CQI principles and implementation of QI practices varies among Ontario’s PHUs which has made it difficult to share information, learn from each other, and develop common standards of practice.

The research team collected 23 case studies as part of the LDCP in effort to share information about what is working, and what we are finding challenging, in this work. The case studies summarize local efforts, including the approaches used, resources needed, and lessons learned. The case studies are posted to HQO Quorum where anyone in the province, no matter the sector, can access them.

The team also examined the case studies for trends and patterns to understand what contributes to successful CQI in Ontario’s PHUs. Our research identified several key enablers that help PHUs to create and sustain a culture of quality. These include: strong leadership engagement and support; training; staff buy-in; influencers among frontline staff; having a communication strategy or plan; having a multidisciplinary committee or working group; having one or more QI specialists or champions; QI projects; and adopting a bottom-up approach to CQI.

# Appendix C: QI Maturity Tool - Modified Ontario Version

Each of the following statements are rated on a scale of 1-7 with 1 being strongly disagree and 7 being strongly agree.

1. Leaders (e.g. senior management team, middle managers) of my public health unit are receptive to new ideas for improving unit programs, services, and outcomes.
2. The board and/or the management team of my public health unit work together for common goals.
3. Staff consult with, and help, one another to solve problems.
4. Staff members are routinely asked to contribute to decisions at my public health unit.
5. The middle managers of my public health unit are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.
6. Staff at my public health unit who provide public health services are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.
7. Many individuals responsible for programs and services in my public health unit have the skills needed to assess the quality of their program and services.
8. My public health unit has objective measures for determining the quality of many programs and services.
9. Many individuals responsible for programs and services at my public health unit routinely use systematic methods (e.g., root cause analysis) to understand the root causes of problems.
10. Many individuals responsible for programs and services at my public health unit routinely use best or promising practices when selecting interventions for improving quality.
11. Programs and services are continuously evaluated to see if they are working as intended and are effective.
12. The quality of many programs and services in my public health unit is routinely monitored.
13. Job descriptions for many individuals responsible for programs and services at my public health unit include specific responsibilities related to measuring and improving quality.
14. Good ideas for measuring and improving quality in one program or service USUALLY are adopted by other programs or services in my public health unit.
15. Staff members at all levels participate in quality improvement efforts.
16. Accurate and timely data are available for program managers to evaluate the quality of their services on an ongoing basis.
17. When trying to facilitate change, staff has the authority to work within and across program boundaries.
18. Improving quality is well integrated into the way many individuals responsible for programs and services work in my public health unit.

19. Public Health unit staff is aware of external quality improvement expertise to help measure and improve quality.
20. Spending time and resources on quality improvement is worth the effort.
21. The key decision makers in my public health unit believe quality improvement is very important.
22. Using QI approaches will impact the health of my community.
23. Public health unit staff and stakeholders will notice changes in programs and services as a result of our QI efforts.

# Appendix D: Project Plan - Quality Maturity Survey Results

| TASK TABLE & TIMELINE   |               |        |        |           |                    |
|---|---------------|--------|--------|-----------|--------------------|
| TASK  | OWNER         | BEGIN  | FINISH | # of DAYS | STATUS             |
| <b>CQI Committee 2020 Plan</b>  | <b>Krista</b> | 20-Jan | 30-Nov | 315       | <b>IN PROGRESS</b> |
| <b>Spending time and resources on quality improvement is worth the effort</b>   | John          | 20-Feb | 30-Jun | 131       | <b>NOT STARTED</b> |
| Competing priorities  |               | 20-Feb | 30-Mar | 39        | <b>NOT STARTED</b> |
| misconception/not understanding CQI concepts and language   |               | 20-Feb | 30-Apr | 70        | <b>NOT STARTED</b> |
| <b>Staff consult with, and help, one another to solve problems</b>  | Nicole        | 20-Feb | 30-May | 100       | <b>NOT STARTED</b> |
| Lack of knowledge who to collaborate with   |               | 20-Feb | 30-Jun | 131       | <b>NOT STARTED</b> |
| need approval to collaborate with different team/divisions  |               | 20-Feb | 30-Jul | 161       | <b>NOT STARTED</b> |
| workload  |               | 20-Feb | 30-Apr | 70        | <b>NOT STARTED</b> |
| <b>Many individuals responsible for programs and services in my public health unit have the skills needed to assess the quality of their program and services</b> | France        | 20-Feb | 30-Jun | 131       | <b>NOT STARTED</b> |
| Skills - lack capacity and skills (awareness of applying continuous improvement) didn't know who are the champions and its process                                |               | 20-Feb | 30-Apr | 70        | <b>NOT STARTED</b> |
| Risk adverse - culture is top down  |               | 20-Feb | 30-Mar | 39        | <b>NOT STARTED</b> |
| <b>improving quality is well integrated into the way many individuals responsible for programs and services work in my PH unit</b>                                | Charlene      | 30-Jun | 30-Sep | 92        | <b>NOT STARTED</b> |
| Lack of understanding of what quality is; they are doing it and don't even know it  |               | 30-Jun | 30-Oct | 122       | <b>NOT STARTED</b> |
| <b>Programs and services are continuously evaluated to see if they are working as intended</b>  | David         | 30-Jun | 30-Jul | 30        | <b>NOT STARTED</b> |
| <b>Staff members at all levels participate in quality improvement efforts</b>   | Anita         | 30-Jun | 30-Sep | 92        | <b>NOT STARTED</b> |
| <b>Checklist</b>  | Krista        | 20-Feb | 30-Apr | 70        | <b>NOT STARTED</b> |
| Survey Data in November 2020  | Team          | 20-Feb | 30-Apr | 70        | <b>NOT STARTED</b> |
| Orientation Module checklist  | Team          | 20-Feb | 30-Apr | 70        | <b>NOT STARTED</b> |
| Lunch and Learn checklist   | Team          | 20-Feb | 30-Apr | 70        | <b>NOT STARTED</b> |
|   |               |        |        | 0         | <b>NOT STARTED</b> |
| Audit Checklists  | Team          | 30-Jun | 30-Nov | 884       | <b>NOT STARTED</b> |

# Appendix E: Storyboard Example

2019  
08-14

## Corporate Mail Processes Review

by Laurie Gagnon at 02:29 PM in [Storyboarding - Lean projects!](#)

### Duration of the Project:

January to March, 2019

### The Project Team

Jason Ingram, Nicole Proulx, Laurie Gagnon, Nastassia McNair

### The Reason for Improvement (Identified Area of Improvement)

The Corporate Services admin team was looking for opportunities to minimize motion and time waste related to the functions and processes involved in preparing, shipping, and receiving deliveries from Purolator, Jeff's Taxi, Canada Post, and Lockerby Taxi.

### Current Situation (Current Map)

There are many steps involved in the mail processes that take place between 9:30 a.m. and 3:15 p.m. These steps total approximately 60–80 minutes of Corporate Services staff time each day.

### The Action (Steps Taken)

A current state map was documented to outline how the mail function presently happens and to identify opportunities to eliminate duplication of motion and time where possible.

### The Result (Future Map)

Efficiencies were found in reducing the number of times mail is checked/processed throughout the day (from seven to five check times daily). In addition, an internal routing "post-it" label was implemented to minimize the amount of processing time needed for some shipments going to district offices. It is anticipated that this will reduce the average processing time by 15–20 minutes daily.

Communication was sent to all divisions via the Administrative Assistant Committee to advise of the: revised pick-up and delivery schedule at the main office; use of the internal routing label; and updated SharePoint wikis.

### Follow-up

The team will re-adjoin in 6–9 months and review the future state map as current and evaluate any next steps that may come up from that.

**ADDENDUM**

**MOTION: THAT this Board of Health deals with the items on the Addendum.**

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.



**ADJOURNMENT**

**MOTION: THAT we do now adjourn. Time: \_\_\_\_\_**