

# **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

## Authors

Suzanne Lemieux, Public Health Sudbury & Districts  
Sherry Price, Public Health Sudbury & Districts  
John Macdonald, Public Health Sudbury & Districts  
Chanelle Larocque, Public Health Sudbury & Districts

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## Contact for More Information

Knowledge and Strategic Services  
Public Health Sudbury & Districts  
1300 Paris Street  
Sudbury, ON P3E 3A3  
Telephone: 705.522.9200, ext. 400  
Email: [surveys@phsd.ca](mailto:surveys@phsd.ca)

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%</b> <b>(184)</b>	<b>40.5%</b> <b>(319)</b>	<b>14.2%</b> <b>(112)</b>	<b>4.7%</b> <b>(37)</b>	<b>3.2%</b> <b>(25)</b>	<b>0.5%</b> <b>(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%</b> <b>(227)</b>	<b>36.3%</b> <b>(286)</b>	<b>11.9%</b> <b>(94)</b>	<b>6.2%</b> <b>(49)</b>	<b>3.7%</b> <b>(29)</b>	<b>0.4%</b> <b>(3)</b>	<b>(100)</b>	<b>788</b>
PHSD provided clear information during COVID-19 response.	<b>24.1%</b> <b>(190)</b>	<b>36.9%</b> <b>(291)</b>	<b>12.4%</b> <b>(98)</b>	<b>8.8%</b> <b>(69)</b>	<b>4.2%</b> <b>(33)</b>	<b>0.1%</b> <b>(1)</b>	<b>(106)</b>	<b>788</b>
PHSD provided timely information during COVID-19 response.	<b>25.3%</b> <b>(199)</b>	<b>36.5%</b> <b>(288)</b>	<b>12.1%</b> <b>(95)</b>	<b>8.0%</b> <b>(63)</b>	<b>3.4%</b> <b>(27)</b>	<b>0.1%</b> <b>(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%</b> <b>(230)</b>	<b>37.7%</b> <b>(297)</b>	<b>10.9%</b> <b>(86)</b>	<b>6.3%</b> <b>(50)</b>	<b>1.9%</b> <b>(15)</b>	<b>0.3%</b> <b>(2)</b>	<b>(108)</b>	<b>788</b>
PHSD provided information that answered my questions during COVID-19.	<b>17.0%</b> <b>(134)</b>	<b>33.5%</b> <b>(264)</b>	<b>16.8%</b> <b>(132)</b>	<b>10.4%</b> <b>(82)</b>	<b>4.2%</b> <b>(33)</b>	<b>5.1%</b> <b>(40)</b>	<b>(103)</b>	<b>788</b>
PHSD was transparent in sharing information with the community during COVID-19	<b>19.5%</b> <b>(154)</b>	<b>28.7%</b> <b>(226)</b>	<b>17.9%</b> <b>(141)</b>	<b>11.9%</b> <b>(94)</b>	<b>6.3%</b> <b>(50)</b>	<b>0.3%</b> <b>(2)</b>	<b>(121)</b>	<b>788</b>
PHSD played an important role in the community during COVID-19.	<b>33.6%</b> <b>(265)</b>	<b>34.0%</b> <b>(268)</b>	<b>11.2%</b> <b>(88)</b>	<b>4.8%</b> <b>(38)</b>	<b>2.3%</b> <b>(18)</b>	<b>0.3%</b> <b>(2)</b>	<b>(109)</b>	<b>788</b>
PHSD is a trusted community agency for responding to COVID-19.	<b>31.9%</b> <b>(251)</b>	<b>34.5%</b> <b>(272)</b>	<b>11.9%</b> <b>(94)</b>	<b>4.9%</b> <b>(39)</b>	<b>3.0%</b> <b>(24)</b>	<b>0.1%</b> <b>(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% (162)	38.2% (178)	3.2% (15)	10.3% (48)	9.4 (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%</b> <b>(278)</b>	<b>29.6%</b> <b>(138)</b>	<b>4.9%</b> <b>(23)</b>	<b>1.7%</b> <b>(8)</b>	<b>0.6%</b> <b>(3)</b>	<b>(16)</b>	<b>466</b>
News releases and public service announcements on the latest COVID-19 developments	<b>55.2%</b> <b>(257)</b>	<b>33.9%</b> <b>(158)</b>	<b>4.7%</b> <b>(22)</b>	<b>0.4%</b> <b>(2)</b>	<b>0.9%</b> <b>(4)</b>	<b>(23)</b>	<b>466</b>
Information about COVID-19 via Public Health Sudbury & Districts' website	<b>44.8%</b> <b>(209)</b>	<b>38.2%</b> <b>(178)</b>	<b>3.9%</b> <b>(18)</b>	<b>4.3%</b> <b>(20)</b>	<b>4.3%</b> <b>(20)</b>	<b>(21)</b>	<b>466</b>
Information about COVID-19 via Public Health Sudbury & Districts' social media channels	<b>48.9%</b> <b>(228)</b>	<b>34.3%</b> <b>(160)</b>	<b>4.5%</b> <b>(21)</b>	<b>4.9%</b> <b>(23)</b>	<b>2.8%</b> <b>(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%</b> <b>(243)</b>	<b>31.5%</b> <b>(147)</b>	<b>8.8%</b> <b>(41)</b>	<b>0.9%</b> <b>(4)</b>	<b>2.8%</b> <b>(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% (80)	25.4% (48)	8.5% (16)	17.5% (33)	5.3% (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% (61)	24.3% (46)	7.4% (14)	27.0% (51)	6.9% (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