

# Public Health Sudbury & Districts Recovery Plan Progress Report: March – August 2022

September 2022

In March 2020, Public Health Sudbury & Districts (Public Health) confirmed its first case of COVID-19 infection in its service area. Since this time, Public Health has worked in partnership with many community agencies to protect health by reducing the transmission of the virus in the community and increase protection through immunization. This prolonged and intense focus on COVID-19 response efforts required the redeployment of approximately 75% of Public Health staff. As a result, Public Health accrued a growing backlog of non-COVID-19-related public health programs and services and unmet community needs. In response, Public Health created a [Recovery Plan](#) from the COVID-19 pandemic; a plan that would move Public Health and the communities that we serve from risk to recovery to resilience.

Public Health's Recovery Plan identified four overarching community-focused priorities. These recovery priorities include a focus on actions that will have the greatest impact for individuals and groups facing the highest disadvantage and fewest opportunities for health.

## **The four *community-focused recovery priorities* are:**

- Getting children back on track
- Levelling up opportunities for health
- Fostering mental health gains
- Supporting safe spaces



Public Health also identified its *people and processes* as a critical internal recovery priority required to support staff to deliver on community-focused areas of recovery.

Public Health is making progress toward recovery. As work continues to shift from pandemic response to resuming critical programs and services, we are tracking achievements and monitoring outcomes. This report summarizes progress in the four *community-focused recovery priorities* as well as our internal *people and processes* priority. The aim is that together, action on these priorities will put us back on track to optimally support communities through the full scope of public health programs and services.

## How this report is organized

This progress report is organized by Public Health's five recovery priorities: getting children back on track; levelling up opportunities for health; fostering mental health gains; supporting safe spaces; and people and processes. Within each **recovery priority**, Public Health's key **initiatives** are highlighted on the left-hand side and **progress to date** is summarized on the right-hand side.

### Getting children back on track

Public Health Sudbury & Districts is getting children back on track. Initiating recovery planning for children and families has been a top priority. The pandemic resulted in a significant reduction of public health services and programming in communities and in schools. With concerted efforts, strong partnerships, and community readiness, gaps are being identified and filled, emerging needs are being addressed, and children, families, and communities are starting to recover.



#### Oral Health Program

Start to offer dental screenings again.

- 7 444 children have been screened.

Reassess dental program clients and ensure issues are addressed and cases are closed or referred.

- 112 children who were noted as at risk for higher rates of tooth decay have been reassessed to determine the status of outstanding dental care.
- 496 case management files have been closed.

Promote *Healthy Smiles Ontario (HSO)* and encourage the resumption of dental checkups.

- Developed a multimedia plan, including print ads and posters, TV monitor ads, social media posts, correspondence with community partners, media releases, and local news broadcasts.
- Implemented a summer screening program to provide free weekly dental screenings at Public Health offices and during community events in July and August.

## Vaccine Preventable Diseases Program

Enter backlogged vaccination records.

- Approximately 2 000 entries have been completed.

Vaccinate overdue Grade 7 and 8 students.

- 2 572 vaccine doses were administered through co-administration at COVID-19 clinics, in-house clinic appointments, and school-based clinics in May and June.
- 54% (927 of 1 723) of youth in grades 8 and 9 who were overdue for their meningococcal vaccination were vaccinated during the 2021-2022 school year.

Vaccinate overdue children under the *Child Care and Early Years Act (CCEYA)* and the *Immunization of School Pupils Act (ISPA)*.

- 4 532 catch-up vaccinations were administered in-house and through community clinics.

Engage with health care providers for vaccination catch-up.

- Three Advisory Alerts were issued to support vaccination efforts in March, May, and June on topics that included resumption of routine immunization services, updated eligibility criteria for two publicly funded vaccines, and updated guidance for routine immunization services during COVID-19.

Engage with school boards for vaccination catch-up.

- School boards were informed about community clinic opportunities for sharing with families.
- Public Health delivered in-school clinics in May and June with support from school boards.

Develop and implement media campaign targeting those overdue for vaccination.

- Over 500 clients were contacted to book an appointment for their overdue vaccines.
- Social media and the agency's website were used to encourage vaccination.

## School Health

Offer professional development opportunities on the topics of resiliency, mental health promotion, substance use, and sexual health to staff in all local school boards and licensed child care centres.

- Brain Architecture presentations were delivered in August and continue in September.



Offer grade appropriate classroom chats in all school boards on resiliency, mental health promotion, substance use, and sexual health.

- Classroom chats on resiliency, mental health promotion, and sexual health were offered and delivered in Spring 2022.

Develop school community approach for *Reaching In Reaching Out (RIRO)*/*Bounce Back & Thrive (BBT)*.

- Offers were extended to all school boards and positive interest expressed; delivery is being planned.

Offer *RIRO* to all school staff and licensed child care centre staff.

- Offers were extended to school boards and licensed child care centres via the Early Years Planning Network; delivery is being planned.

Offer *BBT* to parents and guardians of children 0 to 8 years attending schools and early learning agencies.

- Offers were extended through school boards and the Early Years Planning Network; delivery is being planned.

## Family Health

Address backlog in family health programming.

- All services have been re-established for over 200 active Healthy Babies Healthy Children clients, including services to six families that were on a waitlist.

Reinstate programming to address intensity of family needs in communities.

- *Bounce Back and Thrive* staff training has been completed.
- A new hybrid model of the *Preparation for Parenting* program is being developed after partners identified this as a gap in the community.
- *Positive Parenting* programming has been reinstated.

Address volume of phone calls from community members.

- Staff responded to 2 815 calls from the *Health Information Line* between January 2020 and June 2022.
- The agency's website and parenting4me.com website are available to families.

Engage and consult with all local family health community partners and stakeholders to meet increased intensity of needs in the community.

- Family needs and service gaps were identified by Public Health and Parent Service Advisory Committee partners.

Public Health Sudbury & Districts is making significant progress supporting the recovery of children and families in our communities, but there is still more work to be done. With the resumption of school and in-person learning, programs and services for children will get back on track. New and pre-pandemic community supports for parents and caregivers will continue to be initiated and delivered. Partnerships in all sectors—municipal, education, health, and non-profit—will remain critical for maintaining the momentum of this recovery priority.

## Levelling up opportunities for health

The pandemic negatively impacted priority populations. Work to level up opportunities for health is an important priority for Public Health Sudbury & Districts. Participation and inclusion from those most affected by the pandemic is an important part of recovery. Partners have been meeting, planning, and initiating programs and services to fill gaps, address emerging needs, and provide direct in-person supports exceeding pre-pandemic levels to catch up and recover.



## Health and Racial Equity

Engage with marginalized groups and other priority populations (such as racialized groups) and partners who serve them across Sudbury and districts.

- Engaged with Black community leaders and associations to raise awareness about COVID-19 and discuss COVID-19 protective measures and vaccine opportunities.
- Drafted an engagement plan to better understand experiences and priorities of Black communities.
- Public Health and partners are working to identify health-related needs of newcomers.
- Public Health, First Nations, and Urban Indigenous organizations are working to identify mutual recovery priorities.
- Hosted meetings with the Greater Sudbury homelessness sector partners to identify how best to provide COVID-19 vaccinations to populations in need.
- Resumed work to raise awareness about the experiences of the 2SLGBTQ+ community.

Develop an understanding of the impacts of the pandemic and the increased intensity of service needs compounded by the pandemic among marginalized groups.

- Indigenous partners validated and provided input about the agency's recovery priorities; partners are being engaged about needle exchange and harm reduction program agreements.
- Public Health participated in a provincial research project about the impact of COVID-19 on queer people's health; results are forthcoming and will be used for planning.

Develop and disseminate media campaigns amplifying the voices of those with lived and living experiences of discrimination and racism and marginalized groups disproportionately affected by the pandemic.

- Showcased digital stories from Public Health research at the *Queer North Film Festival* in June about 2SLGBTQ+ community member experiences in Sudbury and districts.
- Public Health and partners are in discussions about identifying opportunities for collaborative initiatives to raise awareness about racism and discrimination.

Implement allyship training for Public Health staff.

- Disseminated a survey to establish an agency-wide baseline of knowledge, comfort, experiences, and perceptions related to racial equity to help assess and guide agency practices and internal racial equity training, including the implementation of allyship training.
- Developed an internal health equity knowledge exchange series highlighting racial equity, Indigenous engagement, anti-oppression, and anti-discrimination, to informally build agency capacity.

Implement food literacy initiatives targeting priority groups and informed by local partners and community members.

- Reengaged with the Greater Sudbury Food Policy Council and discussions are taking place about the development of a strategic plan.
- Public Health participated in testing the validity and reliability of online food costing for monitoring food affordability in partnership with the Ontario Dietitians in Public Health (ODPH), report dissemination and presentations will follow.
- A research project on social justice and food insecurity with the Northern Ontario Dietetic Internship Program is underway.



## Municipal and Indigenous Leadership Engagement

Increase collaboration and engagement with municipal partners and collective contributions to community safety and well-being plans and associated recovery plans in all communities in Sudbury and districts, including First Nation partner participation.

- An engagement plan to facilitate and strengthen collaborations with municipal partners has been developed.
- Development of a public health orientation for municipal partners is underway.
- Public Health monitoring of local municipal activity related to recovery priorities is ongoing.

Increase understanding of unmet community needs resulting from the pandemic and subsequent development of plans and implementation of actions to address these needs.

- Impacts of the pandemic are being discussed with First Nation and Urban Indigenous partners.

Improve population health initiatives overall to address health of community members.

- Engagement with partners continues to advance equity, diversity and inclusion, anti-racism, and Indigenous reconciliation through initiatives such as Greater Sudbury's Compassionate City; Greater Sudbury's Local Immigration Partnership; the Northern Ontario School of Medicine's Indigenous Youth Vaccine Hesitancy project; and the COVID-19 vaccination program to build capacity within Indigenous and First Nations through ongoing engagement and training.

Levelling up opportunities for health is ongoing. Issues leading to inequitable opportunities for health are firmly rooted in our social and structural systems. There are no easy or quick solutions for recovery. They are longstanding issues that were exacerbated by the pandemic. Significant work on this priority has been completed, but more work needs to be done. Engagement at all levels and with multiple sectors will continue to be critical as planning evolves and words turn into actions. Persons with lived experience will be important partners to ensure programs and services are reaching and supporting those most impacted by the pandemic.

## Fostering mental health gains

Public Health Sudbury & Districts recognizes the toll of the pandemic on mental health. Everyone has been affected either directly or indirectly. Recovery will take time, but it has started. Through planning and engagement with community partners and persons with lived experience, progress is being achieved.



## Community Engagement

Re-engage local partners and local planning tables, and committees to determine priority mental health needs in Sudbury and districts and to develop action plans to address increasing needs due to the pandemic.

Amplify the voices of people with lived and living experience with mental health and use those voices to understand community needs resulting from the pandemic and empower them to share pandemic impacts with other service providers in the community.

Strengthen community actions to create equitable access to spaces that are safe and inclusive for all residents including Indigenous and racialized individuals living with mental illness.

- Local and provincial planning and knowledge sharing committees have resumed, including the System Priority Table (SPT), the Child and Youth Mental Health Planning Committee (CYMHPC), the Centre for Addiction and Mental Health (CAMH) Mental Health Promotion in Public Health Community of Practice, and the Suicide Safer Network (SSN).
- Internal planning committees have resumed, including the Psychological Health Wellness Committee (PHWC) and the Public Mental Health (PMH) committee.
- In consultation with Northern Initiative for Social Action (NISA), the Empowerment Council concept—an organized forum for those with lived and living experience to effectively contribute to the development of community programming—built before the pandemic, is being revived and reviewed to better address the current capacity and climate of social services with support from people with lived experience.
- Work is ongoing towards the Suicide Safer Network (SSN), the Youth Hub, Indigenous engagement, racial equity, health equity, and empowerment initiative.



Create meaningful relationships with Indigenous communities to assist with implementing recovery-related interventions and strategies for mental health and substance use.

- Planning for the allocation of needle kiosk bins and harm reduction supplies to communities.
- Engagement with Indigenous partners about the needle expansion project is ongoing.
- Indigenous communities in Chapleau are being engaged about initiating a community substance use survey.

Use population health data to fully understand the scope of local needs related to mental health and substance use.

- CAMH's Evidence Exchange Network (EENet) is being used to determine best practice interventions for mental health and substance use needs across the lifespan.
- Ongoing review of reports from the National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health (CIHI), and the Office of the Chief Coroner for Ontario, by Public Health staff.

Offer anti-stigma training related to mental health to staff and community partners.

- Resource development for the anti-stigma training for Public Health staff has been completed.
- A comprehensive training plan is being drafted as part of mental health literacy programming.

## Partner Engagement

Establish an external community of practice to support the development of strategies to address the impact of the pandemic on mental health and substance use amongst youth and young adults.

- Public Health staff have resumed participation with the CAMH Mental Health Promotion in Public Health Community of Practice.

Increase understanding of best practices to prevent and address children's mental health and substance use issues as a result of the pandemic.

- Public Health staff have resumed participation in the Child and Youth Mental Health Planning Committee (CYMHPC) meetings; discussion will help facilitate planning for issues resulting from the pandemic.

Provide support for the initiation of a local children's mental health Youth Hub.

- Public Health is supporting the development of a Youth Hub with a host of community partners.

Fostering mental health gains will take time and work will be ongoing. Progress is being achieved and next steps have been readied for action and implementation. Mental health is an identified priority for many sectors and agencies in Ontario including Ontario Health, social services, education, local municipal governments, etc. Collective action is critical as recovery in this priority area cannot be achieved in silos. Partners and stakeholders throughout Sudbury and districts are collectively working to support and enhance community mental health in the wake of the pandemic and Public Health is ready to support where we can.

## Supporting safe spaces

The pandemic hindered access to public and communal spaces enjoyed for leisure and used for programs and services. Public Health Sudbury & Districts has an important role to support safe spaces throughout its service area. Much of this work is guided by public health legislation; however, locally work involves identifying community needs and working with partners to find local solutions. The pandemic exacerbated existing issues resulting in the need for creative recovery planning.



## Fixed Premises Inspections

Resume inspection of food premise facilities in accordance with Ontario Public Health Standards (OPHS) frequency and timelines.

- 100% of all year-round high-risk premises inspected in the first third of the year; 55% completed in the second third.
- 100% of the 570 year-round medium-risk premises inspected in the first half of the year; 7% of all 690 year-round and seasonal medium-risk premises completed so far in the second half.
- Nearly half of the compliance inspections required for 516 low risk food premises are complete.

Resume inspection of personal service settings in accordance with OPHS frequency and timelines.

- Almost one third of all personal service settings have been inspected.

Resume inspection of recreational water facilities in accordance with OPHS frequency and timelines.

- 100% of the 42 public pools and spas have been inspected to date.
- 11% of all Class C recreational water facilities (that is, low-risk splash pads) have been inspected.

Resume inspection of licensed child care settings as outlined in the OPHS (excluding food premises located within the facility).

- Approximately 90% of all licensed child care settings have been inspected to date.

Routine inspections of facilities for health hazards including but not limited to arenas, work camps in unorganized territories, migrant farm worker housing, recreational camps, funeral homes, and residential facilities.

- 100% of work camps, migrant farm worker housing, and recreational camps have been inspected.

## Harm Reduction

Engage community partners in Sudbury and districts, including the Community Drug Strategy partners, to address the increase in opioid overdoses and deaths in the area during the pandemic. In addition, collaborate to establish supervised consumption and treatment services in Greater Sudbury and mobilize a partnership to explore service needs in the districts.

- A Supervised Consumption Site (SCS) is set to open in Greater Sudbury in September.
- The Opioid Surveillance Dashboard for Greater Sudbury is updated monthly; the dashboard is continuously monitored, and Drug Warnings and Alerts are issued as needed.
- District office staff are supporting the creation of an opioid poisoning response plan with partners.
- Training and onboarding of organizations for the use of naloxone kits continues.
- The Greater Sudbury Community Drug Strategy Steering Committee meets regularly.

Onboard additional partners for needle distribution to address increased intensity of need.

- Communication with partners across Sudbury and districts is ongoing about expanding the needle exchange program.



Complete an assessment and evaluation of best practices for public health prevention interventions to address the opioid crisis.

- Need and interest for a Community Drug Strategy in Chapleau is being explored.
- Discussions are taking place with the Canadian Research Initiative Misuse (CRISM) Ontario Node about conducting an evaluation of Greater Sudbury's Supervised Consumption Site.

Develop and implement a media campaign to address opioid use, stigma, and services offered.

- A series of campaigns through a variety of media platforms is currently being developed to promote awareness of risk factors regarding substance use, harm reduction best practices, and stigma.

## Sexual Health

Address needs of priority populations seeking sexual health services, including addressing the backlog of needs resulting from a reduction in services during the pandemic.

- Sexual health services have resumed for all populations.
- Counselling appointments and treatment have also resumed.
- New venues are being explored for the delivery of sexual health services.
- Some sexual health services have resumed in Public Health's district offices.

Address backlog of sexually transmitted infections (STI) follow-ups.

- All STI follow-ups are up to date.

Ensure resources are in place to address increasing intensity of support needs of individuals experiencing bloodborne infections.

- Planning is underway for awareness campaigns and education and skill-building activities targeting youth, young adults, priority populations, and health care providers.

Recovery to support safe spaces has made tremendous strides forward, but this work is not finished. Public Health Sudbury & Districts continues to meet with partners and implement new and creative delivery models emerging from the pandemic, such as combining in-person and virtual service options for clients.

## People and processes

*People and processes* refers to the important functions related to policies, procedures, human resources, and staff development. Administrative responsibilities were not immune to the effects of the pandemic. Backlog accumulated as public health resources were divested to pandemic response efforts. Recovery catch-up work is being undertaken.



**Address staff recovery, including staff mental health, corporate culture, and change management.**

- Public Health Sudbury & Districts' Psychological Health and Wellness (PHWC) committee validated a five-year workplan, reviewed priorities from the 2019 visioning session, and developed a plan to address identified backlog; the committee is meeting regularly.
- Mental health related internal communications (Insight posts) are issued weekly, and virtual breaks are scheduled weekly.
- The Public Health High Five campaign was refreshed.
- A request for proposal was issued for external services to support staff mental health and resiliency. The successful proponent has been identified and planning for delivery of services is underway.
- Management training on Building a Healthy Culture was offered.
- The Hybrid Work Project Team hosted staff drop-in sessions to support preparedness for changes to the new future state. Staff continue to use the online Staff Discussion Board for questions about work arrangements, and updates on key projects are communicated via email.
- A Quality & Monitoring Specialist and Health Promotion Worker were hired to support recovery.

**Address the backlog of human resource legislative and policy requirements.**

- Updates to policies and procedures in the General Administrative Manual are ongoing and progressing. These include requirements for staff immunizations and hybrid work.
- Actions to update the workplace violence and harassment policy and prevention program continue as required by the Ministry of Labour.

Address the backlog with asset management system, software upgrades, security training and compliance, and records management.

- Activities to support the repatriation of Public Health staff back to the Paris Street location are underway.
- Policy and procedure for security training is completed.

The COVID-19 pandemic has taken a toll on Public Health capacity. As we move forward, Public Health will continue to invest in the mental health and resiliency of its people. We will also continue to update our processes to ensure we are a system ready to handle future public health emergencies.



## Conclusion

Public Health Sudbury & Districts is working toward addressing the impacts of the pandemic on communities and its workforce. Our initial work is focused on priorities that have emerged from the pandemic—all with a view to resuming the full scope of public health programs and services. We undertake this work while continuing our pandemic response as required by current circumstances. This Progress Report highlights achievements and emphasizes the tremendous support received from partners on this journey towards recovery. Throughout the remaining months of 2022, the list of accomplishments will continue to grow, and our communities will continue to benefit. The next Progress Report is anticipated in early 2023.

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