

2022

COVID-19 Response by the Numbers & Recovery Progress Report



Public Health
Santé publique
SUDBURY & DISTRICTS

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Background

Public Health Sudbury & Districts (Public Health) has been focused on responding to the COVID-19 pandemic since the beginning of 2020. As a result of this intense effort, established programs and services were adapted, and many were reduced or paused all together throughout 2020 and 2021.

2022 marked the beginning of Public Health's journey toward recovery and resumption of some programs and services. During this time, the pandemic continued to demand leadership and resources from the public health sector, and Public Health Sudbury & Districts looked to concentrate efforts on the impacts of the pandemic on local communities and on its own workforce. As such, the agency directed resources to assess and address ongoing and emerging health needs that require public health intervention.

As a result, in March 2022 Public Health launched [Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience plan](#). The *risk, recovery, and resilience plan* focuses on public health priorities that emerged from the COVID-19 pandemic—with an overall goal to resume the full scope of public health programs and services in the future.

This *COVID-19 Response by the Numbers and Recovery Progress Report* highlights achievements of our ongoing COVID-19 response as well as accomplishments from our continued recovery efforts.

How this report is organized

The **first section** of this report focuses on the COVID-19 response. Data and explanatory notes are presented in table format for indicators in the following categories: overall COVID-19 program supports; case, contact, and outbreak management; COVID-19 vaccine program; and health and human resource capacity and financial impact.

The **second section** of this report presents the progress on recovery planning. This section presents an update on Public Health's four overarching community-focused priorities – getting children back on track; levelling up opportunities for health; fostering mental health gains; and supporting safe spaces—along with one operational priority—people and processes—which identifies work required to support staff to deliver on our overall programs and services. Within each priority area, Public Health's key initiatives are highlighted and a summary on progress to date is provided.



COVID-19 Response by the Numbers

Public Health's response activities were wide ranging and included case, contact, and outbreak management; the COVID-19 vaccination program; COVID-19 prevention and behaviour change; school and COVID-19 programming; ongoing quality and monitoring; and evaluation of public health services, regular reporting, and communication. This was all supported by the essential work of data analysis and epidemiological reviews, stakeholder engagement, human resources, and information technology supports.

The data in this section demonstrate the agency's ongoing responsibilities and transparency to stakeholders, clients, and community members by showcasing key activities and indicators of success pertaining to Public Health's 2022 COVID-19 response. Key indicators were selected based on their ability to showcase the scope of Public Health's leadership in various categories of the local COVID-19 response in 2022.

Overall COVID-19 program supports

Data	Indicator
68 185	Total calls processed by the COVID-19 vaccination booking line and call centres (operated by Public Health from April 6, 2022, to December 31, 2022, with support from the City of Greater Sudbury from January to April 5, 2022).
	City of Greater Sudbury-led COVID-19 booking call centre (up to April 5, 2022)
10 320	<i>Inbound calls</i>
2 433	<i>Outbound calls</i>
	Public Health-led COVID-19 booking call centre (from April 6, 2022)
47 075	<i>Inbound calls</i>
8 357	<i>Outbound calls</i>

Overall COVID-19 program supports (continued)

Data	Indicator
84	Public service announcements and news releases related to COVID-19 response issued.

※ Topics ranging from promoting COVID-19 vaccination opportunities, public health precautions, and key public health updates.

Data	Indicator
23	Advisory Alerts supporting COVID-19 response issued to local health system partners and primary care providers.

※ Topics included, for example, COVID-19 vaccination updates and guidance, service disruption and resumption of programming, case and contact management, and co-circulation of COVID-19 and influenza viruses.

Data	Indicator
4 472 637	People reached and impressions ¹ on social media.
172 924	Engagements ² on social media.
970 828	Unique COVID-19 pageviews ³ on our English and French websites.
220	Media requests and responses.
14	Debrief sessions hosted with community partners to reflect on local COVID-19 response.

※ Debrief sessions were held with partners from 11 different sectors, for example, education, municipal, healthcare, and First Nation and urban Indigenous sectors.

¹ Total number of people reached and impressions on our English and French Facebook, Twitter, and YouTube channels, all content.

² Total number of engagements (for example, likes, shares, retweets, link clicks, or time watched for videos) on our English and French Facebook, Twitter, and YouTube channels, all content.

³ A unique pageview represents the number of sessions during which a page was viewed one or more times.

Overall COVID-19 program supports (continued)

Data	Indicator
16	Debrief sessions hosted with staff to reflect on internal COVID-19 response (across 7 different response functions).
6	COVID-19-related surveys and evaluations conducted to help guide and plan Public Health's COVID-19 response activities.

- Surveys and evaluations were conducted internally and externally to inform ongoing planning. Information was gathered from primary care providers, pharmacies, health centres, community partners, staff, and members of the general public on overall COVID-19 response, COVID-19 vaccines, and program supports.

Case, contact, and outbreak management

Data	Indicator
15 343	Confirmed COVID-19 cases among residents of Sudbury and districts in 2022.
71.4%	<i>Of the COVID-19 cases reported from the start of the pandemic until December 31, 2022, occurred in 2022.</i>

- As of December 31, 2021, eligibility for publicly funded PCR testing is limited to people who are associated with highest risk settings or who are at high risk of severe health outcomes if they become infected. Therefore, counts of new and active cases underestimate the true number of people with COVID-19 in Sudbury and districts.

Data	Indicator
187	COVID-19-related deaths among residents of Sudbury and districts in 2022.
78.9%	<i>Of the COVID-19 deaths reported from the start of the pandemic until December 31, 2022, occurred in 2022.</i>

COVID-19 vaccine program

Data	Indicator
132 811	Doses administered throughout the entire service area (including Public Health-led clinics, other provider clinics, and pharmacy clinics) in 2022.
25.7%	<i>COVID-19 doses administered since the beginning of the vaccine program in January 2021, that were administered in 2022.</i>
78 943	Doses administered in Public Health-led clinics in 2022.
59.4%	<i>Percentage of all doses administered in 2022 that were provided exclusively by Public Health-led clinics.</i>
21.7%	<i>Percentage of all doses administered by Public Health-led clinics since the beginning of the vaccine program (January 2021) that were provided in 2022.</i>

※ Public Health-led clinics include mass immunization clinics, pop-up clinics, mobile bus clinics, retirement home-based clinics, school-based clinics, homebound clinics, select Indigenous clinics, and partner clinics co-led with Public Health staff. These do not include primary care, long-term care, and pharmacy offerings.

Data	Indicator
2 283	Total doses administered in Chapleau in 2022.
2 132	<i>Doses administered in Public Health-led clinics in Chapleau in 2022.</i>
93.4%	<i>Percentage of total doses that were administered in Public Health-led clinics in Chapleau in 2022.</i>
106 417	Total doses administered in Greater Sudbury in 2022.
62 644	<i>Doses administered in Public Health-led clinics in Greater Sudbury in 2022.</i>
58.9%	<i>Percentage of total doses that were administered in Public Health-led clinics in Greater Sudbury in 2022.</i>
6 432	Total doses administered in Lacloche Foothills in 2022.
4 837	<i>Doses administered in Public Health-led clinics in Lacloche Foothills in 2022.</i>
75.2%	<i>Percentage of total doses that were administered in Public Health-led clinics in Lacloche Foothills in 2022.</i>
9 934	Total doses administered on Manitoulin Island in 2022.
5 906	<i>Doses administered in Public Health-led clinics on Manitoulin Island in 2022.</i>
59.5%	<i>Percentage of total doses that were administered in Public Health-led clinics on Manitoulin Island in 2022.</i>

COVID-19 vaccine program (continued)

Data	Indicator
3 768	Total doses administered in Sudbury East in 2022.
1 735	<i>Doses administered in Public Health-led clinics in Sudbury East in 2022.</i>
46.0%	<i>Percentage of total doses that were administered in Public Health-led clinics in Sudbury East in 2022.</i>
1 090	Total Public Health-led vaccination events throughout the entire service area in 2022.
65	<i>In Chapleau</i>
834	<i>In Greater Sudbury</i>
68	<i>In Lacloche Foothills</i>
98	<i>On Manitoulin Island</i>
25	<i>In Sudbury East</i>

- Vaccination event types include mass immunization clinics held in large arenas, churches, or community centres; mobile vaccination teams attending targeted locations such as retirement homes; pop-up clinics held in strategic locations such as shopping malls, Samaritan centres, or tied to local events; vaccine-to-client offerings at client homes; and mobile bus clinics to reach targeted populations.

Data	Indicator
5 470	<i>Residents (6 months and older) received their first doses in 2022.</i>
10 331	<i>Residents (6 months and older) received their second doses in 2022.</i>
118 827	<i>Booster doses were administered to residents 5 years of age and older in Sudbury and districts.</i>
9.5%	<i>Percentage of doses wasted at Public Health-led vaccination events, of all doses provided.</i>
22.9%	<i>Percentage of doses wasted at other provider vaccination events, of all doses provided (includes primary care, long-term care, and select partner-led clinics).</i>
12 659	<i>Doses wasted as a result of storage, handling, and supply constraints (for example, due to travel time, expiration dates, and additional shipments beyond orders).</i>

COVID-19 vaccine program (continued)

Data	Indicator
23	Total adverse events following immunization (using all federally approved vaccines).
17.3	<i>Adverse events following immunization per 100 000 doses administered.</i>

- » The majority of clients who reported an adverse event following immunization (n=14), experienced mild reactions such as rashes, enlarged lymph nodes, dizziness, shortness of breath, and chest pain post vaccination.

Health and human resource capacity and financial impact

Data	Indicator
\$ 14,369,689	Projected costs of COVID-19-related expenditures in 2022.
46.5%	<i>Of projected COVID-19 costs financed by additional provincial COVID-19 extraordinary funds.</i>
27.5%	<i>Of base Public Health cost-shared⁴ budget redirected to COVID-19 activities.</i>
500	Staff employed by Public Health Sudbury & Districts on December 31, 2022
255	<i>Positions in 2022 budget (including full-time, part-time and casual).</i>
245	<i>Staff over baseline complement (combination of full-time, part-time, and casual roles).</i>
39	Students who supported COVID-19 response activities.
33	Volunteers who supported COVID-19 response activities.

⁴ Projected COVID-19 program extraordinary funding is the amount of additional expenditures on COVID related activities over and above what is being expensed through the cost-shared budget.

Recovery Planning Progress Report

As a result of Public Health's COVID-19 focused work, there is a growing backlog of unmet community needs tied to non-COVID-19-related public health programs and services. New and intensified public health concerns have also arisen during the pandemic. In response, the agency created a [Recovery Plan](#) to guide Public Health's work with area communities to move forward from risk, to recovery, to resilience.

Throughout 2022, Public Health began working toward recovery. As priorities shifted from pandemic response to core programs and services, achievements and outcomes were monitored. The September to December 2022 recovery planning data and narratives featured below are a follow-up to the [Public Health Sudbury & Districts Recovery Plan Progress Report: March – August 2022](#) published in September 2022. The progress updates highlight the next phase of recovery efforts linked to the four community recovery priorities– getting children back on track, levelling up opportunities for health, fostering mental health gains, and supporting safe spaces. The progress report also includes an update on people and processes as a critical internal recovery priority to support staff.

Getting Children Back on Track

Public Health Sudbury & Districts is helping *Children Get Back on Track*. Recovery initiatives for children and families continue to be a top priority. The response that COVID-19 required resulted in a significant reduction of public health services and programming in communities and in schools. Gaps and growing needs have been identified and are starting to be addressed. Over the past year, Public Health continued to support children, families, and communities in their recovery through strong partnerships and an attention to rebuilding following the disruptions of the pandemic.



Oral health program

Indicator	Updates (from September to December 2022)
Dental screening.	<ul style="list-style-type: none">✦ 8 800 children screened.✦ 16 183 dental screenings completed throughout 2022.

Oral health program (continued)

Indicator	Updates (from September to December 2022)
Reassess dental program clients to ensure issues are addressed and cases are closed or referred.	<ul style="list-style-type: none"> ❖ 172 children previously noted as at risk for higher rates of tooth decay have been reassessed to determine the status of outstanding dental care. ❖ 280 children reassessed in all of 2022. ❖ 516 cases management files were addressed and closed. ❖ 1 035 case management files addressed and closed throughout 2022.
Promote Healthy Smiles Ontario (HSO) and encourage the resumption of dental checkups	<ul style="list-style-type: none"> ❖ Promoted the availability of the HSO program and encourage dental checkups.

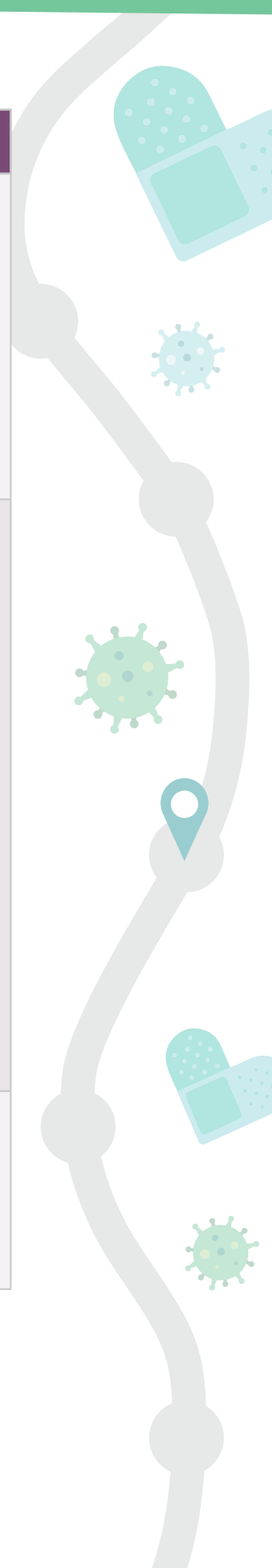
Vaccine preventable diseases program

Indicator	Updates
Address backlogged vaccination records.	<ul style="list-style-type: none"> ❖ Completed the final data entry of approximately 2 000 backlogged records. ❖ Continuation of auditing records for quality assurance of data entry.
Vaccinate overdue Grade 7 and 8 students.	<ul style="list-style-type: none"> ❖ Prioritized in-house clinics and school vaccination clinics to catch students up on their Grade 7 vaccines. ❖ Resumed school vaccination clinics for current Grade 7 students with 48 school clinics offered, including invitations to Grade 8 students with overdue vaccinations.

Vaccine preventable diseases program (continued)

Indicator	Updates
<p>Vaccinate overdue Grade 7 and 8 students.</p>	<ul style="list-style-type: none"> ❖ 259 students received a hepatitis B vaccine. ❖ 275 students received the HPV-9 vaccine ❖ 139 students received the meningococcal C-ACYW-135 vaccine. ❖ 5 980 students remain overdue for their Grade 7 vaccinations. Clinics continue to be available to support these individuals.
<p>Vaccinate overdue children under the <i>Child Care and Early Years Act (CCEYA)</i> and the <i>Immunization of School Pupils Act (ISPA)</i>.</p>	<ul style="list-style-type: none"> ❖ 111 CCEYA vaccines were provided to children ages 1 to 4 years + 8 months enrolled in licensed child care settings. ❖ Prioritized in-house clinics for those overdue for ISPA vaccines⁵, required for school attendance. ❖ 166 ISPA vaccines were provided to individuals aged 0 to 17. ❖ Implemented a phased approach to enforcing the ISPA due to pandemic disruptions in service. ❖ Continue to provide education on importance of vaccination. ❖ Continue expanding opportunities for immunization for overdue children (ISPA specific).
<p>Engage with health care providers for vaccination catch-up.</p>	<ul style="list-style-type: none"> ❖ Issued two Advisory Alerts to support vaccination efforts for the influenza program. ❖ Provided communication materials and updates on vaccines required for school attendance under the ISPA.

⁵ ISPA vaccines required for school attendance include vaccines for these designated diseases: meningococcal disease, pertussis, varicella (for children born in 2010 or later), diphtheria, tetanus, poliomyelitis, measles, mumps, and rubella.



Vaccine preventable diseases program (continued)

Indicator	Updates
Engage with school boards for vaccination catch-up.	<ul style="list-style-type: none"> ❖ Collaborated with schools to book Fall Grade 7 immunization clinics. Grade 8 students who were missed the year before are also eligible. ❖ Continue developing communications for directors of education regarding the ISPA program to share in 2023.
Develop and implement a media campaign targeting those overdue for vaccination.	<ul style="list-style-type: none"> ❖ Created social media posts to increase awareness of routine immunization schedules and ISPA requirements. ❖ Updated the immunization webpage to promote and share the extended eligibility for Grade 7 vaccines for individuals who may have missed their opportunity under the publicly funded program during the COVID-19 pandemic. ❖ Continued developing communication materials as needed.

School health

Indicator	Updates
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.	<ul style="list-style-type: none"> ❖ Delivered substance use workshops to educators at one local school board's professional development day. ❖ Delivered naloxone training to principals in one school board and to Laurentian University nursing students. ❖ Started developing naloxone pilot project targeting educators for 2023. ❖ Continued offering presentations as needed through the academic school year.

School health (continued)

Indicator	Updates
<p>Offer grade appropriate classroom chats in all school boards on resiliency, mental health promotion, substance use, and sexual health.</p>	<ul style="list-style-type: none"> ❖ Delivered presentations to secondary school students on risky behaviours and substance use as part of a comprehensive strategy. ❖ Started developing vaping and substance use toolkits for 2022–2023 school year.
<p>Develop school community approach for <i>Reaching In Reaching Out (RIRO)</i> and <i>Bounce Back & Thrive (BBT)</i>.</p>	<ul style="list-style-type: none"> ❖ Completed staff training. ❖ Continued promoting opportunities for RIRO/BBT in collaboration with Family Health programming.
<p>Offer RIRO to all school staff and licensed child care centre staff.</p>	<ul style="list-style-type: none"> ❖ Offered RIRO training to Early Years staff via meetings with leads from all school boards. ❖ Delivered RIRO training to French nursing students at Laurentian University in October 2022. ❖ Continued promotion of the RIRO program to target audiences.
<p>Offer BBT to parents and guardians of children 0–8 years attending schools and early learning agencies.</p>	<ul style="list-style-type: none"> ❖ Offered BBT training to Early Years staff via meetings with leads from all school boards. ❖ Ongoing BBT training offered for parents in partnership with community partners as opportunities arise. ❖ Promoted the BBT program to target audiences.

School health (continued)

Indicator	Updates
<p>Communicate importance of school health promotion to overall community via community campaign.</p>	<ul style="list-style-type: none"> ❖ Prepared a back-to-school package including resources and information for educators on various health topics. ❖ Shared back-to-school social media messages targeting parents and community. ❖ Updated educator resources and curriculum resources on Public Health Sudbury & Districts’ website. ❖ Presented Public Health services and opportunities for support to mental health leads, superintendents, directors of student services, and curriculum consultants. ❖ Launched <i>Caring Adults</i> campaign to emphasize the importance and role of having strong relationships with adult influencers.

Family health

Indicator	Updates
<p>Address backlog in family health programming.</p>	<ul style="list-style-type: none"> ❖ 271 reminder postcards sent to promote 18-month well-baby visits. ❖ Reviewed monthly waiting list for the Healthy Babies Healthy Children program and identified 7 new families awaiting services. ❖ 483 appointments (virtual and in-person) provided in the breastfeeding clinic. ❖ 199 expectant parents registered for online prenatal program. ❖ Assisted Our Children Our Future with facilitation of the <i>Creating Healthy Babies Canada Prenatal Nutrition Program (CPNP)</i>. ❖ Developed new web content regarding infant safety and health after having a baby.

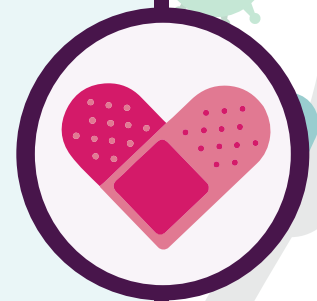
Family health (continued)

Indicator	Updates
Reinstate programming to address intensity of family needs in communities.	<ul style="list-style-type: none"> ❖ Disseminated social media and print resources on family health topics including the Period of Purple Crying and injury prevention. ❖ Ran radio ads to promote the Health Information Line services. ❖ Continued developing the <i>Preparation for Parenting</i> program. ❖ Updated online prenatal programming to include a module on labour and delivery. ❖ Prepared content for French version of the online prenatal program, set to launch in 2023.
Address increased volume of phone calls from community members.	<ul style="list-style-type: none"> ❖ 275 calls received to the Health Information Line for public health services or referrals to partnering agencies. ❖ Promoted phsd.ca and parenting4me.com websites to help families in need.
Engage and consult with all local family health community partners and stakeholders to meet increased intensity of needs in community.	<ul style="list-style-type: none"> ❖ Delivered presentations to families regarding healthy growth and development and skill building for healthy eating. ❖ Participated in the Parent Service Advisory Committee (Health Sciences North, Children Aid Society, Compass, Magic Triangle, Better Beginnings Better Futures, Our Children, Our Future, Manitoulin Family Resources, Jubilee Heritage Centre, Wordplay/Jeux de mots, Early ON) to facilitate scheduling and access to programming across the district.

Family health (continued)

Indicator	Updates
Implement programs with all local family health community partners and stakeholders to meet increased intensity of needs in community.	<ul style="list-style-type: none"> ❖ Promoted Public Health’s online prenatal course. ❖ Began implementing breastfeeding clinics in the Espanola and Manitoulin areas. ❖ Prepared for the implementation of the <i>Bounce Back and Thrive</i>, <i>Triple P</i>, and <i>Preparation for Parenting</i> programs scheduled for 2023.
Offer the <i>Triple P Parenting</i> program to all parents and caregivers and frontline community service providers in local agencies.	<ul style="list-style-type: none"> ❖ 50 parents registered for in-person <i>Triple P</i> services and 12 parents received codes to complete <i>Triple P</i> online. ❖ 10 parents attended <i>Triple P</i> primary session in Espanola.

Public Health Sudbury & Districts is making significant progress supporting the recovery of children and families in our communities. With the return of school, in-person learning, and extracurricular activities, additional programs and services for children will resume. New and pre-existing community supports for parents and caregivers continue to be initiated and delivered. Partnerships in all sectors—municipal, education, health, and non-profit—remain critical for building the momentum of this recovery priority.



Levelling Up Opportunities for Health

The COVID-19 pandemic negatively impacted priority populations. *Levelling Up Opportunities for Health* is an important priority for Public Health Sudbury & Districts through regular programming and recovery initiatives. Engaging with those most affected by the pandemic is an important part of recovery. Partners have been meeting, planning, and implementing programs and services to address community needs and provide direct supports exceeding pre-pandemic levels to catch up and recover.



Health and racial equity

Indicator	Updates
<p>Engage with marginalized and other priority populations and partners who serve them across Sudbury and districts. This includes racialized persons, individuals experiencing homelessness, and Indigenous and 2SLGBTQ+ persons.</p>	<ul style="list-style-type: none"> ❖ Engaged with Black community organizations, associations, informal networks, and groups that support Black peoples, to learn more about their mandates, activities, and gaps or challenges, to identify a potential role for public health support. ❖ Gathered information to update an engagement plan to better understand experiences and priorities of Black communities. ❖ Worked with partners to identify and coordinate opportunities for health-related needs of newcomers. Examples include providing support to people displaced by the current war in Ukraine and families in Sudbury, the Sudbury Rural and Northern Immigration Pilot Project, and the Northern Ontario Francophone Immigration Support Network. ❖ Engagement continues with area First Nations and Urban Indigenous partners to understand experiences and inform agency planning. ❖ Hosted two meetings with the Public Health Indigenous Engagement Network, and representatives from 11 Ontario public health units. ❖ Connected with Greater Sudbury's homelessness sector partners to discuss how to better support homeless and precariously housed populations. ❖ Supported community partners with the creation of a Client Navigator position with the City of Greater Sudbury and the By-Name List initiatives.



Health and racial equity (continued)

Indicator	Updates
<p>Engage with marginalized and other priority populations and partners who serve them across Sudbury and districts. This includes racialized persons, individuals experiencing homelessness, and Indigenous and 2SLGBTQ+ persons.</p>	<ul style="list-style-type: none"> ✦ Worked with the City of Greater Sudbury to secure temporary shelter for precariously housed individuals who were exposed to monkeypox or COVID-19 to help prevent the spread. ✦ Hosted a community launch event to showcase 13 digital stories from the 2SLGBTQ+ community health study report in October. ✦ Hosted a meeting with community partners in December to share results from the <i>Invisible No More 2SLGBTQ+</i> community health study and to identify opportunities to collectively support 2SLGBTQ+ community members. ✦ Developed website content to raise awareness on the experiences of the 2SLGBTQ+ community.
<p>Develop an understanding of the impacts of the pandemic and the needs compounded by the pandemic for First Nation and Indigenous communities, individuals experiencing homelessness, and the 2SLGBTQ+ community.</p>	<ul style="list-style-type: none"> ✦ Provided tailored cultural competency training to frontline staff who support COVID-19 clinics and recovery programming for Indigenous persons. ✦ Delivered Land Acknowledgement workshops to agency staff and additional workshops at team levels. ✦ Supported planning for COVID-19 vaccination clinics to increase uptake of boosters in the fall among individuals experiencing homelessness. ✦ Hosted vaccination clinics tailored to the needs of individuals experiencing homelessness and completed mobile clinics at residences with individuals who are homeless or at risk of homelessness. ✦ Engaged regularly with the Local Immigration Partnership to provide updates about agency services and vaccination opportunities.



Health and racial equity (continued)

Indicator	Updates
<p>Develop an understanding of the impacts of the pandemic and the needs compounded by the pandemic for First Nation and Indigenous communities, individuals experiencing homelessness, and the 2SLGBTQ+ community.</p>	<ul style="list-style-type: none"> ✦ Held a community and provider consultation session to discuss local stories of trauma, resilience, and hope for safe spaces and programs and services that are inclusive and accepting of the Queer population.
<p>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. This includes the 2SLGBTQ+ community as well as newcomer and racialized populations.</p>	<ul style="list-style-type: none"> ✦ Updated website content to include the 2SLGBTQ+ community health study report, titled, <i>Invisible No More: Voices of the Queer Community</i>, and corresponding digital stories. ✦ Organized a mandatory staff development initiative to increase capacity among all staff about 2SLGBTQ+ inclusion in equitable health services. ✦ Continued planning for a more applied interactive training initiative provided by Rainbow Health Ontario for select staff to be available in early 2023. ✦ Created internal knowledge translation materials and community social media content in honour of the National Day of Truth and Reconciliation and Treaties Recognition week. ✦ Coordinated a keynote address about Truth and Reconciliation in Public Health with Dr. Marcia Anderson. ✦ Participated in the City of Greater Sudbury's <i>Greater Together Forum: Building a More Welcoming Community</i> that sought to built collaborative work with community institutions and organizations on the needs of newcomers and immigrants in the city.



Health and racial equity (continued)

Indicator	Updates
Implement allyship training for Public Health staff.	<ul style="list-style-type: none"> ❖ Reviewed and analysed agency-wide survey results to determine baseline knowledge, comfort, experiences, and perceptions related to racial equity. ❖ Utilized results to inform next steps and recommendations for staff development opportunities beyond allyship training.
Implement food literacy initiatives targeting priority groups and informed by local partners and community members.	<ul style="list-style-type: none"> ❖ Continued to engage with community partners for planning and implementing food literacy initiatives. ❖ Reunite food literacy and food affordability work into the resumption of regular programming.

Municipal and Indigenous leadership engagement

Indicator	Updates
Increase collaboration and engagement with municipal partners and contribute to Community Safety and Well-being plans (Population Health and Well-being) and associated recovery plans in all communities in Sudbury and districts (includes First Nation partner participation).	<ul style="list-style-type: none"> ❖ Monitored local developments following municipal elections to inform collaborations and planning with municipal partners. ❖ Produced District Office Snapshot reports which include demographic data and details of local public health efforts for launch in 2023. ❖ Continued developing a public health orientation for municipal partners.
Increase understanding of unmet community needs resulting from the pandemic and develop plans and implement actions to address these needs.	<ul style="list-style-type: none"> ❖ Gathered input from community and Indigenous agency leadership to support community voices. ❖ Continued to plan engagement approaches with health directors and host monthly meetings with municipal partners, N'Swakamok Native Friendship Centre (NNFC), and BBBF.

Municipal and Indigenous leadership engagement (continued)

Indicator	Updates
<p>Increase understanding of unmet community needs resulting from the pandemic and develop plans and implement actions to address these needs.</p>	<ul style="list-style-type: none"> ✦ Collaborated with the City of Greater Sudbury and staff from N'Swakamok and BBBF to host a public virtual keynote speaker event in honour of the National Day for Truth and Reconciliation. ✦ Supported Indigenous communities with COVID-19 vaccination clinics upon community request.
<p>Improve population health initiatives overall to address health of community members.</p>	<ul style="list-style-type: none"> ✦ Participated in project meetings to support the NOSM University-led Indigenous youth vaccine hesitancy study. ✦ Collaborated with Indigenous Communities to host COVID-19 clinics as needed. ✦ Participated in working groups to support applications for Ontario Health Teams in Sudbury, Espanola, Manitoulin, and Elliot Lake. ✦ Developed and distributed a municipal election primer to election candidates and members of the general public via social media platforms and website.

Issues leading to inequitable opportunities for health are firmly rooted in our social and structural systems, and there are no easy or quick solutions for recovery, especially as longstanding issues continue to be exacerbated by the pandemic. However, the work to *Level Up Opportunities for Health* is ongoing. Significant work on this priority has been completed. Engagement at all levels and with multiple sectors will continue to be critical as planning evolves and new initiatives get underway. Persons with lived experience will continue to be important partners to ensure programs and services are reaching and supporting those most impacted.

Fostering Mental Health Gains

Public Health Sudbury & Districts recognizes the impacts of the COVID-19 pandemic on mental health. Everyone has been affected either directly or indirectly. Through planning and engagement with community partners and persons with lived experience, strides are being made toward recovery with continued efforts underway.



Community engagement

Indicator	Updates
<p>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.</p>	<ul style="list-style-type: none"> ✦ Participated in internal and external committees and planning tables, such as the System Priority Table and Public Mental Health Steering Committee.
<p>Amplify the voices of people with lived and living experience with mental health and use to understand community needs resulting from the pandemic and empower them to share pandemic impacts with other service providers in the community.</p>	<ul style="list-style-type: none"> ✦ Supported the <i>Honouring Voices Initiative</i> (previously known as the <i>Empowerment Council</i>), in collaboration with <i>Northern Initiative for Social Action (NISA)</i>, to facilitate contributions from people with lived and living experience. ✦ Drafted applications for peer recruitment.
<p>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.</p>	<ul style="list-style-type: none"> ✦ Continued to support the work of the Youth Hub, Suicide Safer Network (SSN), Honouring Voices Initiative, and Indigenous engagement.



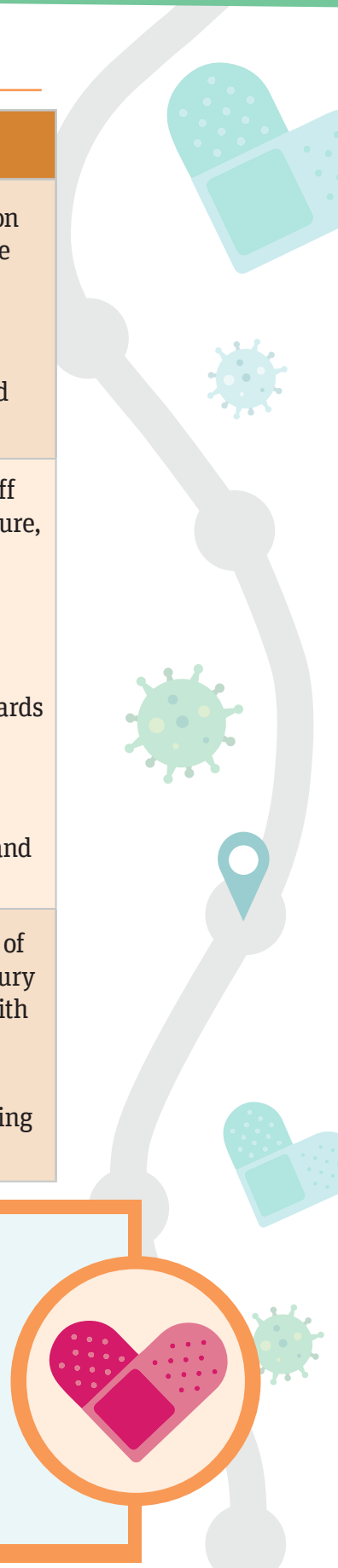
Community engagement (continued)

Indicator	Updates
<p>Create meaningful relationships with Indigenous communities to assist with implementing recovery-related interventions and strategies for mental health and substance use.</p>	<ul style="list-style-type: none"> ❖ Allocated needle kiosk bins and harm reduction supplied to Indigenous communities. ❖ Engaged with Indigenous partners across the districts to determine their interest in partnering in harm reduction expansion. Two agreements have been signed, and three others are pending. ❖ Continued to engage with Indigenous communities in Chapleau regarding the development of the Chapleau Community Substance Use Survey and community research protocols.
<p>Use population health data to fully understand the scope of local needs related to mental health and substance use.</p>	<ul style="list-style-type: none"> ❖ Determined best practice interventions and emerging needs using The Centre for Addiction and Mental Health's (CAMH) Evidence Exchange Network (EENet). ❖ Continued with regular reviews of reports from the National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health (CIHI), and the Office of the Chief Coroner for Ontario. ❖ Reviewed monthly reports from the Sudbury Supervised Consumption Site (SCS) following its opening in September 2022.
<p>Offer anti-stigma training related to mental health to staff and community partners.</p>	<ul style="list-style-type: none"> ❖ Drafted internal mental health literacy and stigma and harm reduction principles training plans.

Partner engagement

Indicator	Updates
<p>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.</p>	<ul style="list-style-type: none"> ❖ Co-chaired the Mental Health Promotion in Public Health Community of Practice (through CAMH). ❖ Engaged with partners through the use of CAMH's Evidence Exchange Network (EENet) to share resources and information.
<p>Increase understanding of best practice to prevent and address children's mental health and substance use issues as a result of the pandemic.</p>	<ul style="list-style-type: none"> ❖ Conducted presentations for school staff on character strengths, brain architecture, and mental health resources. ❖ Led a presentation to the School of Education (Laurentian University) regarding mental health resources. ❖ Provided ongoing support to school boards for substance use including naloxone training. ❖ Began the development of toolkits to support schools in addressing vaping and substance use.
<p>Provide support for the initiation of a local children's mental health youth hub.</p>	<ul style="list-style-type: none"> ❖ Continued co-leading the development of a Youth Wellness Hub for Greater Sudbury youth aged 12 to 25 in collaboration with Compass. ❖ Secured temporary site location, hired youth ambassadors, and began recruiting for a program coordinator.

Fostering mental health gains will take time. Progress is underway and next steps will require further 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. 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 continue supporting where we can.



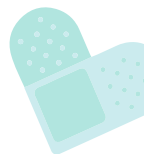
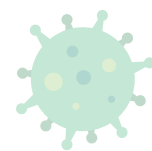
Supporting Safe Spaces

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

Indicator	Updates
<p>Resume inspection of food premise facilities in accordance with Ontario Public Health Standards (OPHS) frequency and timelines.</p>	<ul style="list-style-type: none"> ❖ 1589 active food premises in the service area in December 2022 compared to 1422 at the end of August. ❖ 77% (1225 premises) were inspected at least once with the remaining premises primarily categorized as low-risk. ❖ 92% of high-risk food premises (130 premises) were inspected twice, 5% (7 premises) were inspected once, as they were not active for the whole year, and 3.5% (5 premises) were inspected only once. ❖ 92% of year-round medium-risk facilities (541 total) were inspected twice; 3.2% (19 premises) were inspected once as they were not active for the whole year; and, 5% (29 premises) were inspected only once. ❖ 51.1% of low-risk food premise (309 premises) inspections were completed. ❖ Paused low-risk food premise inspections in June 2022 to respond to public health inspector vacancies and limitations.



Fixed premises inspections (continued)

Indicator	Updates
Resume inspection of personal service settings in accordance with OPHS frequency and timelines.	<ul style="list-style-type: none"> ❖ 94.5% of personal service settings (294 settings) were inspected. Remaining settings were temporarily closed for parts of 2022 and not available for inspection.
Resume inspection of recreational water facilities in accordance with OPHS frequency and timelines.	<ul style="list-style-type: none"> ❖ 93% of the year-round public pools and spas (22 facilities) had 1 routine compliance inspection every 3 months during operation. The remaining 3 were inactive for parts of 2022, but inspected at least once. ❖ 100% of Class C recreational water facilities (that is, 19 low-risk splash pads) active during the bathing season were inspected once.
Resume inspection of licensed child care settings as outlined in the OPHS (excluding food premises located within the facility).	<ul style="list-style-type: none"> ❖ 98% of all licensed child care settings (86 settings) were inspected. Remaining 2 settings were inactive for parts of 2022 and closed when attempts were made.
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.	<ul style="list-style-type: none"> ❖ 25% of arenas were inspected for health hazards and air quality. ❖ Released a report on <i>Climate Change in Sudbury and Districts: Assessing Health Risks and Planning Adaptations Together</i> and shared with municipalities, First Nations Communities, and the public.

Harm reduction

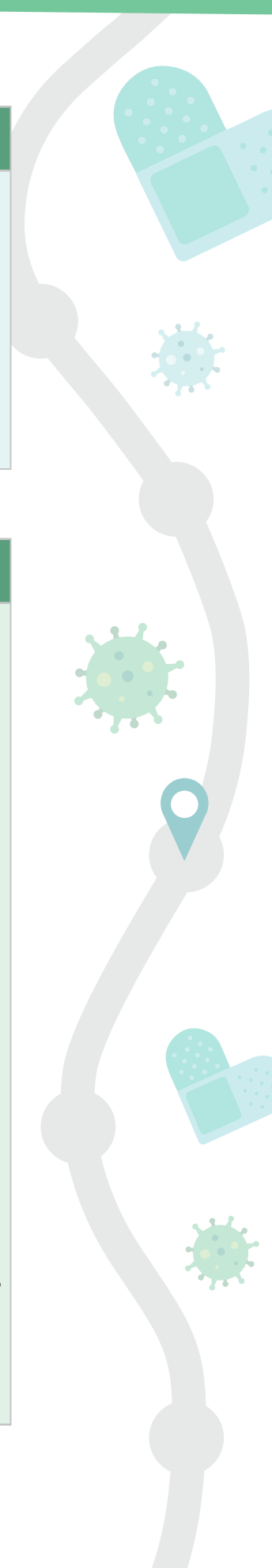
Indicator	Updates
<p>Engage community partners in Sudbury and districts, including the Community Drug Strategy partners (harm reduction, prevention, and treatment pillars), to address the increase in opioid overdoses and deaths in the service area during the pandemic; this includes collaboration on the establishment of a supervised consumption and treatment service in Greater Sudbury and mobilization of a partnership to explore service needs in the districts.</p>	<ul style="list-style-type: none"> ❖ Co-led the City of Greater Sudbury Community Drug Strategy and Supervised Consumption Site Steering Committees. The current focus is on to addressing the status of opioid overdoses and deaths in Greater Sudbury. ❖ Continued supporting the Supervised Consumption Site Stakeholder Committee, which provides regular progress updates to stakeholders in the community. ❖ Continued the development of a <i>Sudbury and Districts Opioid Poisoning Response Plan</i> with partners. ❖ Participated in regular meetings for the Northern Opioid Community of Practice. ❖ Supported training and onboarding of organizations for the use of naloxone kits.
<p>Onboard additional partners for needle distribution to address increased intensity of need.</p>	<ul style="list-style-type: none"> ❖ Engaged with community partners to address the intensity of need for harm reduction supplies and expansion of the needle exchange program. ❖ Supported one new agreement for needle disposal kiosks (Township of Sables-Spanish Rivers) and two new agreements for harm reduction supplies (Supervised Consumption Site and the pharmacy in Chapleau).
<p>Complete an assessment and evaluation of best practices for public health prevention interventions to address the opioid crisis.</p>	<ul style="list-style-type: none"> ❖ Drafted an initial version of the Chapleau Community Substance Use Survey and submitted a Research Ethics Review Application. ❖ Engaged with the Canadian Research Initiative in Substance Misuse (CRISM) Ontario Node who visited the Supervised Consumption Site in Sudbury to administer a survey which will inform future direction.

Harm reduction (continued)

Indicator	Updates
<p>Develop and implement a media campaign to address opioid use, stigma, and services offered.</p>	<ul style="list-style-type: none"> ✦ Issued a "Plan Ahead—Safe Ride Home" radio campaign to remind community members to plan ahead and avoid driving while impaired by drugs or alcohol. ✦ Shared monthly overdose prevention messages via social media platforms. ✦ Supported ongoing development of media campaigns focusing on stigma and harm reduction.

Sexual health

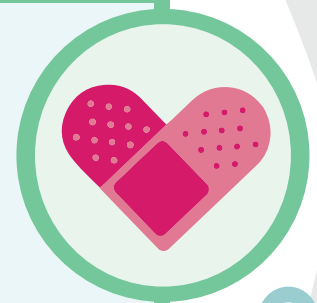
Indicator	Updates
<p>Address needs of priority populations seeking sexual health services, including addressing the backlog of needs resulting from a reduction in services during the pandemic.</p>	<ul style="list-style-type: none"> ✦ Resumed physician-led clinics and drop-in visits for urgent matters effective September 6, 2022, at our Elm Place location. ✦ Resumed all district office sexual health services in addition to on-site COVID-19 clinics. ✦ 134 drop-in clients received services for urgent matters such as the emergency contraception pill (ECP), Herpes simplex virus (HSV) testing, and treatment at our Elm Place location. ✦ Began planning for sexually transmitted and blood-borne infections (STBBI) testing at the Sudbury East location for 2023. ✦ Updated presentation and workshop materials for partner and community outreach. ✦ Shared a series of campaigns through social media on topics such as syphilis awareness, physician clinic advertisement, abortion, and World AIDS Day. ✦ Continued developing the Syphilis Prevention Initiative in response to local needs.



Sexual health (continued)

Indicator	Updates
Address backlog of sexually transmitted infection (STI) follow-ups.	<ul style="list-style-type: none"> Addressed all backlogged follow-ups. Up to date with current client load.
Ensure resources are in place to address increasing intensity of support needs of individuals experiencing blood-borne infections.	<ul style="list-style-type: none"> Supported continuing education and professional development for health care providers and other relevant partners. Provided telephone consults to health care providers. Distributed free condoms to locations servicing high-risk populations.

Recovery to *Support Safe Spaces* continues to make significant strides forward and the majority of sexual health services have fully resumed. Public Health Sudbury & Districts will continue to meet with partners to implement new and creative delivery models that support service options for clients. Ongoing work will be underway for the resumption of all regular programming to *Support Safe Spaces*.

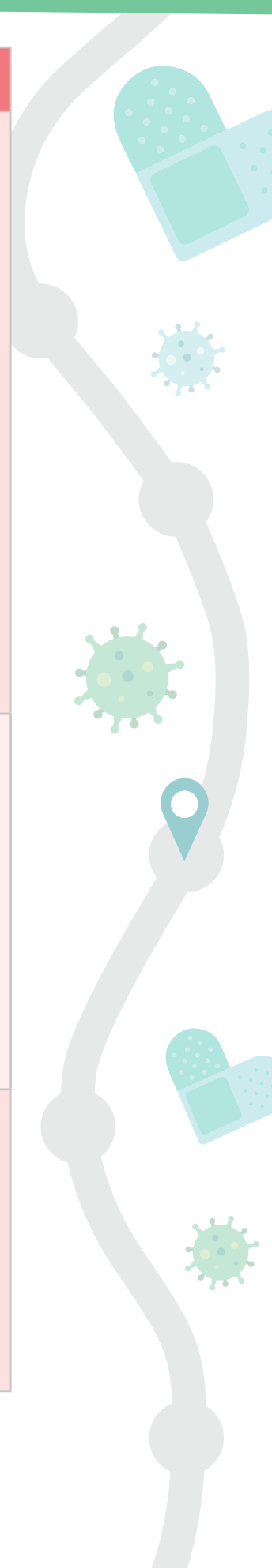


People and Processes

Operational responsibilities, including roles performed to support the operation of the agency and staff, were not immune to the effects of the pandemic. Backlog accumulated as public health resources were diverted to pandemic response efforts. The *People and Processes* recovery priority reflects the efforts necessary to ensure the organization has the required human resources that can optimally perform their roles safely and in accordance with organizational and legislative expectation. It includes functions related to policies, procedures, human resources, staff development, and staff recovery within Public Health. Work continues to move this priority further toward recovery.

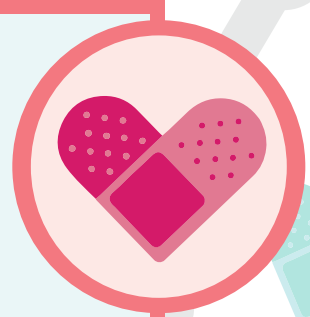


Indicator	Updates
<p>Address staff recovery, including staff mental health, corporate culture, and change management.</p>	<ul style="list-style-type: none"> ❖ Delivered two key programs (<i>Mindfulness on the Rocks: Fearless at Work</i> and <i>Solution-Focused Approach to Mental Health and Well-being</i> workshops) in collaboration with the Psychological Health and Wellness Committee. ❖ Offered six workshops and six reflective circles to management and staff between October and December. Workshops and reflective circles focused on self-care and building resilience during difficult and unpredictable times. ❖ Collaborated with United Way to host internal wellness activities that supported the United Way and promoted well-being. ❖ Invested additional resources to support overall psychological health and well-being.
<p>Address the backlog of human resource legislative and policy requirements.</p>	<ul style="list-style-type: none"> ❖ Allocated additional staffing resources to complete Ministry of Labour requirements. ❖ Hosted staff training outlining responsibilities as per the <i>Occupational Health and Safety Act</i>. ❖ Reviewed and updated fire safety plans and Workplace Hazardous Materials Information System. ❖ Provided management training on <i>Human Rights at Work</i> and <i>Managing in a Unionized Environment</i>.
<p>Address backlog with agency policies and procedures.</p>	<ul style="list-style-type: none"> ❖ Developed and updated workplace policies, including the Workplace Violence Harassment and Discrimination Prevention policy, Health and Safety policy, and the new policy related to Bill 88 Electronic Monitoring, and Disconnect from Work policy. ❖ Reviewed, updated, and distributed staff and division orientation modules.



Indicator	Updates
Address backlog with agency policies and procedures.	<ul style="list-style-type: none"> ✦ Provided annual training refreshers for health and safety, violence harassment and discrimination prevention, privacy, and emergency preparedness. ✦ Completed compliance checks for annual training, re-certifications for CPR and first aid, and police record checks or declarations. ✦ Reviewed and updated General Administrative Policies including staff immunizations and new hybrid work policy.
Address the backlog with asset management system, software upgrades, security training and compliance, and records management.	<ul style="list-style-type: none"> ✦ Returned to work at the Paris Street location in September 2022. ✦ Launched a SharePoint Online pilot program in November. ✦ Upgraded or purchased software, such as Microsoft 365 and Collab Space, to support staff.

As we continue to move from recovery to resilience, Public Health will continue to invest in the mental health and resiliency of its employees. We will also continue to update processes and structures to ensure we are ready for future public health emergencies.



Next steps and future reporting

While the COVID-19 response continues, Public Health is making substantial strides regarding recovery, with the resumption of core Public Health business having started in the latter half of 2022. Recovery initiatives focused on actions that had an impact for individuals and groups facing the highest disadvantage as well as the reintroduction of core public health programs and services. Our recovery efforts and resumption of services put us back on track to optimally support communities through the full scope of public health practice. Over the course of the coming months, local communities will continue to benefit as we move toward the normalization of COVID-19 programming and the evolution of regular programs and services. As part of ongoing recovery efforts, routine monitoring and reporting will also be re-established through customary channels, including up-to-date reports on Public Health's website at phsd.ca. Our resiliency and renewed focus will allow us to take on new challenges alongside our community partners in an effort to prevent illness and promote and protect the health of the communities we serve.

