

COVID-19 Pandemic Response: Partner Debrief Summary Report

Public Health Sudbury & Districts
January 2023



Public Health
Santé publique
SUDBURY & DISTRICTS

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Acknowledgements

The authors would like to thank Susan Snelling for valuable input on this report and for facilitating the focus group sessions. Thank you also to Jonathan Laderoute and Renée St Onge for their careful review of this report, and to Lori-Ann Holland and Chantal Larochelle for its formatting.

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Citation

Public Health Sudbury & Districts. (2023). *[COVID-19 Pandemic Response: Partner Debrief: Summary Report]*. Sudbury, ON: Author.

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Introduction

In June and July 2022, Public Health Sudbury & Districts (hereafter referred to as Public Health) undertook a community process to gain feedback from partners on the local COVID-19 response through 16 sector-specific focus group sessions. The sessions examined enablers and challenges, key lessons learned, and what future steps may be needed to support emergency response. An online survey was also made available, receiving 17 responses. Although the focus groups had good participation, and the online survey was also available for those who could not attend, there may be perspectives that are not represented in this data collection process.

Summary of results

Partners pointed out the many positive aspects to the local response, and many participants expressed great pride and satisfaction with their part in **a responsive system**. Opportunities for enhanced work as a system were also identified. The expressed willingness to work together for the benefit of community members will be a valuable foundation for any future emergency activities. Compassionate and kind responses, and putting people first, were priorities that served the people and partners of Sudbury and Districts well.

Information flow is critical to a coordinated response and to a trusted system. All levels of government and authority must take steps to be coordinated and clear. When communication worked well, partners felt that they were part of a well-functioning system and felt supported in their roles. Inconsistencies in messaging from government ministries and authorities were frequent and disconcerting. Many partners expressed frustration with the lack of reliable, consistent information and direction.

Having a consistent, reliable Public Health **contact person**, and having prompt interactions with that person, was the most often mentioned enabler (if present) and barrier (if not present). Contact people provide information and reassurance, which are critical resources during a time of overall instability and lack of predictability. Partners who felt that they had this kind of contact generally were satisfied with most aspects of their experience of pandemic response. Those who did not feel they had this kind of contact expressed much more frustration and dissatisfaction with the pandemic response. The need for a consistent contact person was most pronounced for partners from congregate living settings¹ and education.

Partners appreciated supports from Public Health. **Advance pandemic/emergency planning**, was recognized as important and valuable. In less urgent times, the opportunities to plan

¹ “Congregate living settings” should be understood to include long-term care homes and retirement homes

together, build relationships, and put communication channels in place should be undertaken. **IPAC supports**, including **mask fit testing**, onsite visits and knowledge updates, were recommended, especially for health and congregate living sectors. The opportunity exists *now*, while fresh, to **learn from experience** and revise policies to keep up with current knowledge and protocols.

Role clarity was important throughout the pandemic and will continue to be critical in future emergency situations. In particular, Public Health and Indigenous Services Canada should explore outbreak and pandemic response responsibilities; potential Public Health collaboration mechanisms with sectors such as licensed childcare and business should be further explored.

Specific enablers of COVID-19 pandemic response

Partners identified the following actions and activities as beneficial to meet their respective client and stakeholder needs throughout their pandemic response:

- **Meeting structures** that provided information and opportunities to have questions answered and concerns heard. Specific meeting structures that were helpful were the COVID-19 Vaccine Implementation Committees, COVID-19 Vaccine Sequencing Committee, COVID-19 Primary Care Committee, the First Nations and Aboriginal Health Access Centre COVID-19 Committee, and the Local COVID Response Table.
- **Communication** was recognized by partners as a critical factor in the emergency response. In general, it was felt that the communication was well done, albeit in the context of a lot of rapidly changing information. Although it was acknowledged that the information and guidance was changing rapidly, resulting in frequent changes to directives and messaging, the timing of changes often meant that the work to absorb and respond to the new direction happened locally in evenings and on weekends. Challenges occurred when **information release** to the public happened before it was made available to agencies, organizations and businesses.
- Having a **consistent contact person** at Public Health to reach with questions and concerns, and who would be the first point of contact for any changes or specific responses.
- Public Health's role in **interpretation and implementation of guidelines and directives**. Some partner sites required support to problem-solve on how to apply guidelines in specific situations and having the support of Public Health was an enabler in those situations. In some cases, Public Health staff attended locations, such as congregate living facilities or businesses, in person, to support directly with implementation or enforcement of COVID-19 response measures.
- **Rapid and responsive decision-making** through adaptation of agency and organization structures.
- **Effective vaccine roll-out** through coordinated efforts.
- **IPAC measures and support**, including adequate PPE and outbreak management, especially for congregate living settings and health care settings.

- **Role clarity**, especially related to case and contact tracing.
- **Tailoring of responses to the local community needs**, or the needs of specific populations.
- Having **existing relationships** to draw on, which is a strength among already well-connected Northern community partners; involving **local community volunteers and communication networks**.

Barriers to COVID-19 pandemic response

Partners identified the following challenges and areas for improvement in ongoing and future pandemic response:

- **Not being able to identify who to contact at Public Health**, or not receiving a timely response from a contact person. Also, **multiple levels of approval** at Public Health. These concerns most strongly affected the education and business sectors, and outbreak management sites in congregate living and health care.
- **Unpredictability, lack of coordination, and constant change** requiring responses to time-sensitive issues or late-breaking Ministry directive changes. For some sectors, such as education, serving multiple regions meant they were working with more than one public health unit, and it was a challenge when the messaging was different or when data collection requirements were different. Lack of coordination between federal and provincial governments created confusion for municipalities.
- Difficulty establishing accessible locations for **vaccine** clinics, and vaccine storage in areas outside of the Sudbury centre.
- **Reporting** requirements that were overwhelming at times, especially for those reporting to more than one Ministry.
- Responding to the needs of **populations experiencing inequities**, given that these are already populations with multiple support needs, and many of the existing programs were unavailable.
- **Jurisdictional issues** and a lack of clarity on the independent roles for First Nations and for Urban Indigenous populations with respect to public health in their communities, and whether Indigenous Services Canada or Public Health were supposed to be responding to outbreaks and case and contact tracing.
- **Staffing shortages** proved to be a challenge for some sectors, most prominently the long-term care, business, and social service sectors.
- **Internet access**, especially in rural areas.
- For **businesses**, in particular, a general lack of information or lack of rationale for decisions, short notice regarding restrictions effecting businesses, and no clear communication on how to predict what factors would affect future decisions on health measures. Because of provincial regulations, certain retailers could open and others had to close, based on the square footage of the business, which had a devastating effect on many small businesses.

Recovery priorities

As local communities collectively transition into pandemic recovery and a new normal, the strategies and considerations outlined below were identified by partners to balance program resumption with ongoing COVID-19 response efforts.

- **Priority setting** is considered a key at this time. Not all programs can be re-started along with ongoing pandemic response and preparation – there are staff capacity constraints, and partners are concerned about the level of fatigue and burn-out among staff. For many partners, there are backlogs and wait lists that are of concern at this time, and some populations are in greater need now because their care was absent or delayed because of the pandemic.
- **The pandemic continues.** Many partners identified their sense that protocols and pandemic measures should still be in place, given the ongoing infections they are aware of, but without provincial guidelines, they feel unable to enforce those protocols, putting their services at risk for continued restrictions if the pandemic continues to be active into the fall. Partners pointed out the many positive aspects to the local response, and many participants expressed great pride and satisfaction with their part in **a responsive system**. Opportunities for enhanced work as a system were also identified. The expressed willingness to work together for the benefit of community members will be a valuable foundation for any future emergency activities. Compassionate and kind responses, and putting people first, were priorities that served the people and partners of Sudbury and Districts well.
- **Information flow** is critical to a coordinated response and to a trusted system. All levels of government and authority must take steps to be coordinated and clear. When communication worked well, partners felt that they were part of a well-functioning system and felt supported in their roles. Inconsistencies in messaging from government ministries and authorities were frequent and disconcerting. Many partners expressed frustration with the lack of reliable, consistent information and direction.
- Having a consistent, reliable Public Health **contact person**, and having prompt interactions with that person, was the most often mentioned enabler (if present) and barrier (if not present). Contact people provide information and reassurance, which are critical resources during a time of overall instability and lack of predictability. Partners who felt that they had this kind of contact generally were satisfied with most aspects of their experience of pandemic response. Those who did not feel they had this kind of contact expressed much more frustration and dissatisfaction with the pandemic response. The need for a consistent contact person was most pronounced for partners from congregate living settings² and education.

² “Congregate living settings” should be understood to include long-term care homes and retirement homes

- Partners appreciated supports from Public Health. **Advanced pandemic/emergency planning**, was recognized as important and valuable. In less urgent times, the opportunities to plan together, build relationships, and put communication channels in place should be undertaken. **IPAC supports**, including **mask fit testing**, onsite visits and knowledge updates, were recommended, especially for health and congregate living sectors. The opportunity exists *now*, while fresh, to **learn from experience** and revise policies to keep up with current knowledge and protocols.
- **Role clarity** was important throughout the pandemic and will continue to be critical in future emergency situations. In particular, Public Health and Indigenous Services Canada should explore outbreak and pandemic response responsibilities; potential Public Health collaboration mechanisms with sectors such as licensed childcare and business should be further explored.

Conclusion

Through the debrief sessions and follow-up survey, partners from across Sudbury and districts identified many positive aspects to the local COVID-19 response as well as opportunities to enhance and improve response work as a system. The importance of a consistent, reliable Public Health contact person cannot be overstated. Contact people provide timely information and reassurance, which are critical resources during a time of overall instability and lack of predictability. The coordination of information sharing is another critical aspect of the response. When it worked well, partners felt that they were part of a well-functioning system and felt supported in their roles however, inconsistencies in messaging from government ministries and authorities were frequent and disconcerting. Overall, many participants expressed great pride and satisfaction with their part in the local COVID-19 response.

Moving forward, partnerships, collaborations, and collective action are essential elements for a successful emergency response. Advanced planning and open and frequent communication across all sectors will be critical for ongoing and future efforts. Willingness to work together for the benefit of community members will be a valuable foundation for any future emergency activities and will ensure readiness for emerging public health events. Only together can we create healthier communities for all.