

Board of Health Briefing Report

To: Chair and Members of the Board of Health
Date: June 8, 2022
Topic: **Local Public Health Recovery**
Submitted by: Dr. Glenn Corneil, Acting Medical Officer of Health/CEO
Prepared by: Kerry Schubert-Mackey Director of Strategic Services & Health Promotion
Reviewed by: Randy Winters, Director of Corporate Services & Health Protection

RECOMMENDATION

1. **THAT** the Timiskaming Board of Health receive the briefing report *Local Public Health Recovery* for information.

Background

Since March of 2020 Timiskaming Health Unit (THU) has provided leadership and essential services to manage the COVID-19 pandemic. This has included case, contact, and outbreak management; behaviour change initiatives; local protective measures and liaison support to numerous sectors and settings; and the vaccination program and a related digital divide initiative. Behind the scenes, THU staff have provided data analysis and epidemiological reviews; planning, evaluation and continuous improvement support, communications and stakeholder engagement; and human resource management.

THU staff have demonstrated incredible resilience and a commitment to public health and serving the communities. We have achieved many successes through our local pandemic response actions to reduce morbidity and mortality and minimize societal disruption, however, these successes have come at a cost to other mandated public health programs and services due to the redeployment of local public health staff to COVID-19 response efforts.

As revealed throughout the pandemic, local public health is much more than infectious disease prevention and control. Local public health also works to prevent illnesses from happening it also promotes healthy environments and public policies that create the conditions to support and enable health. Public health works with other sectors to address the broader social, economic, and ecological circumstances that influence whether people can reach their full health potential. Those communities that experience unfair disadvantages in relation to housing, education, income, employment, food security, and other daily living conditions, also experience worse health outcomes as evident with the COVID-19 pandemic. ¹

1 Public Health Agency of Canada (2021). A Vision to Transform Canada's Public Health System. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2021. Retrieved from <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2021.html>

While emergency preparedness and response is one of the essential functions of public health this is only one of the ways public health promotes and protects the health of populations. Other essential public health functions include health promotion, health protection, health surveillance, population health assessment, disease prevention. A description of these functions can be found in Table 1. ²

Since the beginning of March 2022, THU’s management team turned their minds to focus efforts on recovery planning. This work aims to build a common understanding of the components of recovery in the unique context of the COVID-19 pandemic and for THU’s specific context. Work has involved reviewing the literature on recovering from emergency response and a targeted review of the recovery work of other local public health agencies.

The initial focus of THU’s recovery has been to routinize COVID-19 work and to address the backlog of public health programs and services and resume and restore important local public health work that has been paused or scaled back. While we focus on restore and resume, THU is also deliberately paying attention to workforce supports and capturing identified opportunities to reimagine or transform local public health work in the later stages of pandemic recovery.

Resume and Restore Planning Process

As typical planning processes for public health programs and services have not occurred since the onset of the pandemic, the management team established planning principles and identified factors ([Appendix A](#)) as well as priority setting criteria ([Appendix B](#)) and a process to support planning for the remainder of 2022 as THU begins a focus on the resumption and restoration of public health programs and services and the identification of emerging needs and opportunities while continuing with COVID-19 response work. The intent is to focus limited agency resources on work that addresses greatest need and impact related to promoting population health and reducing health inequities.

At the time of this report, each team has identified sub-programs and functions and with planning principles and factors in mind, subsequently scored the program or function using afore mentioned criteria.

TABLE 1: Essential Public Health Functions

Function	Description
Health promotion	Working collaboratively with communities and other sectors to understand and improve health; this is done through healthy public policies, community-based interventions, public participation, and advocacy or action on the underlying circumstances that shape health (e.g., determinants of health such as housing, income, systemic racism)
Health surveillance	Collecting health data to track diseases, the health status of populations, the determinants of health, and differences among populations
Health protection	Protecting populations from infectious disease, environmental threats, and unsafe water, air, and food
Population health assessment	Assessing the changing strengths, vulnerabilities, and needs of communities
Disease prevention	Supporting safe and healthy lifestyles to prevent illness and injury, and reducing risk of infectious disease outbreaks through investigation and preventive measures
Emergency preparedness and response	Planning for, and taking action on, natural or human-made disasters to minimize serious illness, injury, or death

² Public Health Agency of Canada (2021). A Vision to Transform Canada’s Public Health System. The Chief Public Health Officer of Canada’s Report on the State of Public Health in Canada 2021. Retrieved from <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2021.html>

Currently Program teams are reviewing sub-programs or functions that scored low with respect to need and impact to carefully determine whether resources assigned to this work can be reallocated to other priority areas to restore and resume across the agency including to address a backlog of work.

A resume and restore reporting tool is also in development. The aim of this tool is to facilitate regular snapshot reports on the status of the plans to restore, resume and address backlog of sub-programs and services. This will support the identification of opportunities to discuss health human resource pressures or external barriers real-time.

This work is not without challenges as priority setting tools and processes are imperfect for complex local public health issues and contexts. Moreover the work of local public health often requires readiness and capacity of other collaborating stakeholders and a comprehensive approach that is flexible and considerate of the local context.

Summary

The future is unknown as it relates to the COVID-19 pandemic. While local public health efforts to mitigate the effects of COVID-19 will continue, programs and services will concurrently resume to address priority needs to create and contribute to communities where everyone can thrive.

To the extent our capacity permits, Timiskaming Health Unit is moving forward on routinizing our continued COVID-19 response and program recovery priorities. These actions are occurring within the broader contexts of the need for workforce recovery and a workplace transition to hybrid work model, a desire to learn lessons from our pandemic response, and unknowns about future interests and processes to transform Ontario's public health system.

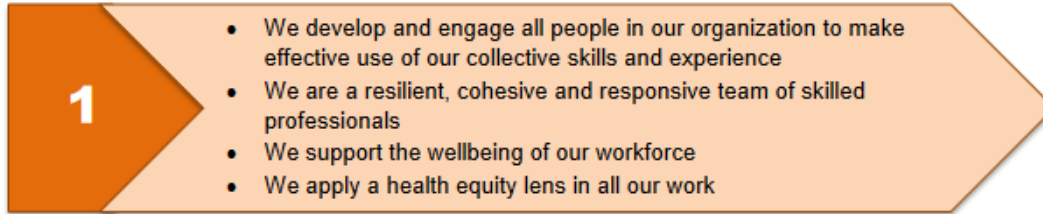
Programs

- Chronic Disease Prevention and Well-Being
- Environmental Health
- Healthy Growth and Development
- Immunization
- Infectious Diseases + Sexual Health
- Oral Health
- School Health
- Substance Use + Harm Reduction and Injury Prevention
- Tobacco Enforcement & Land Control

Link with Ontario Public Health Standards and Timiskaming Health Unit Strategic Plan

This work directly contributes to meeting requirements and expected outcomes in the [Ontario Public Health Standards \(2021\)](#) and aligns with [THU's 2019-2023 strategic plan and directions](#).

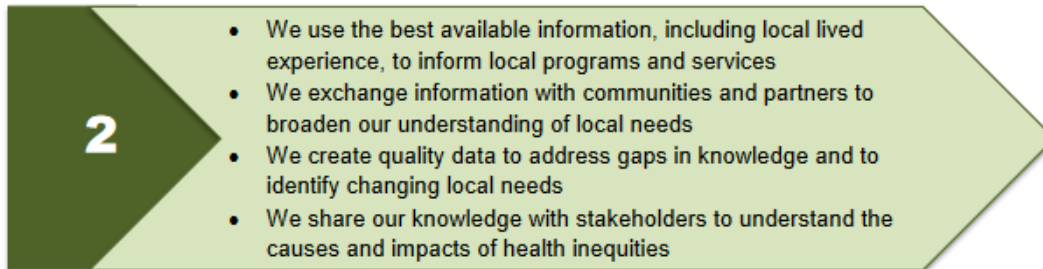
We infuse our work with learning and passion



1

- We develop and engage all people in our organization to make effective use of our collective skills and experience
- We are a resilient, cohesive and responsive team of skilled professionals
- We support the wellbeing of our workforce
- We apply a health equity lens in all our work

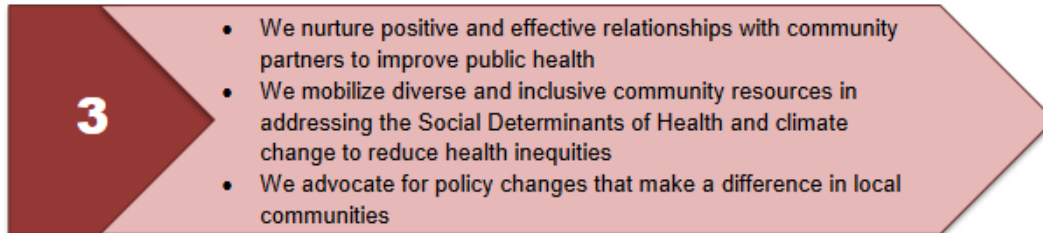
We create, share and exchange knowledge



2

- We use the best available information, including local lived experience, to inform local programs and services
- We exchange information with communities and partners to broaden our understanding of local needs
- We create quality data to address gaps in knowledge and to identify changing local needs
- We share our knowledge with stakeholders to understand the causes and impacts of health inequities

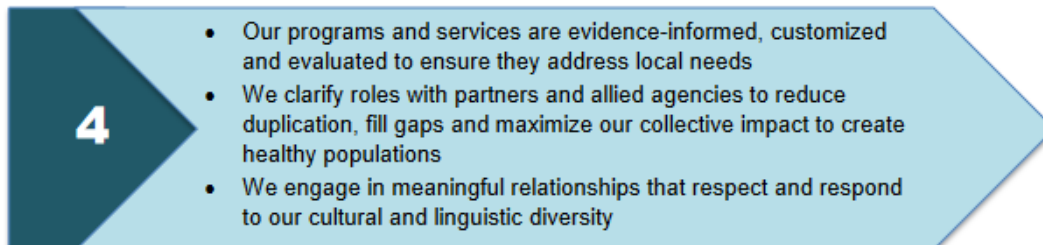
We collaborate with partners to make a difference in our communities



3

- We nurture positive and effective relationships with community partners to improve public health
- We mobilize diverse and inclusive community resources in addressing the Social Determinants of Health and climate change to reduce health inequities
- We advocate for policy changes that make a difference in local communities

We adapt to address the diverse and changing local needs



4

- Our programs and services are evidence-informed, customized and evaluated to ensure they address local needs
- We clarify roles with partners and allied agencies to reduce duplication, fill gaps and maximize our collective impact to create healthy populations
- We engage in meaningful relationships that respect and respond to our cultural and linguistic diversity

Appendix A

Planning principles and factors

Principles

- **Value and strategic direction driven:** Decisions will be guided by the mandate of PH, THU values and strategic directions ([Strategic Plan](#)), ensuring a balance of approaches in health protection and promotion and disease prevention.
- **Flexibility, Responsiveness and Resilience:** While COVID-19 response functions continue and routinized through resourced base programs, several unknowns remain, which will require adaptability. We must remain well positioned to meet the needs of local communities and nimble and resilient to respond to emerging needs, and unexpected challenges.
- **Transparency and collaboration:** Decisions regarding resource allocation and redeployment will be discussed across divisions and programs to ensure priorities areas are resourced, and to prevent negative impacts of decision making in silos.
- **Health equity:** A health equity lens is foundational to all aspects of our work to ensure everyone in our district has the same opportunity for optimal health and where barriers are detected, strategies to address are identified and implemented.
- **Continuous quality improvement and risk management:** our work will be grounded in the principles of CQI to better meet the needs of our staff, clients, partners, or communities. We will anticipate and manage identified risks and apply lessons learned
- **Evidence Informed:** The best available evidence from stakeholders and staff will be used to inform decisions. Considerations will include the best interests of the health of the community, impacts of our decisions on staff, alignment of work with broader health system and provincial and regional public health priorities.
- **Financial stewardship and value for money**
- **Profiling the work of public health**

External Factors and Other Risks

- Provincial direction on public health modernization and timing to explore merger of THU & PHU
- Funding for 2022 including for one-time recovery budget
- New COVID-19 variants and threat of additional waves and other threats
- Need for ongoing COVID-19 vaccination and boosters
- Recruitment and retention of public health staff
- Staff burnout
- Additional standards or changes to Ontario Public Health Standards
- Implications of commissioned reviews of the pandemic response
- Post-Pandemic Structural Changes and Policy
- The provincial policy environment, particularly related to public health modernization, is likely to remain unclear until after the June 2022 provincial election.
- There will be continued pressure on public health services to be efficient, effective, and transparent and accountable.

Appendix B

Priority Setting Criteria

Impact and Need: Impact to health and well-being of community/population and health inequities if work is not done by THU. Size and seriousness of the issue being addressed. Links to economic and societal costs if the work is not done by THU. Consider life course perspective and perspectives of stakeholders.

Scoring:

1. Affects a small % of population and not life threatening or significantly impacting population health and quality of life
2. Moderate subgroups affected and not life threatening but some impact on population health and quality of life
3. Moderate number affected across the entire population and moderately life threatening or impacting population health and quality of life
4. Large number affected within a subgroup of population and moderately life threatening with strong impact on population health and quality of life
5. Large number affected across entire population, high likelihood of death or poor quality of life.

Capacity (Internal and External)/Feasibility: Ability and interest/expectations to address the issue locally and resources required to do the work. Consider 100% funded programs.

Scoring:

1. Very little capacity internally and externally and no known interventions or promising practices.
2. Some capacity internally, limited externally and promising practices are available.
3. Moderate capacity internally and some capacity externally, interventions require significant effort (or difficult) to implement
4. High capacity internally and moderate capacity externally, interventions require moderate effort / inputs to implement
5. High capacity internally and externally, interventions require low effort/inputs to implement