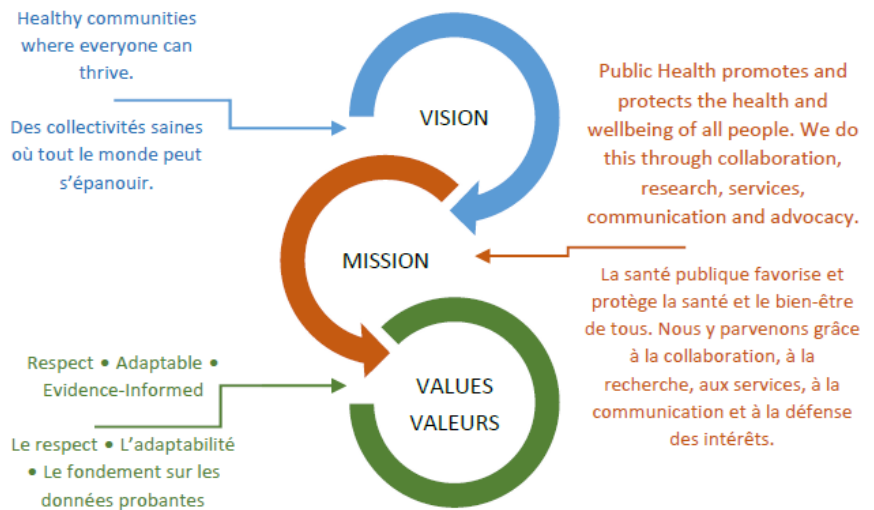


**Report Content**

- [On Our Radar](#)
- [THU in Action - Our Stories](#)
- [Upcoming Events](#)
- [HR Update](#)



## Introduction

**A spotlight on: Public Health Resilience in Ontario CLEARING THE BACKLOG, RESUMING ROUTINE PROGRAMS, AND MAINTAINING AN EFFECTIVE COVID-19 RESPONSE, Association of Local Public Health Agencies January 2022**



**Public Health Resilience in Ontario**  
 CLEARING THE BACKLOG, RESUMING ROUTINE PROGRAMS, AND MAINTAINING AN EFFECTIVE COVID-19 RESPONSE  
 Association of Local Public Health Agencies  
 January 2022

The purpose of this report is to demonstrate the need for additional investments in public health that will be required to clear the backlog, resume routine programs and services, and maintain an effective pandemic response. The content is informed largely by a survey of all 34 public health units that gathered information about program deficits since 2020. THU complete the survey in August of 2021.

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing response. These extraordinary efforts have come at the expense of nearly all the routine programs and services mandated by the Ontario Public Health Standards (OPHS) as their resources were redeployed almost exclusively to the pandemic response. This has resulted in a backlog of public health work that will have immediate and longer-term impacts on population health.

## KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

Just like the widely reported “surgical backlog” in health care, a health promotion and protection backlog has accumulated since March 2020, which is certain to have a significant and measurable effect on the health of Ontarians for years to come.

OPHS mandated public health programs and services have been significantly curtailed for nearly two years, with an average of 74% of 2020 LPHA resources and 78% (to date) of 2021 LPHA resources having been diverted to the COVID-19 response. This increase reflected a general upward trend as the pandemic evolved, and additional resources had to be secured to meet the demand throughout the province. Uncertainties about funding sources presented a challenge to managing extraordinary costs and allocating resources.

Health protection programs such as Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion, but most were response-driven and prioritized according to the level of risk, which in turn would focus primarily on COVID-19 related threats.

The Chronic Disease Prevention and Well-being and School Health Standards, which include injury prevention, healthy eating and physical activity, immunization, mental health, and substance use, had the lowest rates of completion. The population health impact of these deficits will be felt over a longer period and will almost certainly be magnified by the effects of the pandemic, which will in turn add to the cost of catching up on the OPHS mandates in these areas.

Specific concerns were expressed about the program backlogs related to children’s health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

Source: Association of Local Public Health Agencies  
[Public Health Resilience in Ontario Executive Summary](#)

Date: January 2022

## A Spotlight On: The Chief Public Health Officer of Canada’s Report on the State of Public Health in Canada: A Vision to Transform Canada’s Public Health System

Every year, the Chief Public Health Officer (CPHO) reports on the state of public health in Canada. The 2021 CPHO annual report describes the impacts of the COVID-19 pandemic and provides a forward-looking vision to transform Canada’s public health system, in order for it to excel and be better prepared for the next public health crisis.

This report builds on the 2020 CPHO annual report [From Risk to Resilience: An Equity Approach to COVID-19](#) which documented the unequal impacts of COVID-19 on the health of Canadians. It highlighted the need for stronger public health systems to keep people well and healthy, while contributing to a flourishing society.



In her 2021 report, CPHO Dr. Theresa Tam describes four priority areas of action, intended to stimulate public health system transformation:

1. **Strengthening our public health workforce**
2. **Improving our public health tools**
3. **Modernizing our models of governance and collaboration structures**
4. **Ensuring stable and consistent funding to match the mandate of public health**

The following are excerpts from Dr. Tam's December 13, 2021 statement launching the release of her report:

As the pandemic has continued to unfold, we have witnessed our public health system rapidly adapt to meet the challenge of protecting the health of Canadians. It has risen to the occasion - but at a serious cost: our public health system is stretched dangerously thin and it is in need of critical reinforcements.

The pandemic has served as an important wake-up call on the need for public health renewal in Canada. And while fighting the pandemic remains Canada's top priority, other complex public health challenges require urgent attention. These include the health impacts of climate change, the opioid overdose crisis, antimicrobial resistance, and worsening mental health amongst Canadians.

Throughout the consultation sessions I held to inform the development of this report, I often heard that the broad role of public health was not fully understood by those outside of the public health sector. In public health, the population is the patient. Public health's mission is to prevent injury and illness, promote healthy behaviours, and to ensure that ALL people have an equal opportunity to stay healthy and well. Public health is the outbreak that did not happen, the traumatic injury that did not occur, and the opioid overdose that was avoided.

An effective health system is about more than treating illness through medicines and hospital procedures – it means preventing these illnesses from happening in the first place. The public health and healthcare systems complement each other: by keeping people healthy, our public health system reduces the burden on our healthcare system and contributes to its sustainability. We must change the way we think about and value health in our country, so that we come to value prevention and wellness the way we value medical treatments and care.

In my 2020 annual report *From Risk to Resilience: An Equity Approach to COVID-19*, I described how people in Canada were not on an equal footing when the pandemic took hold. Broader inequities in our society have resulted in disproportional impacts of COVID-19 on the health of some populations in Canada. The same people who were affected most severely by COVID-19 will also be those harder hit by other health crises.

**Source:**

**[Statement from the Chief Public Health Officer of Canada on the CPHO Annual Report 2021:](#)**

**A Vision to Transform Canada's Public Health System**

December 13, 2021 | Ottawa, ON | Public Health Agency of Canada

Findings from both the alpha report and the CPHO report will help to inform THU's budget and program planning for 2022 and 2023.

Given the sharp focus on responding to the COVID-19 pandemic in 2021, much of the focus of the THU 2021 year-end report relates to COVID-19 work in addition to a number of updates on regular OPHS program work that was able to continue. This report also spotlights timely resources and urgent issues at the time of writing.

From a whole-of-agency perspective, THU remained in a COVID-19 Incident Management System Structure that intersected our agency Organizational Structure for all of 2021. All of 2021 required a significant amount of staff redeployment to support the COVID-19 response and a monumental mass immunization program.

THU's management team held several agency-wide all-staff virtual updates and organizational events to support communication, connection and staff health and well-being. For example, in April and December a virtual all-staff appreciation event was held which included a grab and go lunch component and in June a Town Hall was hosted as well as fun virtual trivia event and a grab and go lunch.

## On Our Radar

### **Timiskaming District Drug and Alcohol Strategy**

Work to develop a comprehensive drug and alcohol strategy for the district of Timiskaming and Temagami carries on into 2022. With secretariat support from THU, the Steering Committee has led the development of a Consultation Report. This report will be used to raise awareness about the upcoming Timiskaming Drug and Alcohol Strategy, describe current trends related to substance use and invite input into the Strategy's development.

### **Community Safety and Well-Being Planning**

THU continues to support the development of a Community Safety and Well-Being plan for the district of Timiskaming and Temagami, through participation in both the Steering and Advisory Committees. Our contributions have aimed to support access to evidence and data-informed planning, focused on equity.

### **Climate Change and Public Health**

The following documents are helpful to inform a public health response to climate change. Similar to the COVID-19 pandemic response, a global equitable approach to address climate-health impacts is required to protect local health outcomes. Accordingly, the health argument and climate health lens must be shared with the public, partners and all levels of government for inter-sectoral climate action to protect health and wellbeing.

### **The health argument for climate action**

Health ([Health Programme COP26](#)) was one of three science priority areas at the 26th [United Nations Climate Change Conference of the Parties \(COP26\)](#) recently hosted in Glasgow (Oct-November 2021).

Ahead of the conference, a [COP26 special report on climate change and health](#) outlined 10 recommendations for urgent action with respect to the current climate and health crises including a crucial window for governments to integrate health and climate policies in their COVID-19 recovery packages.

The chief outcome at COP26, is the adoption of the [Glasgow Climate Pact](#). Enacted, the pact has the opportunity to protect health and wellbeing.

**Figure 1** An overview of climate-sensitive health risks, their exposure pathways and vulnerability factors. Climate change impacts health both directly and indirectly, and is strongly mediated by environmental, social and public health determinants.

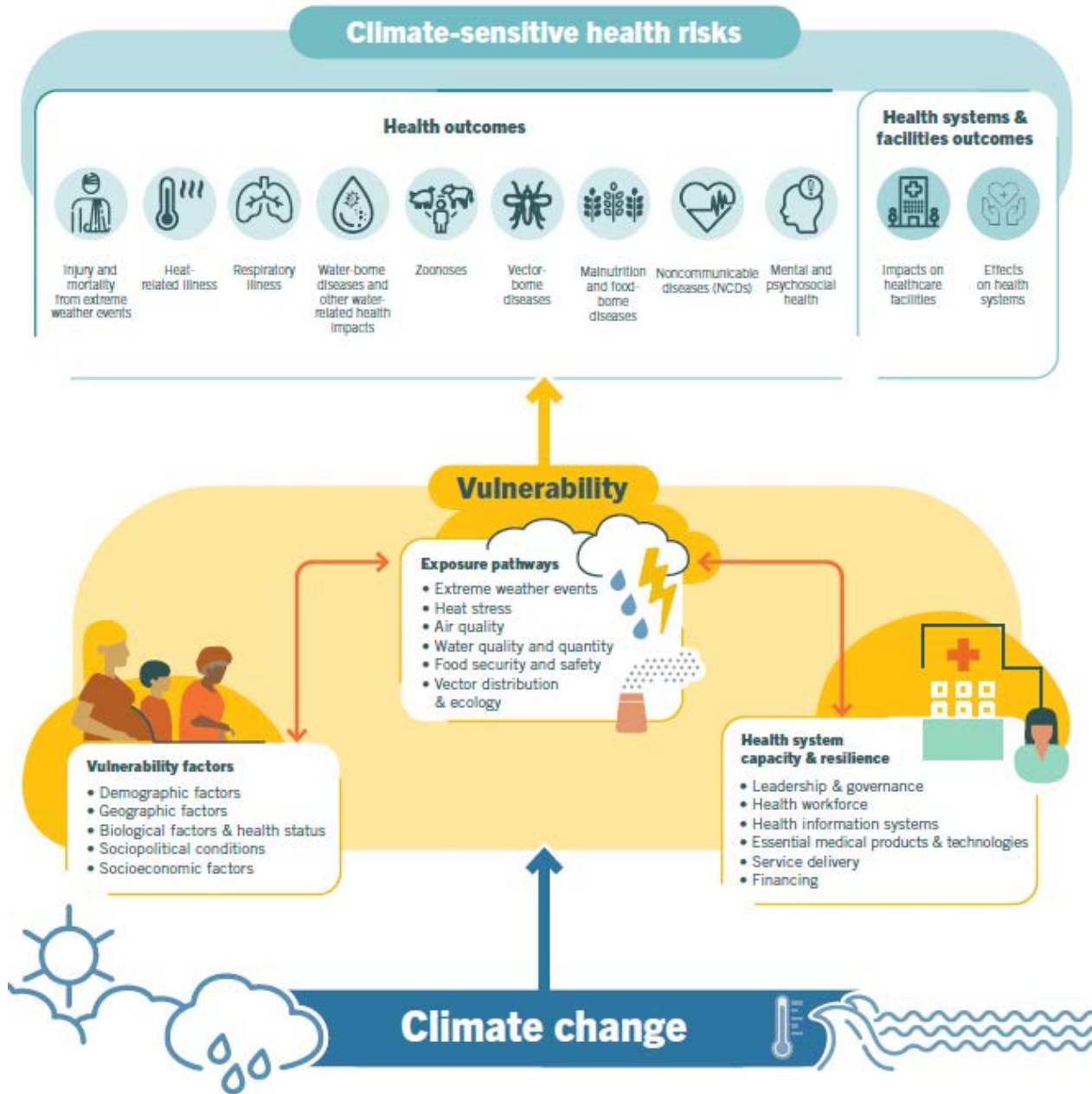


Fig 1 Source: [COP26 special report on climate change and health](#); the health argument for climate action. Geneva: World Health Organization; 2021. Licence: [CC BY-NC-SA 3.0 IGO](#).

**Health of Canadians in a Changing Climate: Advancing Our Knowledge for Action (February 9, 2022).** The [Health of Canadians in a Changing Climate: Advancing Our Knowledge for Action](#), released by Health Canada, examines the most recent evidence on the health risks related to climate change, at risk populations, as well as [adaptation options](#) to protect health in the face of climate change.

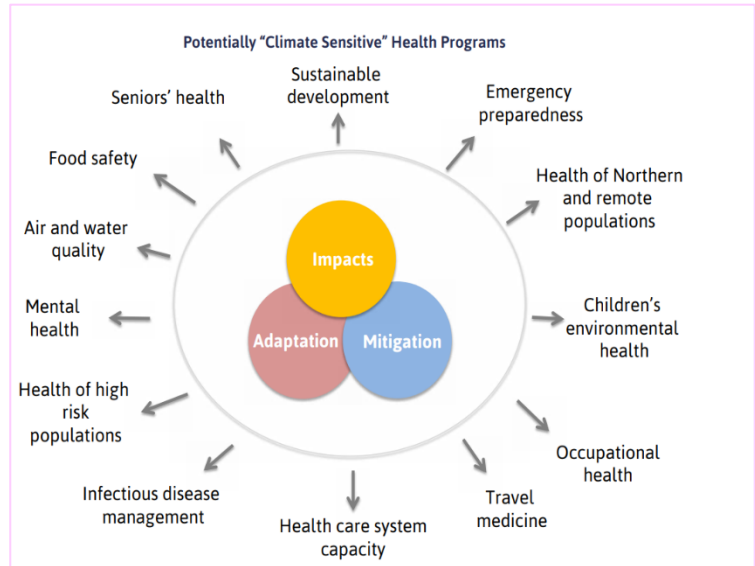
[Supplemental resources](#) from Natural Resources Canada are available to amplify the health argument for climate action and include;

#### [Briefing Note for Public Health Officials](#)

This resource identifies potentially 'climate sensitive' health programs as well as the differential effect of climate change on certain population groups. Exposure and sensitivity to hazards and the ability to take protective measures varies across and within populations and communities. This briefing report also highlights how **public health units** can play a vital role in addressing the health risks of climate change.

#### [Addressing Climate Change and Improving Health Equity Infographic](#)

which focuses on actions public health actors can take to address climate change and improve health equity and other [Information Products](#).



#### **Intergovernmental Panel on Climate Change (IPCC) - Climate Change 2022: Impacts, Adaptation and Vulnerability**

As part of its sixth report cycle, the Intergovernmental Panel on Climate Change (IPCC) has just released [Climate Change 2022: Impacts, Adaptation and Vulnerability](#). This includes a Summary for Policymakers ([https://report.ipcc.ch/ar6wg2/pdf/IPCC\\_AR6\\_WGII\\_SummaryForPolicymakers.pdf](https://report.ipcc.ch/ar6wg2/pdf/IPCC_AR6_WGII_SummaryForPolicymakers.pdf)).

# Timiskaming Health Unit in Action

## Our people – our stories.

### Foundational Standards

#### **Population Health Assessment**

- **COVID-19:** Provided updated surveillance data analysis and reporting of local 2020 COVID-19 RRFSS survey data.
- **COVID-19 Vaccine:** Analyzed and reported COVID-19 vaccine coverage by various variables. Provided vaccine counts and coverage rates to First Nation Community upon request.
- **Diseases of Public Health Significance:** updated internal quarterly report.
- **Maternal, reproductive and child health:** updated data report, responded to requests for related data

- **Opioid and other substances:** monitored surveillance data, updated snapshot and supported development of local early warning system

#### **Health Equity**

- **COVID-19:** Implemented **1** campaign to educate the public about **paid sick leave**.
- **COVID-19:** Facilitated **1** training for a cultural approach to vaccine clinics and data collection.
- **COVID-19 Digital Divide Project:** supported 181 clients with devices/ Internet service supports
- **Cultural Approach:** **10** internal email blasts

## Effective Public Health Practice

### Research, Evaluation, Monitoring and CQI

- **COVID-19:** Research Roundup Emails, 47 Phone Line Data Analysis Reports, **3** debrief sessions (2 internal phone line and school support, 1 external school), **3** evaluation surveys (1 internal all-staff survey, 2 digital divide surveys)
- **COVID-19 Vaccine Clinics:** **2** evaluation surveys (General & Youth) **1** survey of parental behaviours, attitudes and intentions for vaccination of children aged 5 to 11.
- **Other:** **1** CQI project re: internal French Language translation process, **1** Tick Research Project\* **1** Speed Limit Brief for municipalities, **1** Annual Bike Exchange Evaluation

### Needs Assessment and Implementation Science

- Over **9 topic areas** were supported: **COVID-19** - Digital Divide\*, Pandemic Recovery\* **Other:** Community Safety and Well-Being, Drug Strategy\*, Adverse Childhood Experiences,\* Healthy Sexuality\*, NutriSTEP Implementation\*, Mobile Food Market, Early Years Services, Positive Parenting\*
- **4** Board of Health Briefing Notes for Action (Student Nutrition Programs, Food Insecurity, Broadband as an Essential Service, Paid Sick Leave).

**Other:** 1 orientation session held for new staff.

*\*Involved supporting 7 remote Practicum Students (MPH and MHE) and 1 MPH Capstone project.*

## Chronic Disease Prevention and Well-Being

Within 2021's Program Planning process, no regular Ministry of Health-funded work within the *Chronic Disease Prevention and Well-Being* Standard other than the Ontario Seniors Dental Care Program were identified as *Essential* initiatives. The Active School Travel Project, funded by Green Communities Canada, was supported to proceed alongside pandemic response and other essential work. Staff were able to respond to some community opportunities and carry out work in the following *high priority* areas.

### Active Living

- Collaborated with community partners and volunteers to coordinate the Fall Bike Donation Drive (48 used bikes, 8 new bikes and helmets, and various bike parts donated)
- Led the development of the new Walk 'N Roll Timiskaming website
- Participated in Temiskaming Shores Active Transportation Plan stakeholder workshops

### Healthy Eating 2021 Highlights

- Food Insecurity and Food Security: contributed to a community consultation for a community fridge in Temiskaming Shores with 90 responses.
- Awareness and education: Prepared a presentation on "Eating Healthy on a Budget" and presented it to a group of 10 youth through NEOFACS
- Prepared and Delivered 2 Seniors Centers Without Walls Presentations (Fat and Cholesterol; Nutrition for a Healthy Immune System) to approximately 40 seniors.
- Prepared a presentation on "Nutrition and Smoking Cessation" and presented it to a group of 6 at Beaverhouse First Nation
- Timiskaming Talks Nutrition Facebook Page launched and developed a Nutrition month campaign, to promote healthy eating and Canada's Food Guide, promoted the updated version of the Local Food Map

## Seniors Dental Care Program

In partnership with local oral health providers across the district, aspects of the Ontario Seniors Care Dental program (OSDCP) continued in 2021 providing free routine dental care to seniors who qualify.

Ontario Senior Dental Care Program (OSDCP)	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Year Total
Applied at THU	28	97	141	39	<b>305</b>
Applied Online	3	5	2	4	<b>14</b>
# of Unique Seniors Served THU	18	0	19	22	<b>59</b>
# of Total OSDCP Preventive Appointments at THU	18	0	22	24	<b>64</b>
# of Unique Seniors Served by Providers	69	64	114	83	<b>330</b>
# of Total OSDCP Appointments by Providers	97	70	116	98	<b>381</b>

Topics not addressed due to pandemic response include:

- Healthy Sexuality
- Healthy eating: Supportive Environments, Food Insecurity and Food Security, Food Literacy, Older Adults
- Active Living: Children and Youth, Adults, Across Lifespan, Universal Approaches, Active travel, Active outdoor play

## Substance Use and Injury Prevention

Within 2021's Program Planning process, the topics of Substance Use and Mental Health Promotion were identified as *Priority initiatives—do not defer if possible* and are described below.

### Alcohol and Drug Use

- Supported ongoing work towards developing a Timiskaming District and Temagami Drug and Alcohol Strategy
- Began exploring where to locate a publicly accessible sharps container in Englehart area in collaboration with community stakeholders.

Harm reduction (HR) programs and practice aim to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption. HR interventions respect the rights of individuals to use such substances, increase awareness regarding lower risk use, and address risk and protective factors related to harms. The distribution of HR supplies has proven to be an effective method in reducing blood-borne infections associated with injection drug use, such as HIV and hepatitis C. The distribution of safer drug supplies also provides a point of access into health and social services for clients who may not otherwise have access to such services, as well as opportunities for education and safer drug use practices.

### Harm Reduction Program Enhancement (HRPE) and Ontario Naloxone Program (ONP)

- Naloxone Distribution and Training: Through the expanded access program the Englehart Family Health team was supported to become a needle exchange and Naloxone Program site (June 2021). Process began with Timiskaming EMS for Naloxone and Blanche River Health.
- Opioid Overdose Early Warning and Surveillance System: in progress, delayed due to capacity.
- Implemented social media posts re: tips for safe use including awareness of the Naloxone program.



### Needle Exchange Program (NEP) and Other Harm Reduction Supplies

- Inventory distribution tracking and monitoring maintained for needles, sharps containers, safer snorting kits, bowl pipes, straight stem pipes, and foil packages.

	Internal Program						External Program			
<i>Client Services</i>	2016	2017	2018	2019	2020	2021	2018	2019	2020	2021
<i>Total # Encounters NEP and Other HR Supplies</i>	189	297	329	498	355	159	149	489	582	207
<i># of encounters for Naloxone Program</i>					168	74			45	18
<i># of encounters by friends/family of people who are at risk of opioid overdose</i>					30	8			11	4

\*missing stats from Northern Treatment Centre for April, May and June 2021.

### Comprehensive Tobacco Control

- Continued to support quit attempts across district; directly provided 141 vouchers to 32 clients, provided additional vouchers via CMHA, Latchford Medical Centre, Blanche River Hospital (Kirkland Lake) and Beaverhouse First Nation, and promoted appropriate services (Stop on the Net, Smokers Help Line)

### Mental Health Promotion

- Developed and implemented a [workplace mental health](#) micro-granting initiative with 13 participating local workplaces.

### Topics not addressed due to prioritized pandemic response:

- Road safety
- Older adult well-being/falls prevention
- Comprehensive tobacco control: youth tobacco use prevention, industry related advocacy, some enforcement, TEO complaint based inspections
- Violence prevention
- Healthy Menu Choices Act Enforcement

## Healthy Growth and Development

### Healthy Babies Health Children Program

The MCCSS funded Healthy Babies Health Children Program provides services during the prenatal period and to families with children from birth up to their transition to school. Components of the program include services and system integration, access to information and resources, early identification and intervention screening (prenatal, postpartum and early childhood HBHC Screen), in-depth assessments and blended home visiting services for families with risk, service coordination and referral.

Total Number of Live Births	2017	2018	2019	2020	2021
Timiskaming Health Unit Residents	355	329	334	318	319

HBHC Screens	2017	2018	2019	2020	2021
Prenatal	78.5%	71.3%	82.2%	65%	82.4%
Postpartum	101.8%	96.9	96.2%	70%	84.3%
Early Childhood	7.24%	6.19%	3.14%	2%	0.73%

HBHC Client Visits	2017	2018	2019	2020	2021
Number of families with a family service plan (FSP) initiated				10	9
Total # of Home Visits	325	418	206	140	88
Family Resource Worker # of Visits (FRW)	158	254	116	51	24
Public Health Nurses (PHNs) # of Visits	167	164	90	68	52
FRW and PHN Joint visits	--	--	--	21	12

**Supported 2 childcare healthy eating initiatives;** in collaboration with DTSSAB, planned and launched Food Waste Audit pilot project in Earlton to evaluate and monitor childcare menu quality assurance and minimize food waste. In collaboration with DTSSAB, a Timiskaming Childcare Cooks Networking Group was established and supported and supported childcare centers with picky eating resources.

**Timiskaming Children’s Services Planning Table:** Timiskaming Health Unit staff supported and chaired 5 CSPT meetings and planning sessions.

**Comprehensive health support for childcare provider:** Building on THU’s model for School Health, we expanded our team of school nurses’ scope to also include childcare providers. In 2021, they supported pandemic response in this setting as well as immunization record maintenance.

## School Health

Beyond support with pandemic response and risk mitigation, Staff were also able to respond to some community opportunities and carry out work in additional *high priority* areas.

### COVID-19 Prevention

THU staff supported schools with ongoing infection prevention and control guidance and support, by our team of school nurses and through a specific school- and childcare-focused telephone line and email address (Jul-Dec: had 65 interactions with childcare, 153 interactions with schools). THU participated in **41** calls with Directors of Education for all four local school boards and regular calls with both school bus consortia, and facilitated biweekly meetings with childcare providers.

Student nutrition program COVID-19 guidelines were revised and circulated in collaboration with Porcupine Health Unit (PHU).

School nurses provided ongoing support to all Timiskaming area schools , including private schools within our Anabaptist communities and a local First Nation school, as needed.

### Oral Health Screening:

Oral Health - Dental Screenings							
	2015	2016	2017	2018	2019	2020	2021
Pre-Kind/Kind & Grade 2 In-School Mandatory Program	555	937	800	---	---	----	----
Pre-Kind/Kind, Grade 2, 4 & 7 In-School Mandatory Program	---	---	----	985	915	632	0
Additional Grades In-School Screening	1043	2217	1350	654	n/a	n/a	n/a
Office Screenings	292	238	248	231	193	105	150

*This program was impacted by staff redeployment to the COVID-19 pandemic and the impact of COVID-19 measures on school partners.*

### Vision Screening Program:

School Vision Screening Program				
Senior Kindergarten Students	2018	2019	2020	2021
Number Screened	146	143	0	0
Number Referred to Optometrist for Vision Exam	62	63	0	0

*Similar to oral health, resources being redeployed to the COVID-19 pandemic and the fact that schools were shut down at times and/or not allowing outside people in when they were open visions screening were not completed in 2021.*

### School Health Immunization and Licensed Childcare

School based vaccination program has largely remained on-hold due to the impact of COVID-19 on THU, school settings and students and families. The program did shift to offering vaccinations by appointment in office and one community clinic was held early in 2021. Immunization coverage rates and data are available to inform planning.

### School Health - Other

#### Physical activity and sedentary behaviour supportive environment & policy, Physical activity and sedentary behaviour education, awareness and skill development

- Supported Timiskaming Bus Buddies with the coordination of Virtual Young Rider Day in August
- Provided resources and support for 5 schools to celebrate International Walk to School Month in October
- Led a school-zone walkability audit for Holy Family School and Englehart Public School

#### Healthy Eating behaviour supportive environments and policy

- In 2021, THU staff supported 2 student programs:
  - Continued to support the Red Cross Student Nutrition Program (SNP).
  - Coordinated the Northern Fruit and Vegetable Program (NFVP). This includes school registration, funding, operations support). Developed a NFVP Activities Calendar in

collaboration with PHU. This resource promotes food literacy and supports nutrition education curriculum by providing teachers with evidence-based resources and in-class activity suggestions that corresponds to the NFVP menu.

Topics not addressed in the school setting due to prioritized pandemic response:

School Health: Healthy, Physical Activity and Sedentary Behaviour Healthy Sexuality, Mental Health Promotion and Resiliency, Substance Use and Harm Reduction Supportive Environment and Policy, Other Injury Prevention, UV Exposure, Violence, Infectious Disease and Suicide Prevention

## Infectious and Communicable Disease Prevention and Control

### COVID-19 Case and Contact Management and Outbreak

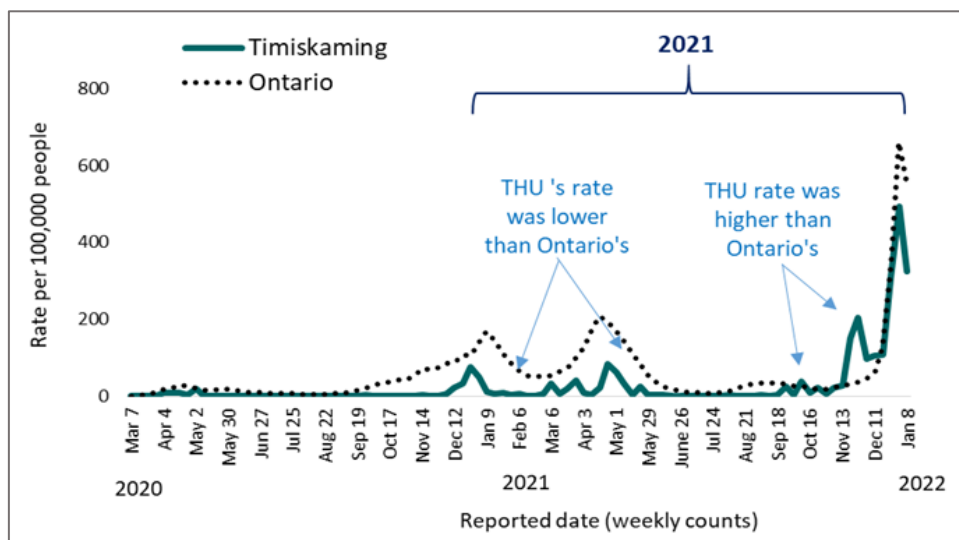
A significant proportion of THU staff were deployed to support COVID-19 case and contact management, and outbreak management in 2021.

#### Cases, Contacts and Outbreaks in 2021

The year 2021 encompassed the tail end of wave 2, wave 3, and wave 4. During this period, there was a total of 615 **cases** (11 of these were probable cases). At the highest peak in 2021, 165 cases were reported in one week (last week of December). There were 22 hospitalizations, of which 4 were admissions to the ICU, and 4 deaths.

<b>Timiskaming Summary 2021</b>			
<i>Number of</i>	Q1 & Q2	Q3 & Q4	<b>Total</b>
<i>Cases</i>	134	481	<b>615</b>
<i>Hospitalizations</i>	15	5	<b>22</b>
<i>ICU admissions</i>	4	0	<b>4</b>
<i>Deaths</i>	2	2	<b>4</b>
<i>Outbreaks</i>	7	21	<b>28</b>

For the first half of 2021, Timiskaming's COVID-19 rate was consistently lower than Ontario's whereas for the last half of 2021, it was higher than Ontario's rate at several time points (see chart below).



Regarding **contacts of cases** during 2021, there were 1,816 high risk contacts identified. In Timiskaming, each case had an average of 3 people who were deemed as high risk contacts because of their close contact with the case. Ontario had an average of 1 high risk contact per case, which may indicate that the THU conducted very thorough contact tracing compared to the rest of the province.<sup>[1]</sup> For the first half of 2021, 95% of contacts were reached within 1 day (there were 419 contacts in total). This percentage dropped to 60% for

the last half of 2021 (there was 1,397 contacts in total),<sup>1</sup> which reflects the overwhelming pressures that were imposed on THU focusing our efforts on case management. As this model became evidently unsustainable, in December of 2021, THU onboarded the Provincial Workforce (PWF), a provincial program that provided case and contact management surge support for local public health agencies.

Overall, there were 28 COVID-19 **outbreaks** in 2021, 7 of which were in Q1-Q2, and 21 which were in Q3-Q4. The higher number of outbreaks were community outbreaks, which also had the highest number of cases (62).

<b><i>Timiskaming outbreaks 2021</i></b>		
	Number of outbreaks	Number of cases
<i>Community</i>	14	62
<i>Hospital</i>	1	12
<i>Long term care or retirement home</i>	2	4
<i>School</i>	11	29
<b><i>Total</i></b>	<b>28</b>	<b>107</b>

### **COVID-19 Health Equity Initiatives**

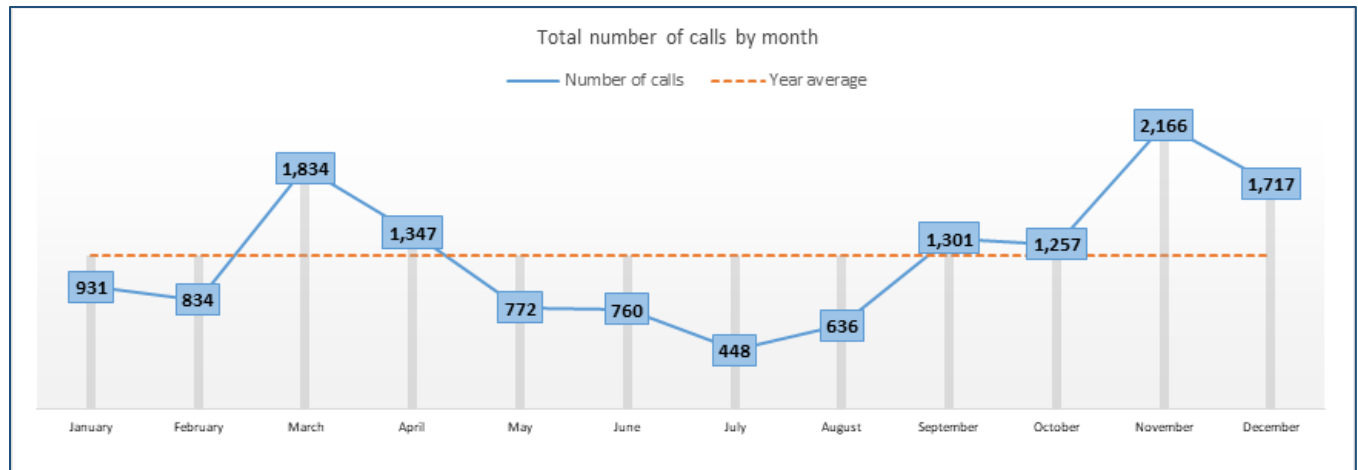
- Continued the Timiskaming Connections phone line and email, responding to **24 inquiries** during July-December 2021.
- Facilitated **7** Community Collaborative stakeholder meetings toward addressing health and well-being disparities
- Concluded the Essential Transportation Support Program, **3** businesses accessed funding for Plexiglas vehicle modifications and 6 businesses used funds to purchase cloth or reusable masks for passengers and drivers.
- Supported mobile testing, mask depots and self-isolation supports.

### **COVID-19 Communications**

- Webpages were maintained to keep information current regarding local and provincial guidance for the public and various sectors including regulation changes. This resulted in approximately **150** website updates in 2021, **32** of which were in Q4 (Note: this number is English only. The same number of updates were made in French). This is in addition to social media updates and direct email letters. Letters were sent to local businesses triggered by a local or provincial change. **43** updates were made 2021, 12 of which were in Q4.
- Social media plans were created regarding public health measures with an average of **12** social media posts each month. MOH videos were created regarding major updates, like outbreaks, worsening COVID-**19** situation in our district, and vaccine Q&A. Videos were uploaded to Facebook, YouTube, and the website.
- **45** media releases were published in 2021 (includes both COVID-19 and COVID-19 vaccines), 8 of which were in Q4.
- **30** alerts were issued to health care providers to support timely guidance and directive updates.
- Liaison supports included **47** health system meetings, **29** municipal partner meetings and **41** meetings with Directors of Education, DTSSAB Childrens' Services and community collaborative.

### COVID-19 Phone Line

- The phone line was staffed on average seven days per week in 2021. In December, THU discontinued screening for COVID-19 to refer to local Assessment Centres (ACs).
- In 2021 over **14,000** calls were answered. Busiest month was October (**2,166** calls), busiest week was Nov 22 with **825** calls, median calls **1,094**, average number of calls **1,167**. See figure below.
- Screening, testing and general COVID-19 questions were the most common topics addressed.
- The two most common public health actions taken by call line staff were completing screening forms for COVID-19 testing and providing information (40% and 36%, respectively).



### Infection Prevention and Control (IPAC) Hub

Staff continued to provide IPAC support to long term care, congregate living settings, and other high-risk locations. Support included IPAC education, procedures, best practices.

### Other Diseases of Public Health Significance

Reportable Diseases and Infection Control						
Client Services	2016	2017	2018	2019	2020	2021
Reportable Disease Investigations (non-STI)	73	65	111	91	154	652
Outbreaks - Institutional	14	29	33	18	25	16
Outbreaks - Community	0	0	0	0	2	23
Animal Bite Reporting	29	85	77	72	64	62
Sexually Transmitted Infections (STI)	82	62	78	67	75	69
Personal Service Settings Inspections ( <i>hair salons, tattoos, piercings, aesthetics</i> )	47	50	52	49	31	10

Personal service settings were closed for most of this reporting period limiting the number of inspections completed. Ongoing communications to operators regarding lockdowns continued to take place.

## Sexual Health

Sexual health services at THU include:

- Information on sexually transmitted infections (STIs), free testing and treatment of STIs;
- Confidential and anonymous HIV testing;
- Pap tests to those less than 25 years of age;
- Pregnancy testing and information about Emergency Contraception Plan B, affordable contraception and free condoms.

Sexual Health						
<i>Client Services</i>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<i>Male Clients</i>	129	127	164	308	292	142
<i>Female Clients</i>	864	805	644	1014	690	295
<i>% of clients between 12-24</i>			66%	63%	56.3%	49%
<i>Contraceptives (sold)</i>	929	846	198	195	72	38
<i>Contraceptives (prescribed)</i>					138	47
<i>Plan B</i>	41	25	23	25	16	3
<i>STI Tests</i>	215	201	257	329	241	102
<i>Pregnancy Tests</i>	28	36	37	39	20	12
<i>Blood-Borne Infection Tests</i>	124	97	140	148	58	27
<i>Treatment Prescribed for STI</i>						29
<i>Pap tests</i>						10

## Vector Borne

In 2021, we moved to a different focus for our vector borne program. Usually centered around Mosquito trapping and testing, we took advantage of an opportunity we had in the first half of the year to research the tick population and Lyme disease risk in our district. In Q2 of 2021 a Masters of Public Health practicum student conducted an **active tick surveillance project**.

# Immunizations

## Immunization – Vaccine Safety and Vaccine Administration

### COVID-19 Vaccine Program

#### 5-11

In the latter period of 2021, THU focused on administering vaccines to 5-11 year olds in partnership with primary care providers.

- Developed superhero branding for selfie station, colouring pages, and other promotions.
- Held joint primary care partnership clinics with every primary care practice/provider in the district.
- Partnered with pharmacies to provide them with pediatric vaccine in an efficient manner.

#### Booster campaign

- Rapid scaling up of clinics, administering **6,000** vaccines district wide at walk-in mass clinics within two weeks of booster campaign being urgently announced.
- Judicious inventory management and wide access to booster vaccines enabled us to have high booster rates much sooner than most of Ontario.

#### Other COVID-19 vaccine program highlights:

- Successfully administered over **60,000** vaccines across the district through multiple channels (public health, pharmacies, and primary care).
- Maintained a local responsive vaccine booking call centre that both received calls and provided reminder calls to eligible individuals.
- Onboarded every eligible primary care practice, family health team, and community health agency onto COVax, the documentation system for COVID-19 vaccination.
- Held joint influenza-COVID-19 vaccination clinics in many communities

### Routine Immunizations

Immunization Program				
Immunizations Administered in Office	NL	KL	ENG	Total
# of clients receiving immunizations	598	303	80	644
# of immunizations administered	1150	571	157	1878
<b>Note: These numbers do not include Influenza Vaccine</b> Generated from PANORAMA-R07090B Immunizations Administered at Health Unit in Detail				



Year	Vaccine Fridges - Cold Chain Inspections					
	KL		NL		ENG	
	Total inspections	Total failures	Total inspections	Total failures	Total inspections	Total failures
2017	12	10	28	7	5	2
2018	15	11	32	10	5	1
2019	15	7	30	12	10	2
2020	18	11	24	3	8	1
2021	19	4	28	3	9	0

### Travel Health Vaccine Program

Travel vaccine clinics were put on hold during phases of the pandemic.

Travel Health Consultations						
Office	2016	2017	2018	2019	2020	2021
Kirkland Lake	272	259	210	208	109	0
New Liskeard	595	620	695	611	324	64
Englehart	<i>(included in New Liskeard Statistics)</i>					

## Land Control

Septic Systems	2015	2016	2017	2018	2019	2020	2021
<i>Permits Issued</i>	131	111	124	38	66	76	106
<i>File Searches</i>	60	60	66	28	55	65	54
<i>Severance/Subdivision</i>	15	15	29	10	13	8	13

## Tobacco Enforcement

Tobacco Enforcement						
Year	2016	2017	2018	2019	2020	2021
Inspections	432	355	336	357	220	163
Charges	5	6	9	7	1	8
Warnings	126	103	82	166	73	136

## Safe Water

Safe Water Inspections					
<i>Drinking Water</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
Small Drinking Water Systems	19	13	48	2	3
<i>Recreational Water</i>					
Public Beaches ( <i>Seasonal Jul-Aug</i> )	16	17	17	0	0
Pools	25	18	28	8	13
Recreational Camps/Beachfront ( <i>Seasonal Jul-Aug</i> )	11	9	11	0	5

Resources were re-deployed in response to the pandemic. Also, some locations of Small Drinking Water Systems were not operational in 2021. Similarly, pools were closed at times due to restrictions. The routine public beach sampling was unable to continue, although the approach in 2021 was to work with the Ministry of Environment Conservation & Parks (MECP) to inform and engage them in follow up for any blue-green algae blooms that were identified.

## Healthy Environments and Climate Change

Although other areas of work within the healthy environments were paused due to COVID resource requirements, there were two areas of work that were deemed priority that had some progression throughout the year. The ongoing climate change collaborative of the seven northern health units did have to re-plan some of the actions it had defined but was able to keep work going in the form of developing community and stakeholder engagement tools. These tools will be used in the next steps of the project to ensure feedback is collected in regard to climate change adaptation and mitigation. In addition to this collective work, we continue to work with municipalities at the local level to increase joint efforts around this topic and are looking at becoming involved in their climate change committees.

A second piece of work that has occurred is in regard to the effects of extreme heat and other weather-related health risks. Initial planning work had been completed in the first half of the year to map out notification processes and messaging on extreme weather conditions, in Q4 we implemented the procedure.

## Food Safety

Food Premises - Compliance Inspections							
	2015	2016	2017	2018	2019	2020	2021
High Risk	165	184	109	93	88	47	29
Medium Risk	206	110	187	214	192	96	60
Low Risk	149	204	160	129	135	62	58
<b>Total</b>	<b>520</b>	<b>498</b>	<b>456</b>	<b>436</b>	<b>415</b>	<b>205</b>	<b>147</b>

Resources were re-deployed in response to the pandemic. Also, some food premise locations were not operational at times during 2021, due to restrictions, which also contributed to lower inspection rates than usual.

Due to restrictions in large venues, and internal resources, in person food handler courses were very limited in 2021. We were able to work with people to offer exams after self-education, as well as provide information on where to find complete on-line food handler courses and examination.

Food Handler Certifications							
	2015	2016	2017	2018	2019	2020	2021
Englehart	63	26	23	75	58	3	24
New Liskeard	90	68	144	351	182	19	55
Kirkland Lake	70	41	58	127	15	34	5
<b>Total</b>	<b>223</b>	<b>135</b>	<b>225</b>	<b>553</b>	<b>255</b>	<b>56</b>	<b>31</b>



# Upcoming Events

The following list contains *some* of the upcoming events and opportunities that THU staff are participating in or supporting.

- ❖ March is [Nutrition Month](#) and Dietitians Day (March 16)
- ❖ School Crossing Guard Appreciation Day (March 24)
- ❖ [Mental health week](#) (May 2-8)
- ❖ National Nurses Week (May 9-15)
- ❖ Bike Month and Temiskaming Shores Bike Exchange (June 2022)
- ❖ Ontario Healthy Schools Conference (May 24-25)
- ❖ Public Health 2022 is the national CPHA conference (June 14-16)

## Human Resource Update

### The comings and goings of our colleagues



#### New Staff:

- Public Health Promoter - Drug and Alcohol Strategy Coordinator, Remote (Sept 13-Nov 25, 2022)
- Research, Planning, Policy Analyst - Timiskaming Drug and Alcohol Strategy (Sept 13-Mar 31, 2022)
- Public Health Nurse, New Liskeard (Jan 3, 2022)
- Program Manager, New Liskeard (Jan 12, 2022)
- Program Manager – Case and Contact Management (Feb 1, 2022-Jul 31, 2023)
- Public Health Nurse (2), Kirkland Lake (Feb 7, 2022)
- Program Manager (Mar 14 – Jun 30, 2022) / Public Health Nurse, Kirkland Lake (Jul 1, 2022)

#### Temporary Positions – extended to June 30, 2022:

- Public Health Promoter – Communications
- Public Health Promoter – Digital Divide
- Public Health Promoter – Health Communications
- Senior Public Health Nurse - Vaccine Preventable Diseases/Case and Contact Management
- Casual staff positions (vaccination clinics and booking/phone line support)
- Secretary I (2)

#### Practicum Students/Student Placements/Internships:

- NOSM Student, Northern Ontario Dietetic Internship Program, NODIP (Jan-Feb 2022)

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