



# BOARD OF HEALTH MEETING

February 8, 2023

Algoma Community Room / Videoconference

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# Meeting Book - February 8, 2023, Board of Health Meeting

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## 15. Adjournment

**Board of Health Meeting**  
**AGENDA**  
**February 8, 2023 at 5:00 pm**  
**SSM Algoma Community Room - Videoconference**

**BOARD MEMBERS**

Deborah Graystone  
Sally Hagman  
Julia Hemphill  
Luc Morrissette  
Loretta O'Neill  
Matthew Shoemaker  
Sonia Tassone

**APH MEMBERS**

Dr. John Tuinema - Acting Medical Officer of Health & CEO  
Antionette Tomie - Director of Corporate Services  
Laurie Zeppa - Acting Director of Health Protection  
Kristy Harper - Acting Director of Health Promotion  
Leo Vecchio - Manager of Communications  
Leslie Dunseath - Manager of Accounting Services  
Liliana Bressan - Manager of Effective Public Health Practice  
Tania Caputo - Board Secretary  
Tanya Storozuk - Executive Assistant

**1.0 Meeting Called to Order**

*J. Tuinema*

- a. Land Acknowledgment
- b. Declaration of Conflict of Interest

**2.0 Election of Officers**

- a. Appointment of Board of Health Chair for the year 2023.
- b. Appointment of Board of Health First Vice-Chair and Chair of the Finance and Audit Committee for the year 2023.
- c. Appointment of Board of Health Second Vice-Chair and Chair of the Governance Committee for the year 2023.
- d. Call for Committee Members for the Finance & Audit Committee and Governance Committee for the year 2023.
- e. Slate of officers and committee members.

*J. Tuinema*

*Chair*

*Chair*

*Chair*

*Chair*

**RESOLUTION**

Be it resolved that the following is the Board of Health slate of officers and committee members for the year 2023.

<b>Board of Health Chair:</b>	
<b>First Vice-Chair &amp; Chair of the Finance and Audit Committee:</b>	
<b>Second Vice-Chair &amp; Chair of the Governance Committee:</b>	
<b>Finance and Audit Committee members:</b>	
<b>Governance Committee members:</b>	

**3.0 Signing Authority** *Chair*

**RESOLUTION**

THAT By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:

- i) the Chair of the Board of Health
- ii) one other Board member, designated by Resolution
- iii) the Medical Officer of Health/Chief Executive Officer
- iv) the Director of Corporate Services

**4.0 Adoption of Agenda** *Chair*

**RESOLUTION**

THAT the Board of Health agenda dated February 8, 2023 be approved as presented.

**5.0 Delegations / Presentations**

**6.0 Adoption of Minutes of Previous Meeting** *Chair*

**RESOLUTION**

THAT the Board of Health minutes dated October 26, 2022 be approved as presented.

**7.0 Business Arising from Minutes** *Chair*

**8.0 Reports to the Board**

**a. Medical Officer of Health and Chief Executive Officer Reports**

*J. Tuinema*

**i. MOH Report - January 2023**

**RESOLUTION**

THAT the report of the Medical Officer of Health and CEO for January 2023 be accepted as presented.

**9.0 New Business/General Business** *Chair*

**10.0 Correspondence** *Chair*

**11.0 Items for Information** *Chair*

- a.** alPHa Winter Symposium
- b.** alPHa Public Health Matters Infographic - Public Health Fall Vaccine Success

**12.0 Addendum** *Chair*

### 13.0 In-Camera

Chair

For discussion of labour relations and employee negotiations, matters about identifiable individuals, **adoption of in camera minutes**, security of the property of the board, litigation or potential litigation.

#### RESOLUTION

THAT the Board of Health go in-camera.

### 14.0 Open Meeting

Chair

Resolutions resulting from in camera meeting.

### 15.0 Announcements / Next Committee Meetings:

Chair

#### Finance & Audit Committee

Wednesday, February 15, 2023 @ 5:00 pm

Video Conference | SSM Algoma Community Room

#### Board of Health Meeting

Wednesday, February 22, 2023 @ 5:00 pm

Video Conference | SSM Algoma Community Room

#### Finance & Audit Committee

Wednesday, March 8, 2023 @ 5:00 pm

Video Conference | SSM Algoma Community Room

#### Governance Committee

Wednesday, March 15, 2023 @ 5:00 pm

Video Conference | SSM Algoma Community Room

### 16.0 Evaluation

Chair

### 17.0 Adjournment

Chair

#### RESOLUTION

THAT the Board of Health meeting adjourns.



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

February 8, 2022

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. John Tuinema and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health

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## APH AT-A-GLANCE

Welcome new members to the Board of Health for Algoma. With many new members, this report will provide some background information in addition to recent updates. A more fulsome board orientation is actively being planned and details will be available soon.

### Strategic Plan and Recovery Update

Since early 2020, APH has been addressing the COVID-19 global pandemic. These efforts have been part of the largest public health response to a health threat in recent history, due to the arrival of a once in a century infectious disease threat from COVID-19. Due to the severity of this threat, a significant number of employees were re-deployed from our core public health work in order to carry out critical functions such as case and contact management, surveillance, knowledge exchange and public education, crisis communication, and immunization. Although the pandemic continues, we are now primarily engaged in a mitigation strategy that does not require the same level of staff resources for our COVID response efforts, allowing for re-patriation of staff to their home programs. This change, combined with a relatively manageable level of COVID in Algoma, has allowed us to focus significantly on our recovery from the pandemic and return to other important public health work.

We have maintained a continuity of operations plan throughout the pandemic to ensure other critical functions were maintained (i.e., safe water, needle exchange, etc.) and programs were restored in sequence of priority to support health in Algoma. Recovery planning was also initiated in 2021 but received significant attention in early 2022 as the pandemic became more manageable from a public health perspective. Our goal in recovery is to effectively recover from the COVID-19 pandemic using a collaborative, evidence-informed approach founded on principles of equity, sustainability, and unity. Our recovery plan focused on key areas including:

- Revitalizing the public health workplace through employee engagement and excellence.
- Routinizing COVID-19 work for sustainable prevention, mitigation, preparedness, and response.
- Restoring public health programs and services, considering lessons learned from COVID-19 and post-pandemic public health priorities for Algoma.
- Rebuilding local public health, with a focus on strategic policy and evidence.

As the recovery plan evolved, we aligned it to our strategic plan and saw that there was substantial overlap. Our current [strategic plan](#) was set to be launched in 2020, but this was postponed due to COVID-19. In fall of 2022, we re-examined the strategic plan and determined that although much had changed during the pandemic, the vision, mission, and strategic directions were still very well aligned with our work, goals, and needs of communities across Algoma. The plan was brought back to the Board of Health in 2022 and the Board re-affirmed their support for the ongoing implementation of this plan.

### Prioritization and the Community Health Profile

Population health assessment is a core function of effective public health practice. Through health surveillance and assessment, we can understand the baseline health strengths and needs of our communities. Health surveillance is ongoing and a more fulsome population health assessment is done at regular intervals. Our most recent population health assessment was published in 2018 in our [Community Health Profile \(CHP\)](#). The pandemic has brought many changes to the context of health in Algoma and therefore a re-assessment is needed. This is underway with plans for completion this year. This will allow us to “check the vital signs” of our population and help prioritize actions to promote and protect the health of our communities. In the interim, there are some clear

areas of focus to address and support, including our very difficult respiratory illness season and the ongoing opioid crisis.

### COVID-19 and Respiratory Illness Update

APH continues to monitor the ongoing pandemic as well as other reportable diseases that have re-appeared since the removal of pandemic restrictions. COVID-19 has remained relatively stable throughout the winter with occasional spikes in high-risk case counts and outbreaks in high-risk settings (i.e., long term care homes, retirement homes, etc.). We continue to work diligently with high-risk settings to protect our most vulnerable and immunization efforts against COVID-19 and Influenza continue with collaboration from many community partners. We continue to strongly recommend masking throughout the respiratory illness season.

### Ongoing Recovery and Upcoming Initiatives

Through the upcoming board orientation and reports and presentations to the Board, we plan to highlight our current status, successes, and challenges in local public health in Algoma. Included in this report is a Program Highlight looking at the role of Health Promotion Specialists at APH and the role they play in the foundations of our health promotion programs. Over the last few years, many in the community became familiar with public health's protection role, so I am happy to take this opportunity to share one of the ways in which we help to enable people to increase control over and to improve their health.

## PROGRAM HIGHLIGHT

**Topic:** The Role of Health Promotion Specialists in Supporting the Foundations for Health Promotion in Public Health Programs

**From:** Hilary Cutler, Manager, Community Wellness and Kristy Harper, Acting Director of Health Promotion & Chief Nursing Officer

#### Ontario Public Health Standard (OPHS) Requirements<sup>(1)</sup> addressed in this report:

- Population Health Assessment, Requirement 4: The board of health shall use population health, social determinants of health, health inequities, and other sources of information to **assess the needs of the local population**, including the identification of populations at risk of negative health outcomes, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).
- Effective Public Health Practice, Requirement 4: The board of health shall ensure all programs and services are **informed by evidence**.
- Chronic Disease Prevention and Well-Being, Requirement 2: The board of health shall develop and implement a program of public health interventions **using a comprehensive health promotion approach** that addresses chronic disease risk and protective factors **to reduce the burden of illness from chronic diseases** in the health unit population.
- School Health, Requirement 3: The board of health shall develop and implement a program of public health interventions using a **comprehensive health promotion approach to improve the health of school-aged children and youth**.

#### 2021-2025 Strategic Priorities addressed in this report:

- [x] Advance the priority public health needs of Algoma's diverse communities.
- [x] Improve the impact and effectiveness of Algoma Public Health programs.
- [x] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

## Key Messages

- Two Health Promotion Specialists (HPSs) were hired in the Summer of 2022 to support Community Wellness (CW) and School Health (SH) teams.
- These positions facilitate the delivery of the OPHS, specifically chronic disease prevention and well-being, and school health program standards. HPSs provide support for the assessment, planning, implementation, and evaluation of evidence-informed public health interventions, which improve population health outcomes and advance health equity.
- HPSs support effective, evidence-informed public health practice at Algoma Public Health (APH) through the analysis and synthesis of research, application of health promotion principles and theories, and the development of partnerships and plans to advance healthy public policy at local, provincial, and federal levels.

## A Refresh on Health Promotion

Health promotion is “the process of enabling people to increase control over, and to improve, their health”.<sup>(2)</sup> It focuses not only on individual behaviours but moves beyond that to consider the impact of social, environmental, economic, and political circumstances on health and well-being.

The health promotion movement is traced back to the *Lalonde Report* in 1974, which shifted thinking from illness care to health care, and raised awareness of health promotion.<sup>(3)</sup> This report led to the first International Conference on Health Promotion held in 1986 in Ottawa. With the goal of ‘health for all’ in mind, as is the current mission of APH, the *Ottawa Charter for Health Promotion* was established. The charter includes the following action areas: building healthy public policy, strengthening community action, developing personal skills, creating supportive environments, and reorienting health services. The charter also includes the action strategies of enabling, mediating, and advocating.<sup>(4)</sup> We continue to use the *Ottawa Charter* to guide health promotion work in Canada, and to underpin health promotion programs at APH.

Other concepts and frameworks that are embedded in health promotion work include: health equity, the social determinants of health, diversity and inclusion, and community engagement. Presently, health promotion is one of the six core functions of public health, and a comprehensive health promotion approach is called for across nearly all program standard requirements within the OPHS.<sup>(1)</sup> The CW & SH teams each welcomed a HPS last year to support the evidence-informed design and implementation of a comprehensive health promotion approach for various priority public health issues across these programs.

## The Role of Health Promotion Specialists at Algoma Public Health

HPSs support the work of local public health by applying their knowledge of population health, determinants of health, health promotion theory, and health promotion principals at the program level.

Key functions of these roles include:

- Obtaining and applying population health data (qualitative or quantitative) to identify priority populations and ensure that public health addresses local needs.
- Reviewing and synthesizing current evidence to support evidence-informed decision making and to inform health promotion action.
- Supporting APH programs with effective program planning, implementation, and evaluation.
- Providing strategic policy advice by writing briefs, such as Board of Health reports and resolutions, on key health promotion issues to advance healthy public policy.
- Facilitating collaboration across teams on common health promotion topic areas (e.g., public health approach to mental health promotion and substance use).

## Current Work of the School Health Promotion Specialist

The primary focus of the SH team for 2023 is the school immunization program, including catch-up on the backlog resulting from provincial prioritization of the COVID-19 response and vaccine rollout from 2020 to early 2022 that

limited delivery of school immunization clinics. Providing students an opportunity to be vaccinated is required under the Immunization of School Pupils Act.<sup>(5)</sup>

A secondary focus for 2023 is to continue to support school communities with a comprehensive health promotion approach to student health and wellbeing. Schools are an ideal setting for health promotion with children and youth; therefore, a key role of the HPS has been supporting the SH team in reorienting to the comprehensive health promotion approach.

The SH team supports school boards and schools on a variety of topics, with an increased emphasis on topics requested by school communities, which at this time include mental health promotion and substance use (i.e., vaping). The HPS is working collaboratively with the SH team to develop and update resources and public health approaches specific to these topics. In fall of 2022, the SH team had the opportunity to bring information about vaping to a student leader event that included students from across the district. To support student leaders, the HPS developed a new resource that illustrated how youth can carry out health promotion initiatives. The HPS also supported the development of an inventory of evidence-based resources and information related to vaping to provide to student leaders. The SH team, in collaboration with the CW team, is exploring and planning opportunities for increasing information-sharing and education about vaping. The HPS has also been working with Public Health Nurses (PHNs) to support an environmental scan and review of available resources for mental health promotion.

To form a foundation for the SH program, the HPS has been supporting the SH team to design and carry out a routine health promotion planning and implementation cycle. Included in this is the development of a list of child and youth health indicators, school community assessments, and situational assessments, which will be used to guide identification of future SH priorities, evidence-informed program planning, and integration of public health interventions.

### ***Current Work of the Community Wellness Health Promotion Specialist***

The primary focus of the CW HPS for 2023 is supporting the substance use prevention and harm reduction team with development and dissemination of a Local Opioid Response Report. The goal of the report is to (a) amplify the voices of community members with lived/living experiences with substance use and their families, (b) reduce stigma in our community by humanizing the issue of addiction, and (c) move forward as a community by gaining a better understanding of the current situation in Algoma.

The HPS is working collaboratively with the Research and Policy Advisor and CW PHNs to gather and synthesize data for the report, including local surveillance data and interviews with community partners, people with lived/living experience and family and friends. The HPS will also assist with reviewing and identifying best-practice evidence for substance use prevention and harm reduction that will help address the needs identified and assist APH and community partners with determining next-steps in a community-wide response.

Throughout 2023, the HPS will also help develop a community engagement strategy to maximize uptake and usefulness of the Local Opioid Response Report. Multiple knowledge translation tools will be developed to help various audiences understand how they can use the information for planning and implementing programs and services in the Canadian Drugs and Substance Use strategy pillars of prevention, harm reduction, treatment, and enforcement.<sup>(6)</sup>

Additionally, the HPS has been supporting the CW team with completing situational assessments and developing work plans that include health promotion activities that will address community needs. The HPS has helped the Healthy Eating Active Living (HEAL) work group develop questions to learn more from our partners about how COVID-19 has impacted healthy eating and active living behaviours in our communities, and which populations would benefit the most from public health interventions. The results will be used to inform development of HEAL policies, programs, and services.

### Next Steps: 2023 and Beyond

- A Child & Youth Health Assessment will be developed to guide planning and determine priority populations for both SH and CW work.
- The SH team will adopt a health promotion planning and implementation cycle to guide the delivery of a comprehensive health promotion approach to school health.
- The Opioid Response Report will be completed, and the CW team will use a community engagement strategy to share results with partners and inform community response efforts.
- The HPSs will assist both the SH and CW teams with adopting upstream approaches to substance use prevention across the lifespan.
- The HPSs will work together on developing a mental health framework that will guide mental health promotion program planning and activities to support Algoma communities.
- The HPSs will continue to collaborate and support health promotion across teams and across the agency.

### References

1. Ministry of Health Ontario. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. Available from: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2021.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf)
2. WHO. Health Promotion Glossary of Terms 2021: World Health Organization; 2021. Available from: <https://www.who.int/publications/i/item/9789240038349>.
3. Lalonde M. A new perspective on the health of Canadians: A working document. Ottawa: Canada. Ministry of National Health and Welfare, 1981. Available from: <https://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf>
4. WHO. The Ottawa Charter for Health Promotion. The 1st International Conference on Health Promotion; 1986; Ottawa, Canada: World Health Organization. Available from: <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>
5. Ontario. Immunization of school pupils act. RSO 1990. Stat. c.l.1. Available from: <https://www.ontario.ca/laws/statute/90i01>
6. Canada. Pillars of the Canadian drugs and substances strategy: Government of Canada; 2016 Available from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/pillars-canadian-drugs-substances-strategy.html>.

**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** ["All Health Units"](#)  
**Cc:** [Board](#)  
**Subject:** [allhealthunits] Program Update and Speaker Line-Up for the alPHa Winter Symposium and Section Meetings  
**Date:** Friday, January 27, 2023 11:25:14 AM

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## PLEASE ROUTE TO:

**All Board of Health Members**  
**All Members of Regional Health & Social Service Committees**  
**All Senior Public Health Managers**

Dear alPHa Members,

Have you registered yet for the [Association of Local Public Health Agencies \(alPHa\) Winter Symposium and Section Meetings](#) that are taking place on February 24th? All alPHa members are encouraged to participate.

The Winter Symposium will continue the important conversation on the role of local public health in the province's Public Health System. Highlights include greetings from the Hon. Doug Ford, Premier of Ontario; Dr. Theresa Tam, Chief Public Health Officer of Canada; Colin Best, President, Association of Municipalities of Ontario; Allan O'Dette, President & CEO, Ontario Medical Association; and Steini Brown, Dean, Dalla Lana School of Public Health.

Plenary Sessions also have an exciting line-up of speakers who will be discussing key issues related to public health. Speakers include: Dr. Christopher Simpson, Executive Vice-President, Medical, Ontario Health; Provincial Constable Wendi Hughes, Ontario Provincial Police - East Region Liaison; Michael Sherar, President and CEO, Public Health Ontario; Brendan Smith, Scientist, Public Health Ontario; Roman Pabayo, Associate Professor, University of Alberta; Naomi Schwartz, Epidemiologist Lead, Public Health Ontario; Hon. Stephen Lecce, Minister of Education; and Dr. Kieran Moore, Chief Medical Officer of Health.

Throughout the day we will also be featuring alPHa Board members: Trudy Sachowski, President; Carmen McGregor, Chair, Boards of Health Section; Dr. Eileen de Villa, Chair, Council of Ontario Medical Officers of Health; Paul Sharma, Affiliate Representative; Dr. Hsiu-Li Wang, Vice-Chair, Council of Ontario Medical Officers of Health; Dr. Charles Gardner, Vice-President; and Dr. Paul Roumeliotis, Past-President.

Registration information, the draft Symposium program, the draft agenda for the BOH Section meeting, and the event flyer can be accessed by going to the [alPHa website](#) and clicking on the Symposium Banner or by going to the [event page](#). This webpage is also where any updates will be posted. The closing date to register has been revised to Tuesday, February 21<sup>st</sup> at 5 pm to take into account Family Day. Please note that you must be an alPHa member to participate in the

Symposium or Section meetings. All registrants will receive login information prior to the event.

If you are a BOH Section or Affiliate member and are registered for the Symposium, you may also attend the [Pre-Symposium Workshop: Road 2 Mental Readiness \(R2MR\)](#) on February 23, 2023. The workshop was developed in collaboration with the Canadian Armed Forces for public health leaders and is based on a cycle that entails preparation, performance, and recovery. Please note, if you are a BOH or Affiliate attendee, you do not need to separately register for this workshop. (COMOH members, this is the R2MR workshop you participated in on November 18, 2022. If you are a COMOH member, missed the original session, and want to participate, you can contact Melanie Dziengo at [communications@alphaweb.org](mailto:communications@alphaweb.org).)

Thank you to the Eastern Ontario Health Unit for co-hosting the event and to the University of Toronto's Dalla Lana School of Public Health for their generous support.

We hope to see you online on Friday, February 24<sup>th</sup>!

Take Care,

Loretta

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Loretta Ryan, CAE, RPP

Executive Director

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**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** ["All Health Units"](#)  
**Cc:** [Board](#)  
**Subject:** [allhealthunits] Public Health Matters Infographic – Public Health Fall Vaccine Success  
**Date:** Friday, January 13, 2023 1:39:26 PM  
**Attachments:** [alPHA Letter PHParnters PHMatters2 120123.pdf](#)  
[alPHA Infographic PHMatters Vaccines 120123.pdf](#)

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**Re. Public Health Matters – Public Health Fall Vaccine Success**

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Dear ALPHA Members,

The Association of Local Public Health Agencies (alPHA) is pleased to provide you with our new infographic, [Public Health Matters – Public Health Fall Vaccine Success](#), which highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario. This edition builds upon the first [Public Health Matters infographic \(A Public Health Primer\)](#), with a focus on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations.

The covering letter that accompanied our communication of the infographic to public health stakeholders is also attached to provide you with additional context and information. We anticipate that these, along with the original Public Health Matters infographic, will be useful resources in your various engagements with stakeholders and community partners, including local councillors and MPPs.

alPHA encourages you, as local public health leaders to demonstrate the value of local public health and celebrate the accomplishments of local public health, by using and sharing these resources widely.

Respectfully,

*Trudy Sachowski*  
President

*Sent by*



---

Loretta Ryan, CAE, RPP

Executive Director

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# PUBLIC HEALTH MATTERS

## PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023

**Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario.** The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns aimed at increasing vaccine uptake. This fall, dedicated staff in Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

### LOCAL PUBLIC HEALTH PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal C
- Promoted routine vaccines

### MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

### FALL 2022 VACCINATION BY THE NUMBERS



**1,100+**

Fixed site clinics\*



**2,000+**

Mobile clinics\*



**700+**

Influenza clinics



**1,000+**

Student  
Immunization and  
catch-up clinics



**400+**

Mpox  
clinics



**3,000+**

Homebound  
vaccinations

\* co-administration of multiple vaccines

### COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS



**3,300+**

Social  
media posts



**4,500,000+**

Social media  
engagement and  
impressions



**700+**

Media releases,  
responses, and  
interviews



Population  
Health  
Assessment



Health  
Equity



Effective Public  
Health Practice



Emergency  
Management



Chronic Disease  
Prevention and  
Well-Being



Food  
Safety



Healthy  
Environments

# PUBLIC HEALTH MATTERS

## PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023



### ACCESS INCREASED

- Local public health unit leaders partnered with municipalities to run mobile vaccination buses. The buses aimed to decrease barriers to vaccination, and services were offered at locations where people attend regularly (such as malls, grocery stores, local events, and parks), in remote locations, to at-risk communities, and in other underserved areas.
- Local public health unit leaders worked closely with Indigenous communities. For example, a local public health unit created and shared biweekly communication packages with local First Nations, urban Indigenous community groups and Métis partners to foster open communication, prompt sharing of public health guidance, and updates on vaccines.



### DATA-DRIVEN ACTIVITIES

- Staff in Ontario's 34 local public health units used data to optimize vaccine coverage. This is exemplified through a local public health unit who used equity indicators to identify their highest priority neighbourhoods to target outreach and support. This geographically mapped information was posted publicly on a COVID-19 dashboard and used internally for health system planning. Vaccine strategies were employed, using mobile clinics, fixed sites, and organization partnerships (such as Ontario Health Teams and community clinics) in order to increase vaccination.



### INTEGRATED SERVICES AND COMMUNITY OUTREACH

- Local public health integrated services to have the greatest impact. For example, a local public health unit established 15 hubs throughout their community, offering services like dental screenings, mental health, addictions and substance use supports, and COVID-19, flu and routine immunizations.
- Local public health partnered with community agencies to enhance vaccine outreach and worked to help get residents vaccinated against COVID-19. In one local public health unit, this included the operation of Vaccine Engagement Teams comprised of over 150 health, community, and faith-based organizations and more than 700 community ambassadors reflecting the community's diversity.



### AMPLIFIED MESSAGES

- Local public health employed traditional media tactics (such as news releases, media events, and social media) in addition to unique targeted local tactics. One example of this work is demonstrated by a local public health unit who worked with hospital partners to create a commercial that highlighted actions needed to reduce strain on hospital systems resulting from respiratory illnesses. The commercial plays before every movie at the local cinema, at hockey home games, and on local television.



Population  
Health  
Assessment



Health  
Equity



Effective Public  
Health Practice



Emergency  
Management



Chronic Disease  
Prevention and  
Well-Being



Food  
Safety



Healthy  
Environments

# PUBLIC HEALTH MATTERS

Providing Leadership in  
Public Health Management

**alPHa**

Association of Local  
**PUBLIC HEALTH**  
Agencies

[www.alphaweb.org](http://www.alphaweb.org)


## A PUBLIC HEALTH PRIMER

SPRING 2022

**Public health champions health for all.** Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

### OUR ASK

That decision makers acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

 **7,139,930**  
INDIVIDUALS VACCINATED  
WITH 3 DOSES IN ONTARIO  
AS OF MARCH 22, 2022  
Source: [Government of Ontario](#)

**1,140,865**  
CONFIRMED COVID-19  
CASES IN ONTARIO  
AS OF MARCH 21, 2022  
Source: [Public Health Ontario](#)



### PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

*Public health professionals are responsible for the following:*

**CASE AND CONTACT MANAGEMENT:**  
Identify and isolate cases.

**DATA ANALYSIS:**  
Identify sources of infection and patterns of transmission.

**OUTBREAK CONTROL:**  
Protect vulnerable populations in higher risk settings.

**PUBLIC HEALTH MEASURES:**  
Implement and enforce measures to slow the spread of COVID-19.

**ADVICE TO GOVERNMENT:**  
Provide expert input to inform government actions in the fight against COVID-19.

**ADVICE TO THE PUBLIC:**  
Provide and reinforce expert advice to empower the public in the fight against COVID-19.

**VACCINATION EFFORTS:**  
Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.



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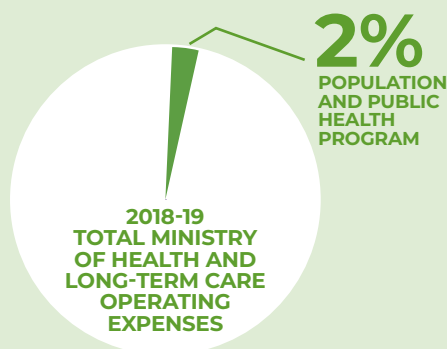
Healthy  
Environments

## RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **\$1.267 billion**, or about **2%** of the total Ministry operating expenses.

This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.



## IMPACT ON RESOURCES



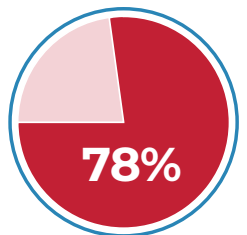
The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

**Suspension of routine public health programs and services** is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.



The COVID-19 pandemic magnified existing **health inequities**. This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: [Public Health Resilience in Ontario - Executive Summary](#)

Source: alPHa Report: [Public Health Resilience in Ontario - Report](#)

Please visit: [www.alphaweb.org](http://www.alphaweb.org)



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention