

**Materials from Concurrent Session: Public Health COVID Learnings- informing future modernization
August 15, 1:15 – 2:30 PM
AMO 2022 Annual General Meeting and Conference**

Description: Before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon.

Panelists:

- Trudy Sachowski, President, Association of Local Public Health Agencies (ALPHA)
- Keith Egli, Councillor, City of Ottawa
- Dr. Lawrence Loh, Medical Officer of Health, Peel Region
- Cynthia St. John, Chief Executive Officer, Southwestern Public Health

Public Health Leaders Public Health Matters

alPHa

Association of Local
PUBLIC HEALTH
Agencies



Supporting Ontario's local public health units and their boards of health to achieve a strong and effective public health system across all communities



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

alPHa
Association of Local PUBLIC HEALTH Agencies

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January 19, 2022

The Honourable Peter Bethlenfalvy, MPP
Minister of Health
Frost Building North, 3rd floor
157 Government Street
Toronto, ON M5A 1Z1

Dear Minister Bethlenfalvy,

Re: Pre-Budget Consultation 2022

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, health of health and alPHa organizations, we are writing to provide input on the public health response to COVID-19 and its resumption of routine mandates for your consideration as you prepare the 2022 Ontario Budget.

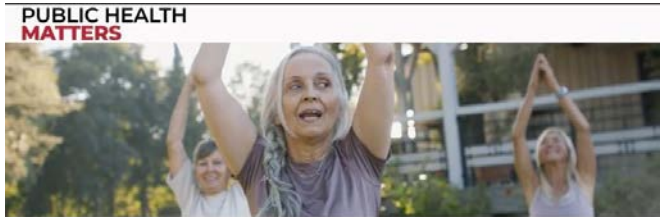
Every Ontario continues to be deeply affected by the ongoing COVID-19 pandemic and we understand that this will continue to be a government concern for the decisions you will make about how to invest Ontario's tax dollars in the coming year. We also understand the ongoing importance of striking a balance between protecting people from the direct effects of the coronavirus and protecting Ontario's economy from the secondary ones. A healthy economy and healthy people are interdependent, and Ontario's public health sector is a critical link, notably where the priorities you outlined in the 2022 Ontario Economic Outlook and Fiscal Review: Build Ontario (July) regarding Ontario and managing COVID-19 for the long term, keeping schools safe, increasing access to dental health programs for seniors) are concerned.

Since the beginning of the COVID-19 pandemic, your government has demonstrated a strong commitment to providing financial certainty and resources to public health units to support their fundamental duty to protect the health of the people through case and contact management, outbreak control, implementation of public health measures and guidance, and leadership of one of the most comprehensive and complex vaccination campaigns in Ontario's history.

At the same time, these activities have placed such demands on Ontario's local public health resources that most of the routine programs and services mandated by the Ontario Public Health Standards (OPHS) have all but ceased. This is the public health equivalent of the health care sector's "surgical backlog" and one that will have significant repercussions on population health in the province for years to come, especially as COVID response activities are expected to continue for the foreseeable future.

Many of Ontario's public health units have diverted up to 70% of their available resources to the pandemic response, even after significant business expansion and reallocation. With the strong likelihood of COVID-19 becoming a permanent part of public health's daily business, attention needs to be turned to restoring capacity to return to serving OPHS-mandated health protection and promotion activities, which are also the basis for the Annual Business Plans and Accountability Agreements that are required by the Province each year.

www.alphanet.org [Providing Leadership to Public Health Management](https://www.alphanet.org/leadership)



PUBLIC HEALTH RESPONSE
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.

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PUBLIC HEALTH MATTERS

A PUBLIC HEALTH PRIMER FOR 2022 ELECTION CANDIDATES

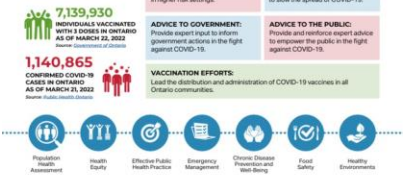
Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier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

OUR ASK
Candidates 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.

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 THE GOVERNMENT: Provide input and advice to 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 in the distribution and administration of COVID-19 vaccines in all Ontario communities.



PUBLIC HEALTH MATTERS

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 (Spurred) 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 total) was \$1,207 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.

2% OPERATING ESTIMATE FOR THE ENTIRE POPULATION AND PUBLIC HEALTH PROGRAM

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 inequalities. 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.alphanet.org



alPHa Resolution: [A22-2: Public Health Modernization/Restructuring](#)

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Public Health COVID Learnings – informing modernization and beyond

Tanshi!

- To begin, I acknowledge that the land on which we gather is the traditional territory of the **Algonquin Anishnaabeg People**. I am grateful to have the opportunity to present on this territory and here, in Ottawa. Maarsii.
- Thank you to Monika Turner for the introduction.
- My name is Trudy Sachowski, and I am the President of the Association of Local Public Health Agencies of Ontario (alPHA).
- I am a member of the Northwestern Board of Health.
- I serve on the Board of the Points North Family Health Team.
- Let's kick-off with [alPHA's 2-minute video 'Public Health Matters'](#).
- As I mentioned, I am here today as the President of the Association of Local Public Health Agencies - alPHA.
- alPHA represents Ontario's public health leadership from Ontario's 34 local public health units including Medical Officers of Health, affiliate senior public health leadership and members of boards of health.
- While there are variations in how local boards of health in Ontario are structured, what they do have in common, is that they all have municipal leadership, particularly local councilors on the board.
- As a governance board, they are responsible for strategic planning, allocation of resources, staffing, budgets, risk management and oversight -



to allow essential work related to the health and the well-being of the population, as mandated in the Ontario Public Health Standards.

- Preventing illness, promoting, and preserving health on a day-to-day basis that local public health provides to Ontarians certainly doesn't seem exciting or draw people's attention to the work of public health.
- However, add a pandemic in the mix and the profile of local public health takes-off like a rocket!
- The pandemic hit the health and well-being of almost everyone, with a huge impact on our most vulnerable populations.
- The pandemic itself has caused or magnified additional harms in terms of population health, including health inequities, impacts on mental health, increased substance use, and neglect of chronic diseases.
- It has led to a significant backlog in healthcare and likewise in routine public health programs, with services being limited or set aside during the height of the COVID-19 response.
- Public health's many strengths were demonstrated throughout the course of the COVID-19 pandemic.
 - Public health was extremely nimble and responsive through strong public health leadership, experienced staff and the redeployment of public health resources.



- Local public health modified accordingly, to the rise and fall of case counts, the emergence of variants, and the rollout of an unprecedented vaccination campaign in Ontario.
 - Local public health, and Ontario's public health leadership, has been key to the success of the response and the vaccination campaign in Ontario.
 - Public health has always embraced improvements and change and the response during the pandemic illustrated this so clearly.
 - Ontario's public health system is 'modern' and up to date but that doesn't mean that there isn't a desire to do things better.
 - It's time to reflect on the lessons learned from the pandemic, the conversation needs to focus on how we can **make positive changes to strengthen** Ontario's public health system.
 - Local public health's quick adaptations to the pandemic response, proves that public health in Ontario indeed has the capacity to change and improve.
- As well as public health strengths, the pandemic has shown us many opportunities to celebrate.
 - The importance of the existing network of relationships among local public health units, local health care providers, municipalities, social and district services, education, business, and organizations - has been clearly demonstrated and enhanced during the COVID-19 response.
 - Municipalities stepped up to the plate, such as re-deploying their staff to assist in the vaccination effort, and donating facilities such as arenas for the mass immunization clinics.



- Stakeholder groups, service clubs and volunteers came out in droves to support local public health vaccination campaigns.
- Thank **YOU** for stepping in, helping out, and supporting the local public health efforts in your municipalities.
- Overall, the pandemic has shown us the importance of:
 - public health's role within the broader healthcare sector,
 - local public health in partnership with their municipalities, and
 - local public health in partnership with local groups and key stakeholders.
- I believe there are even more opportunities moving forward.
- Over the past six months ALPHA has released several key pieces including:
 - What is Public Health, the video viewed at the beginning of my presentation,
 - a 2022 Elections Primer,
 - resolutions on Public Health Restructuring & COVID-19,
 - a report on the Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response,
 - pre-budget submissions and deputations, and
 - submissions on public health modernization, including a Statement of Principles.

As I noted in recent correspondence to the Hon. Sylvia Jones Minister of Health, this is a pivotal time for health protection and health promotion in Ontario. Our work often done in collaboration with local public health partners, and within the



broader health system results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources.

- As we grapple with the devastation of COVID-19, and to inform changes to Ontario’s public health system now and beyond - several essential aspects need to be recognized first.
 - It needs to be recognized that capacity for re-imagining the public health sector will not improve until well into 2023.
 - It needs to be recognized that the unpredictability of the future course of the pandemic and recovery from it, will continue to necessitate flexibility in planning, for some time to come.
 - It needs to be recognized that the social determinants of health – **matter.**
 - It needs to be recognized that adequate financial support is needed so that resources can be directed to the best possible outcomes.
 - After all, our economy stays open when our public are healthy and protected – **there is no better return on investment than in public health.**
 - Together we need to be fully prepared for when the next major public health crisis hits – and it will.

- Recognizing these points while moving forward through this environment of change, how do we inform the transformation of public health and beyond?
 - The learnings from Sars and H1N1 were implemented, although to a much lesser degree.




- **However**, COVID-19 has amplified the need for a strong future pandemic response plan.
 - The COVID-19 lessons learned **must** inform the recovery process, as well as inform any transformation of public health.
 - The 'here and now' presents an opportunity to strengthen public health and pandemic preparedness so our communities are protected every day and especially in public health emergencies.
 - Municipal leaders know their communities and must continue to be at the table on governance boards of health as the local voice.
 - There are opportunities to expand on the partnerships with municipalities, district services boards and Ontario Health Teams, being sure to embed public health leadership more formally and informally.
 - Primary healthcare and public health's relationships must strengthen with public health leadership in a key role as a collaborative partner at the table.
 - As well, the continuum of ongoing provincial coordination of the response between sectors such as education, municipalities, acute and long-term care, and public health are necessary.
-
- As the province looks at Ontario's public health system, the continuum of the local direction and local decision-making ability for public health - that includes municipal leadership - is imperative!
 - Public health will require an increase in sustained base funding related to the Ontario Public Health Standards, with the essential addition of COVID-19 as a disease of public health significance beyond 2022.



- The province and the municipalities must continue to work with their local public health units to develop the vision for a stronger public health sector with the capacity to address population health needs through various partnerships now, and into the future.
- Let's commit to working together to ensure a robust public health system with ample resources to protect the entire population's health, with clearly defined roles across local public health units, Public Health Ontario, Ontario Health, and the Ontario Ministry of Health.

The final thought I leave with you is that **local public health - must remain local!**



An evolution of stakeholder engagement and
partnerships:
*Lessons learned from COVID-19 response to
inform Public Health Modernization and beyond*

Presentation to the Association of Municipalities of Ontario

Councillor Keith Egli, Chair, Ottawa Board of Health

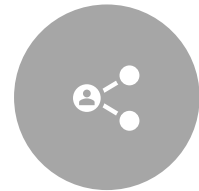
August 15, 2022



Stakeholder engagement and partnerships were essential to meet community needs throughout COVID-19 response



Effective, consistent & deep integration



Co-creation with partners



Meaningfully engage equity deserving groups



Integrate their voices into decision-making





From Collaboration to Integration with Non-Traditional Partners

Business organizations

Trades unions

Large employers

Faith-based organizations

Health sector organizations

School boards

Childcare

Community-based social service providers

Congregate care settings

City administration

City departments and taskforces

Community and professional sports associations

Non-profit organizations

Landlords for multi-unit dwellings

Libraries

Community Associations



Purpose of Engagement



DEVELOP AND
SUSTAIN
RELATIONSHIPS



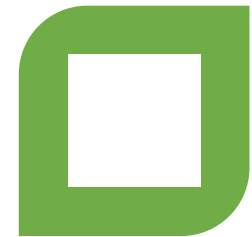
LEARN FROM OUR
COMMUNITY TO
INFORM OUR ACTIONS



SHARE PUBLIC HEALTH
INFORMATION



BUILD CAPACITY



ADVANCE OUR
COMMITMENT TO
HEALTH EQUITY



Engagement approach

Pre-pandemic	Throughout COVID-19 Response
Mostly traditional partners	Non-traditional partners – expanded number and type of stakeholders engaged
Specific topics or identified projects	Open and transparent communication to inform service, program and policy development
Purpose was to inform, get feedback or build capacity	Purpose was to strengthen relationships and learn, secondarily to inform and build capacity.
Ad-hoc scheduling based on project needs	Regular and more frequent
Slower progress	Timely progress to meet real-time needs
Complex governance and hierarchy decision-making	Shared goals and decision making, empowered decision-making at staff level



Examples:
From
Collaboration
to Co-Creation
with
communities
as partners

Organizations with existing trusting relationships

Non-traditional partners

Community of Practice

Sociodemographic data

Prioritize building trust

Support partners to address other SDOH

Diverse communication channels

Commit to address systemic racism and inequities



Organizational commitments and actions to enhance engagement

Increased diversity in our workforce

Embedded employees into the community

Developed systems and processes to enable ongoing engagement

Prioritized activities to build trust

Acknowledged systemic racism and inequities, BOH motion

Committed to co-creation and community innovation



Going forward – Building Back Better

1

Prioritize sustainable, ongoing engagement and co-creation of programs and services with communities and non-traditional partners

2

Institutionalize integrating equity deserving groups' voices into decision-making

3

Commit to knowing our community through systematic sociodemographic data collection, analysis and refining our actions

4

Ensure your workforce is reflective of your community and has the skills to engage with diverse stakeholders

Peel Public Health COVID-19 Learnings

Informing Future Modernization and Beyond

Dr. Lawrence Loh, MD MPH FCFP FRCPC FACPM
Medical Officer of Health (outgoing)
Region of Peel



Objectives

- Consider and outline ways in which the structure of the local public health system in Ontario may have supported or detracted from the overall COVID-19 response.
- Apply those insights into considerations for public health modernization, identifying areas of strength and areas for improvement in Ontario's public health system.
- Reflect on the lessons learned from the COVID-19 response.



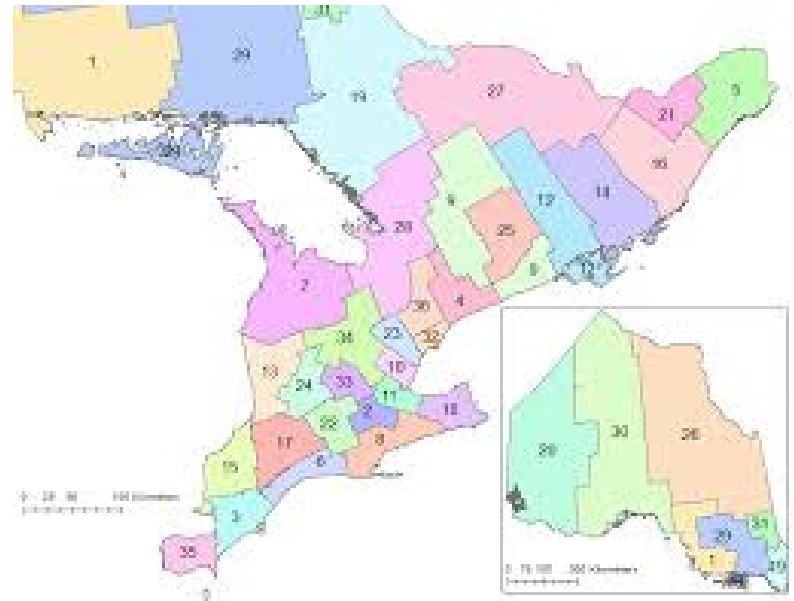
Context: Health vs Healthcare

“Health” vs. “healthcare”

A large, ornate conference room with a red carpet, wooden paneling, and a chandelier. The room is set up for a meeting with many desks and chairs. The text "Health vs. healthcare" is overlaid in the center.

Context: Ontario

- Ministry oversight, local delivery
- 34 public health units reporting to a local board of health
 - Deliver mandated services as relevant to local context under OPHS
 - Heterogeneity in governance (autonomous, regional, city-specific)
- Funding: provincial and municipal mix for mandated programs and services; certain at 100% provincial
- Public Health Ontario: arms-length agency



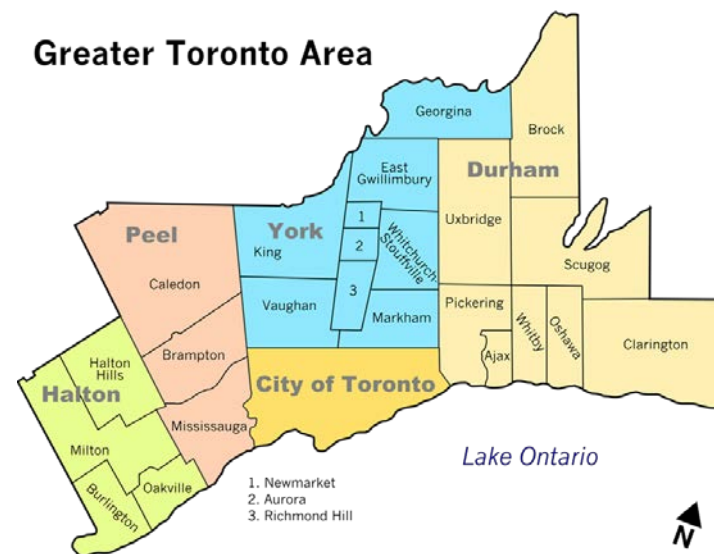
Context: Peel

- **Peel and COVID-19: significant impacts**
- **Community size and diversity**
 - Contributing community and health status factors
 - Unique local lens necessary to protecting community health and meeting resident needs
- **Historic underfunding for Peel posed challenges during the response**
 - Lowest per capita funding among health units
 - Pre-pandemic, provincial public health funding represented ~2% of total health expenditures
- **Established relationships and partnerships with various municipal departments and organizations.**
 - Ensure health equity and the population health perspective

FORECASTED POPULATION GROWTH IN PEEL



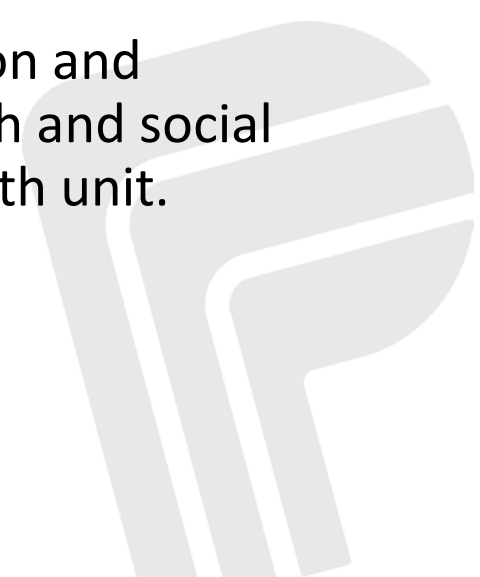
Greater Toronto Area





Reflections and Lessons

- The unique role of local public health allowed urgent action, based on community conditions, to prevent the spread of COVID.
- A targeted response that considered the overall provincial context alongside specific local context ultimately saved lives.
- The COVID-19 pandemic highlighted the challenging resource context experienced by public health units in Ontario.
- Local conditions can vary significantly in a province as diverse as Ontario.
- Integration with local municipalities, and collaboration and partnership with community organizations and health and social services were essential components for a public health unit.





Considerations

1. Public Health's Role and Mandate

- Public health's community focus is unique and best kept distinct from healthcare.
- Enshrine the unique role of Medical Officers of Health.

2. Provincial Resourcing of Public Health is Critical for Recovery and Beyond

- A strong and well-resourced public health system means better health status and reduced impacts on healthcare system utilization over time.
- Critical to address inequities between health units.

3. Local Public Health should stay "Local"

- Local public health agencies have a critical mandate to understand local context through tracking local data, delivering local programs, and consulting with local stakeholders and decision makers.





Closing Remarks

- Support and resources are needed for public health through its recovery and into the future.
- Considerations for public health modernization:
 1. Public Health's Unique Role and Mandate
 2. Provincial Resourcing of Public Health is Critical for Recovery and Beyond
 3. Local Public Health should stay "Local"
- The partnerships between public health, municipalities and community organizations was instrumental in responding to COVID-19.



Thank You!



LOOKING FORWARD AND OVER OUR SHOULDER

Learning from the pandemic's many lessons

Cynthia St. John, Chief Executive Officer

Southwestern Public Health
(Oxford Elgin St. Thomas Health Unit)



Introduction

- Public health impact in our lives
- Municipalities and public health share a common vision



What's to follow

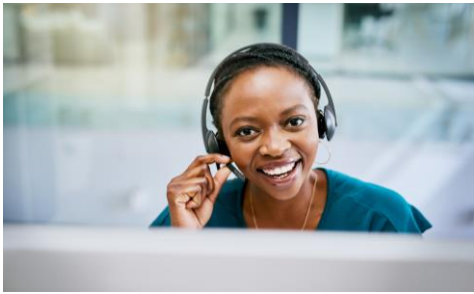
- What we learned
- Opportunities
- Harnessing our knowledge in preparation for future public health design and dare I say – the next public health emergency!



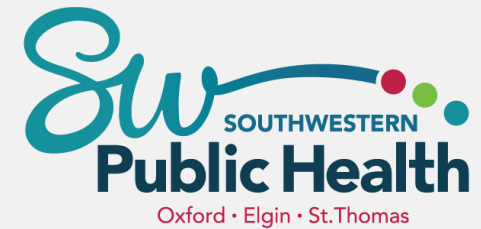
Local relationships leveraged

- Understanding local strengths – Oxford County Paramedic Services’ advanced skills – **built capacity**
- Public Health Staff and strong relationships with local growers – facilitated COVID-19 safety – **built confidence**
- Health System EOC – across region, health care leadership, municipal sector – **built experts**
- Private sector – such as the Chambers of Commerce and local businesses – **built champions**





Geography, literacy and the digital divide bridged



EL DISTANCIAMIENTO FÍSICO EN EL ESTABLECIMIENTO AGRÍCOLA

El distanciamiento físico significa evitar el contacto cercano con otras personas para prevenir la propagación de la COVID-19.



Evite los viajes no esenciales en la comunidad

Comparta actividades sociales únicamente con las personas que viven con usted

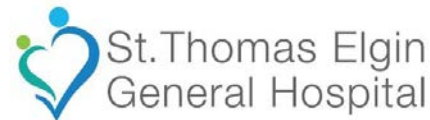
Si no puede mantener una separación de 6 pies de distancia use una mascarilla no médica

Mantenga una distancia mínima de seis pies de otras personas cuando deba atender necesidades urgentes, como comprar comida, para reducir su riesgo.



- Despite three geographically dispersed Mass Immunization Clinics, 36% of people sought vaccine in alternate locations
- Uneven access to technology (internet, printing capabilities)
- Digital literacy – navigation of online resources and appointment booking
- Language, literacy and cultural barriers were bridged through mutual relationships and live Call Centre

Professional credibility



Challenges = opportunities

- Health human resources
- Technology for today and for tomorrow
- Public health's own version of 'surgical backlog'
- Current mandate and heightened needs
- Financial stability



Preparing for the next public health emergency

- Stop. Listen. Learn.
- Protect our most vulnerable
- Implement innovation wins
- Build stability in public health system



Future Focused

- Stop. Listen. Learn.
- Local public health gets the job done.
- Bigger does not always = less \$\$
- Look for savings in different ways
- Lead with Curiosity.
- Check Assumptions.
- Success is measured in decades.



PANEL PRESENTATION

FUTURE OF PUBLIC HEALTH – AMO – AUGUST 2022

SLIDE 1

Good afternoon.

My name is Cynthia St. John. I am the CEO of Southwestern Public Health.

I am pleased to share my reflections so far and how our learnings may inform responding to future public health emergencies and how they may inform the future of public health as a whole.

So, a little about the health unit I work in.

Our health unit, Southwestern Public Health is a newly amalgamated health unit made up of two former public health units - Oxford County Public Health and Elgin St. Thomas Public Health.

We merged in the spring of 2018.

We serve a combination of small cities and rural communities – total of 211,000 residents.

SLIDE 2

As Trudy noted in her presentation, local public health matters and often, our work isn't obvious but each of us is impacted in our daily lives by public health efforts.

- The trails we enjoy could be the results of public health advocacy for safe communities that are physically active.
- The drinking water and its safety is at the forefront of our health protection teams.
- The vaccinations that keep our children protected against hepatitis and the like are delivered by your local public health unit.

What public health cares most about is that our communities are vibrant and healthy communities – the very same thing every municipality in this room desires. That is what helps make the relationship between municipalities and public health so rich. Each shares a similar vision and each wants similar outcomes.

SLIDE 3

Today I'm going to share what I believe to be some of the pandemic's important lessons in the context of public health, and what I consider the most valuable initiatives in which to focus our shared energy. I will finish off by talking a bit about how that information can inform the future of public health and to help inform the planning for future public health emergencies. Hard to hear I realize – talking about future public health emergencies when we are still in one.

SLIDE 4

One of our biggest learnings was that local relationships were a driving force for success!

Our work in public health is rooted in strong relationships. In fact, most of public health's work is never completely done by just public health.

And these relationships are built at the local level. And we relied on them heavily.

For this pandemic, our pre-existing local relationships could be leveraged in a way that built and strengthened our region's capacity for a full-scale pandemic response, which built confidence in the proposed public health measures and that built champions for the work that was required of all of us.

An example of building capacity was our pre-existing relationship with Oxford County paramedic services. We knew about their advanced skills so that led us to approach them as partners in the pandemic response. Oxford County Paramedic Services played a leading role in coordinating personal protective equipment and supplies for healthcare workers, assessing and testing for COVID-19 in community settings, and joining our mobile team supporting long-term care homes and those who were homebound, with vaccination. They operated a full-time mass immunization clinic for us in one of our towns, that significantly enhanced the rate of vaccination in that community.

An example of building confidence was the positive relationships that local public health inspectors with our local growers. When these local grower businesses were faced with COVID-19 restrictions and safety guidelines that involved a big element of their success which was their workforce, many worked closely with us to ensure safety and no

interruptions. Our pre-existing relationship gave them confidence in that we would work together with them for mutual benefit.

An example of building experts was using local relationships to form our first Health System Emergency Operations Committee. This group pulled together quickly and without a lot of information. We called up our primary care leads, hospital leads, infection control specialists, local business community chambers of commerce, municipal CAOs, and emergency service leaders. We asked them to be a committee to help provide support when there were PPE supply chain issues, to assist in the management of an outbreak within a community that experiences homelessness. We asked them for advice - regularly and we asked them to be our message carriers.

An example of building champions was leveraging the relationship we built with the private sector that advocated for and championed public health messaging. Our Chambers of Commerce and local businesses are local, trusted leaders and we leaned on that to reach more business owners, operators, and workers with timely messages that impacted how they conducted business amid changing COVID-19 restrictions and guidance. This was a relatively new relationship channel for us, and we learned that it was and will be invaluable relationship for public health work going forward.

SLIDE 5

We had hiccups and challenges that turned into learnings along the way.

We had challenges like geography, health literacy, and the digital divide to conquer.

So much of the pandemic response and the information supporting it – happened online. But what about residents who had no computer access, or spotty internet? What about those who lacked all but basic digital literacy? What about non-English speakers?

With respect to Geography

The majority of residents were immunized at mass immunization clinics. But we were still missing people in our vaccination efforts. Really vulnerable elderly included, and it came down to geography. Many didn't want to leave their small communities to get vaccinated. Many didn't have transportation to go to one of our MICs. So, we reached out and unions, municipalities, libraries, and private businesses invited us into their spaces so that people could be vaccinated in their own communities. By the end of 2021 we had offered vaccines everywhere from the beach to the fairgrounds to a local adventure farm.

Our learning – reaching everyone means using many different modalities.

With regard to Health Literacy

Our communication strategy involved taking complicated, often changing information and sharing it on billboards and bus shelter ads, social media and in traditional newspaper print ads. We were on local radio, local TV and every small newspaper and magazine we could

uncover. Because not everyone has high speed internet service, we worked really hard NOT to be internet-only in our approach. And this is challenging when social media is so fast and relatively inexpensive.

With Respect to Language Translation

For us, we had two specific language related needs; to translate materials into Spanish for our temporary agricultural workers and to work with local partners to ensure that our Low German Speaking Mennonite community had access to timely, quality information in Low German, specifically audio given low German is not a written language.

Our learning – leverage every single communication channel, no matter what and that includes having a LIVE call centre. To help bridge the geographical, health literacy, and digital divide was our live COVID-19 Call Centre. Over the course of 2021 alone, our staff took more than 26,000 calls ... questions about local restrictions, reporting noncompliance, asking about exposures and local risk... and booking appointments. While much of the information was covered online – locally and provincially – so many people needed us to help navigate, interpret, problem solve or complete tasks they couldn't manage online themselves.

Our learning – no matter how time consuming and sometimes draining, a LIVE person that can answer your questions in a public health emergency was worth the effort!

SLIDE 6

We learned that Professional credibility looked like this.

It looked like diverse, reputable health, social service, education and municipal service providers coming together to support a community that was often stressed, confused and overwhelmed. When you've worked together for years – you know who is on the other end of the phone when you call for help. We are grateful for the incredible collaboration, heart, professionalism and time that our partners put into solving problems, bridging gaps and filling holes.

As a public health unit that always prided itself on being a credible voice, that never became more important than in the last 2+ years. Even though we were supposed to be the experts, we learned that our credibility was strengthened by all those around us.

SLIDE 7

I often think of challenges as opportunities in disguise. Some that come to mind as we hopefully approach a post-pandemic life are:

Some challenges that now present as opportunities are in the areas of health human resources, technology, our own backlog, and financial stability.

Health human resources

In the span of a few months, we doubled our workforce and at the same time, we were competing with just about every other similar Employer for the best and the brightest.

With baby boomers retiring and others exiting the workforce, our health human resources are at a critical juncture. The challenge in front of us now is how do we keep our best and brightest. And how do we attract the next group of shining stars. I think we will have to be even more innovative in our approaches, understand that flexibility as an Employer is highly desired by employees, and that Covid-19 changed people's perspective from living to work to working to live.

Going forward, we have to remain nimble. Our local PHU was able to scale up within hours and we didn't have to compete with other PHUs for that time and attention that was needed to respond to this emergency, and it will be important to maintain that.

Technology

Nothing like a pandemic to illuminate just how reliant we are on technology! In our PHU, we had the benefit of a recent significant investment in technology as part of our recent merger. That investment set us up for success in certain areas like having a completely mobile workforce in mere days. But as we all know,

technology is always evolving and serious investments in it reveal rewards. Ensuring continued investment in technology is critical, to ensure public health is able to respond to ever-changing digital requirements both for agility and privacy. This includes accessing the latest technological infrastructure for ongoing day-to-day business, ensuring we can respond quickly to future crises, or as a means to prevent crises from ever taking place, such as digital hacks or privacy breaches.

I think provincially, there are opportunities to develop technology supports like databases that saves 34 health units doing the same thing individually. I think it is important for the Provincial Government to continue to get us closer to a one health record system. It doesn't make sense for hundreds of health agencies including PHUs to continue to develop their own databases, their own electronic medical records, etc. Our clients, our community members want an organized, efficient, and seamless way to access their health information and covid emphasized that.

Public Health's equivalent of surgical backlog and new needs

We shelved just about every public health program and service (except extremely urgent dental, sexual health, and well baby visits) for 2+ years. Critical policy work, countless health promotion interventions, hundreds of thousands of vaccine preventable disease shots in arms were put aside and now await us. And with the unintended consequences of the covid-19 pandemic in front of us, we are now having to play more than just catch up.

We need to seize the opportunity of redesigning our programs and services based on where people are 'at' now and where we think they will be at tomorrow; not where they were pre-Covid. The redesign

includes not just what should be prioritized first but also HOW we deliver those programs and services.

Financial Stability

One of the core principles of managing an emergency is that the agency leading the emergency must have readily available financial resources to manage the emergency. The provincial government committed to funding covid-19 expenditures for PHUs for 2020 and 2021 beyond base budgets and that was very helpful. Now looking at 2022 and beyond, public health is grappling with unstable, inconsistent, and woefully inadequate provincial funding and the recent provincial government download of 100% provincially funded public health programs to a cost-shared model with municipalities does not help. Municipalities want prosperous, economically vibrant, healthy communities. Public health desires the same. What the pandemic further illuminated is that our health care system is very fragile. And the single best investment to ensuring that the health care system is not overloaded, is to invest in work that keeps people from needing urgent care in the first place and that is public health. It is time for the provincial government to provide stable, predictable funding to public health so that it can do its job in keeping communities healthy thereby improving local economies and lessening the burden on an already overloaded health care system. It cannot continue to fall on municipalities to pick up the shortfall.

SLIDE 8

Whether its climate change, or the opioid epidemic or another pandemic... the public expects us and our system-level partners to have learned from this experience and be ready for the next emergency. We all have an obligation to be ready.

We're eager to put this behind us – who isn't? But we need to stop, listen, and learn.

There were unintended consequences – particularly to our communities most vulnerable. We cannot lose sight of the importance of paying attention to the data of this. And we must design our work now to address these unintended consequences. The consequences will be too long lasting if we don't pay attention now.

There were also unintended benefits and ingenuity in many sectors. We need to implement these successes – like mobile workforces and virtual delivery of services.

It's time now for stability in systems, in processes and in our work across the health system and with key stakeholder groups – to allow for recovery and real learning and readiness.

SLIDE 9

Our public health system, like any system, can be revamped. The key again will be to stop, listen, and learn. Only then will we have the information necessary to design a successful future public health system. Decision makers need to take the lessons that this pandemic taught us together with the data of where our communities are at post pandemic, and they need to understand what is needed in the system to achieve our goals.

One of the obvious focuses is why does the system need 34 local public health units to achieve what seems to be the same mandate. As a recently merged entity, my response to that might surprise you. I don't know if 34 is the right number of PHUs but what I do know is that so much of our work has to be accomplished using relationships with local leaders and organizations such as yourselves. Implementing ideas that are 'made in the community with the community' as opposed to manufactured somewhere else down the road.

I also caution that merging entities doesn't always result in financial savings, in part because even though you have economies of scale, your new PHU is bigger and demands bigger support. For example, if you have an HR department of 2 people before and you double your workforce based upon an amalgamation, you are going to need additional HR staff to support that workforce. If your financial system is limited to a specific size and then you double the size of your organization, you need a new financial system that can handle that capacity.

Instead, financial savings can be found in the development of technology provincially that can be applied across the system like one health record or integrated health system tools including booking systems, case and contact management solutions and the like. There

are potential savings in procurement of needed resources. Why do we need 34 health units all buying their own vaccine refrigerators (and they are not the cost of your local kitchen fridge) when that type of thing can be centrally purchased at a bulk rate and charged to local PHUs.

I caution decision makers not to make changes to public health until there has been time to learn from the last 2+ years. As someone who just finished an amalgamation of two health units, any changes to public health have to be championed by community leaders such as yourselves, well executed to ensure seamless transition without interruption to the community, and sustainable for the long run. This is especially important because public health's work must not be measured according to an election cycle. Much of public health's success is measured in decades.

Today I highlighted just a few of the challenges and opportunities. There is so much more to explore before big decisions are made.

I will close with this thought.

When we lead with curiosity, we quiet our assumptions. Decision makers have to ask – what are we trying to accomplish, why, and how. If the provincial government reignites public health modernization, I encourage our provincial colleagues to listen with intent to our local public health leaders and our municipal leaders. Together, we know our communities better than anyone. And we have a vested interest in seeing that our future public health system learned from the most significant public health emergent of our time. And that we grasped opportunities to improve the health and wellbeing of everyone.