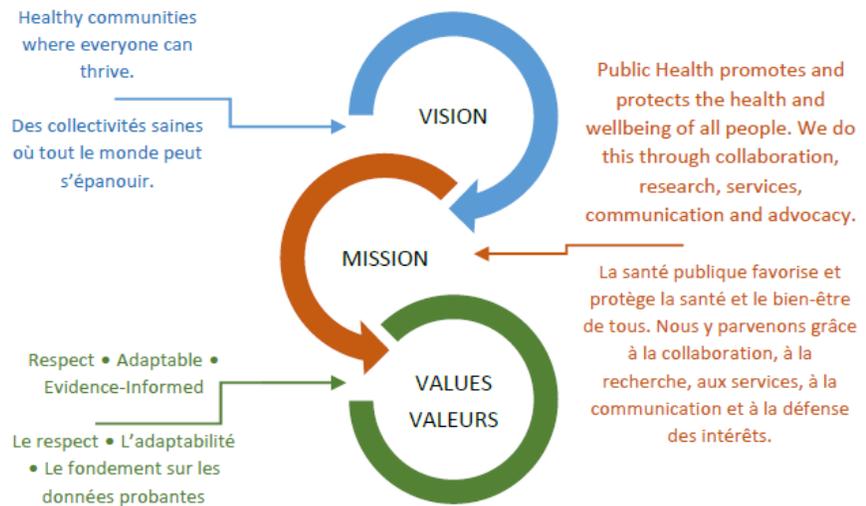


### Report Content

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



## Introduction

Since March of 2020, Timiskaming Health Unit (THU) has been sharply focused on responding to the COVID-19 pandemic. For 2021, THU continued with a COVID-19 Incident Management System Structure that intersects with the agency Organizational Structure for public health programs and services. The first half of 2021 required a significant amount of staff redeployment to support the COVID-19 response and a monumental mass immunization program.

With the COVID-19 context at THU, a regular program planning cycle for 2021 programs and services was not conducted. Instead, directors and managers completed a prioritization matrix to identify essential programs and rank prioritize all program and service work. Ranking considered the impact to health and well-being of community/population and health inequities if the work is not done and the probability that the impact will occur if the work is not done. Despite the challenges of shifting focus with the ebb and flow of the COVID-19 response, staff were able to support essential services and some highest priority programs and services in Q1 and Q2 of 2021. Staff also continued work for programs and initiatives funded outside of the Ministry of Health. This mid-year report shares highlights of THU's COVID-19 activities as well as essential and prioritized public health work.

The COVID-19 pandemic has caused disruption and challenges impacting many aspects of life for all. With that in mind, 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 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.

# Currently On Our Radar

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

Timiskaming's population is increasingly experiencing the impact of problematic substance use including opioid, tobacco, alcohol and others. 2018 hospitalization data indicate Timiskaming rates higher than Ontario. Alcohol-related: 404/100,000 vs 204/100,000 for Ontario; Cannabis-related: 66.5/100,000 vs. 38.9/100,000 for Ontario; Opioid-related: 32.9/100,000 vs. 14.6/100,000 for Ontario. Due in large part to our small population, access to meaningful and timely data to understand issues and identify trends is limited.

Stakeholders in Timiskaming District have demonstrated readiness to work collaboratively in the development of a District-wide drug strategy, using an evidence-based four-pillar model. Following an introductory meeting in December 2020, an initial Steering Committee meeting was held in April 2021 and interest is now in place to collaborate in areas of substance use prevention, harm reduction, treatment, community safety, and opioid incident surveillance and response.

THU has since been successful in securing \$150,000 from the Public Health Agency of Canada's to: support the development of the Timiskaming District Drug and Alcohol Strategy's Steering Committee and Pillar structures and related supports; facilitate development of Timiskaming District Drug and Alcohol Strategy with evidence-informed interventions; coordinate evidence-based implementation, monitoring and evaluation of Year 1 of the Timiskaming District Drug and Alcohol Strategy; facilitate planning and coordinate implementation for Year 2 of Timiskaming District Drug and Alcohol Strategy; and support sustainability planning for year 2 implementation and beyond.

## **Northern Health Unit Opioid Community of Practice**

While the work of public health is most usually in coordinating comprehensive drug strategies and leading the prevention pillar, the urgencies of the opioid crisis, exacerbated by the COVID-19 pandemic, have called on public health increasingly to support work in the harm reduction and treatment pillars. Work is at various stages of development across several Northern Ontario health units to establish safe supply and supervised consumption and treatment services, supplementary to existing needle exchange and naloxone programs. These are urgent needs that are required to save lives. They do not replace the need for the critical investments in upstream and culturally appropriate prevention strategies related to stigma, youth wellness, resilience, among others.

The COVID-19 pandemic has worsened the opioid poisoning crisis while at the same time significantly reduced the capacity of public health and partners to respond. Furthermore, post-pandemic recovery will need to address the disproportionate effects of the pandemic on those who are already disadvantaged or marginalized—furthering health inequities.

As such, a Northern Community of Practice was established in June. While the Terms of Reference are in development, the aim is to leverage our strengths and amplify common themes in our work to address immediate, medium and long-term opioid related issues through coordination and knowledge brokering.

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

In early 2021 Timiskaming Health Unit joined a committee lead by DTSSAB to establish a Community Safety and Well-being Plan for the District of Timiskaming (including the municipality of Temagami). In May of 2021, following a request for proposal process, LBCG Consulting for Impact Inc. was awarded a contract with DTSSAB. THU has committed to support DTSSAB and LBCG in their work by connecting them to local

knowledge and expertise and providing relevant data as well as joining an advisory committee. The Advisory Committee will serve for the duration of the plan development, which is to be completed by January 2022.

#### **Federal Election 2021 and Public Health Matters**

With the upcoming Federal election, Timiskaming Health Unit staff will monitor for opportunity and capacity to support messaging targeting THU area residents as done with past government elections. Drawing on our work for the 2019 federal election (“get informed, get involved, go vote”), communication campaign messages may include highlighting important population health and well-being policies shaped by the Federal government and the importance of voting.

# Timiskaming Health Unit in Action

## Our people – our stories.

### Foundational Standards

#### **Population Health Assessment and Health Equity Highlights**

Population health assessment data supports evidence informed decision making and responsiveness to emerging public health issues. For most program topics population health assessment (PHA) has been on hold throughout the COVID-19 response. PHA activities carried out during the January to June 2021 period are described below.

- Provided updated COVID-19 surveillance data twice per week and updated weekly public report.
- Implemented local COVID-19 [wastewater surveillance initiative](#).
- Performed COVID-19 case and contact management data cleaning.
- Extracted, cleaned, analyzed and reported local COVID vaccine coverage rates by various variables. Began process to produce coverage rates by postal codes and census subdivision and by school.
- Conducted analysis and ongoing reporting of findings from COVID vaccine clinic client survey.
- Began analysis and reporting of local 2020 COVID-19 RRFSS survey data.
- Supported school absenteeism surveillance.
- Updated THU’s Maternal, reproductive and child health report and started dissemination process and Provided DTSSAB with data for their reproductive, maternal and child health report.
- Updated local opioid surveillance snapshot and re-initiated process to establish a local opioid early warning surveillance system.
- Updated quarterly stats for diseases of public health significance and births by area.
- Supported Temiskaming Foundation’s local Vital Signs survey development including promotion for reach and response rate.

Systematically applying a **health equity** approach to all aspects of THU work is critical to ensuring public health practice that results in decreased health inequities. This means that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances such as ability, age, culture, ethnicity, family status, gender, language, race,

religion, sex, social class, or socioeconomic status. While many health equity actions have been on hold, key activities that were supported during Q1 and Q2 of 2021 are described below.

- The **Digital Divide Project** was paused in March 2021 due to funding limitations. Despite this, the program was able to deliver devices and/or services to 93 clients within the first two months of the year. 64% of these clients were over the age of 50, and about 80% of the client's report living with low income.
- A [Board of Health Briefing Note](#) and resolution was created to endorse the Ontario Dietitians in Public Health (ODPH) Position Statement and Recommendations on Responses to **Food Insecurity 2020**.
- Staff implemented a campaign to educate the public about **paid sick leave**, to contribute to reducing population health inequities related to unpaid sick leave to reduce COVID19 transmission at the workplace.
- Early 2021 saw the conclusion of the COVID-19 **Essential Transportation Support Program**, in which THU secured funds to support publicly accessible transportation providers in providing service throughout the pandemic. In total, 3 businesses accessed funding for Plexiglas vehicle modifications and 6 businesses used funds to purchase cloth or reusable masks for passengers and drivers.
- Staff continued to support the [Timiskaming Connections](#) phone line and email, responding to 8 requests for support during Jan-June 2021.
- THU secured funds from DTSSAB for those in need of **COVID supports** (food, transportation or shelter) in relation to the public health measures. THU also established a partnership with one local hotel owner and related procedure for emergency shelter (has not been accessed) and partnership with Kirkland Lake Chamber of Commerce to support transportation to vaccine clinics.
- Facilitated regular **Community Collaborative stakeholder** meetings to identify priority population groups at risk of health and well-being disparities due to COVID-19 and related measures as well as to identify and collaborate on mitigation strategies.
- Supported **training** for a cultural approach to COVID-19 vaccine clinics and data collection.
- With the shocking discoveries of Indigenous children who never made it home from residential schools, THU staff were provided resources to reflect and continue a journey for **action on the work of reconciliation**. Acknowledging and addressing the impacts of colonialism, racism, and intergenerational trauma and the resulting health inequities experienced by Indigenous people is important work of public health. Understanding the past is also key to delivering culturally safe and trauma-informed programs, services and advocacy to address structural inequities.

## Effective Public Health Practice

### **Program Planning, Evaluation and Evidence Informed Decision Making, Research, Knowledge Exchange,**

As noted, since March 2020 THU has remained in an Incident Management System structure with significant staff redeployment and as such employed a modified program planning process for 2021. Activities to support local public health practice that is responsive to current and emerging evidence and emphasizes continuous quality improvement during Q1 and Q2 of 2021 are highlighted below.

Staff **gathered and brokered available evidence** from a variety of sources to support local decision making and planning related to the following; local COVID-19 response (included weekly analysis and reporting of phone line data as well as weekly sharing of relevant research), COVID-19 vaccine program, COVID-19 recovery\*, community drug strategy pillar needs and interventions\*, digital divide needs assessment\*, community safety and well-being indicators, adverse childhood experiences (ACEs)\* and healthy sexuality\* needs assessments and interventions, NutriSTEP\* implementation, Tick program, mobile food market project

and program, early years needs assessment and interventions, healthy growth and development and mental health.

With respect to **evaluation and formal continuous quality improvement** in Q1 and Q2 of 2021, a COVID-19 vaccine clinic client satisfaction survey was initiated with ongoing analysis and reporting as well as an internal staff survey to gather data COVID-19 response successes and challenges as well as staff well-being. A survey and report were also supported regarding active travel. A process evaluation was conducted for the digital divide project and an outcome evaluation plan\* was initiated. THU was also a panelist at a Public Health Ontario interactive [learning exchange](#) to share experiences, and lessons learned from implementing continuous quality improvement (CQI) initiatives in the public health system during COVID-19. THU shared experience as a small health unit completing an In-Action-Review of our COVID-19 response. A CQI project using Lean Sigma tools to review THUs French language translation process was also initiated.

\*This work was supported by one of 5 Master of Public Health (MPH) and Health Evaluation (MHE) students who had a remote practicum placement with THU. The NutriSTEP program analysis work was conducted by a group of five MPH students (including one from THU) as a capstone project.

### **Communication, Quality & Transparency**

To promote and protect the health of THU area residents, various communication campaigns and strategies were planned and implemented using a variety of modalities to ensure effectiveness and the greatest impact in Q1 and Q2 of 2021. Communication campaigns are highlighted by some programs in this report. In addition, a newsletter to health system partners was distributed in March 2021 covering the following topics: infectious diseases, supporting patients during COVID-19, immunizations, nutrition, addressing stigma, Lived Experience and Opioid Use in Timiskaming Report, cannabis, positive parenting, tobacco cessation as well as 2020 Timiskaming surveillance data on diseases of public health significance.

### **Emergency Management**

With respect to the COVID-19 pandemic, THU continued with an Incident Management System (IMS) structure assigning roles and responsibilities for the response phase of the emergency management cycle. From Jan to June THU's IMS team continued to meet and maintain an Incident Action Plan twice a week. Despite significant focus on the response phase and capacity limitations, preliminary planning for the recovery phase began as a result of a MPH practicum student placement.

## 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* or *Priority* 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.

- Launched the *You Know Me, I Use Active Travel* Campaign, highlighting local cyclists and walkers representing various demographics.
- Hosted a volunteer-led Bike Maintenance virtual workshop with 10 participants.
- After having reached out to all district municipalities to collaborate on active travel infrastructure and programming, established and signed an agreement between THU and Town of Kirkland Lake to collaborate on active travel initiatives within the community, leading to collaboration on active travel signage, securing funds from Temiskaming Foundation in partnership with TKL towards purchase of a bike repair station and purchased 2 bike racks for the community, and securing funds from *Participaction Community Better Fund* to co-host an active travel *Amazing Race in KL* event in June (reach: 75 participants logged 9105 active minutes/151.75 hours).
- Collaborated with community partners and volunteers to collect, repair, and distribute over 70 bikes at the annual Temiskaming Shores Bike Exchange held on June 19.

### Healthy Eating

- Ran social media campaign during Nutrition Month to promote healthy eating and Canada's Food Guide, reach: approximately 9,300 individuals
- Promoted the updated version of the Local Food Map through the Northern and Eastern Ontario Local Food Conference and on SustainOntario.com in March 2021
- Collaborated with the Community Food Action Working Group and other community partners to support planning for a Community Fridge in Temiskaming Shores
- Prepared and delivered 2 Seniors Centers without Walls Presentations to about 40 seniors in January and February 2021

### Seniors Dental Care Program (OSDCP)

In partnership with local oral health providers throughout the district aspects of the Ontario Seniors Dental program continued in the first half of 2021. This government-funded program provides free routine dental care to seniors who qualify. A local assessment will be conducted to support evidence informed identification of need in Temiskaming as there is an indication of needs being greater than available funding.

## 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. Staff were also able to respond to some community opportunities and carry out work in additional *high priority* areas.

### Alcohol and Drug Use

- Implemented stigma and substance use social media featuring images and messaging from [Stop the Shame, Stop the Blame, Stop Stigma campaign](#) (reach=25,417).
- Initiated the development of a district-wide comprehensive drug and alcohol strategy, secured funding from Public Health Agency of Canada to hire two staff in support of this initiative. THU co-chairs the steering committee and leads the prevention and harm reduction pillars.
- 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. Highlights of HR activities during Q1 and Q2 of 2021 are outlined below.

### 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.
- Opioid Response: integrated into comprehensive drug strategy reported above. Also implemented social media posts re: tips for safe use including awareness of the Naloxone program.
- Annual HRPE activity reporting completed as well as quarterly reporting for the ONP and semi-annual inventory management survey for OHRDP. Monitoring of Naloxone kits and refills dispensed also maintained.

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

- Began to explore ways to support neighbouring Quebec services to provide a needle exchange program.
- Transitioning to the CAMH harm reduction database is on hold due to capacity.
- Inventory distribution tracking and monitoring maintained for needles, sharps containers, safer snorting kits, bowl pipes, straight stem pipes, and foil packages.
- Annual activity reporting completed.

Internal Program							External Program			
Client Services	2016	2017	2018	2019	2020	2021 (Jan-Jun)	2018	2019	2020	2021 (Jan-Jun)*
Total # Encounters NEP and Other HR Supplies	189	297	329	498	355	159	149	489	582	207
# of encounters for Naloxone Program					168	74			45	18
# of encounters by friends/family of people who are at risk of opioid overdose					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; provided 308 vouchers to 49 clients and promoted appropriate services (Stop on the Net, Smokers Help Line)

**Mental Health Promotion**

- Ongoing social media promoting [positive mental health](#) in the context of COVID-19 including *managing your mental health, mental health campaign resources, responding to stressful events, workplace mental health, and youth mental health*
- Focused promotion in collaboration with CMHA and School boards of 5 Ways to Well-Being during [May 2021 Mental Health Week](#), promotion of Bell Let’s Talk Day, Children’s Mental Health Week
- Offered free registrations to [LivingWorks Start suicide prevention program](#)
- Layered positive mental health messaging throughout other well-being campaigns e.g. physical activity/active outdoor play/active travel and healthy eating, positive parenting, holiday celebrations, JK registration, pandemic PH measures
- Promoted community partner social media content related to positive mental health: Ministry of Health, Do More Ag Institute (Farmer mental health), CMHA, Children’s Mental Health Ontario, NEOFACS

## 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.

Since March of 2020, the redeployment of health unit staff to COVID-19 response efforts impacted all programs including healthy growth and development and specifically the HBHC program. In April of 2021, THU along with all Ontario health units submitted a service delivery plan to the Ministry of Children Community and Social Services outlining how funding would be prioritized for the delivery of the HBHC program within a COVID-19 context. We are monitoring and currently assessing related service targets and strategies to achieve incremental increases in screening rates, in-depth assessments and home-visiting with being close to pre-COVID benchmarks or better by the end of Q3 and to reach a minimum of 25 families with a Family Service Plan. Quarterly activity reporting to the Ministry is also completed.

Total Number of Live Births	2017	2018	2019	2020	2021 YTD
Timiskaming Health Unit Residents	355	329	334	318	153

HBHC Screens	2017	2018	2019	2020	2021 YTD
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 YTD
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

## **Healthy Growth and Development Other**

**Hospital Liaison:** Daily visits to Temiskaming Hospital remain on pause.

**Breastfeeding and Infant Feeding:** THU continued to support clients with the breast pump program and with lactation consulting support. Infant feeding surveillance continued during routine calls to new parents. Whereas active maintenance and support of the breastfeeding peer program and Facebook group has remained on pause as with efforts related to the baby-friendly initiative.

**Prenatal classes:** An online bilingual course continued to be available to THU residents offered by Public Health Sudbury and Districts. Uptake of the program is currently being assessed. Staff also participated in an evening prenatal class with Brighter Futures (North Cobalt) and individual prenatal support was available upon request.

**Well-baby visits:** Staff continued to offer well-baby visits in alignment with COVID-19 guidance. Data is currently being extracted.

**Mental Health Promotion:** Post-partum mood disorder screening and follow-up call continued in Q1 and Q2 of 2021. Screening using the Edinburgh Postnatal Depression Scale is done prenatally, at 48 hours, 2 months and 6 months post-partum. From Jan-June 2021 four referrals for support services were made. Completed situational assessment on **Adverse Childhood Experiences (ACEs)** and companion webinar for THU staff and interested community partners to build understanding of ACEs and potential interventions within Timiskaming with partners in community, family and school settings.

**Road Safety and Car Seats:** Due to COVID-19 redeployment, this program shifted from facilitating trained inspectors, conducting installation inspections to promoting use of on-line videos and resources related to child safety seats. Based on an assessment of need, 3 car seat inspections occurred between January and June 2021.

**Healthy eating supportive environment and policy:** 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, established a monthly Timiskaming Cooks Networking Group; first meeting held in March. Also supported childcare centers by providing picky eating resources.

**Timiskaming Children's Services Planning Table:** Timiskaming Health Unit staff supported partner connections to maintain understanding of the needs of children and families, available programs and resources and to foster collaboration during the COVID-19 context. Staff also supported the resumption of system planning for coordinated, accessible, and affordable services to support the health and well-being of all children and their families.

## School Health

In-person learning took place in January-mid-March at which point publicly funded schools closed and resumed remote learning for all but small groups of students requiring in-person learning. When most in-class instruction stopped, School PHNs continued to deliver healthy living messaging to families via social media.

### School COVID

During the period of in-person learning, THU staff supported schools with ongoing IPAC guidance and support, by our team of school nurses and through a specific school- and childcare-focused telephone line and email address (Jan-Jun: responded to 91 inquiries from childcare, 97 inquiries from schools). THU participated in weekly calls with Directors of Education for all four local school boards, regular calls with the school bus consortium serving Conseil Scolaire Catholique des Grandes Rivieres, and facilitated biweekly meetings with childcare providers.

School PHNs provided ongoing support to all Timiskaming area schools as needed, including private schools within our Anabaptist communities.

School focused nurse initiative (COVID-19) monthly reporting completed.

### Oral Health Screening:

Oral Health - Dental Screenings							
	2015	2016	2017	2018	2019	2020	2021 YTD
<i>Pre-Kind/Kind &amp; Grade 2 In-School Mandatory Program</i>	555	937	800	---	---	----	0
<i>Pre-Kind/Kind, Grade 2, 4 &amp; 7 In-School Mandatory Program</i>	---	---	----	985	915	632	0
<i>Additional Grades In-School Screening</i>	1043	2217	1350	654	n/a	n/a	0
<i>Office Screenings</i>	292	238	248	231	193	105	68

*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 YTD
<i>Number Screened</i>	146	143	0	0
<i>Number Referred to Optometrist for Vision Exam</i>	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 first half of year 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.

### **School Health - Other**

#### **Healthy eating supportive environment and policy**

- Supported implementation of [Northern Fruit and Vegetable Program](#) during in-school months with participation from 22 out of 23 schools
- [Timiskaming BOH endorsement](#) of CODE-COMOH's student nutrition program recommendations

#### **Physical activity and sedentary behaviour supportive environment & policy**

- Supported one school in securing funds for an outdoor classroom
- Provided outdoor physical activity supplies to schools participating in the *Playground Activity Leaders in Schools* Program

#### **Physical activity and sedentary behaviour education, awareness and skill development**

- Added 2 new Sidewalk Stencils locations, painted by community members: Earlton (community with permission from municipality) & English Catholic Central School
- Secured funds for Phase 2 of Active School Travel Project in Englehart; secured funding to develop a website and communications strategy for the Active School Travel Program (currently under development); initiated School Travel Planning process with 2 new elementary schools; established relationships with key stakeholders (EarlyOn, Englehart Recreation Centre, Englehart Public Library); expanded Steering Committee to include representation from Englehart; created materials and promoted winter walk day at all schools and supported planning at one elementary school

#### **Healthy Sexuality supportive environment & policy**

- Held healthy sexuality/healthy relationships clinics at one secondary school

#### **Healthy sexuality education, awareness and skill development**

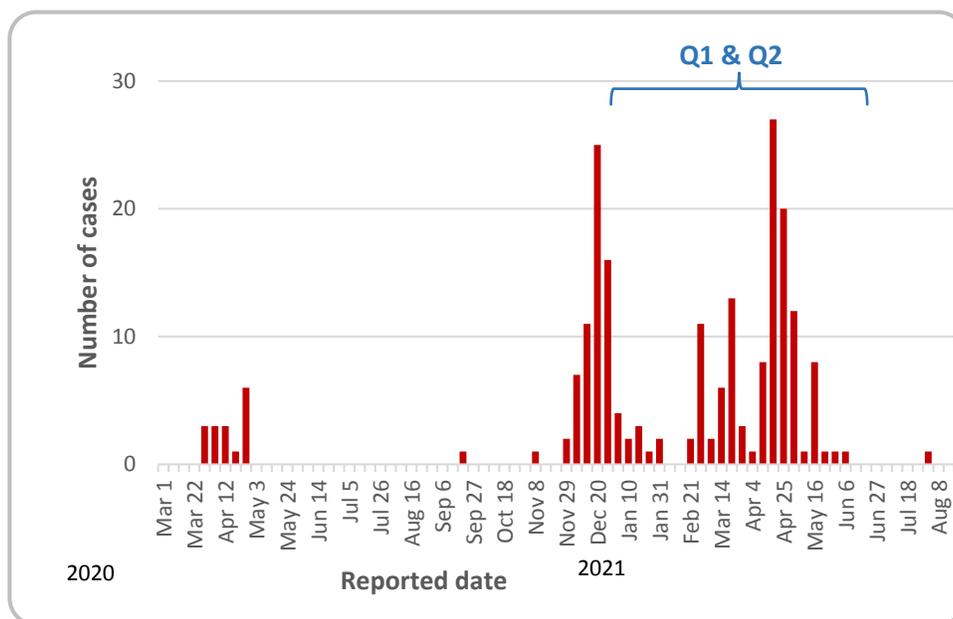
- Provided sexual health resources to support in-class teaching
- Completed Healthy Sexuality Situational Assessment and companion webinar to build understanding of healthy sexuality and potential interventions within Timiskaming with partners from school setting and beyond

#### **Mental health promotion & resiliency education, awareness and skill development**

- Supported RNAO/YMHAC youth mental health program in five secondary schools
- Facilitated use of smoothie bike during exams at one school

## COVID-19 Case and Contact and Outbreak Management January to June 2021

- The period of January to June of 2021 encompasses the tail end of wave two and the entire wave three. During this period, we reached the highest number of cases that we had so far throughout the whole pandemic, a total of 134 cases. At the highest peak, 27 cases were reported in one week.
- THU's rate during the first half of the year was 409.9 per 100,000 people, which was much lower than Ontario's rate of 2,522.6 per 100,000 people, showing that the THU had less cases per population than Ontario.
- The majority of the cases occurred in the northern part of THU (43%), followed by the southern area (32%) then the central area (26%). The cases were almost evenly distributed between males and females. The most cases were in the following age groups: 20-29 years (23%), 30-39 years (19%), and 50-59 years of age (15%). During the January to June period, there were very few cases under 20 years of age, and very few 70 and older.
- During this time, THU's average number of high-risk contacts per case was 3.4, meaning that for every case, there was an average of 3.4 people who were deemed as high risk of contracting COVID-19 because of their close contact with the case. Ontario had an average of 1.6 high risk contacts per case, which may indicate that the THU conducts thorough contact tracing.<sup>1</sup> Even though THU had a high number of high-risk contacts per case during this time, 96% of them were reached within one day. In Ontario 82% of high-risk contacts were reached within one day.
- From January to June there were 5 outbreaks in the district, 4 workplace and 1 institutional. There were several local contacts and cases for out-of-district outbreaks (both institutional and workplace).



<sup>1</sup> Provincial COVID contact follow up weekly metrics emailed to Dr Corneil from the Ministry.

## **COVID-19 Communications**

### Public & external

- Webpages were maintained to keep information current regarding local and provincial guidance for the public and various sectors including regulation changes requiring approximately 70 website updates since January 2021. 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. Letters are publicly available [here](#). 21 updates were made January-June.
- Social media plans were created regarding public health measures with an average of 12 social media posts each month. MOH videos are created regarding major updates, like outbreaks, worsening COVID-19 situation in our district, and vaccine Q&A. Videos are uploaded to Facebook, YouTube, and the website.

### Media relations

- Media releases were distributed to local media and media who requested to be on our media distribution email list. Media questions were fielded from media locally and across the province.

### Internal

- Updates for our area and for the province were communicated internally via all-staff emails.
- Several local social media pages are monitored for trends in COVID-19 misinformation and internal planning.

## **COVID-19 Liaison Support and COVID Phone Line**

In 2021 THU maintained meetings with health system and municipal partners every week or two weeks based on the provincial and local situation. Similarly, meetings were held with the Directors of Education (weekly) and DTSSAB children's services Manager and staff.

To support timely guidance and directive updates to local health care providers, 21 alerts were issued between January and June of 2021.

To respond to public inquiries and to support screening and testing and assessment navigation, the COVID phone line was maintained 7 days a week from January to June.

## **IPAC Hub**

Identified as a need by the province, Infection Prevention and Control (IPAC) hubs were established throughout the province. In Northern Ontario hubs are being led by health units. With the goal of enhancing the current support we already provide to long term care, congregate settings, and other high-risk locations, coordination of IPAC education, procedures, best practices and any other urgent needs has been put in place through the establishment of the local IPAC hub.

At the beginning of the pandemic many actions and response to various IPAC requests were addressed through our usual internal processes. Now, with a more coordinated approach, partners in need can engage more easily with us and have access to additional support. In Q2 we were able to provide focused capacity for this role, which will continue into 2022.

COVID-19 communications have taken up the vast majority of our work in this area in the first half of 2021. Below are some highlighted areas of work that goes into managing the COVID communication needs. During periods of lower COVID communication needs, we have supplemented our messaging with some of our regular OPHS program material. Highlights of this work can be found in program specific areas within this report.

## Other Diseases of Public Health Significance

Reportable Diseases and Infection Control						
Client Services	2016	2017	2018	2019	2020	2021 YTD
Reportable Disease Investigations (non-STI)	67	59	102	50	n/a	
Outbreaks - Institutional	21	36	33	21	21	1
Outbreaks - Community	0	0	0	1		4
Animal Bite Reporting	29	85	77	72	64	27
Sexually Transmitted Infections (STI)	82	61	78	85	81	34
Personal Service Settings Inspections (hair salons, tattoos, piercings, aesthetics)	47	50	52	49	31	2

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 Program

Sexual health services at THU include:

- Information on sexually transmitted infections (STIs), free testing and treatment of STIs;
- Confidential and anonymous HIV testing;
- Pregnancy testing and information about Emergency Contraception Plan B, affordable contraception and free condoms. The OHIP+ program (2018) decreased the demand for THU contraceptives.
- Pap tests to those less than 25 years of age.

From Jan to June 2021 164 of the client interactions were in-office with the remainder being virtual.

Sexual Health						
Client Services	2016	2017	2018	2019	2020	2021YTD
Male Clients	129	127	164	308	292	142
Female Clients	864	805	644	1014	690	295
% of clients between 12-24			66%	63%	56.3%	49.2%
Contraceptives (sold)	929	846	198	195	72	38
Contraceptives (prescribed)					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

This year we were fortunate to have a Masters of Public Health practicum student to conduct an active tick surveillance project. Public Health Ontario has long identified the Timiskaming district as a low-risk area for black legged ticks, which can carry Lyme disease, although there has been no active local surveillance data. The active dragging project was planned and implemented by the student and findings were captured and presented to internal staff. The highlight of the data was that the hypothesis of Timiskaming being a low-risk area for Lyme disease was supported, although it was noted that this project was only a random sample size. It did, however, cover various locations throughout the entire district.

## Immunizations

### Immunization – Vaccine Safety and Vaccine Administration

#### COVID-19 Vaccine Program

THU hired a Public Health Promoter to carry out communications specific to vaccine communications. Using social and traditional media and building on partnerships with community organizations to reach specific populations, communications about vaccines focused during the Jan-Jun period on rapid evolutions in eligibility then shifted to a focus on addressing hesitancy. The COVID vaccine communications strategy was very data-focused, using evidence related to vaccine hesitancy and confidence and adjusting according to local vaccine uptake by age group, geography and other factors. Accordingly, late spring saw an enhanced investment in targeted strategies to reach youth under aged 30 [including a youth Q&A video series with the Acting MOH](#).

Other COVID-19 vaccine program highlights:

- Successfully administered over 44,000 vaccines across the district through multiple channels (public health, pharmacies, and primary care).
- Maintained a responsive vaccine booking system and team.
- Onboarded every eligible primary care practice, family health team, and community health agency onto COVax, the documentation system for COVID-19 vaccination.
- Held pop-up clinics in approximately 20 unique locations. Planned for clinics to be held in areas that had low vaccination rates as identified by our postal code analysis.
- Planned for demobilizing arena-based mass clinics for August 31<sup>st</sup> and continuation of pop-up clinics in alternate locations.
- Planned for on-campus and school-based clinics in all schools with age-eligible populations September 7-17<sup>th</sup> and 21 days later for second dose clinics.

- Planning underway for the provision of booster doses for long-term care homes and those with specific immune-compromising health conditions.

### Routine Immunizations

Immunization Program				
Immunizations Administered in Office	NL	KL	ENG	Total
# of clients receiving immunizations	438	163	43	<b>644</b>
# of immunizations administered	620	244	57	<b>869</b>
<b>Note: These numbers do not include Influenza Vaccine</b> Generated from PANORAMA-R07090 Immunization Administered or Wasted at Health Unit				

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	5	4	14	3	3	0

### 2020-21 Universal Influenza Immunization Program

There was little activity in Q1-Q2 with respect to influenza in Timiskaming. Planning for the 2021-22 program is beginning.

### 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	6
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	36
<i>File Searches</i>	60	60	66	28	55	65	29
<i>Severance/Subdivision</i>	15	15	29	10	13	8	6

## Tobacco Enforcement

Tobacco Enforcement						
	2016	2017	2018	2019	2020	2021 YTD
Inspections	432	355	336	357	220	57
Charges	5	6	9	7	1	0
Warnings	126	103	82	166	73	50

## Safe Water

Safe Water Inspections					
<i>Drinking Water</i>	2017	2018	2019	2020	2021
Small Drinking Water Systems	19	13	48	2	2
Recreational Water					
Public Beaches ( <i>Seasonal Jul-Aug</i> )	16	17	17	19	0
Pools	25	18	28	8	9
Recreational Camps/Beachfront ( <i>Seasonal Jul-Aug</i> )	11	9	11	0	1

## 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 in Q2. 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 the effects of extreme heat and other weather related health risks. Initial work has been done to map out notification processes and messaging on extreme weather conditions, next steps will continue in Q4 on 2021 and into 2022.

## Food Safety

### Food Premises - Compliance Inspections

	2015	2016	2017	2018	2019	2020	2021
High Risk	165	184	109	93	88	47	18
Medium Risk	206	110	187	214	192	96	24
Low Risk	149	204	160	129	135	62	10
<b>Total</b>	<b>520</b>	<b>498</b>	<b>456</b>	<b>436</b>	<b>415</b>	<b>205</b>	<b>52</b>

### Food Handler Certifications

	2015	2016	2017	2018	2019	2020	2021
Englehart	63	26	23	75	58	3	19
New Liskeard	90	68	144	351	182	19	12
Kirkland Lake	70	41	58	127	15	34	0
<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.

**2021 marks THU's 70<sup>th</sup> Year!** 2021 has already been a memorable year in many ways. We will monitor for some capacity to consider how to acknowledge this occasion.

## Human Resource Update

### The comings and goings of our colleagues



#### New Staff:

- Public Health Promoter-Active Travel, New Liskeard, Contract (Mar 23, 2021 – Jun 30, 2022)
- MPH Student Practicum, Environmental Health Remote (May 3 – Aug 20, 2021)
- Family Home Visitor, Kirkland Lake, Contract (Jul 29, 2021, Mar 31, 2022)
- Public Health Promoter – Digital Divide, New Liskeard, Contract (Jul 5, 2021 – Jan 31, 2022)
- Public Health Inspector – Remote/NL, Contract (Jul 13, 2021 – Mar 31, 2022)
- Public Health Nurse, New Liskeard, Permanent (July 26, 2021)
- Public Health Nurse, New Liskeard, Permanent (Jul 26, 2021)
- Public Health Nurse, New Liskeard, Permanent (Aug 23, 2021)
- Public Health Inspector, Kirkland Lake, Permanent (Nov 1, 2021)

#### Practicum Students/Student Placements (Winter and Summer 2021):

- MHE Student, University of Waterloo – Digital Divide
- MPH Student, Lakehead University – COVID-19 Recovery
- MPH Student, Brock University – Drug Strategy
- MPH, Brock University – Adverse Childhood Experiences
- MPH, Lakehead University – Healthy Sexuality
- MPH, University of Waterloo- NutriSTEP Program

#### Resignation:

- Public Health Nurse, Englehart, Contract (April 2021)
- Epidemiologist, New Liskeard, Contract (April 2021)
- Public Health Inspector, Kirkland Lake, Permanent (May 2021)

#### Divestment:

- Nursing Support, Matachewan (April 2021)

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