Board of Health Meeting

Zoom Electronic Participation

Thursday, May 5, 2022

3:00 p.m.

AGENDA			
Item	**Agenda Item**	**Lead**	**Expected Outcome**
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Larry Martin	
1.2	Approval of Agenda	Larry Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Larry Martin	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Larry Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • April 7, 2022	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	**Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide** March 16, 2022 – Simcoe Muskoka District Health Unit *Summary: This letter outlines the endorsement of provincial recommendations to help address the ongoing and escalating opioid crisis experienced locally and province-wide.*	Larry Martin	Receive and File
3.2	**Extension Request for Ontario Regulation 116/20, Work Deployment Measures for Boards of Health** March 30, 2022 – Windsor Essex County Health Unit *Summary: This letter supports the letter from Cynthia St. John, President of Association of Ontario Public Health Business Administrators, requesting the extension of Ontario Reg. 116/20 to support Public Health Units' response to the COVID-19 pandemic.*	Larry Martin	Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Indirect Health Impacts of COVID-19	David Smith	Acceptance
5.2	Chief Executive Officer's Report for May 5, 2022	Cynthia St. John	Acceptance
5.3	Medical Officer of Health's Report for May 5, 2022	Dr. Ninh Tran	Acceptance
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	June 2, 2022 at 3:00 p.m. in person – St. Thomas office	Larry Martin	Decision
10.0 ADJOURNMENT			

April 7, 2022

Board of Health Meeting

Minutes

The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, April 7, 2022 virtually through Zoom commencing at 3:01 p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	Board Member
Mr. G. Jones	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Acting Medical Officer of Health
Ms. A. Koning	Executive Assistant

GUESTS:

Mr. P. Heywood	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. S. MacIsaac	Program Director
Ms. M. Nusink	Director, Finance
Mr. D. Smith	Program Director
Ms. M Cornwell	Manager, Communications
Mr. F. Harmos	Program Manager
Ms. M. Van Wylie	Program Manager
Ms. B. Boersen	Health Promoter
Ms. J. Buchanan	Graham Scott Enns
Ms. R. Perry	Woodstock Sentinel-Review
Mr. I. McCallum	My FM 94.1

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2022-BOH-0407-1.2)

Moved by L. Baldwin-Sands
Seconded by L. Rowden

That the agenda for the Southwestern Public Health Board of Health meeting for April 7, 2022 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that Meetings are Recorded for minute-taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2022-BOH-0407-2.1)
Moved by J. Preston
Seconded by G. Jones

That the minutes for the Southwestern Public Health Board of Health meeting for March 3, 2022 be approved.

Carried.

D. Warden joined at 3:04 p.m.

3.0 CONSENT AGENDA

None at this time.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

None at this time.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Harm Reduction and Needle Syringe Programs and Services Update

P. Heywood acknowledged C. St. John, Dr. Tran, D. Smith, S. Fox, F. Harmos, M. Van Wylie & B. Boersen for their contribution to this support.

P. Heywood reviewed the report, highlighting the main initiatives SWPH has been working on over the last few years. P. Heywood provided an overview of the current opioid crisis. He noted that social determinants of health impact individuals' wellbeing and the ongoing opioid crisis. In addition, F. Harmos provided an overview of SWPH's naloxone program.

L. Martin noted that the tour he participated in at the safe consumption site in London prior to the pandemic was very valuable and informed. P. Heywood noted that this site has now transformed into a treatment facility, as well as a safe consumption site.

J. Preston noted that he would like the Council for the City of St. Thomas to review the report and advise if they have any suggestions. P. Heywood noted that over the next few months, the consultation process with the community will begin and indicated that staff could present at a future Council meeting if that would be helpful.

P. Heywood noted that much of our data is quantitative in nature. He noted that Public Health Ontario has a robust data set, that will assist in our plan development. He noted that SWPH's framework includes stakeholder engagement which includes informing, engaging and educating key stakeholders and partners. He noted that SWPH's goal is to create bridges with a variety of stakeholders so that we are all walking together.

L. Rowden noted that he has concerns with the lack of data from those who experience homelessness, as many of those individuals are not followed by an organization in our community, such as CMHA. P. Heywood noted that the Canadian Mental Health Association (CMHA) has identified the lack of data from those who experience homelessness. P. Heywood noted that an increase in treatment facilities and/or services would support our ability to obtain data from this population. P. Heywood noted that he is encouraged by the recent Federal and Provincial governments' funding of additional treatment centres and beds. J. Preston noted that the City of St. Thomas is working with Indwell to create additional supportive housing in his community and he is encouraged by their support.

The group discussed the need to address both the upstream and downstream work.

C. St. John asked the Board if they would be interested, in the future, in a "deeper dive" into many of our programs and services such as this one. This is how some reports were done in previous years prior to the pandemic. The board was supportive of the suggestion to begin receiving comprehensive reports of our programs and services going forward.

Resolution # (2022-BOH-0407-5.1)
Moved by L. Baldwin-Sands
Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Harm Reduction and Needle Syringe Programs and Services Overview and Update report as information.

Carried.

F. Harmos, B. Boersen and M. Van Wylie left the meeting at 3:47 p.m.

5.2 Finance and Facilities Standing Committee Report for April 7, 2022

J. Preston reviewed the report.

Resolution # (2022-BOH-0407-5.2A)
Moved by D. Mayberry
Seconded by T. Marks

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to approve the audited financial statements for the period ending December 31, 2021.

Carried.

J. Buchanan from Graham Scott Enns was in attendance. There were no questions or concerns regarding the audited financial statements.

Resolution # (2022-BOH-0407-5.2B)
Moved by T. Comiskey
Seconded by G. Jones

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to appoint Graham Scott Enns as the auditing firm for the year ending December 31, 2022.

Carried.

Resolution # (2022-BOH-0407-5.2C)
Moved by L. Baldwin-Sands
Seconded by L. Rowden

That the Board of Health receive and file the revised Amending Agreement between the Ministry of Health and Southwestern Public Health.

Carried.

Resolution # (2022-BOH-0407-5.2D)
Moved by D. Mayberry
Seconded by T. Comiskey

That the Board of Health ratify the signing of the Annual Service Plan for 2022.

Carried.

Resolution # (2022-BOH-0407-5.2E)
Moved by L. Martin
Seconded by G. Jones

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to receive and file the internal controls process checklist.

Carried.

Resolution # (2022-BOH-0407-5.2F)
Moved by D. Mayberry
Seconded by L. Rowden

That the Board of Health approve increasing its existing line of credit temporarily for 2022 from $800,000 to $3,000,000 to manage cash flow concerns that may arise due to the provincial timing of budget approvals and transfer payments.

Carried.

D. Mayberry noted that "temporarily for 2022" implies for the remainder of the 2022 calendar year. He noted that the Committee wanted to ensure that the organization had access to additional funds to manage cash flow for the remainder of 2022.

Resolution # (2022-BOH-0407-5.2)
Moved by L. Martin
Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Finance and Facilities Standing Committee's report for April 7, 2022.

Carried.

J. Buchanan left the meeting at 3:59 p.m.

5.3 Chief Executive Officer's Report for April 7, 2022

C. St. John reviewed her report.

C. St. John noted that given the recent announcement of updated vaccination eligibility for fourth dose boosters, we have moved to Mass Immunization Clinic offerings and cancelled our planned pop-up/mobile clinics over the next few weeks to manage the surge. The clinics allow for us to administer a far greater amount of vaccines verses pop-up/mobile clinics.

C. St. John noted that we are going to be engaging in a very comprehensive recognition campaign for the community and our stakeholders. In addition, she noted that we are moving on to a new campaign that reminds our community of all programs and services that SWPH offers to the community particularly because so much of our work over the past two years has been mainly covid related.

C. St. John highlighted the priorities of SWPH for the remainder of 2022. She noted that it is important to ensure that we remain ready for what COVID-19 may deliver later this year, while at the same time, restarting our other programs and services.

Resolution # (2022-BOH-0407-5.1)
Moved by J. Preston
Seconded by T. Comiskey

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for April 7, 2022.
>
> Carried.

6.0 NEW BUSINESS/OTHER

Dr. Tran noted that he is pleased to have joined SWPH and he looks forward to many years with the organization, assisting the team with our COVID-19 response and programs and services.

Dr. Tran thanked the Board for this opportunity and introduced himself to those Board members who he had not yet met.

7.0 TO CLOSED SESSION

Resolution # (2022-BOH-0407-C7)
Moved by L. Baldwin-Sands
Seconded by G. Jones

> That the Board of Health moves to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:
>
> (a) the security of the property of the municipality or local board;
> (b) personal matters about an identifiable individual, including municipal or local board employees;
> (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
> (d) labour relations or employee negotiations;
> (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
> (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;

(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

(a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
(b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

S. Molnar joined at 4:15 p.m.

Resolution # (2022-BOH-0407-C8)

Moved by G. Jones
Seconded by L. Martin

That the Board of Health rise with a report.

Carried.

Resolution # (2022-BOH-0407-C3.1A)

Moved by T. Marks
Seconded by S. Molnar

That the Board of Health for Southwestern Public Health approve the Committee's recommendation to award the security contract as described.

Carried.

Resolution # (2022-BOH-0407-C3.1)

Moved by D. Mayberry
Seconded by S. Molnar

That the Board of Health for Southwestern Public Health approve the Finance and Facilities Standing Committee Report for April 7, 2022.

Carried.

10.0 ADJOURNMENT

Resolution # (2022-BOH-0407-10)

Moved by L. Rowden
Seconded by D. Warden

That the meeting adjourns at 4:20 p.m. to meet again on Thursday, May 5, 2022.

Carried.

Confirmed: _____

simcoe muskoka
DISTRICT HEALTH UNIT

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | wechu.org |

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

March 30, 2022

The Honourable Christine Elliott
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Elliott:

Letter of Support – Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

On March 24, 2022 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Cynthia St. John, President of the Association of Ontario Public Health Business Administrators (AOPHBA) to Dr. Kieran Moore, CMOH, requesting that Dr. Moore consider extending **Ontario Regulation 116/20 Work Deployment Measures for Boards of Health for the duration of public health units' response to the COVID-19 pandemic.** The following motion was passed:

Motion: **That the WECHU Board of Health support the letter from the AOPHBA to the CMOH, Dr. Kieran Moore, requesting that Work Deployment Measures for Boards of Health be extended for the duration of public health units' response to the COVID-19 pandemic.**
CARRIED

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Gary McNamara, Chair
Windsor-Essex County Board of Health

c: Nicole Dupuis, CEO, WECHU
Loretta Ryan, Executive Director, alPHa
Ontario Boards of Health
Dr. Kieran, Moore, CMOH
Doug Ford, Premier of Ontario

AOPHBA

ASSOCIATION OF ONTARIO PUBLIC HEALTH BUSINESS ADMINISTRATORS

Sent via email to: Kieran.moore1@ontario.ca

February 9, 2022

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health

RE: Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

Dear Dr. Moore,

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I am writing to you concerning the Ontario Regulation 116/20, Work Deployment Measures for Boards of Health.

This Regulation, in place since April 2020, has proven invaluable in ensuring that public health units (PHUs) are able to effectively respond to the COVID-19 pandemic. Since April 2020, public health work has evolved and changed rapidly in response to both local and provincial directions and demands in areas such as case and contact management, outbreak management in our most vulnerable settings, the development and implementation of the vaccination program, and the continued support and leadership provided to community partners including businesses, municipalities, schools, health related agencies, etc.

It is the opinion of the Association Executive that public health units' continued response to the COVID-19 pandemic will be significantly negatively impacted if PHUs do not have the flexibility necessary to deploy staff how and where needed. PHUs have one or more unions within their employ and many of our members have noted that the restrictions of the various collective agreements often do not allow redeployment of PHU staff to different roles or different areas within the PHU, nor assignment of work on weekends, evenings, and holidays, all of which have been critical to vaccine clinics. The flexibility that this Ontario Regulation provides is critical to our ability to continue to plan and execute both local and provincial directives in line with our mandate, for the balance of 2022.

We respectively ask that you consider extending Ontario Regulation 116/20 Work Deployment Measures for Boards of Health for the duration of public health units' response to the COVID-19 pandemic.

Sincerely,

Cynthia St. John
President
Association of Ontario Public Health Business Administrators (AOPHBA)

c. Brent Feeney, Manager, Funding and Oversight, Office of the CMOH, Ministry of Health
Teresa Bendo, Secretary, AOPHBA
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa)

Indirect Health Impacts of COVID-19

Health Status Report
Southwestern Public Health
Last updated: January 25, 2022

Author

Melissa MacLeod
Epidemiologist
Foundational Standards
Southwestern Public Health

Acknowledgements

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Cynthia St. John
CEO
Southwestern Public Health

Contents

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Summary

The Public Health Agency of Canada released a report in October 2020 that highlighted the direct and indirect impacts of COVID-19 on Canadians.[1] The report focused on the importance of a health equity approach moving forward to protect the population's overall health. Our local data, although not always comparable to the national data presented in the PHAC report, can also tell a story of how COVID-19 has indirectly affected people's health.

Key Findings from Local Data (So Far…)

- This report currently contains baseline data (pre-pandemic) and some limited data for the first year of the pandemic (2020). It will be important to continue to monitor these indicators to see if there were short-term and long-term indirect effects of COVID-19 mitigation measures during and after the pandemic.
- The data clearly shows that the pandemic affected people's employment and livelihood. Prior to COVID-19, the local unemployment rate was around 6% each year, but in 2020 when COVID-19 was prevalent in the community and we were experiencing several provincial lockdowns, the unemployment rate increased to 9%. We also saw an increase in the number of people qualifying for employment insurance and the Canada Emergency Response Benefit (CERB). Businesses were largely affected with an increase in business bankruptcies reported in the first year of the pandemic; however, at the same time, consumer bankruptcies decreased.
- Prior to COVID-19, local indicators showed an increase in opioid poisoning emergency department visits, unplanned emergency department visits for mental health concerns and needle syringe program use in the community. During the beginning of the pandemic (around March-June), there were fewer emergency department visits for all reasons because people were afraid of catching COVID-19 and there were concerns about overloading the hospital system. It was anticipated that this shift in the data will make it appear as though there was a decrease in health concerns, which is likely untrue. This decreasing trend was seen in oral health emergency department visits and Ministry-funded substance use treatment services but was not consistent across all health system indicators. For example, the rates of emergency department visits for mental health and self-harm were similar to pre-pandemic rates. It is unknown whether

there were more mental health concerns in the community than pre-pandemic which muted the decreasing trend as seen in other indicators (i.e., some people were still reluctant to seek help, but more people needing help averaged out the data), or if the pandemic was less likely to stop people from visiting the hospital for mental health concerns compared to other concerns like oral health.

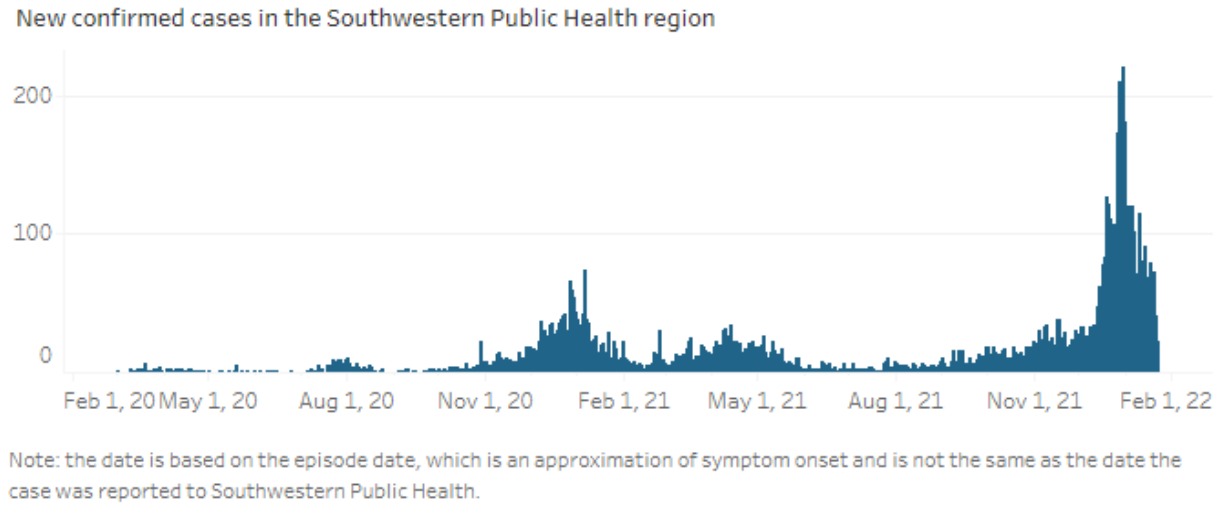
- Outside of the hospital system, some indicators showed that there were more mental health and substance use concerns within the community during the pandemic. Within St. Thomas, the number of police calls for mental health reasons doubled in the first year of the pandemic (from around 1,000 calls per year to 2,000 calls). We also noted an increase in the number of sharps returned to Southwestern Public Health through the needle syringe program in Oxford County. Unlike many of the other hospital-based indicators, there was an increase in emergency department visits for opioid poisoning during the pandemic, particularly among 25–64-year-olds.
- We will continue to monitor these indicators after the pandemic is declared over to obtain a more complete picture of how the health of our residents may have been indirectly impacted by COVID-19 mitigation measures.

Indirect Health Impacts of COVID-19

Background

Timeline

The first case of COVID-19 in Canada was confirmed in Toronto on January 25, 2020, but the first case of COVID-19 in the Southwestern Public Health (SWPH) region was not reported until March 20, 2020. Since then, there have been several waves of COVID-19 with cases increasing then decreasing as new variants of concern (VOCs) became dominant and public health mitigation measures such as masking, non-essential business closures, school closures, and reduced capacity limits in social settings were implemented as a response to control spread.[2]



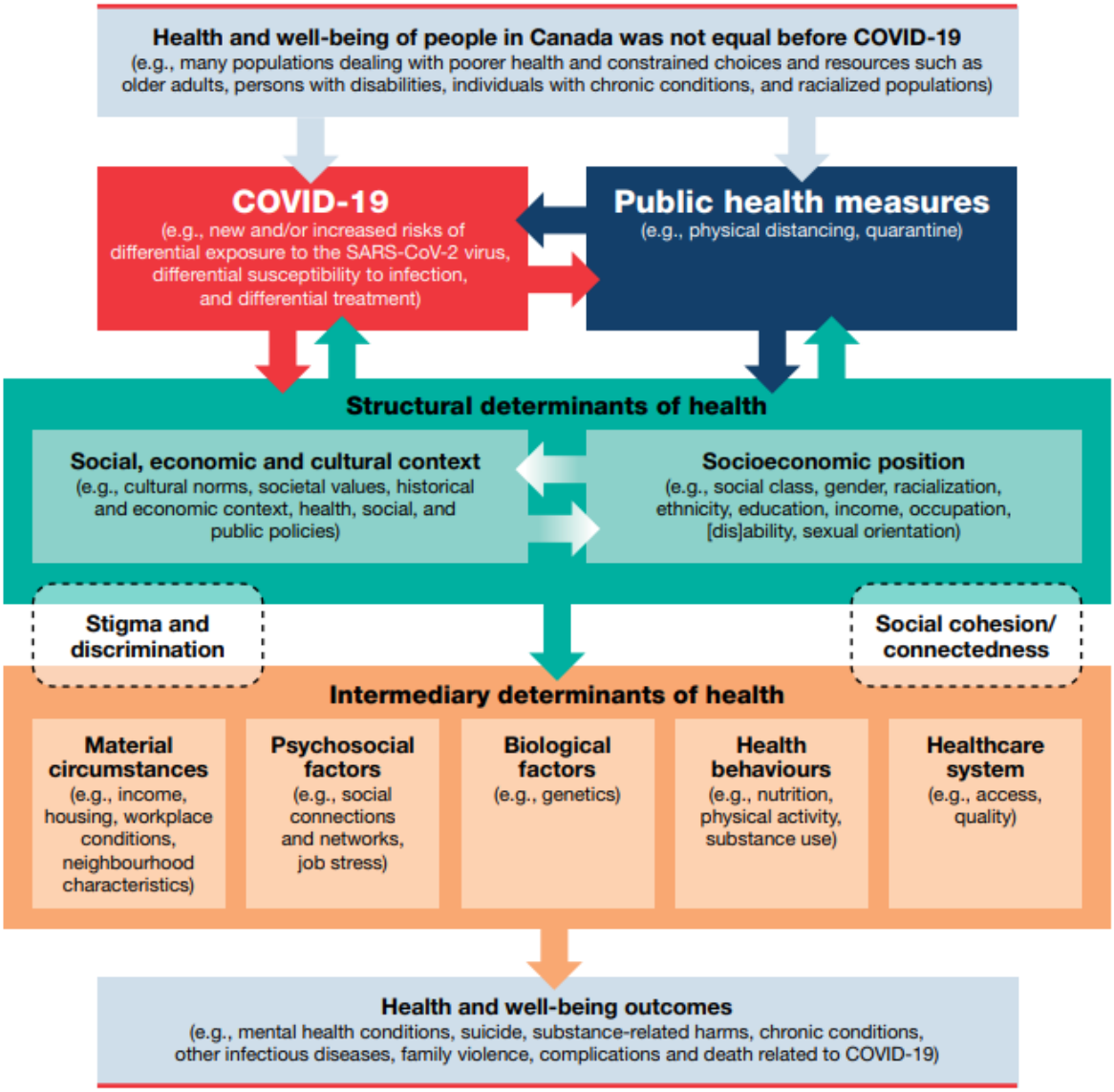
Direct vs. Indirect Health Impacts

The direct health impacts of COVID-19 are measured by how many people got sick and their outcomes (i.e., hospitalizations, deaths). This information was routinely reported by many sources including the Southwestern Public Health COVID-19 cases dashboard.[3] Indirect health impacts are the unintended consequences of the pandemic and the mitigation measures implemented to slow down the spread of COVID-19. For example, the closure of businesses and stay-at-home mandates created a loss of income for many people and since income is a social determinant of health, this was predicted to worsen health. The indirect health impacts are complicated by the fact that not everyone had the same level of access to resources or health before the pandemic, and the mitigation measures may have increased the disparity between some groups of people (e.g., working poor and the wealthy). There are many possible indirect health impacts resulting from the pandemic and the pathways describing how these health impacts can occur are complex. There are multiple frameworks that can be used to frame the discussion – these frameworks are described in more detail in the next section.

Frameworks

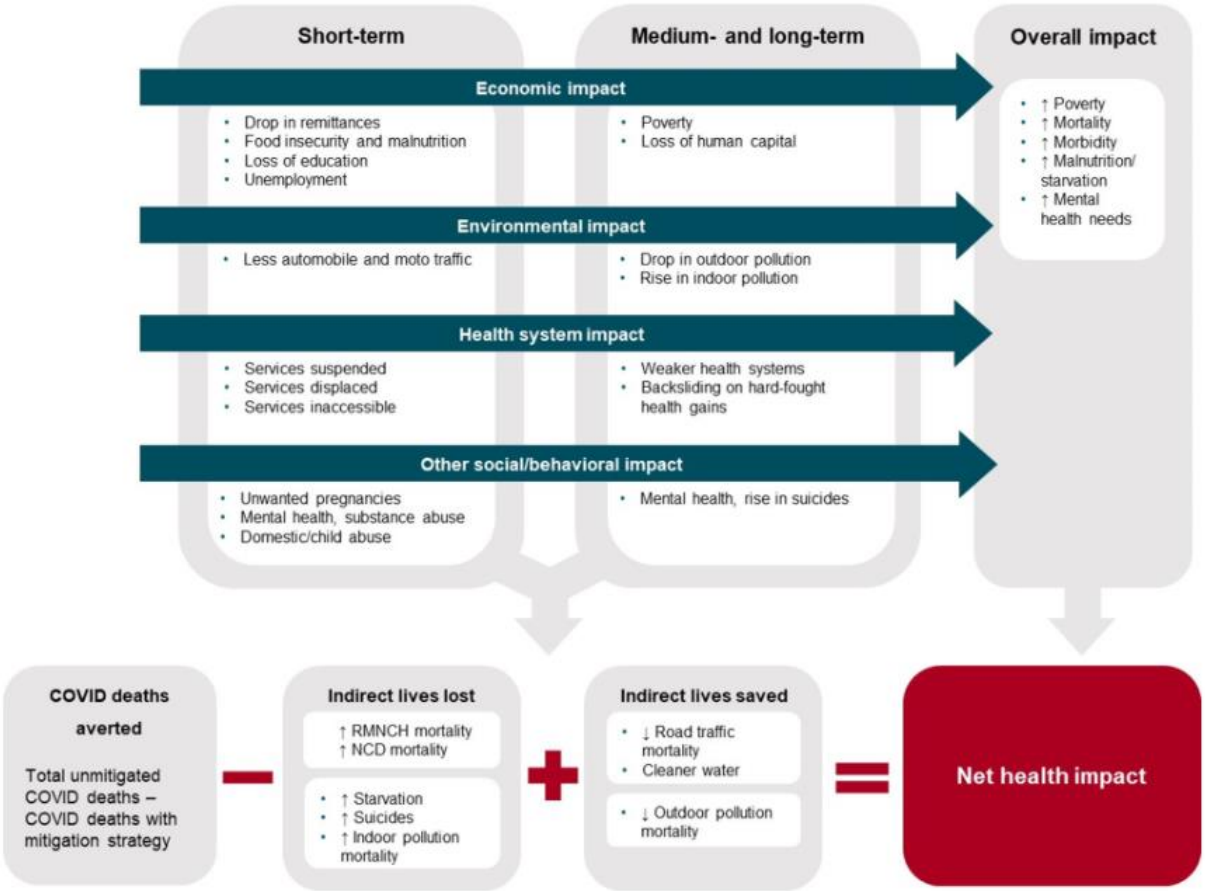
The Public Health Agency of Canada shared a framework in their report *From Risk to Resilience: An Equity Approach to COVID-19* (Figure 1).[1] This framework highlights that not everyone had equal health before the pandemic and shows how the social determinants of health are interwoven with public health mitigation measures and intermediary determinants of health (i.e., material conditions, psychosocial factors, biological factors, health behaviours, and health care) to influence health and well-being outcomes.

Figure 1. Public Health Agency of Canada Framework



The Center for Global Development created the framework shown in Figure 2 to highlight the complexity of indirect health impacts stemming from COVID-19 with a focus on economic impacts, environmental impacts, health system impacts and social/behavioural impacts.[4] They differentiate between potential short-term impacts and medium to long-term impacts to describe the overall impact. The net health impact is the result of prevented COVID-19 deaths and non-COVID-19 deaths (either an increase or decrease) due to public health mitigation measures.

Figure 2. Center for Global Development Framework



Early Findings

Across the country, the health care system rapidly changed by switching to virtual care where possible and delaying non-urgent procedures such as some planned surgeries. At the same time, people also sought health care differently or may not have sought care at all, even when they needed to. The Canadian Institute for Health Information (CIHI) found that by April 2020, there were about half as many emergency department visits as usual and that fewer people were seeking help for serious concerns like cardiac events and trauma.[5] This change in behaviour and accessibility of services may have caused some health indicators (particularly service use indicators) to appear like they improved during the pandemic; however, this is likely not the case.

Findings from a Statistics Canada survey conducted during the first wave of the pandemic (March 29-April 3, 2020) verified that many people changed their behaviours early on, including their health care service use. They found that 84% of people were anxious about overloading the health care system.[6] Health care system capacity was a major narrative of the COVID-19 pandemic with public health mitigation measures implemented to preserve hospital capacity to treat emergencies. As the number of cases decreased into the summer of 2020 and restrictions eased, the number of emergency department visits increased to 88% of normal volumes.[7] Into the summer of 2021, emergency department visits were still lower than pre-pandemic levels.[7]

Not only were people worried about the health care system – over half (54%) of people were worried about the health of a household member, 36% were worried about their own health, and 32% were worried about family stress from confinement.[6] Physical distancing, business and school closures, and isolation requirements created loneliness and a loss of social support for many and was especially concerning for children, young adults, and older adults.[1,8,9] The Canadian Perspectives Survey Series (CPSS) conducted between March 29-April 3, 2020 found that only 54% of people reported excellent or very good mental health; this was lower than pre-pandemic levels based on the Canadian Community Health Survey (68%).[10,a] The CPSS also found that women and youth (15-24 years) were less likely to report excellent or very good mental health.[10] Many essential workers, such as front-line health care workers, also experienced more stress in their jobs with increased demands resulting in burnout. A survey from November 24-December 13, 2020 found that only 33% of health care workers reported very good or excellent mental health.[11]

Mental health is often referenced as a major consequence resulting from the pandemic but is not the only aspect of health affected. A rapid review conducted by Public Health Ontario found that mitigation measures had early unintended consequences like decreased immunization coverage, physical inactivity and unhealthy eating, increased screen time and sedentary behaviour, and changes to children's healthy growth and development and mental health.[12] Similarly, Statistics Canada found that behaviours changed early on in the pandemic – people reported spending more time on the Internet, watching TV, playing video games, and consuming alcohol.[6] Of particular concern is the worsening opioid crisis as many provinces

[a] Differences in findings between these two surveys may be partly due to differences in methodology. The CPSS is a new, experimental project undertaken by Statistics Canada using volunteers who agreed to participate over a period of one year. The CCHS is a well-established survey conducted since 2001 using complex sampling frames to reach households.

reported more overdoses and deaths related to increasingly toxic drug supplies, lack of social support, using alone, and reduced health care accessibility.[1]

Purpose of this Report

We analyzed several indicators focusing on mental health, substance use, violence, and the economy to determine if and how COVID-19 mitigation measures influenced the health and well-being of people living in the SWPH region. We plan to continue monitoring these indicators for the next several years to see if there are sustained (long-term) indirect health impacts after the implementation of COVID-19 mitigation measures. The Public Health Agency of Canada highlighted that there may be long-term impacts in the following areas:[1]

- Economic stability from business closures
    - As of March 2021, one year into the pandemic, economic activity remained below pre-pandemic levels and the number of active business declined across most industrial sectors (e.g., construction, manufacturing, retail, food services).[13]
- Educational gaps from school closures and virtual learning
    - For example, Statistics Canada reported that there is a sustained decrease in new registrations and certifications for skilled trades that may increase pressure on an aging skilled labour workforce.[13]
- Health system impacts from delayed non-essential services
    - For example, Statistics Canada reported that cancer simulation models show an increase in projected cancer cases when screening is re-implemented. A six-month delay in screening is predicted to lead to 250 additional breast cancer deaths and 960 additional colorectal cancer deaths across Canada.[13]
- Physical activity levels and sedentary behaviour from gym closures, cancelled sports/recreation, and physical distancing requirements including stay at home orders.

However, long-term impacts are not limited to these areas, as was demonstrated in the different frameworks.

This report does not summarize all possible health concerns or social determinants of health that could have been affected by the pandemic, instead we focused on mental health, substance use, violence, and the economy. We examined trends over time (yearly) for different age groups, where possible. Although we cannot directly attribute changes over time to COVID-

19 mitigation measures, the information can provide insight into future considerations when responding to similar pandemics (e.g., those without a vaccine or treatment for a long period of time that require physical distancing to reduce spread). The data in this report can also be used to guide and evaluate the success of recovery strategies.

Health and Social Indicators

Mental Health

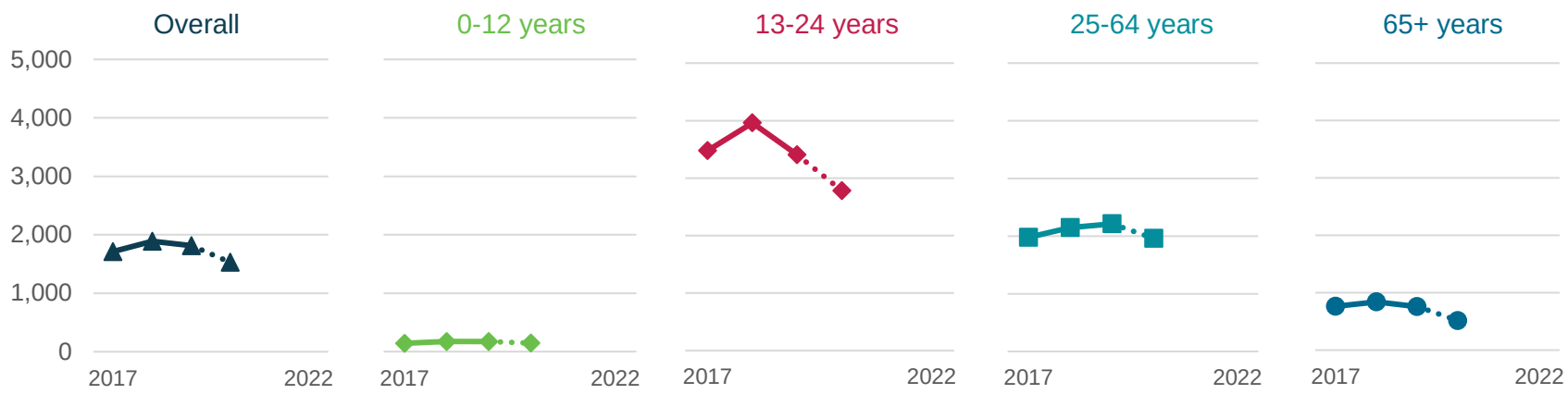
Mental health emergency department visits

- Emergency departments are often the first point of care for people, especially if other services are not available or accessible.
- Before the COVID-19 pandemic, local rates of emergency department visits for mental health concerns such as mood disorders, anxiety disorders and substance use were around 1,800 per 100,000 population each year. Within subgroups of the population, the rates were highest among people aged 13 to 24 years.
- It was anticipated that this extra stress would lead to more mental health services being used in the community. However, during the COVID-19 pandemic, we saw a general decrease in emergency department visits for all health concerns because many people avoided visiting the hospital due to fears of getting sick with COVID-19 or overloading the hospital system.
- A study conducted in Kitchener-Waterloo found that there were decreased emergency department visits for substance use and mental health (including mood, situational crisis, and self-harm) during lockdown (March-September 2020) compared to the same time the year before.[14]
- In 2020, the local rates of emergency department visits for mental health decreased very slightly from pre-pandemic rates. However, rates in the 13–24-year age group continued to substantially decrease in the first year of the pandemic.

Emergency department visits for mental health continued to decrease in the 13–24-year age group

Rates per 100,000 population

Source: Ambulatory Emergency External Cause & Population Estimates & Population Projections, Ontario Ministry of Health, IntelliHEALTH



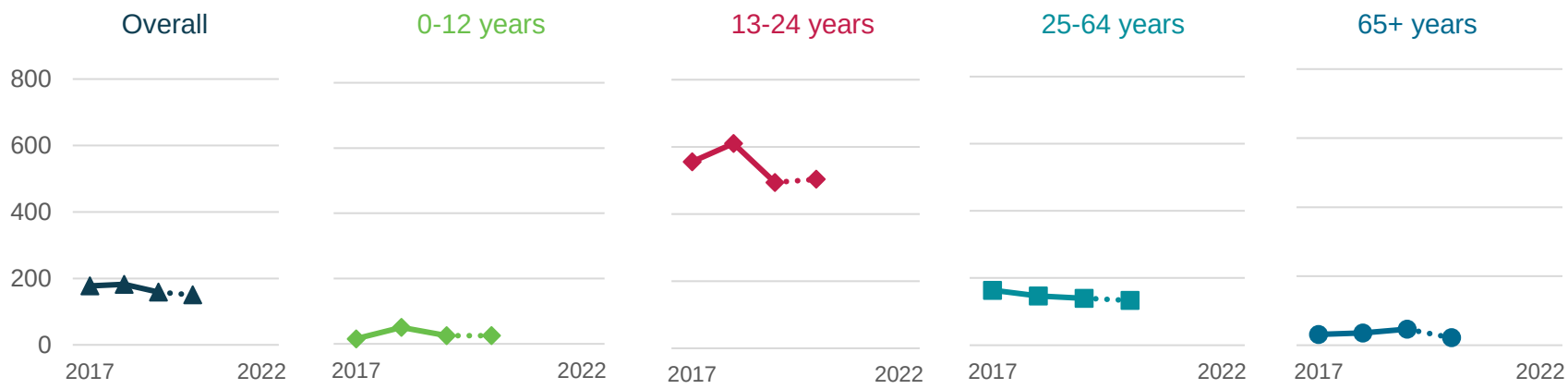
Self-harm emergency department visits

- Before the pandemic, the rates of emergency department visits for self-harm (deliberate self-inflicted injury with or without the intent to die) were around 200 per 100,000 population each year and were consistently higher among people aged 13 to 24 years compared to people of all other ages.
- The Canadian Institute for Health Information found that across the country, there was a 14% decrease in emergency department visits for self-harm between March-September 2020 compared to the same time the year before.[15] The decrease in self-harm visits was smaller than the decrease noted for other types of visits.
- Although emergency department visits for most reasons decreased at the start of the pandemic, there was no decrease in local visits for self-harm specifically. It is unknown whether there were more mental health concerns in the community than pre-pandemic which muted the decreasing trend as seen in other indicators (i.e., some people were still reluctant to seek help, but more people needing help averaged out the data), or if the rates of self-harm remained stable and the pandemic was less likely to stop people from visiting the hospital due to self-harm compared to other reasons.
- Notably, this indicator only includes self-harm occurrences where hospital care was sought and does not represent suicide deaths. Suicide can lag after major events like pandemics and will be important to monitor in the future.[15]

Emergency department visits for self-harm remained similar during the COVID-19 pandemic

Rates per 100,000 population

Source: Ambulatory Emergency External Cause & Population Estimates & Population Projections, Ontario Ministry of Health, IntelliHEALTH



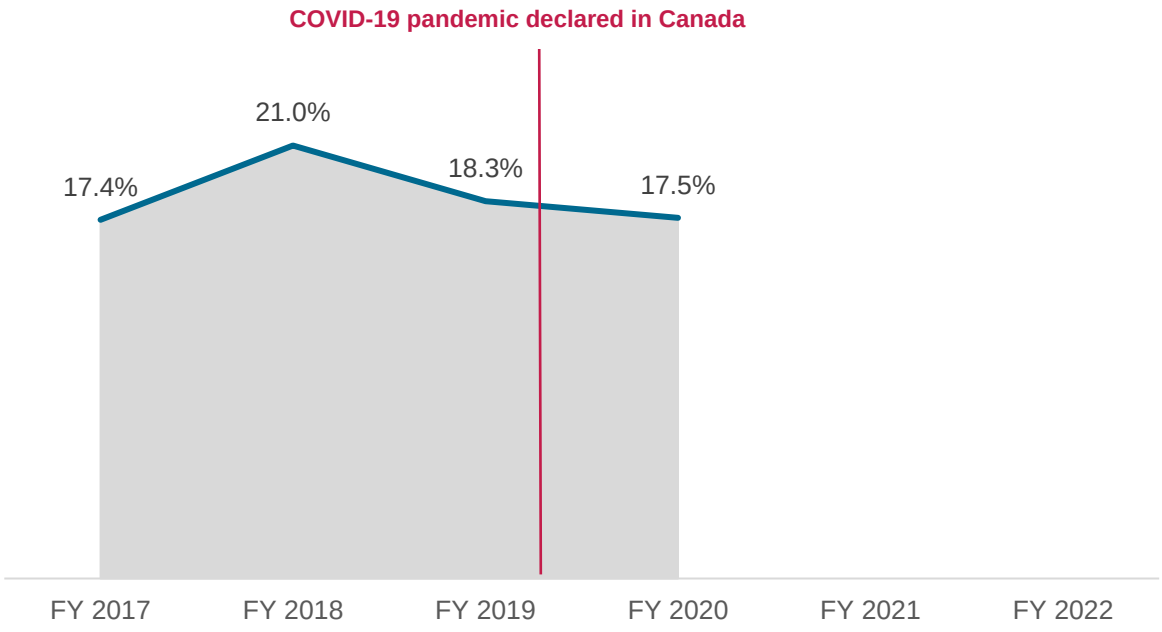
Repeat unplanned emergency department visits for mental health concerns within 30 days within Southwestern Public Health hospitals

- Emergency departments are typically used at times of crisis when no other options are available and may be the first point of health care contact for many people. Repeat emergency department visits may indicate that people are not being provided follow-up care in the community or that there are long wait times to receive such care.
- In the Southwestern Public Health region, there are four hospitals (three in Oxford County and one in Elgin St. Thomas). Before the pandemic, around 20% of people visiting local emergency departments for mental health concerns re-visited an emergency department within 30 days for either mental health or substance use concerns.
- There was no notable change in repeat unplanned emergency department visits for mental health concerns in the first year of the pandemic.

Repeat unplanned emergency department visits for mental health concerns remained similar during the COVID-19 pandemic

The fiscal year in this figure is one month earlier than other Ministry fiscal reporting to account for re-visits within 30 days; it is from March 1 to February 28/29

Source: National Ambulatory Care Reporting System (NACRS), Ministry of Health, IntelliHEALTH ONTARIO



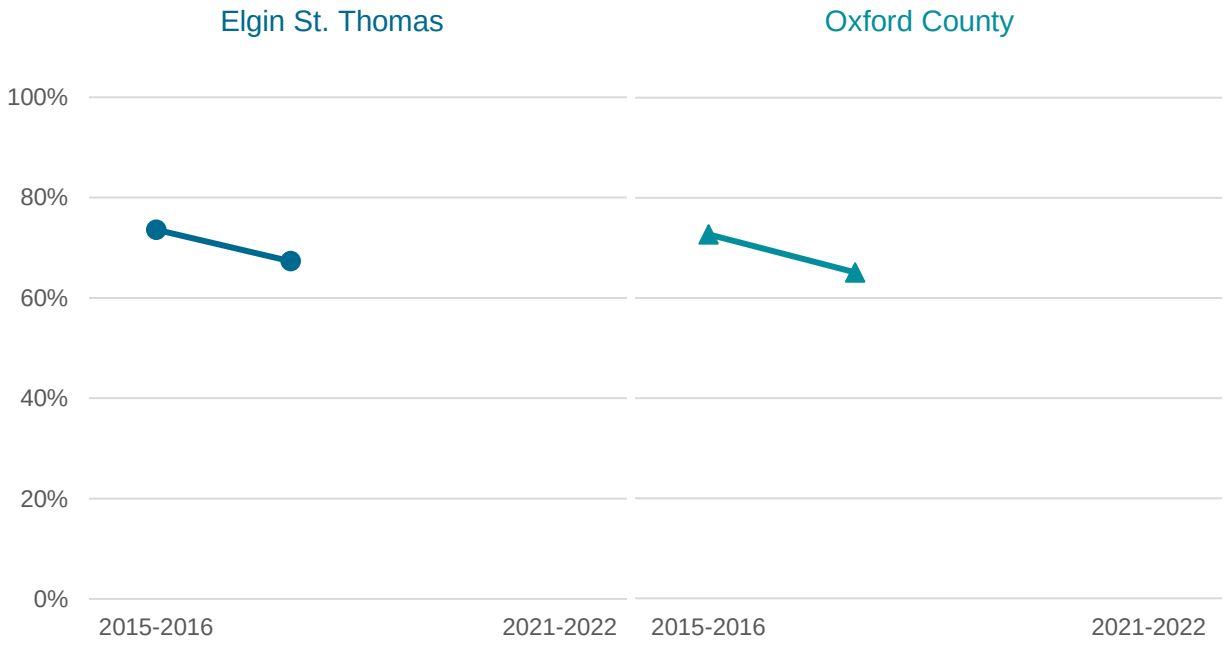
Self-perceived mental health

- The Canadian Perspectives Survey Series found that early in the pandemic (March-April 2020), fewer Canadians reported excellent or very good mental health (54% compared to 68% in 2018 based on the Canadian Community Health Survey).[10]
- During the second wave of the pandemic (September-December 2020), it appeared that excellent or very good self-perceived mental health increased slightly (to 60%) but was still lower than in 2019 (67% based on the Canadian Community Health Survey).[16] The Survey on COVID-19 and Mental Health conducted by the Public Health Agency of Canada found that females, people under 65 years, people living in urban areas, and people absent from work due to COVID-19 were less likely to report positive mental health.[16]
- Locally, before the pandemic, the per cent of people reporting excellent or very good self-perceived mental health was over 60% in 2017-2018, which was a decrease compared to 2015-2016 (over 70%).

Self-perceived mental health was worsening before the pandemic

Excellent or very good self-perceived mental health

Source: Statistics Canada. Table 13-10-0113-01 Health characteristics, two-year period estimates. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310011301

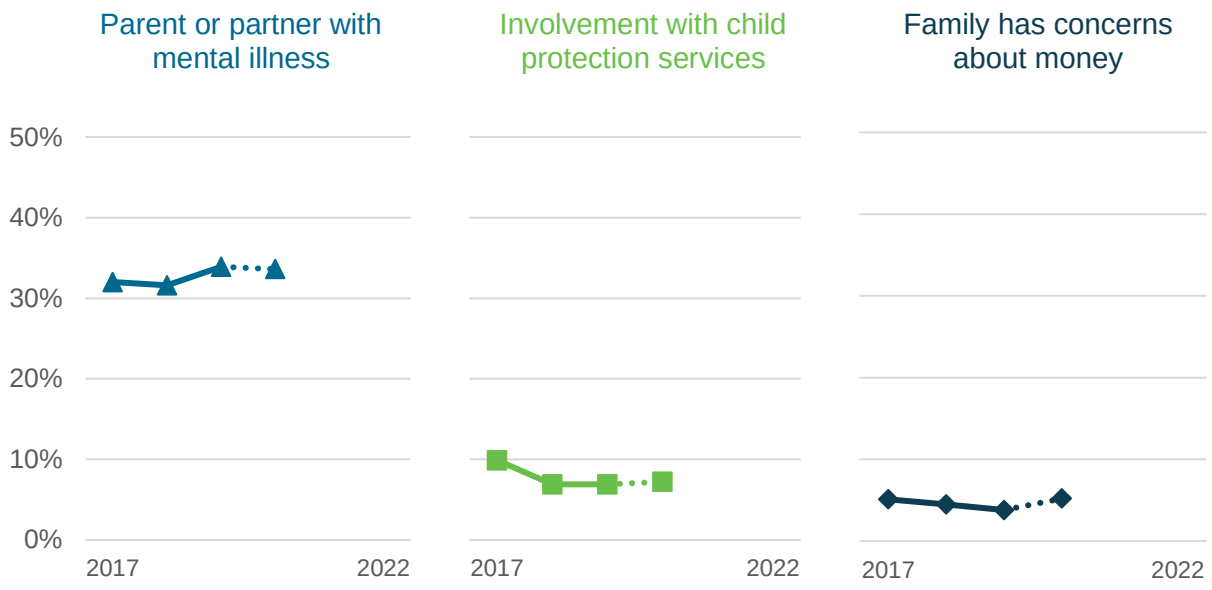


Risk factors for healthy child development

- Before COVID-19, about 30% of families had a parent or partner with mental illness, less than 10% were involved with child protection services and about 5% or less had concerns about money according to Healthy Babies Healthy Children screening results.
- It was expected that parental mental health would be impacted by the pandemic due to increased stressors and similarly it was expected that more people would experience financial concerns due to reduced work and/or job loss from business and school closures.
- There were no notable changes in these indicators in the first year of the pandemic.

Risk factors for healthy child development remained stable in the first year of the COVID-19 pandemic

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: Risk factors for healthy child development Snapshot. Toronto, ON: Queen's Printer for Ontario; 2020. Available from: https://www.publichealthontario.ca/en/data-and-analysis/reproductive-and-child-health/healthy-child-development



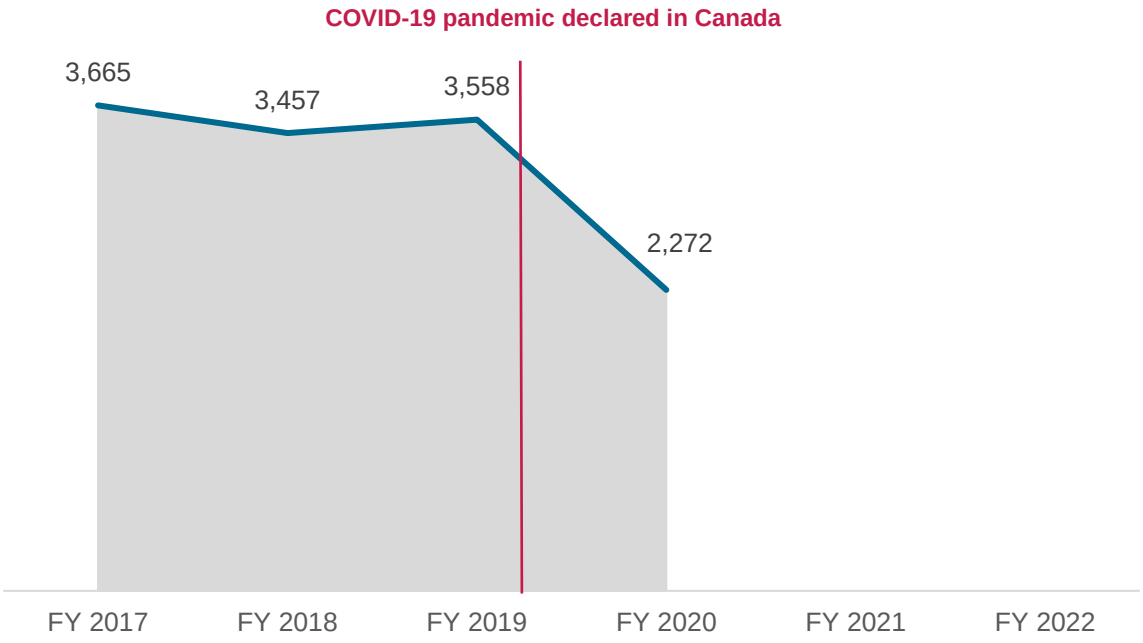
Wellkin case load

- Wellkin delivers family mental health care with a focus on children and youth. There are many different reasons why people seek services at Wellkin. Some of the most common presenting issues are anxiety, assistance with parenting, separation and divorce, school behaviour issues and self-harm statements or behaviour.
- Wellkin currently has offices in Woodstock, St. Thomas, Tillsonburg, and Ingersoll. Before COVID-19, there were about 3,500 clients each fiscal year and about half were between 8 to 13 years old. The number of clients served by Wellkin decreased in the first year of the pandemic to just over 2,000 people. Although Wellkin remained open during the pandemic, some services may have been modified or limited by public health restrictions.

The number of people receiving mental health care from Wellkin decreased in the first year of the pandemic

The fiscal year in this figure is from April to March

Source: Wellkin



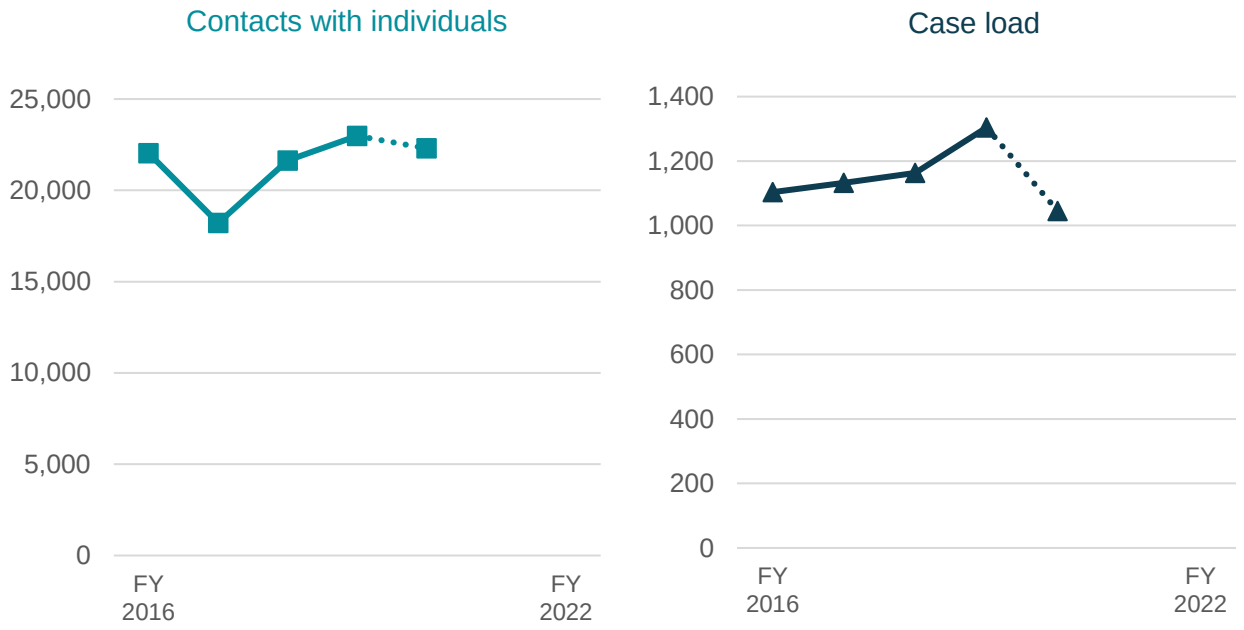
Canadian Mental Health Association - Oxford

- The Canadian Mental Health Association offers crisis and outreach services, dialectical behaviour therapy (reality acceptance skills) resources, community education, support groups, peer support, treatment, counselling, and partners with the Woodstock Police Service and Ontario Provincial Police in their mobile response program.
- Before COVID-19, the Canadian Mental Health Association (CMHA) Oxford location had contact with around 20,000 individuals each year with approximately 1,000 becoming cases.
- During the first year of the pandemic, the number of contacts with individuals remained similar but the overall caseload decreased, especially compared to the previous year. Although CMHA Oxford remained open during the pandemic, some services may have been modified or limited by public health restrictions.

The CMHA Oxford caseload decreased in the first year of the pandemic

The fiscal year in this figure is from April to March

Source: Canadian Mental Health Association – Oxford



Substance Use

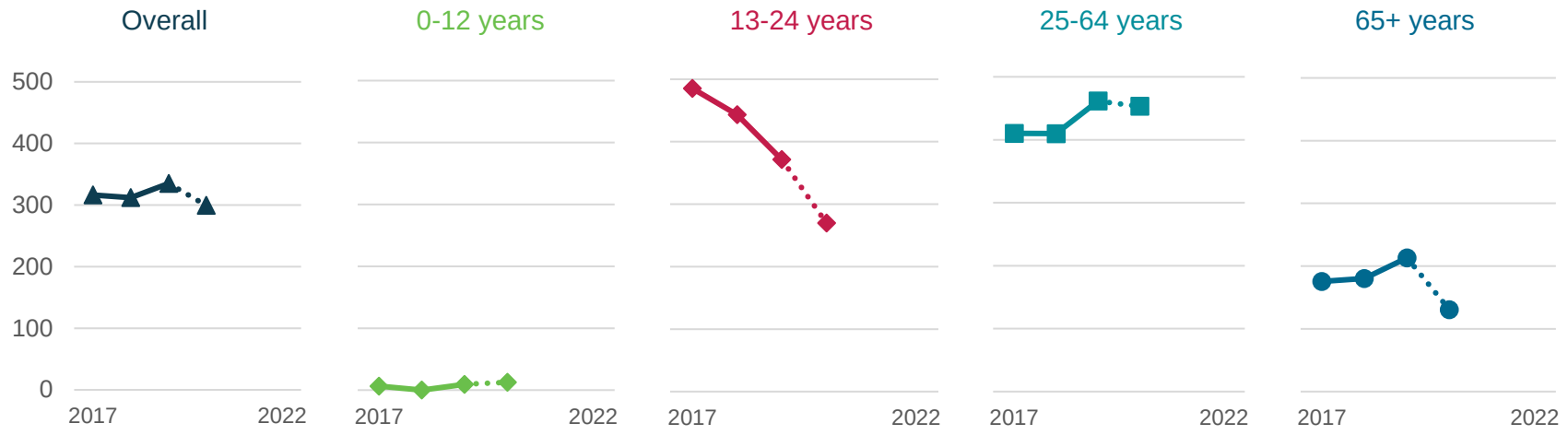
100% alcohol-attributable emergency department visits

- At the start of the pandemic, many businesses (including bars and restaurants) were deemed non-essential and closed. However, liquor stores were considered essential and remained open throughout the pandemic. Across Ontario, monthly increases in alcohol sales were highest at the start of the pandemic ($462 million in March 2020 compared to $335 million in March 2019), which was a 38% increase.[17]
- Zipursky et al. did not find that the increased alcohol sales led to immediate increases in alcohol-attributable emergency department visits.[17] Like many other emergency department visit indicators, they noted a decrease in alcohol-related visits at the start of the pandemic, but the decrease was less substantial than the decreases noted for other reasons.[17]
- Locally, before the pandemic, the rates of emergency department visits for conditions caused entirely by alcohol use were around 300 per 100,000 population each year and the rates were notably decreasing over time in the 13–24-year age group.
- The decreasing trend continued in the 13-24-year age group during the first year of the pandemic. The rate also decreased in the 65+ year age group during the first year of the pandemic, but all other age groups did not substantially change.

Emergency department visits from alcohol use decreased notably in the 65+ year age group during the first year of the COVID-19 pandemic

Rates per 100,000 population

Source: Ambulatory Emergency External Cause & Population Estimates & Population Projections, Ontario Ministry of Health, IntelliHEALTH



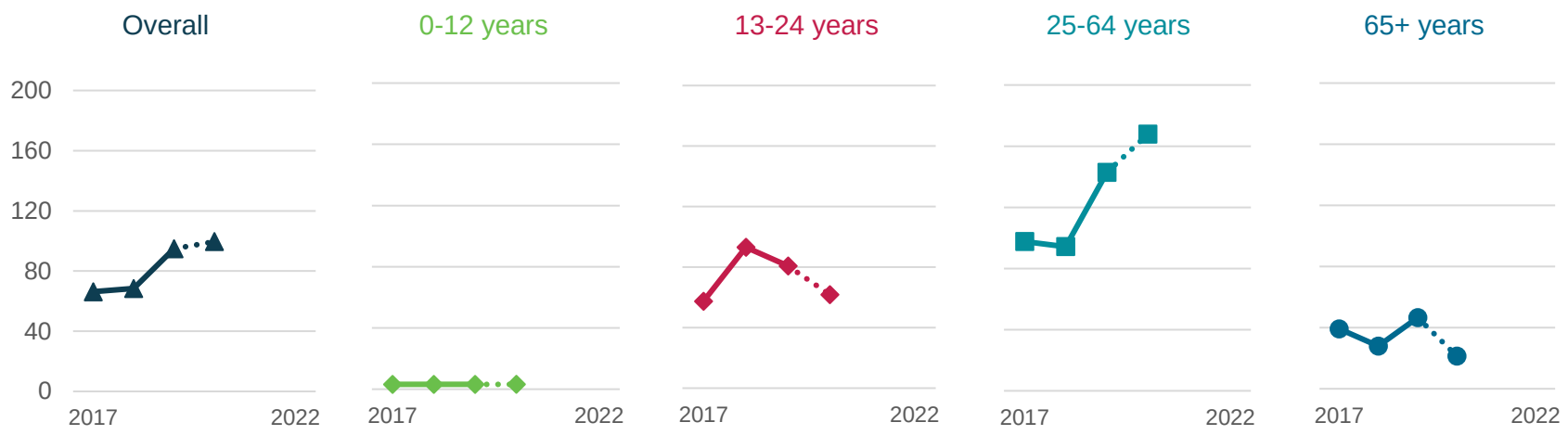
Opioid poisoning emergency department visits

- During the pandemic, we saw a general decrease in emergency department visits for all health concerns. That trend did not hold true for opioid poisonings. Nationally, emergency department visits for opioid poisoning increased by 16% in the first year of the pandemic (March-September 2020) compared with the same time the previous year.[18] The largest increase was seen in September (88% increase compared to the previous year).[18] This increase is attributed to increasingly toxic drug supplies and reduced access to mental health and addiction services, including harm reduction.
- In 2019, before the pandemic, the rate of emergency department visits for opioid poisoning increased to around 90 visits per 100,000 population compared to around 70 visits per 100,000 population in previous years. This increase was largely seen among people aged 25-64 years, which have the highest rates of emergency department visits for opioid poisoning.
- In the first year of the pandemic, there was a very slight increase in emergency department visits for opioid poisoning locally, with decreased visits in the 13-24 year and 65+ year age groups. However, there was an increase in the rate for those 25-64 years.

Emergency department visits for opioid poisoning increased in the first year of the pandemic, primarily in the 25–64-year age group

Rates per 100,000 population

Source: Ambulatory Emergency External Cause & Population Estimates & Population Projections, Ontario Ministry of Health, IntelliHEALTH



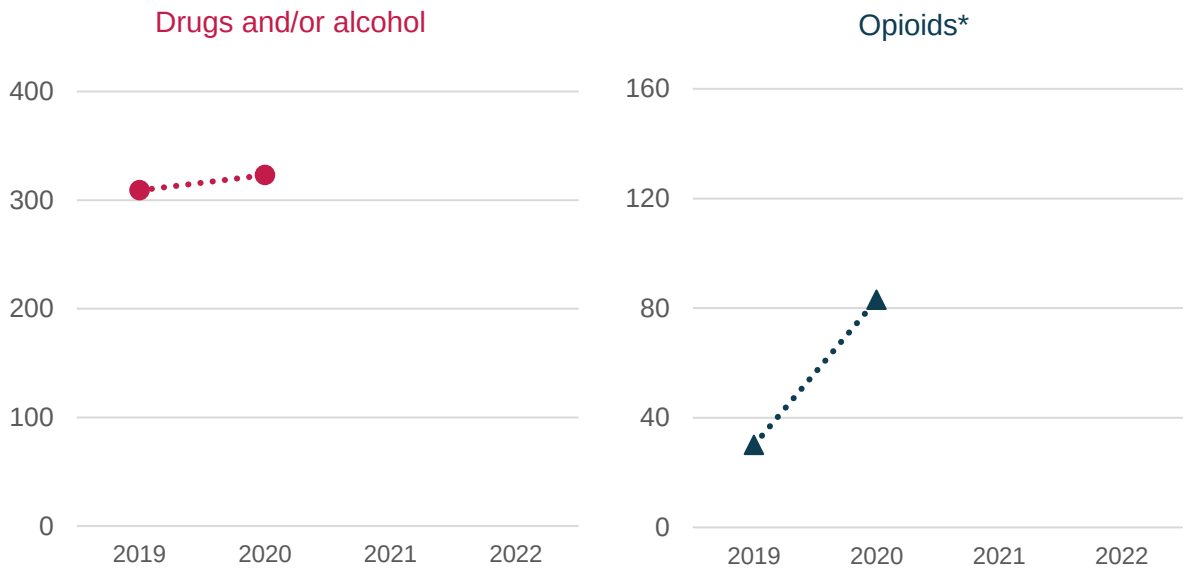
Emergency Medical Services (EMS) calls for opioids and alcohol

- Before COVID-19, there were around 30 calls per year to Oxford County Paramedic Services for opioid overdoses. However, this was the first year that a new code was implemented to track opioid-related calls.
- In the first year of the pandemic, the number of calls for opioids more than doubled but the number of calls for drugs and/or alcohol use remained similar between 2019 and 2020.

The number of emergency services calls for opioid overdoses more than doubled in the first year of the COVID-19 pandemic

Number of calls to Oxford County Paramedic Services

Source: Oxford County Paramedic Services



***A new code was created to track opioid calls in 2019; therefore, data prior to 2019 is not available**

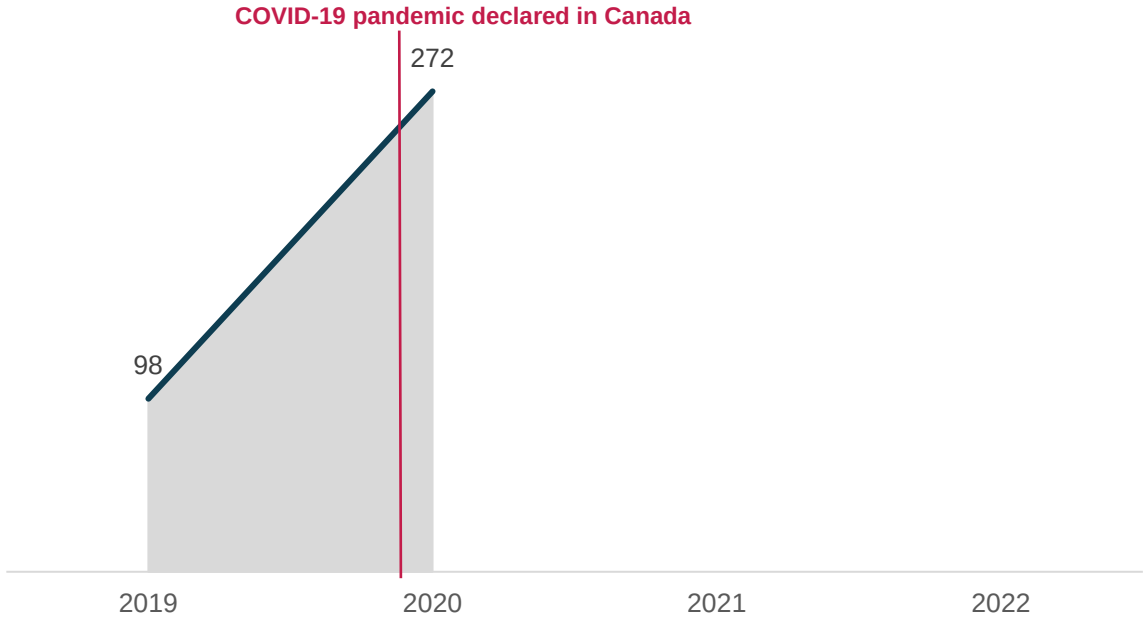
Calls to Southwestern Public Health for mobile outreach

- Southwestern Public Health offers anonymous and confidential harm reduction supplies, naloxone training, education, and counselling as a mobile service as required.[19]
- The mobile service was first offered in 2019, with 98 calls over the year.
- The number of calls during the pandemic almost tripled with a total of 272 calls in 2020.

The number of calls for mobile outreach more than doubled since it began in 2019

Number of calls to Southwestern Public Health

Source: Regional HIV/AIDS Connection

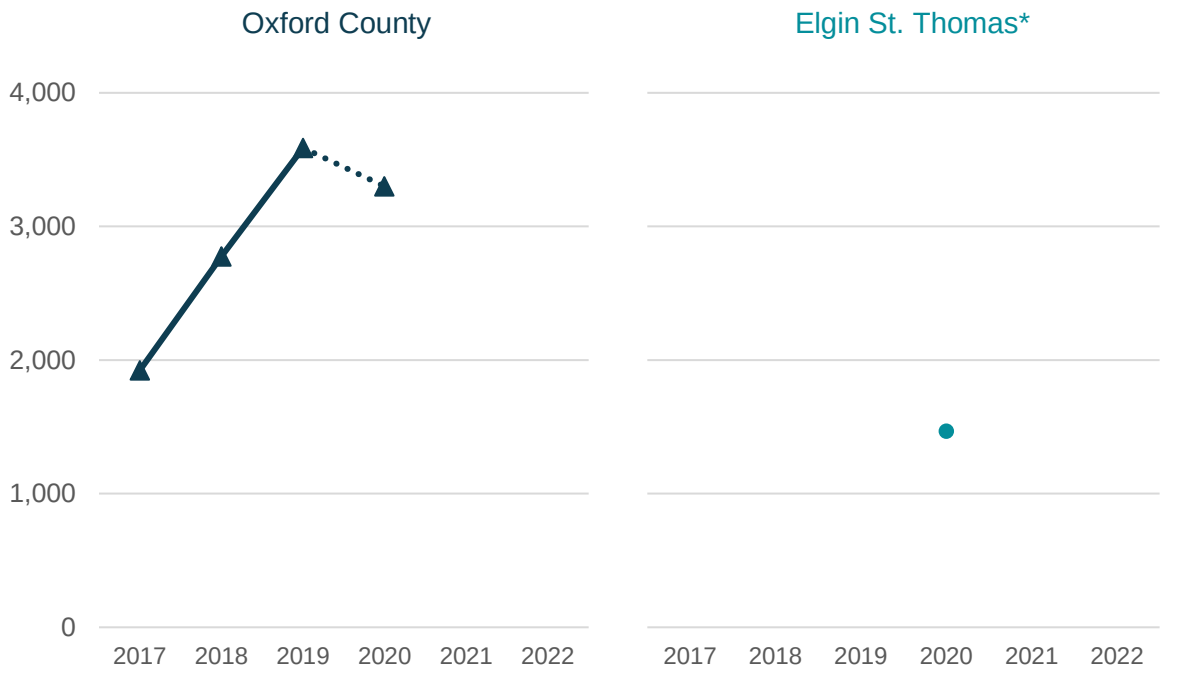


Needle Syringe Program client encounters at Southwestern Public Health

- The Needle Syringe Program provides sterile supplies and services to reduce harm among people who use substances.[19] This program is confidential and free. The program was previously called the Needle Exchange Program but was updated to reflect that people using the service are not required to exchange used equipment for new equipment.
- Before the pandemic, the number of client encounters in the Needle Syringe Program was increasing each year in Oxford County (no data available for Elgin St. Thomas).
- Although the program remained open at both sites during the pandemic with extra precautions in place, the number of client encounters decreased in 2020 in Oxford County.

The number of client interactions in the Needle Syringe Program decreased during the first year of the COVID-19 pandemic in Oxford County

Source: Southwestern Public Health



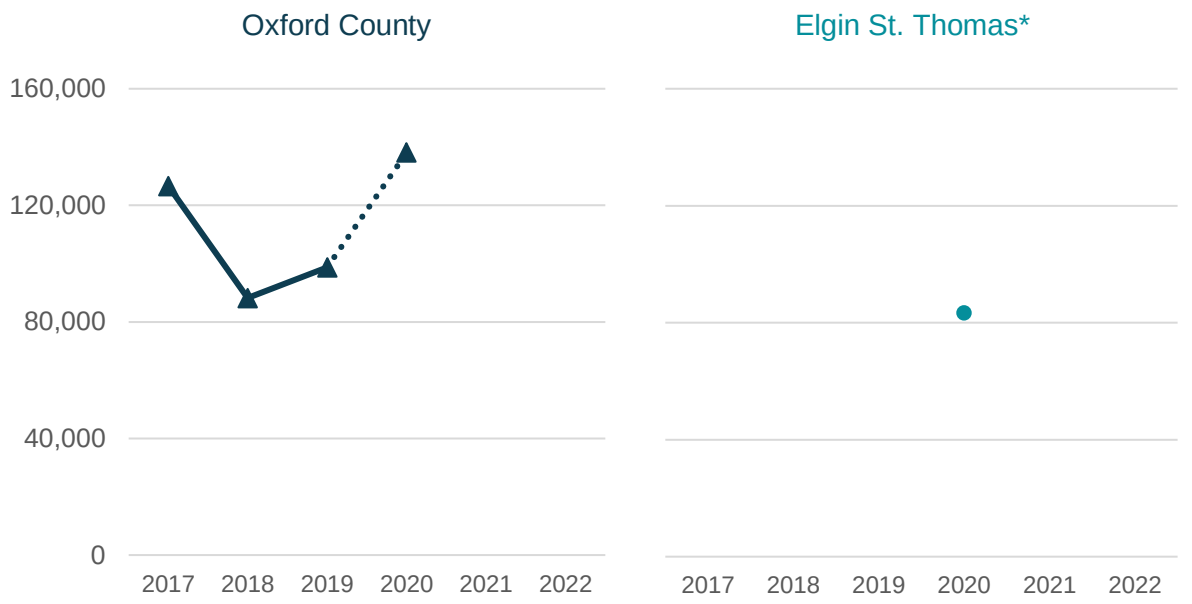
*Data prior to 2020 is not available for Elgin St. Thomas

Estimated sharps return rate to Southwestern Public Health

- Although people are not required to exchange used equipment (like sharps) to obtain new equipment as part of the Needle Syringe Program, it is encouraged that people bring in used equipment for safe disposal.[19]
- Before the pandemic, around 100,000-120,000 sharps were returned each year through the Needle Syringe Program in Oxford County (no data available for Elgin St. Thomas).
- This program continued at both sites during the pandemic with extra precautions in place. However, before, during and after the pandemic, people could/can dispose of sharps in other ways, for example by using sharps bins in the community.
- During the first year of the pandemic, the number of sharps returned increased in Oxford County to just above levels seen in 2017 and well above levels seen in 2018 and 2019.

The number of sharps returned to Southwestern Public Health increased during the first year of the COVID-19 pandemic in Oxford County

Source: Southwestern Public Health



*Data prior to 2020 is not available for Elgin St. Thomas

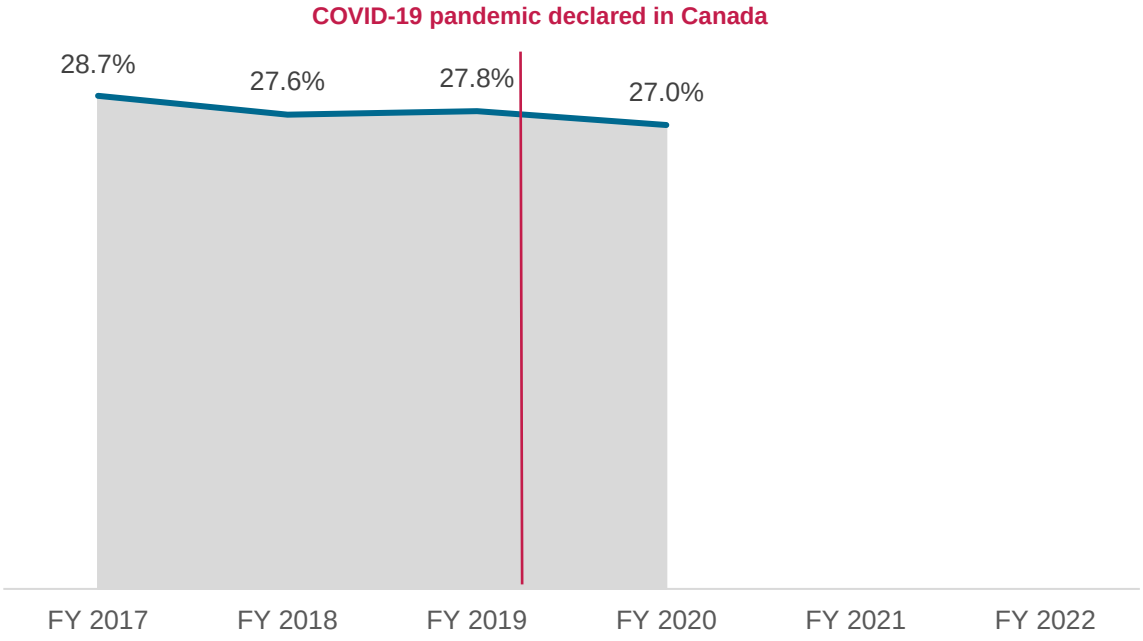
Repeat unplanned emergency department visits for substance use concerns within 30 days within Southwestern Public Health hospitals

- Emergency departments are typically used at times of crisis when no other options are available and may be the first point of health care contact for many people. Repeat emergency department visits may indicate that people are not being provided follow-up care in the community or that there are long wait times to receive such care.
- Before the pandemic, almost 30% of people visiting the emergency department for substance use concerns re-visited an emergency department within 30 days for either mental health or substance use concerns.
- In the first year of the pandemic, there wasn't any change in repeat unplanned emergency department visits for substance use concerns.

Repeat unplanned emergency department visits for substance use concerns remained similar during the COVID-19 pandemic

The fiscal year in this figure is one month earlier than other Ministry fiscal reporting to account for re-visits within 30 days; it is from March 1 to February 28/29

Source: National Ambulatory Care Reporting System (NACRS), Ministry of Health, IntelliHEALTH ONTARIO



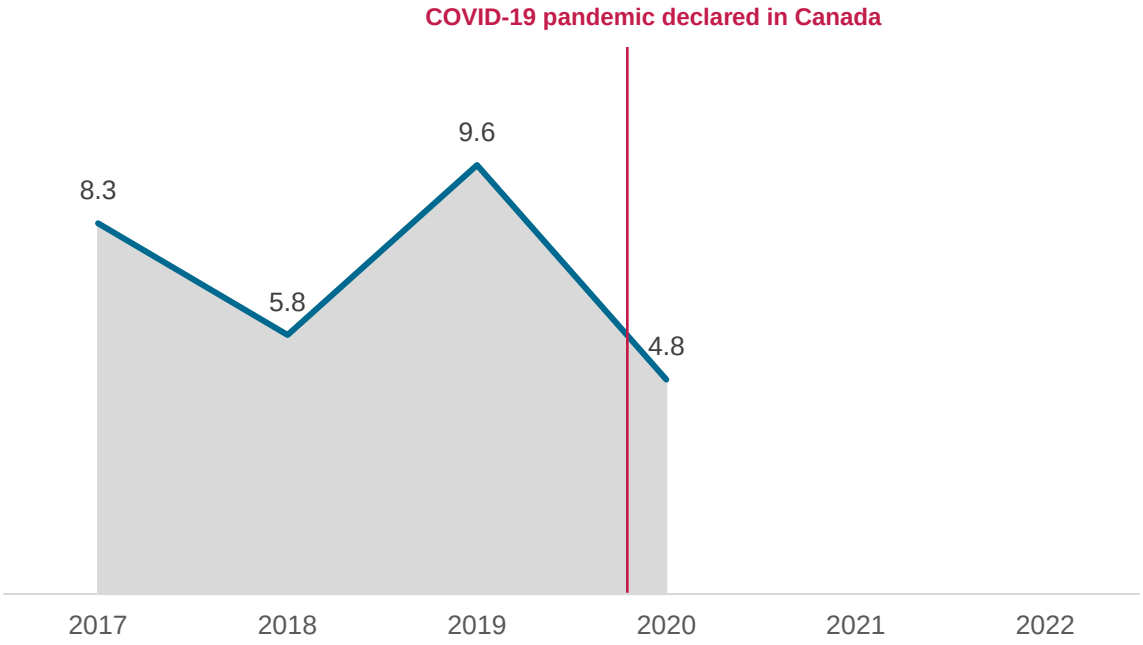
Invasive group A streptococcus (iGAS) incidence

- Group A streptococcal disease often results in mild infections such as strep throat or skin infections, but the bacteria can invade other parts of the body such as the blood or the lining of the brain, which can cause serious infections such as necrotizing fasciitis (flesh eating disease) or complications such as toxic shock syndrome (rapid drop in blood pressure resulting in organ failure). These bacteria can be spread from person to person through direct contact. Injection drug use is a commonly reported behavioural risk factor among people with invasive group A streptococcus (iGAS).
- iGAS is a disease of public health significance with all cases reported to public health. Before the pandemic, there were less than 10 new cases of iGAS per 100,000 population each year. Because of the small number of cases each year, the rate is quite unstable, meaning that it is expected to vary a lot from year-to-year.
- In the first year of the pandemic, the rate of new iGAS infections was comparable to the range of pre-pandemic rates.

New invasive group A streptococcus (iGAS) infections varied from year-to-year before and during the first year of the COVID-19 pandemic

Rate per 100,000 population

Source: iPHIS



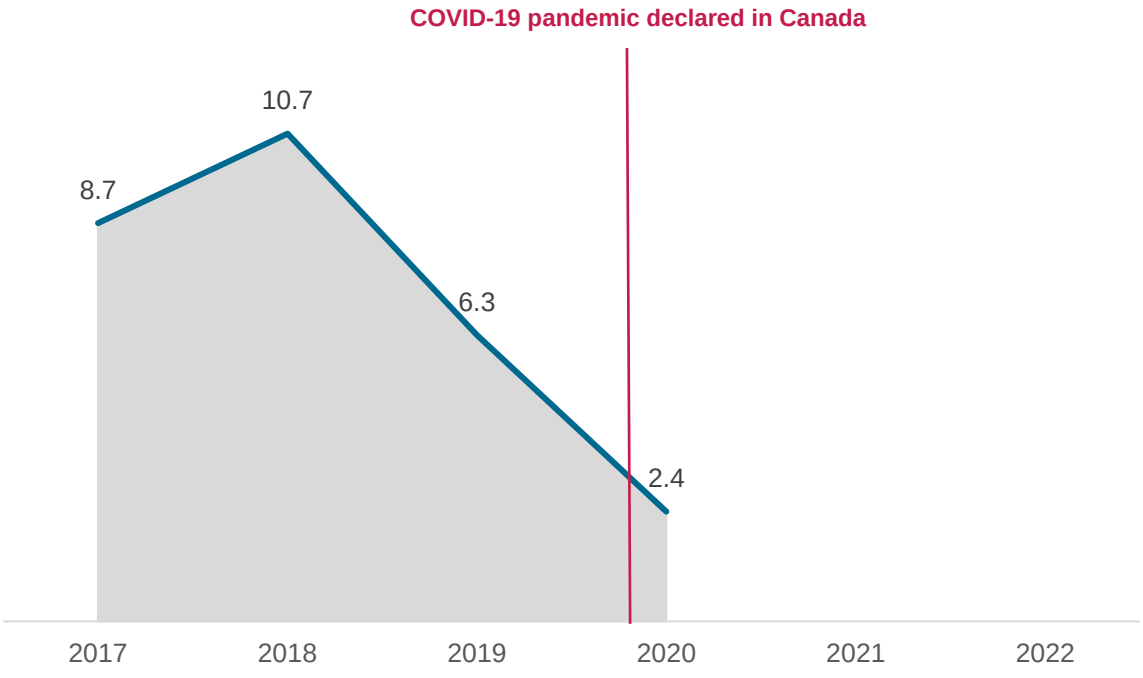
Hospitalizations for endocarditis

- Endocarditis is an infection of the inner lining of the heart. Endocarditis is caused by bacteria and fungi from another part of the body that spreads through the bloodstream to the heart. People who inject drugs are at high risk of acute endocarditis because needle punctures allow bacteria to enter the blood through broken skin. The risk is even higher among people who reuse or share needles.
- Before the pandemic, there were between approximately 6-11 hospitalizations per 100,000 population each year for endocarditis, or 13-18 hospitalized people. Because of the small number of hospitalizations each year, the rate is quite unstable, meaning that it is expected to vary a lot from year to year.
- During the first year of the pandemic, there were 5 people hospitalized for endocarditis for a hospitalization rate of 2.4 per 100,000 population. This was the lowest rate since 2017.

Hospitalizations for endocarditis continued to decrease during the first year of the COVID-19 pandemic

Rate per 100,000 population

Source: Discharge Abstract Database (DAD), Ministry of Health, IntelliHEALTH ONTARIO



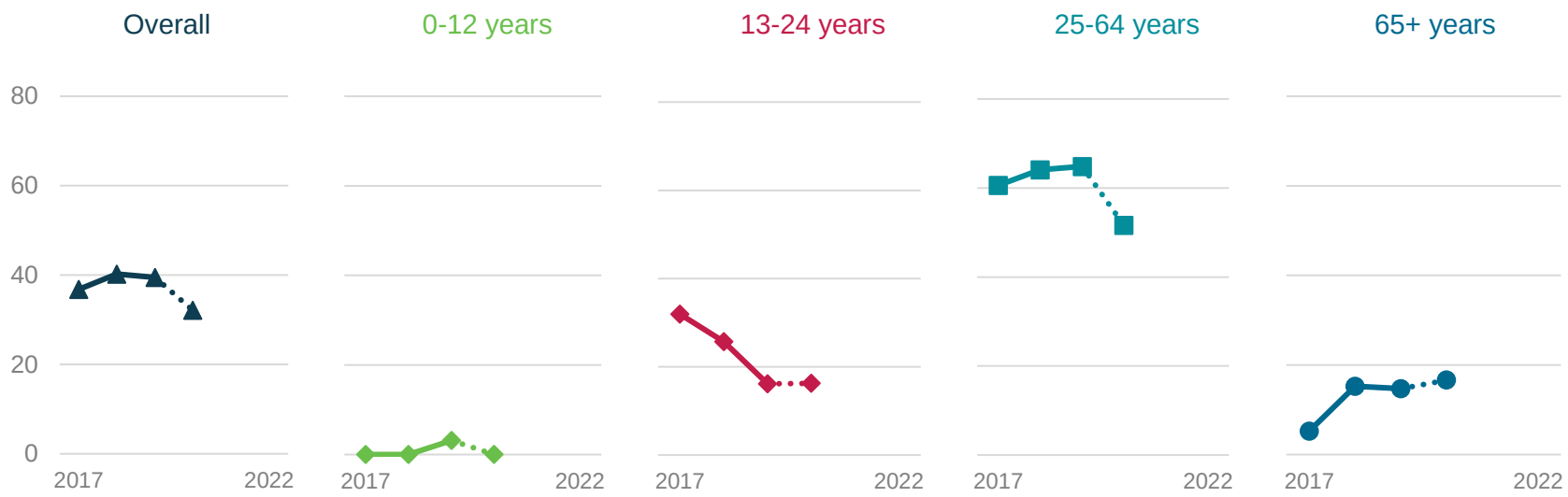
Hepatitis C incidence

- Hepatitis C is a blood-borne infection caused by a virus that causes liver damage. The most common risk factors among people with hepatitis C in the SWPH region are injection drug use, tattoos and piercings, shared drug equipment, and time spent in a correctional facility.
- Before the pandemic, there were around 40 new cases of hepatitis C per 100,000 population each year. Each year, the rates were highest among people aged 25 to 64 years.
- In the first year of the pandemic, the incidence rate of hepatitis C decreased for the overall population, largely because of a decrease in the 25–64-year age group. This decrease may be due to stay-at-home orders and physical distancing that resulted in fewer interactions between people and lockdowns that closed tattoo and piercing shops during the year.

New hepatitis C infections decreased during the first year of the COVID-19 pandemic

Rates per 100,000 population

Source: iPHIS



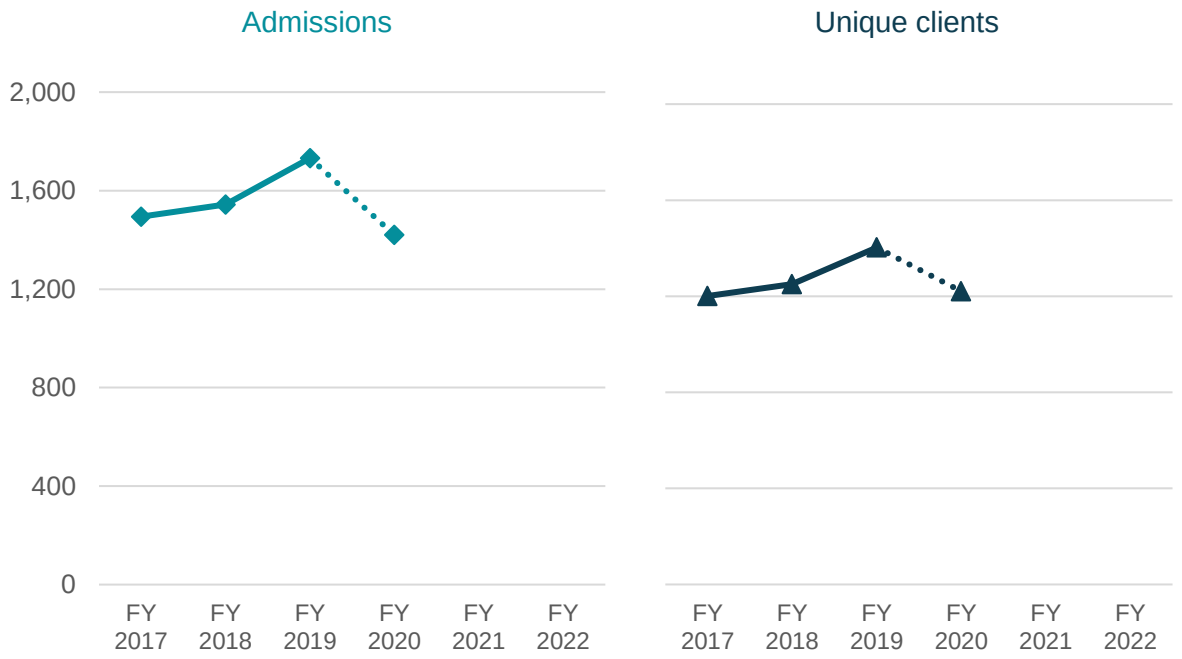
Substance use treatment

- Before the pandemic, there were over 1,200 unique clients with at least one admission to a Ministry of Health funded substance use service each fiscal year. This could include a variety of types of services, such as initial assessment and treatment planning, case management, community treatment services, residential treatment services and withdrawal management services. The total number of admissions is consistently higher than the number of unique individuals because during the fiscal year, a client could be admitted to a service more than once.
- The number of admissions and unique clients receiving substance use treatment was increasing over time up to the 2019 fiscal year but during the first year of the pandemic, there was a decrease in both admissions and unique clients receiving treatment.

Substance use treatment admissions and unique clients decreased during the first year of the COVID-19 pandemic

The fiscal year is from April to March

Source: Drug and Alcohol Treatment Information System (DATIS), Centre for Addiction and Mental Health (CAMH)



Violence, Crime and Social Disorder

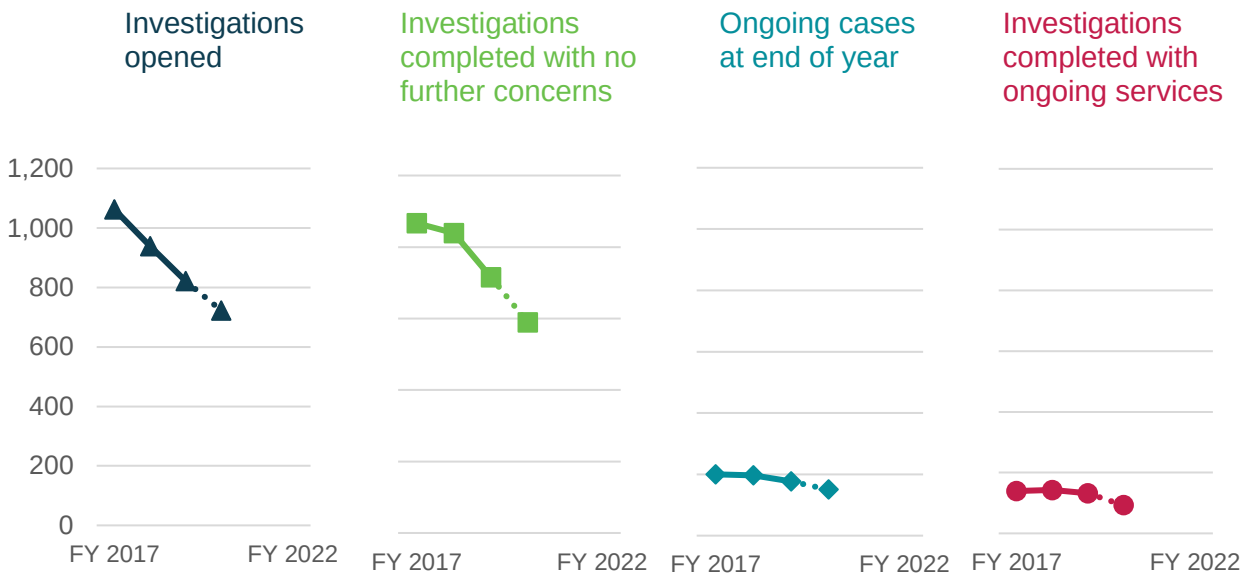
Children's Aid Society case load

- The Oxford County Children's Aid Society (CAS) provided a summary of provincial and regional context which stated that average child protection service volumes have been decreasing across the province over the last few years. A slight decrease was also noted locally, which may be due to a focus on early or preventative help, services that support families to develop networks and collaborative interventions that are tailored to child, youth, and family needs.
- Before the pandemic, the number of investigations opened each fiscal year decreased from 1,062 in the 2017/18 fiscal year to 821 in the 2019/20 fiscal year and the decrease continued into the first year of the pandemic with 722 investigations opened in the 2020/21 fiscal year. Despite the decrease, the most common concerns resulting in a child protection investigation were consistent – caregiver(s) with a problem such as mental health or addictions, physical force and/or maltreatment and child exposure to partner violence.

Child protection service volumes were decreasing before the COVID-19 pandemic and that trend continued into the first year of the pandemic

The fiscal is from April to March

Source: Oxford County Children's Aid Society



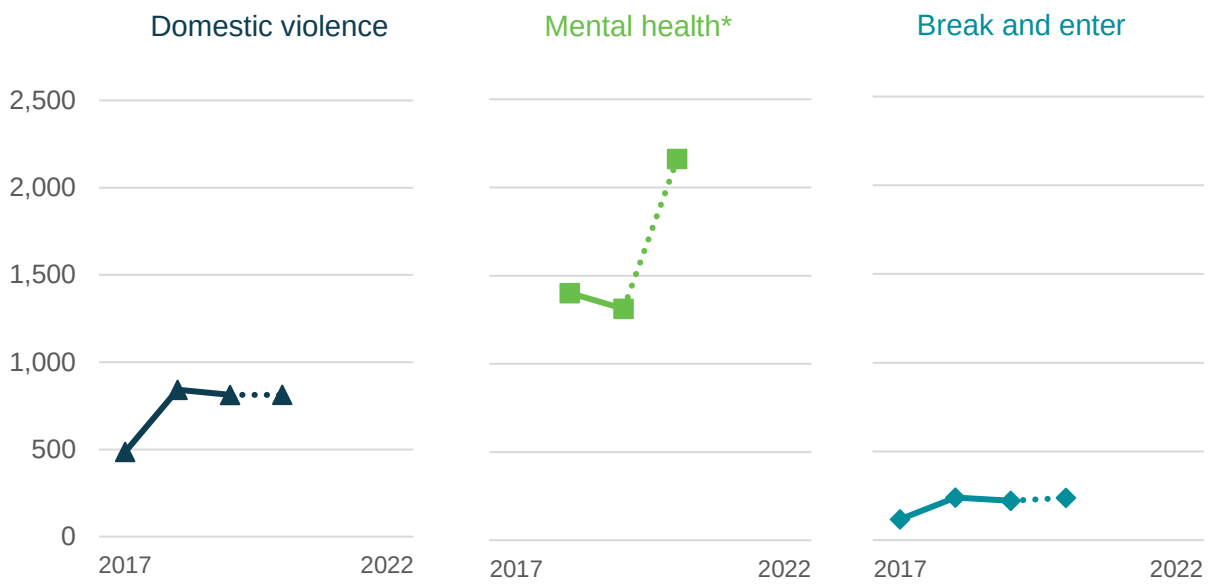
Calls to St. Thomas Police Service

- A study in Kitchener-Waterloo found that early on in the pandemic (March-September 2020), the number of police calls for intoxication, assault, and domestic disputes did not differ from pre-pandemic levels.[14]
- Locally, before the pandemic, there were over 800 calls for domestic violence, over 1,300 calls for mental health, and over 200 calls for break and enters each year to St. Thomas Police Service.
- In the first year of the pandemic, the number of calls for domestic violence and break and enters were similar to previous years, however; the number of calls for mental health reasons doubled in 2020.

The number of police calls for mental health-related reasons doubled in the first year of the pandemic in St. Thomas

Number of calls to St. Thomas Police Service

Source: St. Thomas Police Service. The number of calls for other reasons can be found in the St. Thomas Police annual reports: http://www.stps.on.ca/services/services-all_documents/



*St. Thomas Police Service did not start tracking mental health-related calls until October 2017 when their first Canadian Mental Health Association clinician began working with them

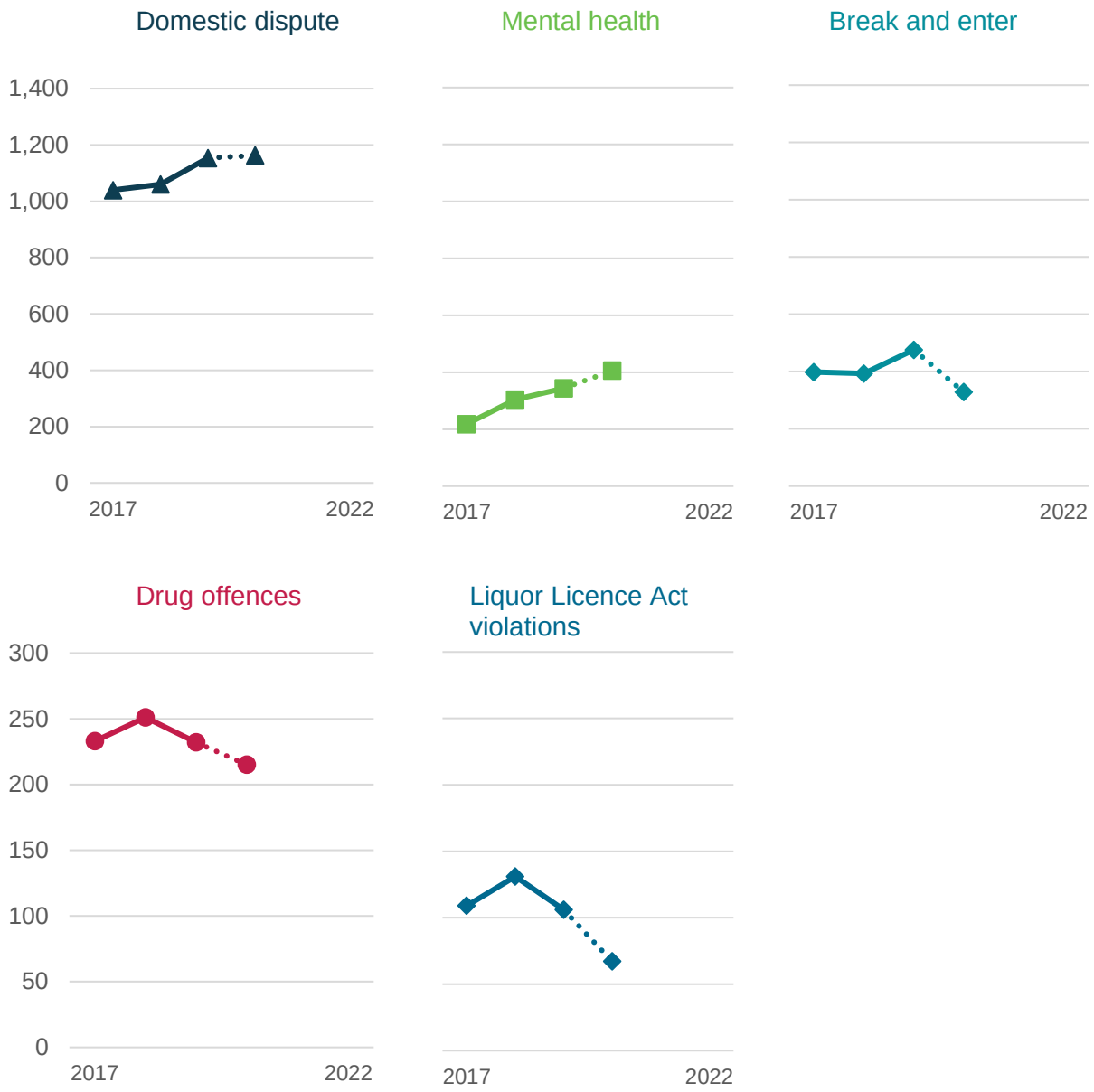
Calls to Ontario Provincial Police (OPP)

- In the urban areas of St. Thomas and Woodstock, there are separate police services but in the rural areas of the Southwestern Public Health region, the Ontario Provincial Police (OPP) are the police service that typically responds to calls.
- Before the pandemic, there were over 1,000 calls a year to the local OPP for domestic disputes, which was much higher than the number of calls for mental health, break and enters, drug offences, and liquor licence act violations.
- In the first year of the pandemic, the number of calls for domestic disputes initially stayed the same and then decreased the following year. The number of calls for break and enters, drug offences, and liquor licence act violations decreased during the pandemic. However, the number of calls for mental health was increasing prior to the COVID-19 pandemic and that trend continued during the pandemic.

The number of police calls for mental health-related reasons continued to increase during the COVID-19 pandemic

Number of calls to Ontario Provincial Police in Elgin St. Thomas and Oxford County

Source: Ontario Provincial Police



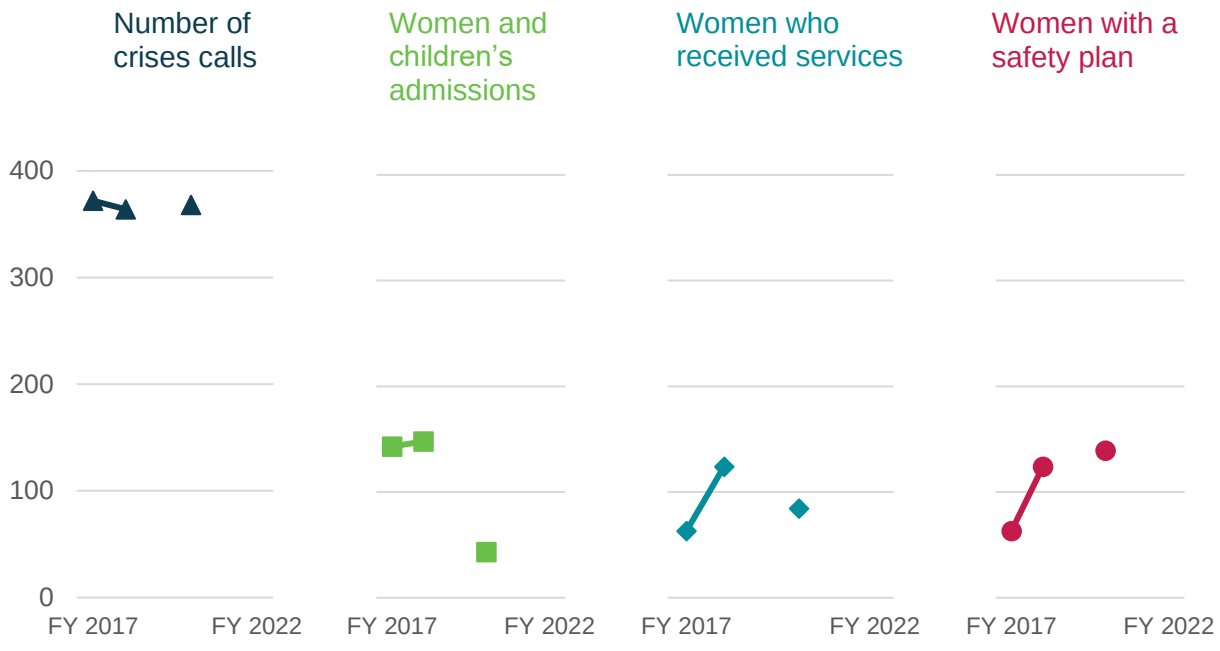
Domestic Abuse Services Oxford (DASO) service use

- Based on experiences from previous pandemics and epidemics, researchers were expecting that the COVID-19 pandemic mitigation measures would lead to more family violence, including domestic violence. More stress, negative coping mechanisms (e.g., substance use), and isolation in precarious homes with less support available (social networks and community services) was expected put people at increased risk.[20] There was also concern that school closures and physical distancing from social networks would make it harder to see and report patterns of abuse in children.[20]
- Before the pandemic, there were twice as many crises calls as women and children admitted to Domestic Abuse Services Oxford (DASO). In the first year of the pandemic, the number of crises calls remained similar, but the number of women and children admitted to DASO decreased substantially. The number of women who received services also decreased in 2020. Although DASO remained open during the pandemic, some services may have been modified or limited by public health restrictions.

The number of women and children's admissions to Domestic Abuse Services Oxford (DASO) decreased in the first year of the COVID-19 pandemic

The fiscal year is from April to March

Source: Domestic Abuse Services Oxford



Data for FY 2019 is currently missing

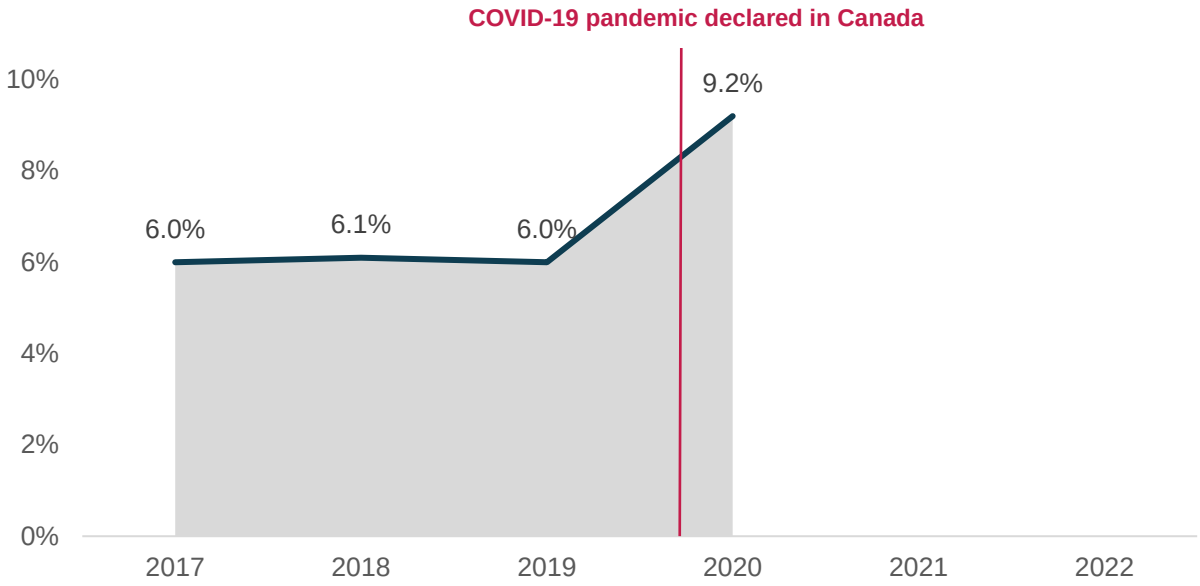
Economy

Unemployment

- When the COVID-19 pandemic was declared in Canada, many businesses were temporarily closed or had reduced services because they were considered non-essential. Many employees were temporarily laid off or had reduced hours of work. The federal government created a support program for these employees called the Canada Emergency Response Benefit (CERB). Post- secondary students unable to find work due to COVID-19 could apply for the Canada Emergency Student Benefit (CESB).
- While some businesses did re-open, other businesses ended up permanently closing due to economic hardship, resulting in job loss. The Public Health Agency of Canada (PHAC) found that early in the pandemic (March-April), workers in lower-wage jobs (particularly workers in the service sector) and women were disproportionately affected because, for the most part, their work could not be done from home and many child care centres were also closed.[1] As businesses re-opened in the summer, PHAC found that lower-wage jobs increased but remained below pre-pandemic levels. Men were more likely to benefit than women (20.5% vs. 5.2%) from the lower-wage job increase.[1] Other groups that were disproportionality affected were racialized, immigrant, and/or Indigenous workers, youth, and post-secondary students.[1]
- Before the pandemic, the local unemployment rate was around 6% each year. The unemployment rate in the SWPH region increased to 9% in 2020. In particular, the months of April to June 2020 had exceptionally high unemployment rates (12-17%). This marked the beginning of lockdowns across the region. Since that time, the monthly unemployment rates have decreased gradually but remain slightly higher than pre-pandemic levels.

The local unemployment rate increased after the pandemic, particularly when most lockdowns occurred in 2020

Source: Metro Economics. Monthly data available from: https://www.worktrends.ca/resources/monthly-labour-force-characteristics-elgin-middlesex-and-oxford-counties-interactive-tool



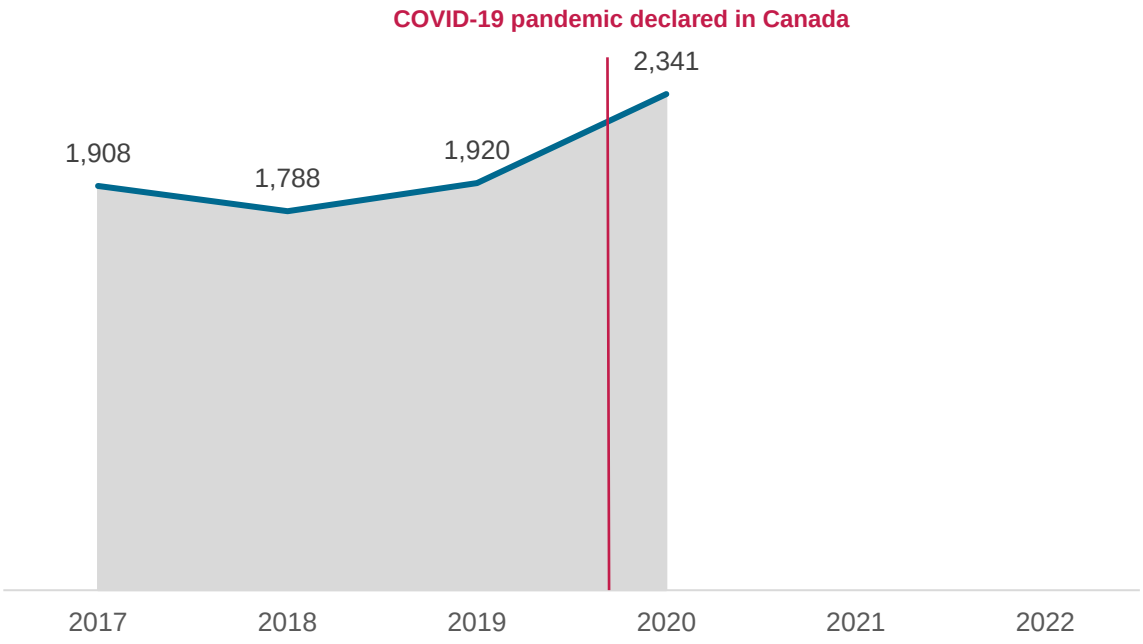
Federal financial support programs during COVID-19

- Due to COVID-19, unemployed Canadians sought financial assistance from the Government of Canada financial support programs, such as the former Canada Emergency Response Benefit (CERB) and Employment Insurance (EI). The CERB program began on March 15, 2020 and came to an end on October 3, 2020, transitioning back to EI.
- The CERB and EI data were combined by Statistics Canada to present an overall picture of federal financial support program use. The number of people qualifying for these support programs locally increased in the first year of the pandemic.

The number of people 15+ years that qualified for employment insurance benefits increased in the first year of the COVID-19 pandemic

The monthly data is averaged out over each year

Source: Statistics Canada. Table 14-10-0323-01 Employment insurance beneficiaries by census division, monthly, unadjusted for seasonality. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410032301



Ontario Works recipients

- Ontario Works is a program that helps people pay for essential living costs like food, clothing, and housing and helps people find jobs through workshops, job counselling, training, and education. Ontario Works payments ($733 per month for basic needs) continued as usual during the pandemic with some additional support offered for travel costs to get a COVID-19 vaccine or other exceptional COVID-19 related costs.
- In Elgin St. Thomas, the number of people receiving Ontario Works and other social assistance (temporary care assistance and emergency assistance) has decreased over time and that trend continued into 2020 when COVID-19 was prevalent in the community.

Caseload	2017	2018	2019	2020	2021	2022
Ontario Works						
Cases	17,258	16,285	16,359	15,385		
Beneficiaries	30,461	28,993	29,240	27,454		
Temporary Care Assistance	1,066	1,119	1,083	718		
Cases	1,460	1,592	1,570	1,037		
Beneficiaries						
Emergency Assistance	46	40	41	32		
Cases	71	50	61	39		
Beneficiaries						

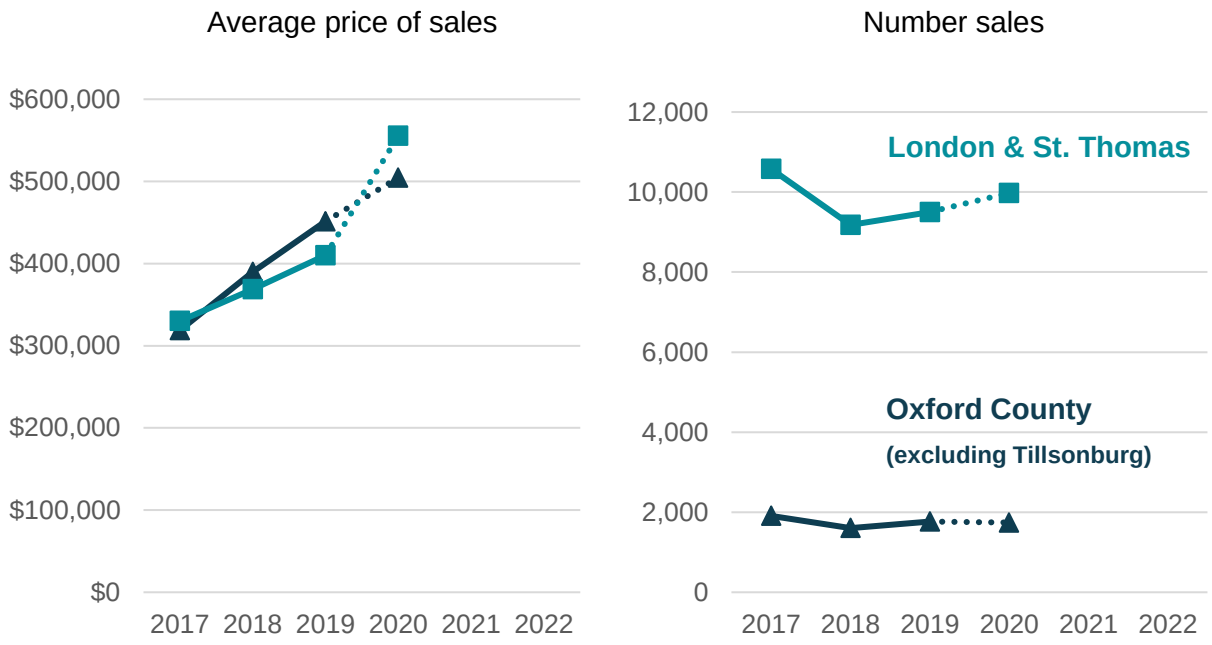
Source: St. Thomas-Elgin Social Services

Real estate prices and sales

- Before the COVID-19 pandemic, the average annual local real estate prices (based on sales) were increasing over time, creating a housing crisis. This trend continued into the first year of the pandemic. The high prices make it very difficult for young adults to enter the housing market in an affordable way.
- In 2020, the Bank of Canada's five-year benchmark mortgage rate decreased from 4.94% in May down to 4.79% in August. Mortgage rates are at their lowest point in recent history. While this lower rate increases housing affordability for some in the short-term, it may also increase homeowners' long-term debt if they do not pay off their debt in a timely manner. This debt could lead to changes in or delaying of retirement plans in the future.
- Although housing prices continued to increase, the number of sales remained steady in Oxford County (excluding Tillsonburg) and increased slightly in London and St. Thomas during the first year of the pandemic.

Before and during the COVID-19 pandemic, housing prices continued to increase

Source: Woodstock-Ingersoll & District Real Estate Board (available from: http://www.widreb.ca/stats.php) and London & St. Thomas Association of Realtors (available from: https://www.lstar.ca/market-updates)

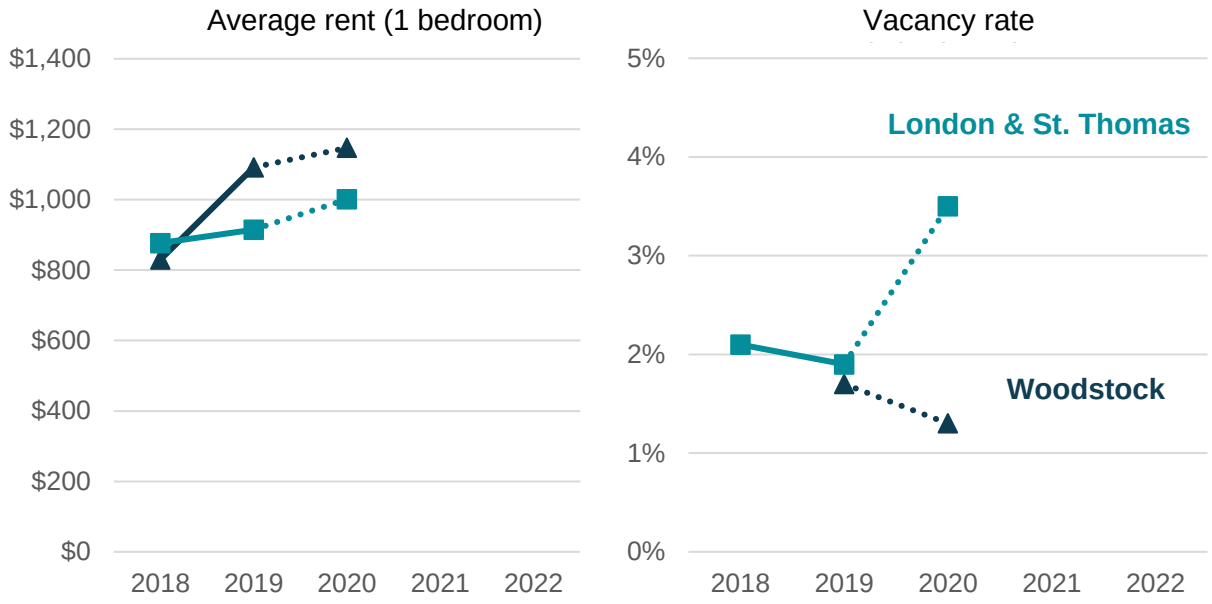


Rental prices and vacancies

- Before the COVID-19 pandemic, the average rent for a one-bedroom apartment in Woodstock and the London Census Metropolitan Area (including St. Thomas) was on an increasing trend. That trend continued into the first year of the pandemic, with an average rent of $1,147/month in Woodstock compared to $1,001/month in the London area.
- At the same time, the vacancy rate in each area was on a decreasing trend and was very low (around 2% or less), meaning that there were not many apartments available to rent locally. The decreasing vacancy rate trend continued for Woodstock into the first year of the pandemic. However, the vacancy rate increased to 3.5% in the London area during the first year of the pandemic. The increase in vacancies may suggest that more people were struggling to maintain housing costs locally during the pandemic.

The average rent for a one-bedroom apartment was increasing before the COVID-19 pandemic and that trend continued during the pandemic

Source: Canada Mortgage and Housing Corporation (CMHC). Available from: https://www.cmhc-schl.gc.ca/en/professionals/housing-markets-data-and-research/housing-data/data-tables/rental-market/rental-market-report-data-tables



Data was not reportable for Woodstock in 2018
Reports before 2018 were not available. Each year, the data is summarized using the month of October.

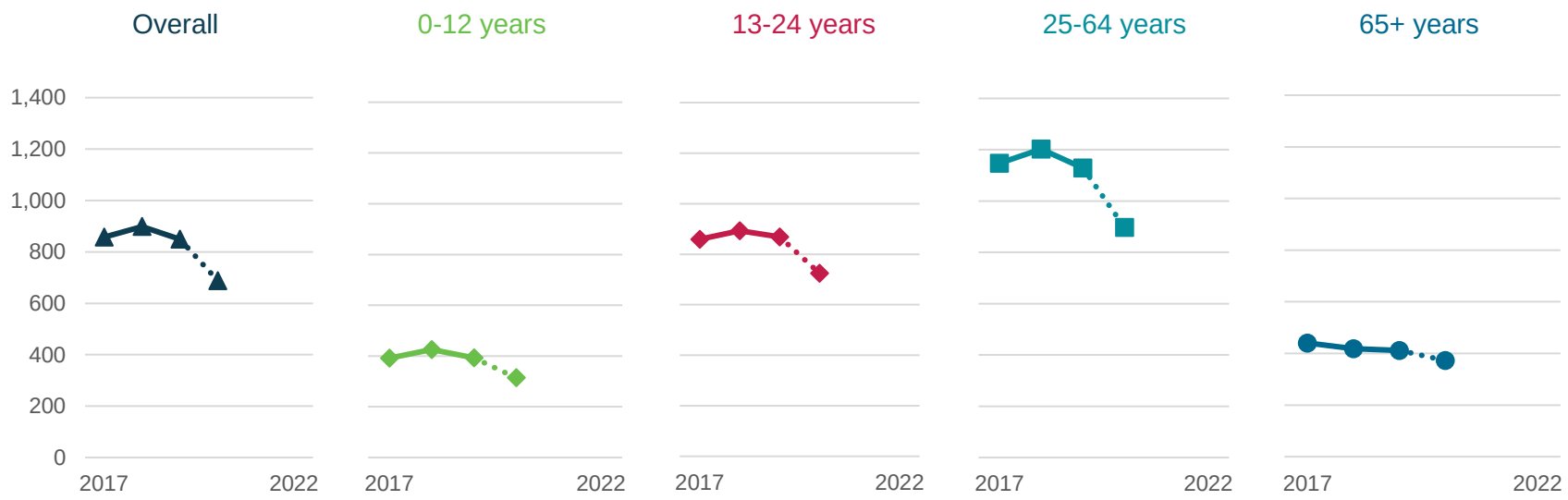
Oral health emergency department visits

- Emergency departments are typically used at times of crisis when no other options are available. People may opt to use emergency departments for oral health concerns if they do not have insurance, are unable to afford dental care or cannot access dental care due to availability issues.
- At the beginning of the pandemic, dental offices remained open but were not operating at full capacity or offering all services due to aerosolization (some procedures can increase viral transmission) and a lack of personal protective equipment – only urgent and emergency care were available in some settings. As of July 2020, restrictions were reduced, and services were expanded to include routine preventative appointments once again.
- Before the pandemic, each year there were almost 1,000 emergency department visits for oral health reasons per 100,000 population locally. The rates were considerably higher among people aged 25 to 64 years compared to all other age groups.
- At the beginning of the pandemic, emergency department use decreased for all reasons. It appears like this trend also affected oral health emergency department visits as there was a decrease in visits during the first year of the pandemic compared to previous years.

Emergency department visits for oral health concerns decreased during the first year of the COVID-19 pandemic

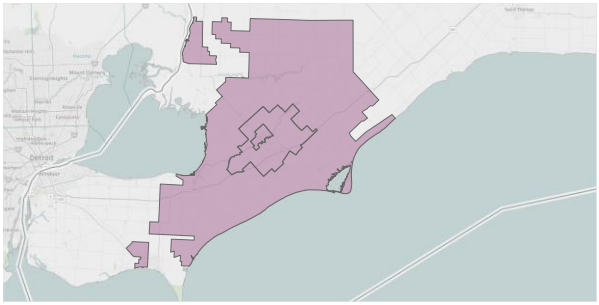
Rate per 100,000 population

Source: Ambulatory Emergency External Cause & Population Estimates & Population Projections, Ontario Ministry of Health, IntelliHEALTH ONTARIO



Consumer and business bankruptcies

- Restrictions and closures of non-essential businesses to reduce COVID-19 spread in the community not only had an impact on the workers, but on the businesses themselves.
- In the forward sortation areas overlapping with the SWPH boundary (purple areas) before COVID-19, there were 12 to 15 consumer bankruptcies per year and no business bankruptcies.

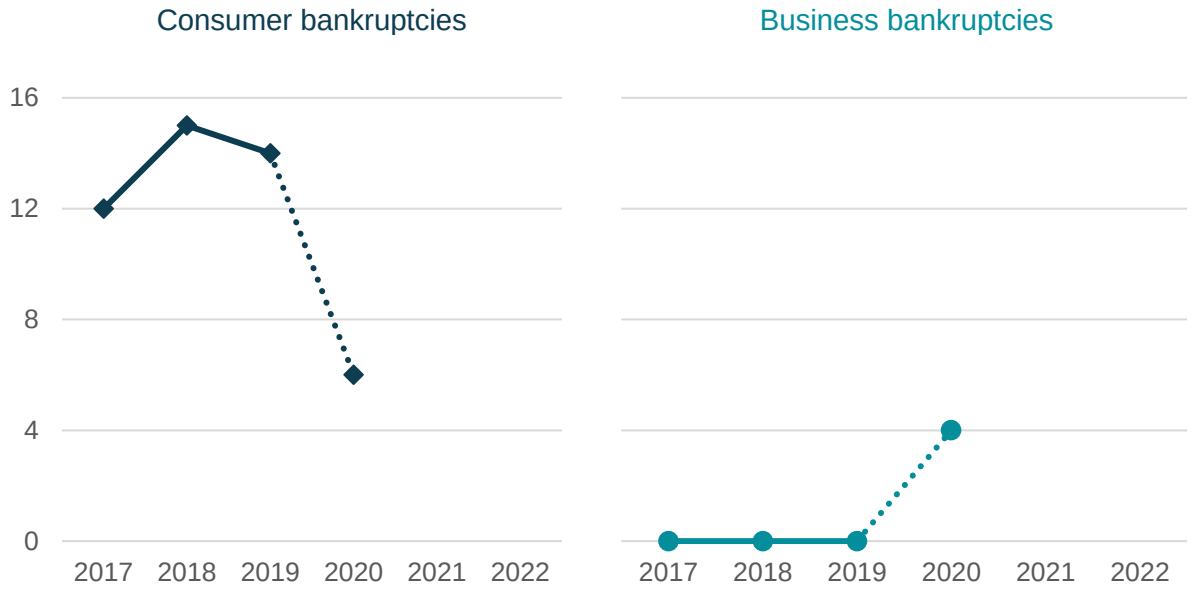


- In the first year of the pandemic, there were fewer consumer bankruptcies but more business bankruptcies. In 2020, there were 4 business bankruptcies compared to none the previous three years.

There were fewer consumer bankruptcies but more business bankruptcies during the first year of the COVID-19 pandemic

Number of bankruptcies

Source: Monthly Insolvency Statistics in Canada by Forward Sortation Area (FSA), Innovation, Science and Economic Development Canada. Available from: https://open.canada.ca/data/en/dataset/34e547e9-8e2f-472c-829b-c3c9d2396555



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Woodstock, ON N4S 4N2

CEO REPORT

Open Session

MEETING DATE:	May 5, 2022
SUBMITTED BY:	Cynthia St. John, CEO (written as of April 22, 2022)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2022-BOH-0505-5.2

1. SWPH Program Updates (Receive and File):

1.1 Infectious Diseases Prevention and Control Program

At the time of drafting this report, Covid hospitalizations are continuing to decrease in our region. Percent positivity for COVID-19 testing remains high. Two outbreaks in local area hospitals in the last month resulted in beds being closed for admissions. Cohorting staff to outbreak areas in the hospitals has been challenging due to the number of staff absent due to illness.

Outbreaks in congregate settings have increased since my last report. Staff at long-term care homes, retirement homes and congregate living settings such as group homes and childcare staff have received on-going support from SWPH staff regarding implementation of infection prevention and control guidance because of updates by the Ministry of Health, Ministry of Education, Ministry of Long-Term Care and the Ministry of Children, Community and Social Services.

The new Ministry of Health "Management of Cases and Contacts of COVID-19 in Ontario" guidance document signals a change in the way public health units are to respond to Covid case management. Individual case management is no longer required but all cases need to be

screened for association with the highest risk settings (hospitals, congregate living settings & international agricultural workers). This work continues to keep our staff teams very busy.

1.2 COVID – 19 Vaccination Clinic Update

Ontario's Ministry of Health announced all individuals 60 years of age and older were eligible for fourth doses (also known as second boosters) as of Friday, April 8th, 2022. Since this announcement, SWPH has seen an increased demand for these booster doses at our immunization clinic sites in both St. Thomas and Woodstock. For the remainder of April and May, immunization clinics will continue at our main office in St. Thomas (1230 Talbot Street, St. Thomas) and Goff Hall in Woodstock (381 Finkle Street) on Mondays, Wednesdays and Fridays. On Tuesdays and Thursdays, our immunization team will take a mobile approach making site visits throughout the multiple municipalities throughout Oxford County, Elgin County and the City of St. Thomas.

SWPH continues to celebrate a very collaborative relationship with the province's GOVAXX Bus. Our team continues to finalize future GOVAXX bus visits that further compliment the vaccination efforts of our SWPH clinics, and our community pharmacy partners.

Planning is underway to determine SWPH's capacity to offer possible booster doses for the general population for Fall of 2022 when a possible resurgence of the COVID-19 virus may be experienced as people move indoors again. SWPH continues to look for larger spaces (halls, event spaces, etc.) conducive for mass vaccinations for the fall months (September – December 2022).

1.3 Vaccine preventable diseases (VPD) team

SWPH's VPD and School teams continue to visit area schools throughout the majority of April and most of May to offer school based vaccinations to students in Grade 7, and to catch up those students in Grade 8 who may have missed early vaccination opportunities.

In early May, SWPH's VPD team will be sending letters home to over 7000 elementary students who are identified as being behind or lacking up to date records in the province's vaccination record repository (Panorama). Students will be encouraged to contact their primary care provider or SWPH to ensure they're vaccinations are up to date in accordance with Ontario's Routine Vaccination Schedule. SWPH will be offering appointments for elementary school catch up clinics beginning in June 2022 and extending throughout the summer to provide families greater opportunities to get vaccinated at a time that is convenient for them. All local licensed child care centres will also be approached by SWPH in late May / early June to review immunization records in accordance with the Child Care and Early Years Act, 2014 Licensing Standards. Families who may have children flagged as being behind in immunizations will be encouraged to follow up their primary care provider or attend one of SWPH's many clinic opportunities that will be available this summer.

1.4 School Health

The School Health team has been collaborating with our school board and private school partners on the following shared priorities:

- *Mental health* – School staff and students have described stressors that the pandemic has amplified, and local schools continue to experience this overload now that many public health protective measures have been lifted. Recognizing the school staff's limited capacity this spring, the School Team developed a "Mental Health May" resource. This package includes four weeks of themed mental health activities, announcements, social media recommendations, and book suggestions. The resource is designed to engage the whole school community or be used in individual classrooms. Weekly themes include,
    - mental wellness; kindness, empathy, gratitude;
    - healthy relationships and connectedness; and
    - resilience, stress, and coping.

- *Parenting supports* – Schools have identified reduced parent engagement and gaps in key learning areas among kindergarten students. Preparing for school is a stressful transition for parents and children. The team is creating a video series to stimulate parental understanding of child development, reduce the developmental gaps early for preschool-aged children, and lessen the burden on kindergarten staff. The completed videos will be posted on the area schools' websites and promoted via SWPH social media. Each video will have an accompanying resource and supports for parents.

I believe SWPH working on these supports is an excellent example of partners supporting partners for the betterment of individuals and families.

1.5 Chronic Disease and Injury Prevention

Smoking rates in the Southwestern Public Health (SWPH) region continue to be higher than the Ontario average. Over the years, SWPH has employed numerous health promotion initiatives under the pillars of prevention, protection, and cessation to address tobacco use and reduce smoking-related diseases and death. Unfortunately, most of these activities were put on hold throughout the last two years to prioritize our Covid-19 response. However, SWPH maintained partnerships with local pharmacies to deliver pharmacy-led smoking cessation services, including free counselling and nicotine replacement therapy to eligible adults who want to quit smoking.

With new funding from the Public Health Agency of Canada, this program will be expanded over the next five years to reach more residents seeking support to quit. In addition to program expansion, the funding will allow us to complete a robust evaluation to understand better the effectiveness and replicability of this partnership model in other communities across Canada. The evaluation plan is complete and undergoing a research ethics approval process. A

communication campaign has also been developed to promote the program and will launch in May.

Conducting an evaluation of this work is an important element for future programming.

1.6 Communications Update

Over the past month, SWPH's Communications team supported various programs and services including launching a Tick and Lyme Disease awareness campaign, safe sharps disposal education, promoting the Ontario Seniors Dental Program and Healthy Smiles Ontario services, launching a new smoking cessation program, and completing the recognition campaign related to the community's support of the COVID-19 response. Newspaper and radio ads, social media posts and a video will be released the first week in May.

Internally the team is more systematically using data generated through a website tool called Site Improve, and the analytics available through the various social media platforms, to inform communications activities. The goal is to always work strategically with program teams to ensure communications efforts truly advance their health promotion and protection goals to the benefit of the programs and the communities they serve.

2. Timeline for 2023 Budget Development (For Information):

As you know, October 24, 2022 is the date of the upcoming municipal election. As a staff team, we are currently factoring that into our timeline for budget development for 2023. Our entire program planning process which ultimately leads to the development of our draft budget for the coming year is predicated on a series of deadlines throughout the year.

I have had a preliminary conversation with the Finance & Facilities Committee Chair about the timing of the budget presentation. It is planned that the Finance & Facilities Committee will review the draft budget after the election and municipal appointments are made (mid December) and presentation of the budget to the Board is tentatively scheduled for January 2023.

3. Upcoming Event (For Information):

Association of Local Public Health Agencies' (alPHa) Annual Conference

The Association's annual conference is coming up in June. Please see the link here for the AGM and Conference details. Information received thus far:

- preliminary agenda for June 14 (morning agenda is included but afternoon Board of Health section agenda is not finalized yet)

- program for the June 13th pre-conference session

SWPH is a member of alPHa and as such, Board members are invited to attend their conference and the preconference session. If you are interested, please advise Amanda and she will get you registered for one or both events.

MOTION: 2022-BOH-0505-5.2
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for May 5, 2022.

PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

alPHa Association of Local PUBLIC HEALTH Agencies

www.alphaweb.org

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.

7,139,930
INDIVIDUALS VACCINATED WITH 3 DOSES IN ONTARIO AS OF MARCH 22, 2022
Source: Government of Ontario

1,140,865
CONFIRMED COVID-19 CASES IN ONTARIO AS OF MARCH 21, 2022
Source: Public Health Ontario

PUBLIC HEALTH RESPONSE

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

Public health professionals are responsible for the following:

CASE AND CONTACT MANAGEMENT:
Identify and isolate cases.

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

OUTBREAK CONTROL:
Protect vulnerable populations in higher risk settings.

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

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

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

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

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management
- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments

PUBLIC HEALTH MATTERS

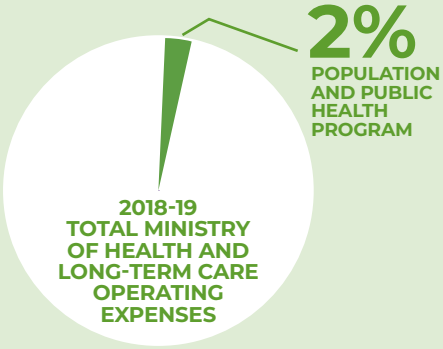
alPHa
Association of Local PUBLIC HEALTH Agencies

RETURN ON INVESTMENT

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

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

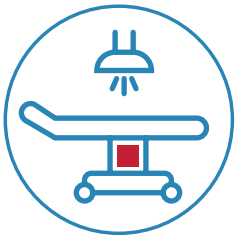
This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.



IMPACT ON RESOURCES

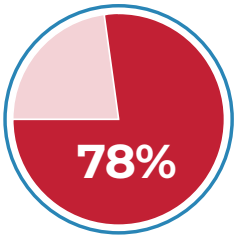
The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

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



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

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



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

Source: alPHa Report: Public Health Resilience in Ontario - Executive Summary
Source: alPHa Report: Public Health Resilience in Ontario – Report
*Please visit: **www.alphaweb.org***

MOH REPORT

Open Session

MEETING DATE:	May 5, 2022
SUBMITTED BY:	Dr. Ninh Tran, MOH (written as of 12:00 noon, April 25, 2022)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2022-BOH-0505-5.3

1) Coronavirus COVID-19 (Receive and File):

Current State:

Over 2 years have passed since the World Health Organization (WHO) declared SARS-CoV-2 a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020. At the time of this report, Southwestern Public Health (SWPH) has reported a cumulative case count of 13,140 residents as positive for COVID-19, of which 398 cases are active and 158 are deceased.

As noted at the previous Board of Health meeting in March, SWPH is beginning to address many critical public health issues that we were not able to attend to fully during the pandemic. Our municipal, education, health, and community partners are also planning on doing the same.

However, we are currently in the 6th wave of COVID-19 (dominated by the Omicron, BA.2, variant), characterized by an extremely high rate of spread, leading to notable levels of infection, absenteeism, illness, and increased hospitalization in the community. This current wave and its resulting absenteeism across sectors are drastically impacting recovery efforts. There are early signs based on wastewater surveillance data and other indicators suggesting this 6th wave is plateauing or starting to decline (caused by a combination of immunity developed through immunizations as well as acquired infection), and we continue to scan for encouraging signs of declining indicators which will allow us the capacity to proceed with our organization's initiatives, program recovery, and community engagement.

However, cases remain high, institutional outbreaks are high, the risk of infection is high. COVID-19 continues to pose significant health hazards as well as disrupt businesses and overwhelm large swaths of our population. The ministry's announcement on Friday, April 22 extending existing provincial masking requirements in higher-risk indoor settings until June 11, 2022 is a clear indication that the management of COVID-19 is a mindset that must be alert to potential risks, nimble and open to adjustments, and predictive of the virus' fluctuations and mutations in order to prepare for upcoming waves or surges.

The waves we have experienced have generally been fuelled by the evolution of the virus and its variants and sub-variants, including Alpha, Beta, Delta, Omicron, and now Omicron BA.2, with each evolution leading to a more transmissible form and greater vaccine escape. The World Health Organization has recently added the Omicron subvariants BA.4 and BA.5 to its list of variants of concern (VOC), and it seems only a matter of time before another variant develops and spreads.

Our management of COVID-19, our responses and the tools at our disposal, is increasing in light of the evolution of the virus. We now have safe and effective vaccines – including a variety of products (mRNA vaccines – Moderna Spikevax and Pfizer-BioNTech; Janssen; AstraZeneca; Novavax and the upcoming Medicago) that significantly reduce the risk of severe complications such as hospitalizations, ICU admissions, or death.

Treatment options, including outpatient oral therapies such as Paxlovid are now becoming available at community pharmacies to a larger eligible higher-risk population. Work is underway to facilitate this access through training, infrastructure, and development of supportive clinical pathways. We now have a pre-exposure intervention in Evusheld that can be used to prevent the risk of infection (which is particularly of benefit to those who are significantly immunocompromised and do not mount the same immune response to vaccines and are of higher risk of complications).

But there are also limitations to some of the tools currently available. Rapid Antigen Tests (RATs) are significantly less sensitive to the Omicron variant than they were to the Delta variant (the polymerase chain reaction (PCR) test remains sensitive to all variants but its use is limited to certain eligible groups in order to safeguard lab testing capacity). Some of our testing as well as treatment options (e.g., RATs and Sotrovimab, respectively) do not respond as effectively to certain variants. The vaccines currently available were not designed specifically for the current variant and their effectiveness wanes over time, requiring boosters. There are still logistical barriers to accessing Paxlovid (testing, transport, prescriber knowledge/comfort, uptake) as well as the frequent need to adjust or hold other medications to be able to safely take the antiviral.

The number and quality of these tools will improve over time. Tools, though, are only effective if used and used appropriately. For example, there is a sizeable population that are still not up to date on their COVID-19 vaccinations. The management of COVID-19 at the community and individual level involves a greater degree of active engagement, accountability, and awareness of what we can do to reduce the risks involved when we gather in large groups, when we are in the company of the elderly or medically vulnerable, and when we participate in activities. It is crucial that each of us use all or at least as many of the tools available to us, keeping in mind that this COVID-19 mindset is likely, needfully, here to stay.

Public health's role in the management of COVID-19 remains clear:

1. We will continue community-wide vaccination programs for people on a regular basis.
2. We will continue to promote appropriate public health measures to manage COVID-19. (i.e., masking indoors since COVID-19 activity is currently high)
3. We will continue to explore and support covid management opportunities such as assessing and considering physical spaces that support physical distancing and good ventilation.

We have reason to be reassured that our provincial and regional COVID-19 response continues to expand and provide additional layers of both prevention and treatment. However, I caution our community that now is not the time (nor might it ever be the time) to throw caution to the winds. I've heard many colleagues and friends say that they are 'Done' with COVID-19, but modelling, data, and history clearly indicate that COVID-19 is not done with us.

- If you experience signs of illness or may have been exposed to COVID-19, stay home, self-monitor, and self-isolate if needed.
- If you are eligible, get tested if you think you have even one symptom.
- Keep up to date with COVID-19 vaccinations: get the Covid-19 vaccination shot (1st dose, 2nd dose, Booster, 2nd Booster etc.) at a local public health clinic, pop-up or mobile clinic, local pharmacy, or primary care provider.
- Maintain individual public health measures such as wearing masks, staying home when sick, increased hand washing, and improving ventilation of indoor spaces
- Understand your risk for COVID-19 and whether you are eligible for therapeutic treatments should you become ill with COVID-19

MOTION: 2022-BOH-0505-5.3

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for May 5, 2022.