



Peel Public Health and COVID-19

An equitable and engaged response



Peel Public Health

Introduction

First presenting in humans as a new “viral pneumonia of unknown cause” in China in December 2019, COVID-19 was identified as a novel infectious disease caused by the virus SARS-CoV-2 in January 2020 and later declared a global pandemic in March 2020.

Peel was notified of its first reported case of COVID-19 on March 5, 2020. As of January 8, 2021, Peel has investigated approximately 45,000 confirmed and probable cases and responded to over 300 outbreaks in institutions, workplaces, schools and childcare centres. Sadly, there have been over 350 reported deaths among the confirmed cases, with over 200 deaths among long-term care and retirement home residents.

As seen elsewhere in the world, the impacts of the COVID-19 pandemic have been experienced differently among members of the Peel community. Disparities have been noted both in the severity of outcomes (e.g. among individuals with underlying health conditions, older individuals, and long-term care residents), as well as vulnerability to exposure (e.g. among essential workers, people experiencing low income, or racialized populations and new Canadians). Businesses have also been impacted to varying degrees depending on local, provincial and federal restrictions. Monitoring and addressing impacts associated with COVID-19 and its control measures is critical as we optimize our efforts to protect the health and wellbeing of the Peel community during this health emergency.

This report describes outlines Peel Public Health’s response to the pandemic to date, with a focus on addressing COVID-19 specific health inequities in Peel region through the core public health functions of our response and expanding community engagement.

An introduction to the social determinants of health

Public health practice recognizes that the health of individuals is attributed not only to their choices, but also by what choices are presented to them through the context in which their lives unfold.

In assessing population health, disparities, and inequities through data on health outcomes, risk factors and determinants of health, public health practitioners closely examine the determinants of health in explaining observed patterns and areas for action. Social determinants of health refer to various contextual factors (personal, social, economic and environmental) that directly or indirectly impact the health of individuals and populations. While there is no single list, some determinants (“social determinants”) identified at an individual level by the Government of Canada¹ include:

- Income and social status
- Employment and working conditions
- Education and literacy
- Physical environments
- Social supports and coping skills
- Healthy behaviours
- Access to health services
- Childhood experiences
- Biology and genetic endowment
- Gender
- Culture
- Race/Racism

More broadly, there are also structural determinants of health that include factors such as social policies (e.g. housing, labour) at a system level that can further influence community contexts and have direct and indirect impacts on an individual’s determinants of health.

Peel Public Health collects surveillance data in accordance with the Ontario Public Health Standards. During the COVID-19 pandemic, Peel Public Health was one of the first health units in Ontario to begin collecting data about key determinants (e.g. self-identified race as a proxy

for racism and self-reported occupation) to inform decision-making. The continued collection of these data is vitally important, but only tells part of the story. This report provides an overview of the relationships between determinants, risk factors and health outcomes and outlines plans to intervene within our ongoing pandemic response.

Healthy equity, the social determinants of health and COVID-19

Health inequities, defined as differences in health outcomes between individuals or populations, are the result of differences related to experienced social and structural determinants of health. Prior to the arrival of the pandemic, health inequities had long been noted in key vulnerable populations including older adults, persons with disabilities, individuals with chronic conditions, and racialized populations. COVID-19 – the disease itself and the public health measures undertaken to control it – has exacerbated many pre-existing disparities experienced by these groups. Social and structural determinants of health (e.g. cultural norms, societal values, existing policies, racialization, social class, occupation) and intermediary determinants of health (e.g. income, housing, social connections, access to healthcare) mediate the relationship between COVID-19 and health outcomes in complex ways.²

There is clear evidence that different populations face different risks to COVID-19. In Peel, there have been a wide range of pandemic impacts noted throughout the community with the most vulnerable being disproportionately affected. For example, systemic racism and poverty have been identified as notable determinants associated with COVID-19 impacts. In Peel,

considering many pre-existing disparities, data have shown that racialized populations and other marginalized communities have been more negatively impacted by the pandemic.

Peel Public Health has and will continue to optimize its COVID-19 response and interventions, in partnerships with other agencies, to identify and address these identified disparities. Figure 1 summarizes some of the identified direct and indirect consequences of COVID-19.

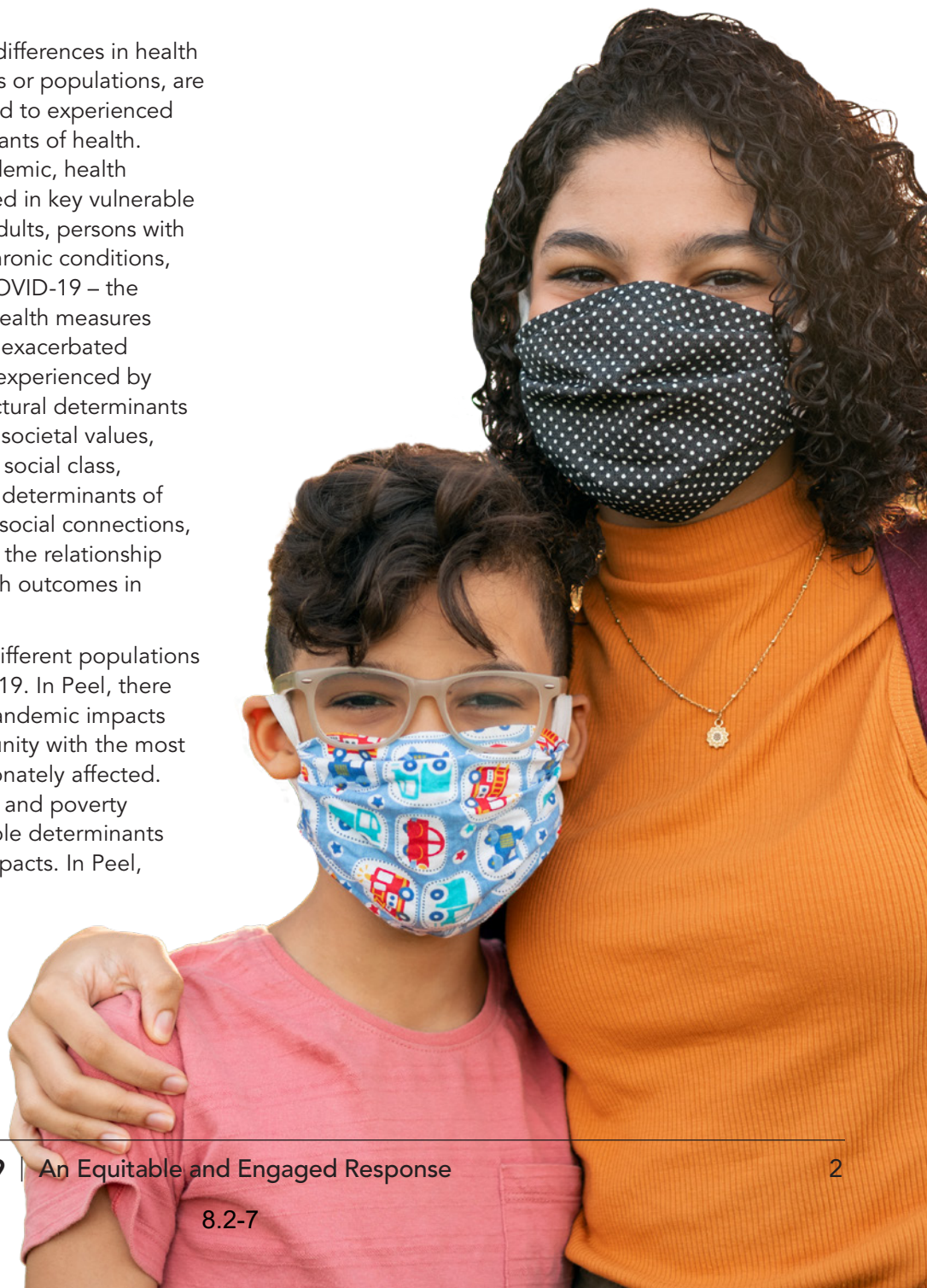
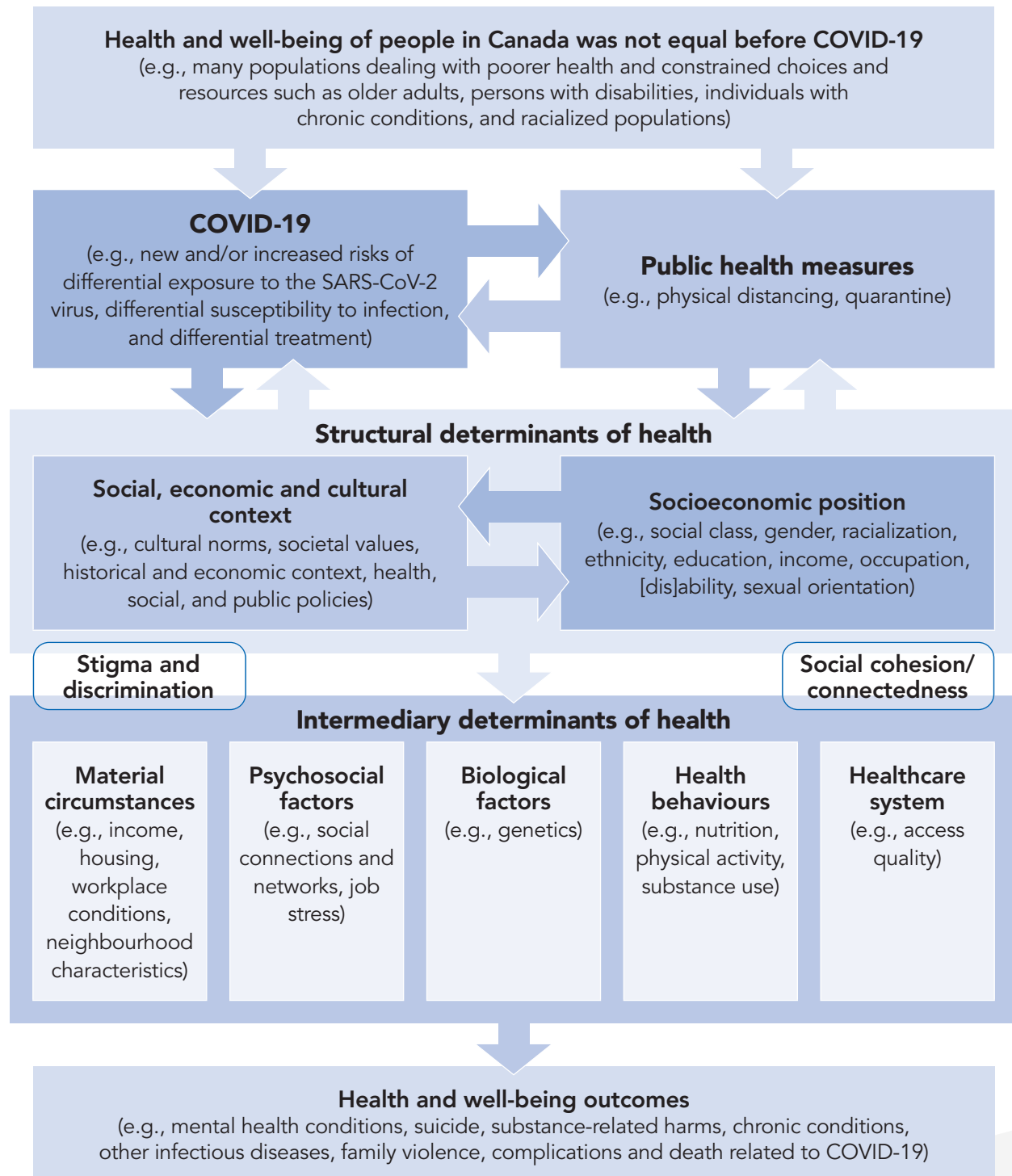


Figure 1
Direct and indirect consequences of COVID



Source: Public Health Agency of Canada. From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020. Ottawa, Ontario: Public Health Agency of Canada; October 2020.

In summary, differences in social determinants such as income, education, occupation, race, and more can result in differences related to:

- Exposure to COVID-19
- Susceptibility to contracting COVID-19 once exposed
- Access to testing and vaccination for COVID-19
- Ability to follow public health guidance for COVID-19 if possibly exposed, symptomatic, or test-positive
- Treatment of COVID-19

In collecting and analyzing data for action and implementing universal and targeted approaches, Peel Public Health continues to learn from communities that have been impacted disproportionately by COVID-19. This has included ongoing engagement and consultation with community partners and stakeholders to ensure that our response includes input into key issues and considerations. Continued expansion of existing engagement will allow us to optimize interventions being deployed as well as current supports and services provided.

Mandate of Public Health with regards to health equity

The role of local public health units in Ontario as it relates to health equity is defined in the Ontario Public Health Standards – Health Equity Guideline, 2018.³ In this document, public health roles and responsibilities as defined by the Ontario Public Health Standards are as follows:

- Assess and report on the health of local populations. This includes assessing health, priority populations and demographic indicators, risk and protective factors, and other information relevant to public and population health.

- Modify and orient public health interventions to decrease health inequities by:
 - Engaging priority populations in order to understand their unique needs, histories, cultures and capacities; and
 - Designing strategies to improve the health of the entire population while decreasing the health inequities experienced by priority populations
- Engage in multi-sectoral collaboration which is defined as collaborative partnerships and coalitions.
- Conduct health equity analysis, policy development and advancement of public policies.

Peel Public Health's 2020–2029 Strategic Priorities for the Future, identified advancing health equity as a strategic priority. This report reflects Peel Public Health's commitment to intentionally include health equity considerations in all aspects of public health practice, including the ongoing COVID-19 response.

Peel Public Health's goals and role in the COVID-19 response

Peel Public Health's goals within the COVID-19 response are to:

- Prevent severe illness and death in the community due to all causes, including COVID-19;
- Protect the healthcare system capacity and workers; and
- Minimize the societal and economic impacts of COVID-19 on the community.

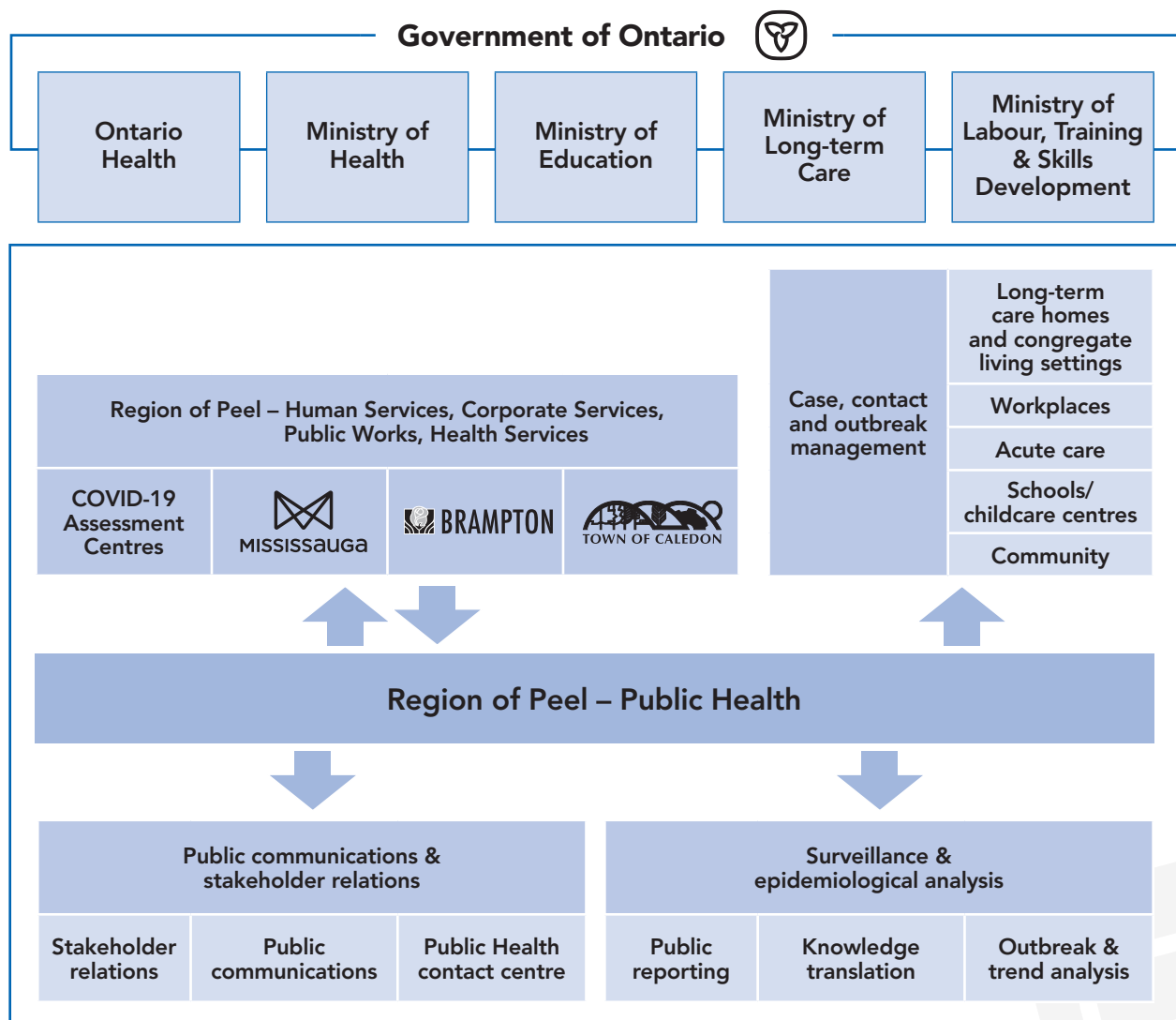
Embedded within these goals are equity considerations specific to COVID-19.

Peel Public Health's main roles in the pandemic response are related to:

- Case, contact, and outbreak management
- Epidemiologic surveillance and reporting
- Public health measures
- Education, engagement, enforcement and leadership
- Communication with the public, stakeholders and partners

In order to perform these roles, Peel Public Health collaborates with many stakeholders including Ontario Health; the Ministry of Health and Long-Term Care; the Ministry of Education; the Ministry of Labour, Training and Skills Development; various Region of Peel departments, Public Works; Corporate Services and Human Services; City of Mississauga, City of Brampton and Town of Caledon; hospitals; long-term care homes; workplaces; school boards and schools; and community agencies in Peel (Figure 2).

Figure 2
Conceptualization of stakeholders involved in the COVID-19 response



In addition to the stakeholders described in Figure 2, Peel Public Health consults with several groups, including:

- Regional Community Response Table: A partnership of over 100 local community partners, agencies, and the not-for-profit sector to respond to the needs of Peel's most vulnerable residents during COVID-19.
- Peel Poverty Reduction Committee's Lived Experience Roundtable: Comprised of Peel residents who have lived experience of poverty to better understand community needs.
- Interfaith Council of Peel, faith leaders and faith-based organizations and taskforces.
- The South Asian COVID-19 Taskforce and other ethnocultural community associations and taskforces.

During the pandemic, there are still many other health-related issues that require attention. Therefore, Peel Public Health has also continued to operate some services at reduced staff and service levels. Some examples include harm reduction program, immunization services and the healthy sexuality program.

Peel Public Health's current and future response to COVID-19

This section describes what Peel Public Health's current actions are as they relate to Peel's mandated areas within the COVID-19 response, with a focus on health disparities and inequities in the population, in addition to community and stakeholder engagement.

Case, contact, and outbreak management

Case, contact, and outbreak management is fundamental to the COVID-19 response. Once Peel Public Health identifies a positive case of COVID-19, the individual is contacted to determine how they may have acquired the disease, what their current status is, and to whom they may have exposed to the disease. The goal of this contact is to ensure timely isolation, which will assist with preventing an outbreak.

Rapidly manage cases confirmed among Peel residents, to reduce transmission and ensure safe isolation

Activities to date:

- Conducting respectful verbal interviews in the preferred language of the individual, their representative, or through language interpretation services.
- Collection of information to inform outbreak investigation and community exposures.

New activities:

- Ongoing assessment of emerging needs related to case, contact, and outbreak management of Peel residents through a lens that considers the various determinants of health (e.g. income, education, ethnicity or race, employment).

Provide Peel residents who face barriers to COVID-19 self-isolation, with appropriate supports and services for home isolation and recovery

Activities to date:

- **Self-isolation kits:** In the early stages of the pandemic in 2020, Peel Public Health distributed self-isolation kits – including thermometers, alcohol swabs, and surgical masks - to households in the Region where positive cases were confirmed. This initiative was phased out as information about the supplies necessary to self-isolate was made available through community education and the Regional web site.
- **COVID-19 Isolation and Recovery Program:** The Region of Peel (Human Services) has been operating a voluntary self-isolation centre for individuals who are waiting for COVID-19 test results, or have tested positive, and are unable to safely self-isolate (e.g. those experiencing homelessness, precariously housed).

New activities:

- **Expansion of the COVID-19 Isolation and Recovery Program:** In December 2020, with funding assistance from the Government of Canada, the Isolation and Recovery Program was expanded to include individuals who find it difficult to safely isolate at home due to financial barriers, living in precarious or crowded housing situations, or having safety concerns. This expansion allows for broader eligibility and capacity to accommodate a greater number of clients. Additional capacity is being explored through discussions with community agencies and leaders.
- **Provide targeted support for priority populations:** Support regional and local partners to leverage all available funding, to continue providing supports for vulnerable individuals isolating at home.

- Work with community agencies and stakeholders to identify culturally appropriate community supports and referrals to community supports (e.g. wrap around supports) for COVID-19 self-isolation.

Epidemiologic surveillance and reporting

Epidemiologic surveillance and reporting consists of monitoring the spread and intensity of COVID-19 in Peel region and identifying key risk factors for COVID-19 transmission, to inform the development of protective control measures.

Assess and report on COVID-19 data, in order to describe the health of the population and identify health inequalities

Activities to date:

- Collection and reporting of required COVID-19 data elements of determinants of health such as race and occupation.
- External Reporting at: peelregion.ca/coronavirus/case-status, including:
 - Analysis and reporting of COVID-19 cases on external dashboard.
 - Analysis and reporting of outbreaks in long-term care homes and retirement homes; schools and childcare centres, and workplaces.
 - Analysis and reporting of social determinants of health (race and occupation).
 - Weekly epidemiological report.

New activities:

- Ongoing collection, analysis and reporting of COVID-19 data elements, to understand the underlying risk factors and determinants, which will inform new policies and interventions.
- Continued and enhanced reporting on the Region of Peel COVID-19 in Peel web site.

Public health measures

Public health measures address health gaps and disparities at an overall population level, or through targeted approaches with priority populations.

Identify and implement new or enhanced policies or interventions that protect the population from acquiring or transmitting COVID-19

Activities to date:

- Use of epidemiologic data to inform refinement or development of policy and interventions (e.g. testing sites; disease control measures, such as physical distancing and masking; investigations and control efforts in high-risk settings; and immunization).
- Advocate for supports to address underlying social determinants of health: Peel Public Health has advocated for financial support for individuals impacted by COVID-19 control measures, such as, paid sick leave, and job loss protection, rent supports and eviction protection, and community supports and services for self-isolation. These recommendations have been raised in recognition of high rates of transmission in Peel among individuals experiencing poverty and/or employed, sometimes precariously, in essential jobs that cannot be done remotely.

New activities:

- Heightened engagement and outreach with community and stakeholder groups (e.g. Peel Community Response Table) to explore the implementation of additional policies or interventions.
- Continued advocacy for supports (e.g. paid sick leave, job protection, and eviction protection) to address the underlying disparities that drive COVID-19 transmission.

- Identification of barriers, to adherence of public health measures by engaging with government and community partners in areas such as testing, self-isolation and recovery, and vaccination.
- Continue to identify and improve upon policies and interventions related to outbreak prevention and control for households and other community settings (e.g. long-term care and retirement homes, congregate living facilities, schools, childcare centres and workplaces).

Target public health measures, to prevent COVID-19 outbreak transmission in the home and community settings

Activities to date:

- Provide support for outbreak management and infection, prevention and control (IPAC): Peel Public Health works closely with long-term care, retirement homes and congregate living facilities, schools, childcare centres and workplaces to:
 - o Ensure that Ministry of Health guidelines for IPAC are being followed (e.g. hand hygiene, physical distancing, enhanced cleaning and disinfection, routine masking);
 - o Provide IPAC audits and on-site visits (e.g. shelter site visits); and
 - o Conduct case and contact tracing, outbreak management.
- Facilitate testing and surveillance: Although not the mandated agency for testing, Peel Public Health facilitates testing efforts and surveillance with Ontario Health (lead agency) and Peel Paramedics.

Education, engagement, enforcement and leadership

Peel Public Health works closely with government and community partners to reduce COVID-19 transmission, through public education, policy consultation, enforcement, and leading advocacy for systems that will support the region's most vulnerable individuals.

Educate the public on strategies to reduce the risk of COVID-19 acquisition and transmission

Activities to date:

- **Educate the public on COVID-19 prevention:** Over the course of the pandemic, Peel Public Health developed and executed a large volume of both broad and targeted communication products to support behaviour change and disease prevention. Many of these resources are available in multiple languages.

New activities:

- **Enhance community-based education:** Collaborate with community leaders to align and provide COVID-19 education from other trusted sources, in familiar locations, such as places of worship, schools, recreational facilities, and more.

Engage relevant partners and stakeholders in public education and communications, policy development, and service provision

Activities to date:

- **Community engagement through consultation:** Peel Public Health has consulted with community members, community agencies, and other key stakeholders in the COVID-19 response, which has informed policies and interventions designed to address the needs of specific populations.
- **Supporting the work of community partners:** Through collaborative forums including the Community Response Table and Integrated Response Table, Peel Public Health has engaged with community and healthcare partners, and not-for-profit agencies as they deliver critical front-line services to clients across Peel.

New activities:

- **Expanded engagement with community partners and stakeholders:** Increasing involvement of community partners and stakeholders in the early stages of informing and developing policies or programs, to better implement targeted interventions that account for partner insights and community context.

Ensure that the health of vulnerable populations and the general public are protected through education and enforcement

Activities to date:

- **Education and Enforcement:** Public health inspectors work closely with partner agencies (provincial enforcement officers, municipal by-law and police) in order to educate and address non-compliance with the *Reopening Ontario Act, 2020*⁴ and its regulations and to enforce COVID-related orders under the *Health Protection and Promotion Act*.⁵ This helps to ensure that Peel Public Health's public and workplaces comply with public health guidance to protect public health.

New activities:

- Continued enforcement initiatives that provide education around public health guidance and address barriers to compliance.
- Continued partnership with Ministry of Labour, Training, and Skills Development inspectors and other provincial Ministries and agencies to:
 - o Conduct inspections of high-risk workplaces.
 - o Advocate for increased protection for precariously employed workers (temporary, contract, and agency workers) to support self-isolation if sick or exposed to COVID-19.

Advocate for policy changes that address social determinants of health known to increase COVID-19 risk in vulnerable populations

Activities to date:

- **Provide leadership on provincial and national roundtables:** Peel Public Health has provided input and leadership at provincial and national roundtables, on discussions including epidemiologic modelling, rapid testing, mass vaccination, and socioeconomic disparities in COVID-19 transmission, among other key topics.
- Advocated for supports to address underlying social determinants of health (as described above).

New Activities:

- Continued leadership at provincial and national roundtables.
- Continued advocacy with other partners for system supports (e.g. paid sick leave, job protection, and eviction protection).

Communication with the public, stakeholders and partners

A core function of Peel Public Health's COVID-19 response is providing timely, relevant, and accessible communications to a broad audience including the public, government and community partners, businesses, schools, long-term care homes, and more.

Provide timely access to information by using various communication channels

Activities to date:

- **Broadened communication mediums and channels:** Peel Public Health uses a wide array of communication mediums (e.g. videos, newsletters, posters, handouts) and channels (e.g. web site and social media such as Facebook, Twitter, Instagram) to share information. For key cultural celebrations, influencer videos were developed in relevant languages to encourage public health measures while celebrating.
- **Community outreach:** Peel Public Health works with community agencies to review and receive input on communication materials.

New activities:

- **Expanded reach of communications**
 - o Evolve content of Regional web site to continue to meet the changing needs of the community and stakeholders.
 - o Evaluate effectiveness of additional digital and social platforms to focus dissemination of messages.
 - o Use tailored approaches to reach marginalized audiences who do not have digital access.

Provide contextual relevance of information for specific populations

Activities to date:

- **Communications adapted to context:** Peel Public Health is actively working to consult with community roundtables, as well as faith-based organizations and faith leaders, to develop, adapt and communicate public health messages. Social media content is also geo-targeted to ensure that it reaches relevant audiences.
- **Communications adapted for language and sociodemographic context:** Recognizing that some Peel residents prefer to communicate in a language other than English, the Region of Peel's web site can be translated into 13 common languages. Some resource documents (e.g. what to do after being tested) and social media content regarding COVID-19 are also translated into other languages.

New activities:

- **Target messages for specific populations:**
 - o Continued translations of resources into commonly spoken languages in our Region.
 - o Targeted outreach to specific groups (e.g. youth, various cultural and faith communities) and industry sectors (e.g. health care, manufacturing, trucking).
 - o Further engagement through traditional and contemporary ethnocultural media channels in partnership with faith and cultural leaders and groups known for being influential and well-established sources of information for many Peel residents.
 - o Increased engagement with community leaders and organizations to align with and assist in disseminating advice to diverse populations.
 - o Enhanced communication about the voluntary isolation and recovery program including translation into multiple languages.

Respond in a timely manner to public inquiries

Activities to date:

- **Responding to inquiries:** Peel Public Health responds to inquiries from the public, community agencies and stakeholders in a timely manner.

New activities:

- Continue to respond in a timely way to public inquiries while supporting agencies that can reach into communities disproportionately impacted by COVID-19 transmission.

Conclusion

The COVID-19 pandemic has underscored existing health inequities in Peel region. In particular, many Peel residents are essential workers, which put them at higher risk for exposure since their employment profile does not permit them to work from home. Precarious employment, particularly for temporary and contract agency workers, decreases opportunities for individuals to keep themselves and others safe if they are exposed or at risk. Many of these jobs are worked by individuals who are our newest Canadians or identify as members of racialized populations, which adds further inequities.

Other Peel residents have faced an increased risk of poorer health outcomes associated with COVID-19 due to their age and pre-existing health status.

As Peel Public Health continues its pandemic response, addressing the inequities that render members of the community vulnerable to exposure or severe outcomes will be critical to bringing transmission under control. An application of equity through the all aspects of our response, and as we develop and implement a mass vaccination plan in the future, is fundamental to our success in recovery.

References

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