



2021–2022 Interim strategic priorities



Peel Public Health

Message from the **Chair of Regional Council and the Board of Health**

Nando Iannicca



As Chair of Regional Council and our Board of Health, I am pleased to share the Peel Public Health Interim Strategic Priorities for 2021–2022. In 2020, as with many other jurisdictions in Canada and globally, our Region faced the COVID-19 pandemic, one of the biggest challenges in our history. The Region of Peel continues to collaborate with the City of Mississauga, the City of Brampton and the Town of Caledon to respond to the ongoing needs of the community during this crisis.

Serving as the Board of Health, Regional Council has advocated for ensuring all our business units have been able to respond to this unprecedented crisis. In particular, we have made it a priority to ensure that Peel Public Health has needed resources to continue its leadership of the pandemic response in our community.

By endorsing Peel Public Health's interim strategic priorities, Regional Council as the Board of Health is lending our support to our community's continued investment in Peel Public Health to ensure that our health unit's leadership will continue to provide valuable and positive impacts on the health of our residents, meeting their needs during this urgent response and into recovery as the pandemic continues to evolve. We look forward to working with staff and community partners to realize the Region of Peel's vision of *Community for Life*.

Message from the **Medical Officer of Health**

Dr. Lawrence Loh



On behalf of Peel Public Health, I am pleased to present Peel Public Health's *2021–2022 Interim Strategic Priorities*. In 2019, the *2020–2029 Strategic Priorities for the Future* were approved by Regional Council as the Board of Health, based on long-term community needs. Those priorities included: practicing effective public health, enabling active living and healthy eating, promoting mental wellbeing, reducing health-related impacts of climate change, and advancing health equity.

The arrival of and subsequent response to the COVID-19 pandemic in Peel saw significant community transmission driven by population and demographic factors with impacts experienced by our health sector and broader community. With that context in mind, however, Peel Public Health's response undertaken in partnership with other Regional business units, government agencies and community partners, helped to save lives, preserve healthcare capacity, and mitigate socioeconomic impacts on our residents. This required an unprecedented and extensive emergency response that made use of nearly all of Peel Public Health's resources.

This document outlines priorities for continuing all aspects of the COVID-19 response, to maximize the use of resources and refocus the previously identified 2020–2029 Public Health strategic priorities. By issuing this guiding document, we acknowledge the considerable impact that the COVID-19 pandemic has had on the physical and mental health, and social and economic wellbeing of Peel residents. It is an ongoing and daunting challenge which requires our immediate focus to protect Peel residents, particularly those at high risk, while simultaneously balancing the human, social and economic impacts communities are experiencing in Peel.

We are confident that the interim strategic priorities will guide our decision-making and engagement with partners and our community in supporting a collective response to meet the health needs of our residents while continuing to respond to the COVID-19 pandemic now and into recovery.

Table of contents

Executive summary	4
Introduction.....	6
Purpose	7
Interim strategic priorities.....	7
Primary priority.....	8
Responding to COVID-19.....	8
Secondary priorities	9
Practicing effective public health.....	9
Advancing health equity.....	10
Enabling active living and healthy eating.....	11
Promoting mental wellbeing	12
Reducing health-related impacts of climate change.....	13
Enablers for success	14
Staff wellbeing and positive workplace culture	14
Building a capable and flexible workforce to meet current and future demands	15
Community and stakeholder engagement, coordination, and collaboration	15
Monitoring	15
Conclusion	16
Data references	17
Reference list.....	17

Executive summary

This document presents interim strategic priorities for 2021 and 2022 based on the public health needs of Peel residents within the context of the COVID-19 pandemic. The identification of local public health priorities ensures that public health initiatives are focused on current needs, receive the resources needed for success, and adapt to the changing realities of Peel communities.

Peel Public Health's primary interim strategic priority for 2021–2022 is focused on responding to the COVID-19 pandemic.

Given this, the five previously endorsed strategic priorities from the *2020–2029 Strategic Priorities for the Future* are adapted to incorporate considerations around the COVID-19 response where possible and address community needs arising from or exacerbated by the pandemic.

To successfully advance these interim strategic priorities, Peel Public Health is committed to supporting staff wellbeing, growing and developing Peel Public Health's workforce, collaborating with partners and stakeholders, and strengthening community engagement.



Figure 1: Executive summary of the six interim strategic priorities.

Introduction

The Ontario Public Health Standards require Boards of Health to identify their priorities through a multi-year strategic plan. In October 2019, based on a comprehensive process of analysis and consultation, five priorities for Peel Public Health were identified in the *2020–2029 Strategic Priorities for the Future*, which was approved by Regional Council. Those priorities included: practicing effective public health, enabling active living and healthy eating, promoting mental wellbeing, reducing health-related impacts of climate change, and advancing health equity.

As with other jurisdictions around the world, the global COVID-19 pandemic defined much of the work undertaken by Peel Public Health in 2020. In January 2020, following reports of an atypical pneumonia in Wuhan, China, Peel Public Health entered emergency operations. Peel reported its first case of COVID-19 on March 5, 2020, and as of the writing of this report has since responded to two waves of the pandemic in our community. Owing to unique demographic and population factors, Peel Region presented one of the highest community transmission pictures in the province of Ontario. Consistent viral activity has necessitated an extensive emergency response, which required much of Peel Public Health's resources for the majority of 2020, including the re-deployment of 80% of Peel Public Health staff to work under a new organizational structure. It is expected that Peel Public Health's emergency response will continue through 2022, encompassing both case and outbreak management and anticipated vaccine distribution.

Peel Public Health is issuing the Interim Strategic Priorities in recognition of the need to balance our ongoing pandemic response, plans for recovery, and the eventual resumption of public health services. The plan must be updated to align with Ministry accountability and to provide a strategic direction to existing response efforts. The development of this plan harnessed existing work and did not deviate resources from the response. The *2021–2022 Interim Strategic Priorities* include responding to COVID-19 as a primary priority, and the existing five strategic priorities identified in the *2020–2029 Strategic Priorities for the Future* are modified to reflect significant resource constraints, sustain the COVID-19 response, support recovery from the unintended population health consequences of the pandemic, and contribute to achieving *Community for Life*. Finally, in planning for eventual recovery and resumption of services, Peel Public Health aims to use these priorities to help understand how best to engage and support our community to inform the changes anticipated as the COVID-19 pandemic begins to subside.

Purpose

This document outlines interim strategic priorities, based on the public health needs of Peel residents, to inform planning for public health programs and services in Peel, with consideration to the COVID-19 pandemic. These interim priorities represent areas of work that require focus and attention in planning and resourcing, in order to achieve their objectives. Critical public health programs and services will continue to be maintained, depending on community needs and organizational capacity.

Interim strategic priorities

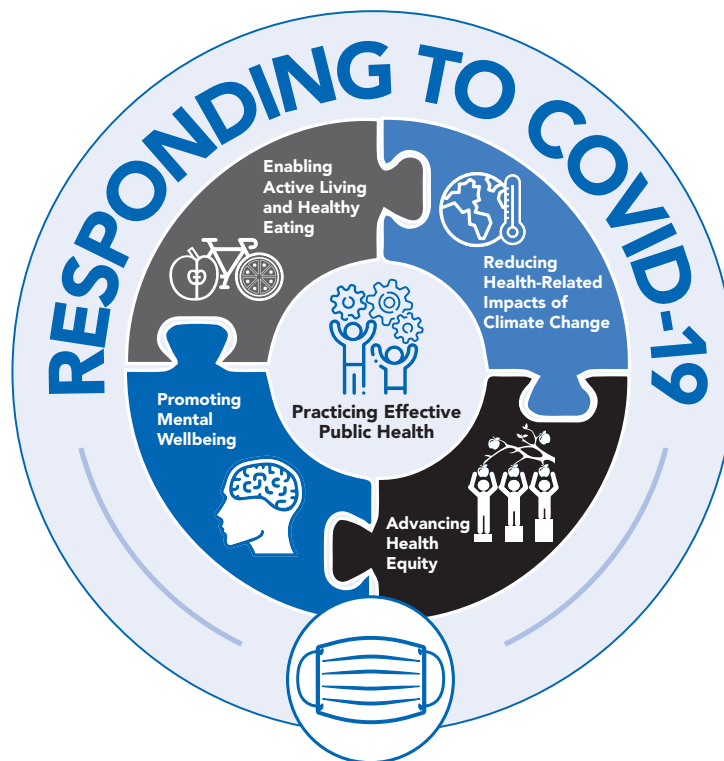
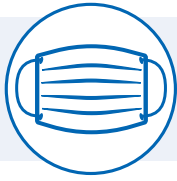


Figure 2: Synergies among interim strategic priorities

The interim strategic priorities that have been identified for Peel are shown in Figure 2. As illustrated, these priorities complement each other by building on synergies that will maximize impact.

Primary priority



Responding to COVID-19

Priority vision

The role of public health is to prevent severe illness and death due to all causes, including COVID-19, interrupt community transmission by supporting vaccine deployment, protect healthcare system capacity and workers, and minimize the societal and economic impacts of COVID-19 on the community. The COVID-19 response within Peel Public Health is sustainable and has adequate resources to support community needs, while supporting staff wellbeing.

The problem

The COVID-19 pandemic has had considerable impact on the health, social, and economic wellbeing of Canadians. Direct and indirect impacts of COVID-19 have disproportionately affected older adults, essential workers, racialized populations, and people living with chronic conditions, highlighting how existing health inequities may be exacerbated in a pandemic and promote the transmission of infectious disease.

- Peel Region has experienced 46,895 cases of COVID-19 (confirmed and probable), of which 1,336 had ever been hospitalized, and 495 had died, as of January 11, 2021.^A
- There have been 161 institutional outbreaks in Peel Region as of January 11, 2021.^A These include long-term care homes, retirement homes, and hospitals.
- Among COVID-19 cases between March 5, 2020 and November 30, 2020, the most frequently reported occupation categories were health (12%) followed by trades, transport and equipment operators (7%).^B

When a safe and effective COVID-19 vaccine becomes available, Peel Public Health is expected to support the effort to immunize Peel residents.

What Public Health is doing

- Conducting case, contact and outbreak management.
- Acting in a collaborative leadership role to roll out COVID-19 immunization.
- Collecting, analyzing and synthesizing data to provide meaningful, accurate and timely information to support decision-making, policies, interventions and advocacy.
- Communicating timely and credible information to the public and external stakeholders.
- Working closely with government and community partners to ensure the health of residents through education and enforcement.
- The five bullets above are being approached with an equity lens in mind.

Secondary priorities



Practicing effective public health

Priority vision

Public health has access to the best available data and other evidence, and has the skills necessary for knowledge exchange, planning and evaluation, and continuous quality improvement to effectively identify interventions to maximize the health impact in Peel's specific context. This includes timely, evidence-based decision making to respond to COVID-19.

The problem

Over the last ten years, Peel Public Health has developed a set of methods and tools to support evidence-informed public health practice and has built a supportive infrastructure to apply these methods. The COVID-19 pandemic has necessitated an adaptation of Peel Public Health's evidence-based decision-making process due to the constant evolution of the evidence itself, resource constraints, and the rapidly changing nature of the response. Peel Public Health must remain a timely, relevant and reputable source of information for the public and stakeholders.

What Public Health is doing

- Adapting existing processes and tools related to practicing effective public health to support the COVID-19 response, including:
 - Establishing and implementing approaches to develop and evaluate policies and interventions related to the COVID-19 response.
 - Incorporating continuous quality improvement into Peel Public Health's COVID-19 response to be nimble and adapt to changing context.
 - Upon demobilization, undertaking a comprehensive evaluation to inform future planning and responses.
- Leveraging key external organizations (e.g., Public Health Ontario, Public Health Agency of Canada) for evidence-based guidance.
- Improving accessible communication of rapidly changing information and data to diverse audiences including the public and key stakeholders using multiple modalities, (e.g., website, social media, targeted messaging, COVID-19 dashboard, epidemiology reports) and languages.



Advancing health equity

Priority vision

Peel's pandemic response addresses health equity by acknowledging and analyzing how various determinants of health render certain groups vulnerable to COVID-19 exposure and severity of outcomes, identifying disparities and inequities that drive transmission, mitigating the disproportionate impacts of public health measures, and working to address these inequities through community engagement. Health equity approaches are incorporated into COVID-19 pandemic planning, response and recovery.

The problem

In Peel, existing health inequities and systemic barriers have resulted in some groups being disproportionately affected by COVID-19, such as older adults, persons with disabilities, individuals with chronic conditions, and racialized populations. Sociodemographic factors such as employment, income, education and housing shape risk by limiting access to protective resources and options such as work from home, paid sick leave, and adequate housing. These social determinants are also considerations for the recovery stages and supporting wellbeing in the long-term.

Stigma and discrimination are also important considerations. High levels of transmission in Peel have resulted in labelling of specific population groups and the development of a narrative that ignores existing health and social inequities and the fact that marginalized communities are more likely to be negatively impacted owing to circumstance rather than choice. Peel Public Health will continue to learn from communities most at risk for negative outcomes related to COVID-19 and tailor the response accordingly by working with community partners and stakeholders to better understand unique issues.

What Public Health is doing

- Assessing and reporting on disproportionate health impacts related to COVID-19 (e.g., ongoing analysis and reporting on the socio-demographic factors associated with COVID-19 cases).
- Consulting with relevant sectors, stakeholders and community groups to identify and explore opportunities to address health equity issues in various settings (e.g., engagement with community and social service agencies to extend communications and reach to vulnerable residents).
- Working with partners to develop policies and interventions that address the needs of priority populations in order to mitigate COVID-19 health inequities and support an equitable recovery (e.g., expanding the Region's COVID-19 Isolation and Recovery Program to include residents who face financial barriers, live in precarious housing, or have safety concerns).
- Advocating for targeted supports and policy changes that address underlying social determinants of health in partnership with other stakeholders (e.g., paid sick leave, job loss protection, eviction protection, etc.).



Enabling active living and healthy eating

Priority vision

Peel residents live in a community that supports physically distanced community mobility throughout the COVID-19 pandemic, including transportation systems that promote active living and safe commuting, and food systems that support healthy eating. Peel residents engage in behaviours and have necessary resources for healthy eating (e.g., food literacy, access to cooking facilities). Chronic disease risks are reduced because people eat well, are active throughout the day, and have moderate amounts of sedentary behaviour and screen time.

The problem

Major chronic diseases, such as diabetes and respiratory disease, increase the risk of severe illness or complications from COVID-19 and continue to place a significant burden on the health of individuals and the healthcare system during the COVID-19 pandemic. Behaviours such as physical inactivity and unhealthy eating, together with tobacco use, are shown to have the greatest impact on reduced life expectancy in Ontario.¹

Necessary public health measures over the course of the COVID-19 pandemic may have negatively affected physical activity and healthy eating behaviours in Peel. For instance, physical distancing requirements and the closing of recreation centres and gyms may reduce physical activity and increase sedentary activities and screen time, especially for those living in urban areas without safe access to outdoor spaces where physical distancing can be maintained.

The COVID-19 pandemic also exacerbated existing issues for vulnerable populations related to food insecurity and access to healthy foods. Food access may be influenced by income loss, reduced access to public health services (e.g., infant feeding information and assessment, baby feeding clinics, and school-based programs) and broader community factors such as precarious food supply chains, costly food delivery services when isolating and decreased transit use. During the uncertainty of this ongoing pandemic, opportunities to move, play, and eat healthy food have never been more important to support physical and mental wellbeing.

What is Public Health doing

- Supporting healthy eating initiatives as feasible by participating at community tables that address individual and systems level food insecurity and poverty in the community (e.g., Peel Food Action Council, Peel Poverty Reduction Strategy), providing dietary consultations for nutrition programs in the school setting (i.e., Peel Student Nutrition Program) and increasing vulnerable families' food literacy (i.e., Multichannel Contact Centre for nutrition-related questions).
- Reactivating/adapting public health programs where feasible, including those for families with infants and young children to engage in chronic disease prevention initiatives at the earliest life stage possible.

- Leveraging and connecting with community tables to better understand the impact of the pandemic on physical activity and healthy eating and identify priorities for recovery planning.
- Working with municipal and community partners to further promote land use and transportation policies that support active living and safe commuting during the pandemic.
- Identifying priority populations and health equity approaches, through the advancing health equity priority, to support those most impacted by the pandemic (e.g., those impacted by food insecurity due to loss of income) to engage in chronic disease prevention activities during the COVID-19 pandemic and recovery.



Promoting mental wellbeing^a

Priority vision

Peel residents live in socially supportive and connected communities where they experience high mental wellbeing and low mental illness. There is an increase in Peel residents' exposure to protective factors for mental wellbeing (e.g., physical activity) and a reduction in their exposure to risk factors for mental illness (e.g., problematic substance use). The negative impacts of the COVID-19 pandemic on mental wellbeing are mitigated.

The problem

The COVID-19 pandemic has negatively affected the mental health and wellbeing of individuals and families in Peel, presenting new stressors and exacerbating pre-existing challenges. Peel residents are coping with significant uncertainty, heightened fear, changes to their work and personal lives, social isolation as a result of necessary public health measures, and concerns related to their health and livelihood in addition to that of their friends and families.

Populations disproportionately affected are often those directly impacted by COVID-19, such as individuals in certain occupations, families with young children, and those experiencing inequities. More specifically, individual exposure to risk factors for mental illness (e.g., substance use and a lack of available services) has increased, and opportunities to engage in protective factors for mental wellbeing (e.g., physical activity, adequate sleep) has likely decreased.²

^a Mental health refers to "a state of wellbeing in which every individual realizes his or her own potential, and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".⁴

Mental health is more than the absence of mental illness; it is an overarching term capturing two dimensions that operate on separate continua: mental wellbeing and mental health disorders.

- Mental wellbeing refers to one's life satisfaction, happiness, and pro-social behaviour.

- Mental health disorders include a wide range of illnesses that affect mood, thinking and behaviour, or symptoms that interfere with emotional, cognitive and social function.

Of note, the pandemic has compounded what was already an existing severe epidemic concerning opioid use and opioid-related harms in Peel. April and May of 2020 were both the highest single month totals for opioid overdose deaths on record for Peel. The challenges people experience during the pandemic, coupled with scaled back availability of harm reduction, mental health promotion, and treatment programs and services, will require significant attention to mitigate far reaching negative impacts on mental health and wellbeing into the future.

What Public Health is doing

- Using existing communications channels and exploring new opportunities to:
 - o Serve as a responsive and reliable source of information for COVID-19 to help mitigate the stress and anxiety that result from the current climate of uncertainty and information saturation.
 - o Share information about ways to access mental health supports and enhance mental wellbeing during COVID-19.
- Enhancing and identify opportunities to promote mental wellbeing (e.g., strengthening parent-child relationships, promoting adequate nutrition) and reduce mental illness (e.g., addressing health equity issues), in coordination with operating programs and work that will advance Peel Public Health's other secondary strategic priorities.
- Assessing the mental health needs of clients within operating programs and making referrals to mental health services, as appropriate.
- Advancing the Peel Opioid Strategy and a broader Peel drug strategy; with a focus on harm reduction services and supports.



Reducing health-related impacts of climate change

Priority vision

Peel residents and communities are more resilient to the adverse health outcomes and public exposure to health hazards related to climate change, with a focus on public health emergency management and mitigating the effects of rising temperatures, vector-borne diseases, food and waterborne illness, food insecurity, poor air quality, extreme weather events, and UV exposure.

The problem

Climate change is widely expected to modify disease transmission, increasing the risk of future zoonotic transmission and the likelihood of another pandemic. Addressing both climate change and COVID-19 requires collective community action. Peel Public Health will build on community engagement experiences throughout the COVID-19 pandemic and apply it towards climate change efforts. Both climate change and

COVID-19 disproportionately affect those impacted most by socio-economic factors and magnify issues of poverty and inequality. COVID-19 presents an opportunity to address underlying disparities related to climate change as the economy recovers.

Peel Public Health's strategic work on climate change is nested in the strategic climate change work being done by the Region of Peel, the City of Brampton, the City of Mississauga, the Town of Caledon, and the Credit Valley and Toronto and Region Conservation Authorities.

What Public Health is doing

- Enhancing the Region of Peel's emergency management capacity, in terms of the population health impacts of climate change.
- Working on climate change priorities (e.g., food security, built form, infectious disease prevention, emergency management, extreme weather, air quality), in alignment with the Region of Peel, the City of Brampton, the City of Mississauga, the Town of Caledon and the Toronto and Region Conservation and Credit Valley Conservation authorities.
- Exploring opportunities to build synergies in efforts to minimize COVID-19 related disparities and health-related impacts of climate change (e.g., mental health).

Enablers for success

Peel Public Health's experience shows that successfully achieving the interim strategic priorities will require sustained focus, adequate resources, and coordinated organizational efforts, with opportunities to build on existing assets and previous work. Three enablers for success have been identified: improved staff wellbeing and positive workplace culture; building a capable and flexible workforce with the required skillset to meet current and future demands; and effective community and stakeholder engagement, coordination and collaboration.

Staff wellbeing and positive workplace culture

Staff wellbeing^b and a positive workplace culture^c are central to advancing on the interim strategic priorities. Many public health staff are struggling with their own mental wellbeing from challenging workloads and cumulative exposure to critical and stressful events over the long course of the COVID-19 pandemic. To support the psychological health and wellbeing of its employees, Peel Public Health will foster a flexible and resilient work environment by ensuring leaders are connected to their teams, delivering clear and timely communications, providing access to any needed resources and supporting staff to have more manageable workloads during the COVID-19 response and recovery efforts. The thirteen factors within the National Standard of Canada for Psychological Health and Safety in the Workplace will be used to guide this work.³

^b Wellbeing includes both physical and mental wellbeing. Wellbeing includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, and general fulfillment and positive functioning.

^c Culture refers to the attitudes, values and beliefs that guide workplace behaviours and influence the work environment on a daily basis. Culture affects staff mental and physical wellbeing.

Building a capable and flexible workforce to meet current and future demands

An effective Human Resource strategy will ensure Peel Public Health staff have sufficient knowledge, skills, and capacity within key roles to meet the fluctuating demands of the COVID-19 response, while delivering critical public health programs and meeting community needs. Peel Public Health staffing levels have increased significantly this year, with many new staff onboarding to support critical program areas and case and contact management. Ensuring we have sufficient numbers of all levels of skilled staff, connected to competent people leaders, is essential and will assist with making sure staff feel supported and have a foundation for work-life balance, for the duration of the COVID-19 response and during recovery efforts.

Community and stakeholder engagement, coordination, and collaboration

Advancing on the interim strategic priorities requires engagement of various partners and stakeholders, both within and outside of the health sector. Based on capacity, engagement work may include information sharing, outreach, consultation, involvement, and collaboration with municipalities, schools, childcare settings, multicultural groups, faith leaders, other regional staff/partners, businesses, social services, healthcare institutions, community organizations and residents to effectively shape Peel Region's local public health response, and contribute to advancing the interim strategic priorities for 2021–2022.

Monitoring

Throughout 2021 and 2022, the interim strategic priorities and the needs of the community will be regularly monitored through a set of key indicators, that will be developed in early 2021, to determine progress on the priorities and Peel Public Health's readiness to transition to the *2020–2029 Strategic Priorities for the Future*.

Conclusion

This document presents interim strategic priorities based on the public health needs of Peel residents, within the COVID-19 pandemic and with consideration to resultant resource constraints. The following priorities are identified in the *2021–2022 Interim Strategic Priorities*:

Primary priority:

- Responding to COVID-19

Secondary priorities:

- Practicing effective public health
- Advancing health equity
- Enabling active living and healthy eating
- Promoting mental wellbeing
- Reducing health-related impacts of climate change

The COVID-19 pandemic has presented new and significant challenges, requiring much of Peel Public Health's resources for the majority of 2020, including the re-deployment of most Peel Public Health staff to support the response within a new organizational structure. The continued identification of local public health priorities is critical; doing so ensures that Peel Public Health remains responsive to community needs and partnerships, while supporting staff wellbeing and positive culture, as the COVID-19 pandemic continually evolves.

Peel Public Health remains flexible to adjust to the changing needs of our community over the next few years, respond to potential new priorities, and account for resulting resource constraints.

These interim strategic priorities will be continuously monitored against changes in community context and needs to determine Peel Public Health's future readiness to resume the *2020–2029 Strategic Priorities for the Future* as previously endorsed.

Data references

- A. Public Health Case and Contact Management Solution (CCM), 2020, Ontario Ministry of Health.
- B. (Case data) Ontario Ministry of Health, Public Health Case and Contact Management Solution (CCM). (Population data) Statistics Canada, 2016 Census.

Reference list

1. Manuel DG, Perez R, Bennett C, Rosella L, Taljaard M, Roberts M, Sanderson R, Meltem T, Tanuseputro P, Manson H. Seven more years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario; 2012.
2. 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. October 2020. Ottawa, ON. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>
3. Mental Health Commission of Canada, National Standard | Mental Health Commission of Canada [Internet]. National Standard of Canada for Psychological Health and Safety in the Workplace. 2020 [cited 9 December 2020]. Available from: <https://www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard>

