
REPORT TITLE: Peel Public Health COVID-19 Response

FROM: Nancy Polsinelli, Commissioner of Health Services
Lawrence C. Loh, MD MPH FCFP FRCPC FACPM, Medical Officer of Health

RECOMMENDATION

That the staffing strategy as outlined in the report from the Commissioner of Health Services and Medical Officer of Health, titled “Peel Public Health COVID-19 Response”, be approved;

And further, that the funding related to the adoption of the staffing strategy using a combination of COVID-19 related and other external funding be approved;

And further, that the Region of Peel continue to advocate to the provincial government to ensure that appropriate funding is provided to address long standing system pressures in Public Health and any current needs due to COVID-19.

REPORT HIGHLIGHTS

- Driven by population and demographic factors, Peel Region has had the second largest number of COVID-19 cases in Ontario and one of the largest at a local level in Canada.
 - Between March 5 and October 15, 2020, Peel Public Health conducted case and contact management for 11,506 cases and managed at least 177 outbreaks.
 - Though cases have risen again of late, collaborative work with partners brought wave one of the COVID-19 pandemic under control in the Peel community, through the redeployment of 80 per cent of Peel Public Health’s staff to support the pandemic response.
 - The COVID-19 Staffing Strategy requires 32 temporary and three permanent FTEs to continue to respond to COVID-19 cases in Peel, advance harm reduction programs that needed resourcing before the pandemic and prepare for future needs. The three permanent FTEs are for Opioid response, which has been exasperated by COVID-19.
 - Risks of inadequate staffing resources to maintain the response include inadequate capacity to control the COVID-19 pandemic and other critical programs, reputational risk, negative impacts on staff wellbeing, staff turnover and the inability to fulfill Provincially mandated requirements (e.g. immunization and public health inspections).
 - COVID-19 remains the top public health priority for the foreseeable future and other health programs continue to be scaled appropriately to the pandemic response.
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DISCUSSION

1. Background

The emergence of COVID-19 in early 2020 led the World Health Organization to declare a Public Health Emergency of International Concern on January 30, 2020 and a pandemic on March 11, 2020. To facilitate careful monitoring and decision making around the growing crisis, Peel Public Health's Emergency Operations Centre was activated on January 23, 2020, with the implementation of an Incident Management System, followed by the activation of the Regional Emergency Operations Centre on March 10, 2020. Key functions facilitated by Public Health's Emergency Operations Centre include efficient re-deployment of Public Health resources to support case and contact management ("contact tracing"), outbreak investigation, and exposure assessment, surveillance and data collection, coordination across partners, and communication, while maintaining critical public health services.

As with other local public health units in the province, Peel Public Health has been a key agency in our community in leading the pandemic response to reduce morbidity and mortality, protect the healthcare system, and mitigate the broader impacts of COVID-19 on the community. The partnership between local public health units and key community stakeholders during the first wave prevented potentially devastating mortality, morbidity, and healthcare system collapse seen in other jurisdictions globally.

Peel Public Health has been historically underfunded by the Province to deliver on its mandate and meet community needs, with one of the lowest Provincial per capita funding among public health units in Ontario. Years of Provincial underfunding has required Peel Public Health to make efforts to increase efficiencies and implement effective evidence-based programs to respond to community needs. These efficiencies, however, have taken resulted tradeoffs between critical services, which threaten the ability of Peel Public Health to respond effectively to the COVID-19 pandemic and Provincial mandates.

2. Findings

a) Peel Public Health COVID-19 Response

The first peak of COVID-19 cases occurred in mid-summer of 2020 and cases declined significantly by the end of August. Approximately, 80% of staff were rapidly mobilized in April and May to respond to the pandemic and prevent community transmission and exposures, through rapid response to reported cases and outbreaks in long-term care facilities, shelters, workplaces and other institutions. At the same time, Peel Public Health has reviewed evidence and research to inform policy, and has communicated key recommendations to Council, as well as other community partners, key stakeholders, and the public at a highly sustained level.

Preventing and limiting the spread of the virus through outbreak management and case and contact management is central to achieving Public Health's goal. Early identification of cases and exposure settings, and rapid implementation of control measures are essential to preventing spread. Another vital role of Public Health is to continuously collect and monitor COVID-19 data to provide an accurate picture of illness in our community. This data is used to inform Peel Public Health's response and interventions and is shared with partners and stakeholders to inform decision-making.

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Work undertaken by Peel Public Health has included:

- The investigation of for 11,506 cases and management of 177 outbreaks and 1000 workplace exposures between March 5 and October 15, 2020.
- The deployment of Public Health Inspectors to work with municipalities on the development and enforcement of local COVID-19 related by-laws and responding to 2,207 COVID-19 requests for service between January 1 to October 17 related to premises still operating, social distancing and individuals not isolating.
- Work with Communications staff on the development of public education messaging, including web content on the pandemic, a redesigned Health Professional website and a dedicated COVID-19 website that provides business/workplace reopening information as well as data and mapping dashboards.
- From March 19 to September 8, responding to nearly 50,000 calls from residents through the Public Health contact centre, a public health specific hub to answer to specialized questions. Additional 1,000 other public inquiries (e.g. email) were also answered in the same period.

In September 2020, COVID-19 cases began to rise in Peel, with identified outbreaks observed in an increased diversity of settings across the community. The continuing response necessitate the recruitment of additional resources to protect the health of the public from both COVID-19 and other health issues of significance.

b) Efforts Made to Optimize Resources

i. Past Efforts

Given historic Provincial underfunding and increasing service delivery pressures, over the years Peel Public Health has made considerable efforts to find efficiencies in operations to maintain public health programming and services. As part of the Region of Peel Continuous Quality Improvement process, Public Health's efforts have included:

- A 2016 vaccine clinic continuous improvement review maximized services and revealed that no additional efficiencies could be realized.
- Public health inspections are prioritized according to risk, due to already-existing resource constraints. However, with growth, Peel Public Health has less ability to conduct inspections and respond to complaints.
- Harm reduction programs have leveraged collaboration with existing community resources. However, more leadership and support are needed due to increasing and evolving community needs.
- Technological improvements and prioritization of community data and reporting needs have been implemented to maximize the use of staff. However, there is a growing backlog in the capacity to respond to information needs and fulfill reporting requirements.
- A Healthy Sexuality Clinic review conducted in 2018 identified strategies to improve efficiency, with recommendations piloted in 2019. However, demand remains high given Peel's growing population and high rates of sexually transmitted infections.

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The maximization of existing resources has reached a limit and the COVID-19 pandemic has further demonstrated the current and anticipated future need for additional resources.

ii. Current Efforts

The COVID-19 response has added more pressure to an already strained complement of resources. Peel Public Health has implemented several process benchmarks and improvements to respond to the scope and scale of COVID-19 transmission in Peel, including:

- Redeploying Public Health and Regional staff into high needs areas;
- Pausing almost all other public health programs, to the point that meeting community needs and Provincial mandates is at risk;
- Regular callouts to staff to voluntarily take on overtime work;
- Using Provincial pandemic response support from Public Health Ontario;
- Borrowing staff and resources from other public health units;
- Changing contact tracing shifts to work 11-hour days and on weekends;
- Hiring new staff with Provincial funding (e.g. 64 Public Health Nurses with Ministry-provided funds, additional Case and Contact Managers, and an additional Associate Medical Officers of Health);
- Seeking federal funding for isolation housing;
- Enhancing technology in Public Health call centres to respond to more inquiries; and,
- Adopting the Provincial Salesforce platform to replace dated information management systems ill-equipped to respond to the COVID-19 pandemic.

Although these strategies have assisted in reaching Provincial mandates and delivering programming, they have not been sufficient.

c) COVID-19 Staffing Strategy

i. COVID-19 Response (Temporary)

Peel Public Health has exhausted all options that utilize existing resources to sustain the COVID-19 response and will not be able to achieve appropriate service levels without additional staffing. During the first wave of the pandemic, Peel Public Health was able to successfully respond by pausing critical programming within a closed economy. With continued and increasing incidence of COVID-19, pressures are rapidly increasing. As more settings remain open to the public (e.g. schools, restaurants, personal services, etc.). Despite exhortations to reduce interactions in person, the complexity of COVID-19 case and contact tracing has increased, and more outbreak management staff is required. During the first wave, when so many restrictions were in place, most people did stay inside, making contact tracing much easier. This is more challenging now that cases are often going out to more places and having more interactions with others, requiring more time and resources. In order to ensure the health and safety of staff and residents, additional staff equivalent to 32 temporary positions are required to support:

- **Case and contact tracing:** To address challenges to meet Provincial requirement to contact 90 per cent of cases within 24 hours, conduct appropriate

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follow-up with contacts, and properly manage outbreaks in multiple settings (e.g. long-term care, workplaces, schools, etc.).

- **Data support:** Meeting mandated COVID-19 public reporting data requirements (data entry and quality functions).
- **Immunization:** Capacity to implement seasonal immunization program and vaccine distribution, as required by the Province to support COVID-19 response.
- **Healthy Sexuality:** Capacity to answer to increased demand in a time when clinic Public Health Nurses have been redeployed to support the COVID-19 response.
- **Health Protection:** Meeting mandated public health inspections as majority of Public Health Inspectors are seconded to the COVID-19 response and responding to COVID-19 related service calls/inspections.

ii. Harm Reduction – Peel Opioid/Drug Strategy (Permanent)

In December 2019, Council endorsed the Peel Opioid Strategy, that outlines work by Peel organizations and stakeholders related to prevention, harm reduction, treatment, and enforcement and justice needed to address the opioid crisis. Peel Public Health plays a key role in leading the harm reduction and prevention work and coordinating the Strategy. Resources are needed to focus and advance progress on the Peel Opioid Strategy and related work with community stakeholders on a broader Peel drug strategy.

Measures needed to prevent the spread of COVID-19 continue to create challenges (e.g. isolation, access to services) for people who use drugs and increase the risk of overdose. Since the COVID-19 state of emergency was declared in March, the number of opioid related deaths has increased. April and May were both the highest single month totals for opioid overdose deaths on record for Peel. There is increased demand for already strained Peel Public Health harm reduction services, particularly as community partners have been forced to reduce or stop their services during the pandemic.

At this point, actions under the harm reduction pillar of the Peel Opioid Strategy are a priority, requiring three permanent full-time positions to advance critical work. Dedicated and stable resources will ensure this priority work advances and informs Regional priorities related to mental health and addictions under the Community Safety and Well-being Plan.

d) Other Urgent Needs to be Addressed through the 2021 Budget Process

With historical Provincial underfunding and population growth, the maximization of existing resources has reached a limit. There is a need for three additional full-time positions to support the following functions:

- **Healthy Sexuality:** Prior to the pandemic, limited capacity at Healthy Sexuality clinics had already been identified due to population growth and high incidence of sexually transmitted infections in Peel. There is a need to add shifts and reduce the number of clients turned away during walk-in hours due to capacity issues identified in 2019 prior to the pandemic.
- **Health Protection:** Prior to the pandemic, there was an identified historical backlog in public health inspections to cover high and moderate risks scenarios.

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Increasing population growth would challenge by existing complement, resulting in further shortfall in meeting the risk scenarios outlined by Provincial mandate.

RISK CONSIDERATIONS

a) Reputation

The Region of Peel and Peel Public Health are looked to for trusted, timely evidence-based information related to COVID-19. The pace and volume of information and evolving nature of the virus creates challenges to provide timely, fulsome information and guidance to stakeholders.

b) Meeting Community Needs for COVID-19 Supports and Other Public Health Services

Strained staffing resources impact the capacity to answer to COVID-19 and other public health needs, including:

- Unfulfilled mandate in contact tracing of COVID-19 cases within 24 hours.
- Unfulfilled mandate for vaccine program planning and implementation within schools, flu immunization, and mass immunization for COVID-19.
- Unfulfilled mandate in providing mandated public health inspections and responding to an increased demand for service requests.
- Increased opioid related harms and deaths.
- Loss of capacity to process data, guide decision making and inform the public.

c) Staff Wellbeing and Turnover

Peel Public Health managed one of the largest COVID-19 outbreaks at a local level in Canada. The low ratio of public health staff to Peel residents coupled with the demands and unpredictability of COVID-19 have the potential to adversely affect staff wellbeing, impacting staff turnover, absences, and recruitment challenges which will ultimately impact the COVID-19 response.

FINANCIAL IMPLICATIONS

a) COVID-19 Staffing Strategy

The proposed staffing model changes will require:

i. Temporary Staffing Resources to Continue the COVID-19 Response

The additional 32 temporary full-time staff will result in a total expected cost of \$3.54 million between 2020 and 2022. The annualized impact will depend on hiring timelines, with a current estimated annual impact of \$0.23 million in 2020, \$2.72 million in 2021 and \$0.59 million in 2022.

These positions will primarily be funded through Provincial COVID-19 related funding that the Region of Peel has been allocated or may be absorbed within the existing budget if capacity exists. There is no anticipated tax impact for these temporary positions. Advocacy for additional funding for costs not covered by Provincial funding will continue. This request will be included for consideration as part of the 2021 and 2022 Budget processes.

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ii. Addition of Full-time Regular Staff to Sustain Service Levels

The additional three permanent full-time staff (Harm Reduction Coordinator, Harm Reduction Health Analyst, and Harm Reduction Advisor) will have a total annual expected cost of \$354 thousand.

b) Further Staffing Implications for Consideration in the 2021 Budget

Additional resources may be needed to continue to manage the response and meet pressures to restart/increase capacity in other mandated public health programs. The anticipated annual cost for these positions (Public Health Nurse and Public Health Inspectors (x2)) is \$313 thousand and will be presented through the 2021 budget.

CONCLUSION

In Peel, the first wave of the COVID-19 pandemic was successfully brought under control through a pandemic response that required collaboration with cross-sector partners and the redeployment of close to 80 per cent of Peel Public Health's staff. More staffing resources are urgently required to maintain an adequate pandemic response while also delivering critical public health programs to meet community need.

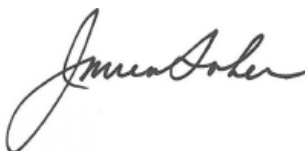
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Reviewed and/or approved in workflow by:

Department Commissioners, Division Directors, Medical Officer of Health and Financial Support Unit.

Final approval is by the Chief Administrative Officer.



J. Baker, Chief Administrative Officer