



# Huron Perth Public Health **Non-COVID Programs and Services Report**

March 2020 – March 2022

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# Vision, mission and values

## Vision

Optimized health and well-being for all.

## Mission

HPPH takes action to protect and promote population health and prevent disease, strengthening quality of life and well-being for all.

## Values

### Equity, diversity and inclusion

We value all community members. We are responsive to the communities we serve and commit to finding ways for people to feel safe and welcome.

### Evidence-informed practices

We will use the best available information and public health best practices in our work.

### Partnership and collaboration

We value our relationships and commit to authentic engagement in our work in order to meet the public health needs of our communities.



## People

We acknowledge that HPPH staff are the greatest asset to achieving our vision and mission, and commit to creating a healthy workplace together.

## Innovation

We embrace new ways to respond to the public health needs of our populations and will use bold and creative approaches as needed.

## Accountability

We focus on our public health mandate and are committed to transparent accountability for the use of our resources.

## Leadership

All staff are valued as HPPH ambassadors who continually show leadership by using public health knowledge, skills and expertise to improve population health.

# Introduction

Huron Perth Public Health (HPPH) was established on January 1, 2020 as a result of the merger of former Huron County and Perth District Health Units. The HPPH Senior Leadership Team began 2020 intending to complete the operational details of the merger. Much of this work had to be paused when the global COVID-19 pandemic began. Provincial and local states of emergency required HPPH to shift organizational priorities to COVID-19 response.

Like other public health units in Ontario, HPPH diverted the majority of its available resources to the COVID-19 response during the acute phase of the pandemic, from March 2020 to March 2022.

The increased workload meant that most other public health programs and services had to be suspended, reduced, or modified. In addition, HPPH sites were closed to the public during the acute phase of the pandemic (with the exception of on-site clinics).

This report shares information on the non-COVID-19 public health programs and services that continued through the acute phase of the pandemic, and describes the recovery work that awaited HPPH once



the COVID-19 response could be shifted into regular public health programs and services.

This is the final report of the three reports describing HPPH's response to the COVID-19 pandemic. It provides an overview of the non-COVID-19 public health programs and services that HPPH provided between March 2020, when the pandemic was declared, and March 2022 (considered the acute pandemic phase). The other two reports covered HPPH's actions to prevent and control COVID-19 transmission, and the rollout of COVID-19 vaccines in Huron Perth.

Dr. Miriam Klassen  
Medical Officer of Health and CEO  
Huron Perth Public Health

# Why such a strong pandemic response?

The World Health Organization (WHO) first received reports of a cluster of pneumonia in China on December 31, 2019. Given the speed of spread, and the confirmation of human-to-human transmission, by January 30, 2020, the Director-General of WHO declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC) — WHO's highest level of alarm. The last similar global pandemic was the 1918 influenza pandemic, caused by an H1N1 influenza virus<sup>1</sup>.

Although there are seasonal coronaviruses that cause respiratory illness, COVID-19 was a novel (new) coronavirus strain. Therefore it was capable of infecting every single person on the planet. No one had immunity, which meant there was potential for widespread infections on an unprecedented scale.

While most people who contracted the original form of COVID-19 experienced mild disease, a small but significant proportion of people fell severely ill and some died. This was alarming to political leaders and public health experts, since even a small proportion of a large number can quickly disrupt a society through illness, death and healthcare collapse (as it did to several countries at the start of the pandemic).

In 2020, COVID-19 was the third leading cause of death in Canada after cancer and heart disease. From March 2020 to February 2022, there were 7.4% more deaths in Canada than would have been expected if there were no COVID-19 pandemic, after accounting for changes in population, such as aging. This calculation includes excess deaths directly due to COVID-19 infection and may include excess deaths indirectly caused by consequences of the pandemic (such as overdose-related deaths that showed a substantial increase since the beginning of the COVID-19 outbreak)<sup>2,3</sup>.

COVID-19 brought about many complex challenges. The virus spread quickly and affected many sectors at once; this meant that supplies of essential emergency resources such as testing supplies and personal protective equipment (PPE) were quickly depleted locally, nationally and around the globe.

Typically in emergency response, one valuable strategy is mutual aid — helping a neighbouring jurisdiction in need, or requesting help from a neighbouring jurisdiction. However, because COVID-19 affected the entire planet and disrupted the supply chain, mutual aid was difficult to provide and access.

The ability of a disease to cause such devastation through a pandemic is why emergency management is one of the core components of public health in Ontario. Effectively preparing for, responding to, and recovering from emergencies with public health impacts is a requirement in the [Ontario Public Health Standards \(OPHS\)](#). Effective emergency management ensures that public health units have the capacity to respond to new and emerging events, and are able to cope with and recover from a range of disruptions to public health programs and services.



# Implications for public health programs

Since the beginning of the COVID-19 pandemic, public health units have been at the forefront of the ongoing response. This response has served to prevent and/or decrease, and/or control COVID-19 transmission, and associated hospitalizations and deaths, through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners, and leadership of the vaccination campaign.

These extraordinary efforts have come at the expense of nearly all the routine programs and services mandated by the OPHS because resources were redeployed almost exclusively to the pandemic response. On average, public health units in Ontario diverted 75-78% of all available resources to the COVID response<sup>4</sup>.

Like other health units, HPPH also diverted the majority of our resources to COVID response. Despite significant increases to human resource capacity within the organization, the demands of COVID-19 impeded our ability to operate all regular programming. Most public health programs and services were paused, reduced or modified. Certain programs were response-driven and prioritized according to the level of risk.

The essential focus on COVID-19 for two years resulted in a backlog of public health work — similar to the widely reported “surgical backlog” in health care — that will have immediate and longer term impacts on population health.



## Public health measures/restrictions affected how we could deliver programs and services

In addition to the reallocation of resources, measures to prevent and control COVID-19 transmission, such as working from home, physical distancing, capacity limits, and closures, affected the way we could deliver programs and services. For example, much of our in-person work became virtual.

## Role of Board of Health

The Board of Health is responsible for meeting the requirements of the *Health Protection and Promotion Act*, and ensuring that the Health Unit is adequately prepared to oversee a public health emergency. HPPH has an emergency response plan, and the Board and staff receive training on this plan. The Board also receives updates on HPPH’s response and liaises with municipalities and other partners and stakeholders. The Board continues to support staff as HPPH resumes regular operations and integrates the COVID-19 response into our regular operations.

# Program and service reductions

In order to assign appropriate resources where needed, HPPH created three priority levels in September 2020. These levels were developed after review of Ministry of Health direction and the Continuity of Operations Plan, which outlines our essential services.

COVID response was Priority Level 1. Levels 2 and 3 included programs that HPPH was directed by the Ministry to continue in a reduced or modified way (e.g. immunizations, reportable diseases, health protection, seniors' oral health). Levels 2 and 3 also included programs deemed priority by HPPH (e.g. Healthy Babies Healthy Children, harm reduction surveillance and supplies).

The effect of these suspensions and reductions was significant in many areas, including:

- Limited capacity for surveillance, data analysis, program evaluation, and reporting data
- Reduced health promotion support to schools through the School Health program and reduced direct support to students through the School-Based Public Health Nurse Program
- Reduced access to clinics and services such as sexual health, school immunizations, and preventive dental care for children and youth
- Not providing in-person smoking cessation counselling to people who want to quit smoking; reduced access to nicotine replacement therapy
- Reduced support to high risk families in the Healthy Babies Healthy Children program
- Reduced support to families experiencing challenges with breastfeeding and infant feeding
- Reduced community collaborations and partnership work due to limited ability to lead, facilitate and/or participate in coalitions, committees and working groups
- Delaying our online public disclosure system for food premises inspections
- Deferred merger work such as alignment of organizational policies and processes, alignment of programs and services, development of HPPH resources
- Deferred development of internal HPPH committees and working groups



Suspension, reduction, or modification of programs and services and other health unit work was reassessed as needed. As HPPH transitioned from the pandemic acute phase to recovery, we began to resume some regular programs and services as well as operational details of the 2020 merger.

# Programs and services that continued

Although the following programs and services continued to operate, they typically did so with modifications. All HPPH sites were closed to the public. Services that required in-person interaction were by appointment only. For services that required dropping off or picking up materials (for example well water testing bottles) self-serve stations were created.

Right: HPPH Clinton site



77722B



# Health Line

Health Line was a phone help line staffed by public health nurses who answered questions on a variety of health topics, offered resources, and provided information on HPPH and community programs. Health Line staff responded to a large volume of inquiries in the first few months of the pandemic until HPPH established a dedicated COVID intake system. While Health Line staff continued to respond to some COVID inquiries following that initial period, they primarily dealt with non-COVID topics.

## Portion of inquiries by program

Infectious disease	69%
Vaccine preventable disease	12%
Environmental health	5%
Healthy growth and development	3%
Other	2.5%
Chronic disease, substance use, injury prevention	2.3%
Sexual health	2%
Oral health	1.6%
Foundations (e.g. mental health)	1%

**16,482** Total contacts

## Method of contact

Phone	14,107
Email/fax/mail	2,368
Office	81

## Top 5 topics:



**10,719**

COVID-19



**285**

Infectious diseases



**1,400**

Vaccine Preventable Disease



**280**

Tuberculosis



**298**

Safe Water



# Sexual health and harm reduction

Throughout COVID the number of in-person appointments was reduced and staff did more sexual health clinic work, such as discussing birth control options, by phone. The number of in-person clinic visits underestimates the number of clients who received service.



HPPH continued to provide support for harm reduction throughout the pandemic via distribution of naloxone and harm reduction supplies. Other organizations/community partners began collaborating with HPPH to participate in the Ontario Naloxone Program or offer harm reduction supplies. In addition, three new sharps kiosks were installed in local municipalities.



## Sexual health

**5,451** Visits to Sexual Health clinic

**737**  
Sexually transmitted and blood borne infections investigated



## Harm reduction

**2,017**  
Naloxone kits distributed to clients and community partners



# Vaccine preventable diseases

## Grade 7 immunization community clinics

HPPH offered community clinics to help students get up-to-date on routine immunizations.

Typically, students receive these immunizations at school-based clinics, however HPPH was not able to provide clinics in schools between March 2020 and March 2022.

Thirty-eight clinics took place across Huron and Perth. Hepatitis B (Hep B), Human Papillomavirus (HPV) and Meningococcal (Men-C-ACYW-135) vaccines were offered.

### Vaccine doses administered

Vaccine	Doses
HPV	2,881
Men-C-ACYW-135	1,831
Hep B	2,952

## Influenza clinics

Influenza vaccines (flu shots) were widely available through pharmacies and primary care providers. HPPH held flu shot clinics for children under age five without a family physician or who were not eligible to be vaccinated at a pharmacy, as well as their family members.

## Other clinics

HPPH holds clinics at its Clinton and Stratford West Gore sites to provide routine immunizations to individuals who do not have a primary care provider or who face barriers to receiving these vaccines in a primary care office. We held 95 on-site clinics between March 2020 and March 2022.



# Infectious disease

The Infectious Disease team is responsible for:

- Responding to and investigating diseases of public health significance (DoPHS).
- Responding to and investigating communicable disease outbreaks in highest risk settings such as long-term care homes, retirement homes and congregate living settings.

Despite being heavily involved with COVID-19 disease outbreak management, the team continued to investigate other DoPHS and outbreaks involving these diseases. From March 1, 2020 to March 31, 2022, there were 376 confirmed DoPHS investigations (excluding COVID-19, rabies, and sexually transmitted infections) and 21 confirmed facility outbreak investigations (excluding COVID-19).

# Tobacco and vaping enforcement

Tobacco enforcement officers inspect workplaces, restaurants and bars, and retail outlets, and follow up on complaints related to the *Smoke Free Ontario Act*.



# Oral health

Through Healthy Smiles Ontario (HSO), HPPH offers free preventive dental health services to eligible children and youth from families living with low income, and for children and youth who are identified through dental screening at school. The school screening program was suspended during the pandemic acute phase. The Oral Health team also assists older adults with applying to the Ontario Seniors Dental Care Program (OSDCP) and accessing services with local participating dentists.



## Tobacco

555

Total inspections

8

Charges



123

Complaints received



160

Warnings



488

HSO clients registered and referred to a dentist

13

HSO preventive dental clinics held

104

HSO clients seen at HPPH clinics

567

New OSDCP clients registered

2,505

OSDCP client appointments

# Environmental health

HPPH provides essential programming to protect health, prevent and reduce health hazards and mitigate disease risks associated with both built and natural environments.

From March 2020 to March 2022, the Environmental Health team managed the demands associated with the COVID-19 pandemic along with maintaining focus on areas to prevent health hazards and protect the health of Huron Perth residents. Surveillance for West Nile Virus and monitoring of beach water quality continued; other environmental health program work was integrated into the health unit’s COVID-19 response.

**2,343** Total inspections



## Inspections

Due to COVID-19 restrictions in place from March 2020 to the end of March 2022, HPPH modified its routine inspection program. All inspections were prioritized based on risk and enforcement requirements under the *Reopening Ontario Act* (and associated regulations). Many businesses were closed or were open under strict requirements of the legislation. The regular operations of local businesses were significantly altered and so were the number and types of inspections completed by the Environmental Health team.

### Inspections completed

Food safety	
High risk	466
Moderate risk	716
Low risk	363
Safe water	
Recreational water	200
Small drinking water systems	59
Personal service settings	168
Infection prevention and control	118
Farms employing temporary international agricultural workers	240
Recreational Camps	8
Funeral Homes	5

# Environmental health

## Environmental health inquiries

The Environmental Health team received 3,355 inquiries from March 2020 to March 31, 2022. The majority focused on topics related to the COVID-19 pandemic, including reopening requirements, mask mandates, interpretation of provincial legislation, and outbreak management.

## Animal exposure investigations

From March 2020 to March 2022, the team conducted 983 animal exposure investigations; 84 of these investigations required the release of rabies post-exposure prophylaxis (vaccine and immune globulin) to clients. Many interactions necessary for the investigation of animal exposures were modified from in-person to virtual platforms such as Zoom video.

**3,355** Total inquiries

### Top 5 topics:



**1,147**  
COVID-19



**983**  
Animal  
Exposures/  
Bites



**567**  
Food  
Safety



**380**  
Drinking  
Water



**278**  
Health Hazard



## Beach water sampling

Beaches sampled each year	17
2020:	
Samples collected over 146 days	757
Adverse results received	21
2021:	
Samples collected over 170 days	863
Adverse results received	32

## Vector borne disease

Tick identification calls and requests	130
2020:	
Mosquito traps collected over 15 weeks	240
West Nile virus positive mosquito pools	2
2021:	
Mosquito traps collected over 13 weeks	208
West Nile virus positive mosquito pool	1

# Health equity

The HPPH Board of Health joined experts and community groups across Canada calling for a Basic Income. This included sending a letter to Prime Minister Justin Trudeau.

The COVID 19 pandemic has shown that even a small loss of income has a big impact on people's ability to meet basic needs. *Basic Income Guarantee* is a program that would make payments directly to people with low income, whether or not they work for pay. It would help people meet their needs, participate in society, and live with dignity.



In January of 2022, HPPH was certified as a Living Wage employer by the Ontario Living Wage Network. This means that HPPH commits to paying all staff the designated Living Wage for our area (\$17.95/hour at the time), as well as to including a Living Wage clause in all future contract negotiations with external contractors.

The living wage is calculated locally and is the hourly rate a worker needs to earn so their household can meet its basic needs, such as food, housing, utilities, childcare, and transportation. A living wage benefits employees, employers, and the broader community.

**Right L-R:** Dr. Klassen (MOH, HPPH), Kathy Vassilakos (former Board of Health chair), Ryan Erb (Executive Director, United Way Perth-Huron), and Dave Jewitt (former Board of Health vice-chair).

# Healthy growth and development

## Healthy Babies Healthy Children

The Healthy Babies, Healthy Children (HBHC) program provides home visits to parents who would like support during pregnancy, after the baby is born, and/or during the early years as the child grows and develops. This includes information and support on pregnancy, breastfeeding and infant feeding, growth and development, parent-child attachment, and referral to other programs and services.



## Mother and Young Child Clinic

Mother and Young Child Clinic (MYCC) provides nurse practitioner services to perinatal clients and families with young children in Anabaptist communities who may experience barriers to accessing primary care.

## Canada Prenatal Nutrition Program

The Canada Prenatal Nutrition Program (CPNP) funded by the Public Health Agency of Canada, provides health information and support during pregnancy and up until the babies are 6 months of age. The program includes provision of fresh food boxes, monitoring of infant growth and development, prenatal education, breastfeeding and infant feeding support, and referrals to other community supports/services for members of our Anabaptist community.

154

Families received HBHC program services



1,694

Perinatal clients and/or families with young children received health services at MYCC



405

CPNP home visits were provided to 103 families

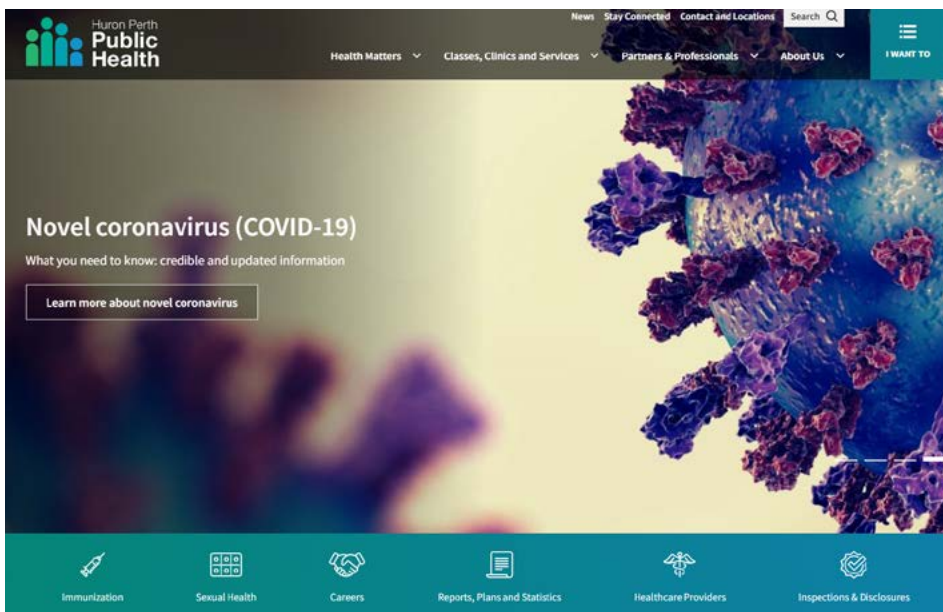




# Communications

Like other health unit operations, HPPH communications were focused on COVID-19. Staff provided Huron Perth residents, and stakeholders with the timely, accessible, evidence-informed and current information about COVID-19 that they needed to protect themselves, their families, and their communities.

HPPH relied heavily on its website and social media platforms to provide the public with information on topics other than COVID-19, and distributed media releases as needed.



**37** Media releases not related to COVID-19

**Twitter:**  
**@huronbeachinfo**



**1,784**  
Followers



**158**  
Social media posts



**296,097**  
Total impressions



# What the future may hold

The goal for responding to the COVID-19 pandemic has been to minimize serious illness and overall deaths and protect healthcare system capacity while minimizing societal disruption due to the COVID-19 pandemic.

HPPH, as a local public health unit, has in-depth knowledge of local resources and priorities, and strong relationships with local partners such as primary care, hospitals, municipalities and school boards. These relationships and dedicated partners were critical during pandemic response and will continue to be crucial as we resume programs and services to protect and promote health. Ontario's public health system recognizes the strength of local programming that takes into account local needs and resources and capitalizes on municipal input, while delivering on provincial directions.

However, if new variants of concern (VOCs) arise that are more transmissible, severe, and/or able to escape the protection afforded by vaccination and/or previous infection, additional public health measures may once again be necessary. While we know a lot more about COVID-19 and have many tools to effectively control its spread, there is still much uncertainty about how the virus will behave over the longer term.

Since the beginning of the COVID-19 pandemic, public health has been at the forefront of the ongoing response. This has been at the expense of nearly all regular programs and services since resources were redeployed almost exclusively to the pandemic response. Moving forward, the public health sector will focus on recovery while still maintaining capacity to respond to surges in cases and to outbreaks.



In addition to clearing the backlog of work that accumulated over two years, recovery will also involve responding to our communities' needs in the wake of the COVID-19 pandemic's acute phase. The pandemic has been a once-in-a-century event that has challenged us in numerous ways, both directly through illness and death, and indirectly through the unavoidable consequences of public health measures needed to respond to the threat of the pandemic. While the acute phase of the pandemic has stabilized, we will need to respond to the mental and physical consequences of this joint experience.

**Above:** HPPH Stratford | West Gore site

# What the future may hold

In the spring of 2022, HPPH began a gradual transition from acute pandemic response to recovery. This work includes:

- Clearing the backlog of work that has accumulated over the past two plus years. Clearing this backlog is critical in order to avoid significant impacts on population health with increased burdens of illness on the health care system
- Resuming regular programs and services
- Maintaining an effective pandemic response as COVID-19 continues to circulate and impact our communities



HPPH organizational program priorities, identified early in our COVID recovery phase, included (in alphabetical order):

- Early child development: services for infants, toddlers, and children in the early years at risk for poor social and emotional development
- Equity, diversity, inclusion, such as our anti-racism and health equity work
- Healthy eating/physical activity/sedentary time (adult and child)
- Health protection, including Ministry-mandated inspection programs; disclosure system for food premise inspections; and, immunization catch-up (routine immunizations for children and adults)
- Mental health and addictions, including the opioid crisis.

Given that COVID-19 continues to require additional resources, and given the magnitude of the backlog, capacity continues to be limited and it will take time to fully resume all of these programs and services. In addition, HPPH is working to complete operational details of the 2020 merger.

Although COVID-19 continues to circulate, Ontario has been able to move out of acute pandemic response and transition to management of COVID-19. Local public health will continue to play a major role in Ontario's COVID-19 response. HPPH will also support economic and health system recovery by resuming public health programs and services, which promote population health and prevent disease, strengthening quality of life and wellbeing for all.

# References

1. [1918 Pandemic \(H1N1 virus\).](#)  
Centers for Disease Control and Prevention.
2. [Leading causes of death, total population, by age group.](#)  
Statistics Canada.
3. [Provisional death counts and excess mortality, January 2020 to March 2022.](#)  
Statistics Canada.
4. [Public Health Matters: A public health primer, spring 2022 \[PDF\].](#)  
Association of Local Public Health Agencies.



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