

## Public Health Business Continuity Reductions

### Community and Financial Impact of Public Health General Service Changes

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
Chronic Disease & Injury Prevention	Reduction in Administration	Typically have a roster of many volunteers that will provide Public Health 2,000 - 3,000 hours of their time to support many of our initiatives. The focus is typically in areas that are responsible for morbidity and mortality in Niagara (tobacco, alcohol, unhealthy eating and lack of physical activity)	Based on typically using an outreach model there is less opportunity to get out in the community
Chronic Disease & Injury Prevention	Reduction in Health Promotion	Chronic conditions that are often preventable cause 70% of morbidity and mortality in Niagara (tobacco, alcohol, unhealthy eating and lack of physical activity); by reducing our efforts in health promotion, we lessen our collective impact in dealing with non-communicable diseases. As we have reduced our efforts in health promotion, we expect that our community will be compromised. The positions reduced focus on Niagara's priority populations and mental health promotion.	With the reduction of internal health promotion positions, we look to our external partners to take on some of the extra pressure where possible. However, our external partners have limited health promotion staff available and as a result, there will be limited mitigation to the reduction of internal health promotion staff.

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Chronic Disease & Injury Prevention	Reduction in Student (Health Campaigns, Youth Engagement and Tobacco/Vaping Enforcement)	Reaching out to vulnerable youth is an important element in addressing health equity and engaging youth in their community. Having a peer-to-peer approach around health and societal issues is an important element in youth having the ability to make healthy choices and this will be compromised. Reducing tobacco initiation, which is the greatest cause of illness will be compromised as the tobacco/vaping test shopping program will not meet its regular numbers - youth tobacco test shoppers ensure that tobacco vendors are not selling to youth under 19	As there are less youth drop-in centres open where youth socialize and often are provided a safe space there is less opportunity for PH youth to support these programs
<b>Chronic Disease &amp; Injury Prevention</b>	<b>Division Subtotal</b>	<b>2021 FTE Savings = 5.8 2022 FTE Savings = 6.3</b>	<b>2021 \$ Savings = \$309K 2022 \$ Savings = \$353K</b>
Clinical Services	Infectious Diseases Program <ul style="list-style-type: none"> <li>Limited case and contact management of significant infectious diseases (non-COVID-19)</li> <li>Limited Infection Prevention and Control follow up outside COVID-19</li> <li>No ability to focus on health promotion priority work for respiratory infections in children 9 years of age and under</li> </ul>	<ul style="list-style-type: none"> <li>Volume of COVID-19 work/labs is having a negative impact of receiving timely notification for other infectious diseases</li> <li>Potential for increase spread of non-COVID-19 diseases</li> <li>Potential to not thoroughly investigate or educate residents with abridged case and contact management</li> <li>Reduced gatherings is resulting in a reduction in foodborne outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>Provide limited case and contact management, including education (provide service in an abridged manner)</li> <li>ID prevention measures are in alignment with COVID-19 measures so information is still relevant</li> </ul>

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Clinical Services	<p>Vaccine Preventable Program</p> <ul style="list-style-type: none"> <li>• No ability to focus on health promotion priority work for respiratory infections in children 9 years of age and under</li> <li>• No school vaccination clinics/Immunization School Pupils Act</li> <li>• No record review for school age immunizations</li> <li>• No child care record review</li> <li>• No immunization clinics to catch up or general immunization across the lifespan</li> <li>• Limited capacity to support health care providers</li> <li>• No booked appointments in Welland, Niagara Falls, or Fort Erie locations</li> <li>• Not able to support statement of conscience or religious belief affidavit process</li> <li>• No health promotion</li> <li>• No policy and medical directive review</li> </ul>	<ul style="list-style-type: none"> <li>• 8,000 grade 7 and 8 students not immunized and will become ineligible for Hep B (one time extension until august 2021 for last year's grade 8 students)</li> <li>• Potential for increases in Hep B or HPV if students who do not follow up and get it</li> <li>• Inaccurate immunization records (15,000-18,000 notices sent annually to elementary and high schools, 4000 child care records)</li> <li>• Reduced coverage rates and risk an outbreak of a preventable infectious disease</li> <li>• Lengthy wait time for responses to health care responder and resident inquiries</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage health care providers to offer immunizations</li> </ul>
Clinical Services	<p>Sexual Health Program</p> <ul style="list-style-type: none"> <li>• Limited Sexually Transmitted Infections (STI) follow up and contact tracing* Limited community outreach and clinics for testing and treatment</li> <li>• Limited harm reduction work</li> <li>• Limited support for priority populations and supporting community partners</li> <li>• Increase call volume but not able to manage all calls</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in STIs and Hep C</li> <li>• Delayed testing and treatment</li> <li>• Relationships with vulnerable population negatively impacted, loss of client</li> <li>• Reduction in accessible services for vulnerable population or those who opt to go to the Sexual Health Centre</li> <li>• Increases in pregnancy</li> <li>• Exacerbation of other health issues (e.g. anxiety, depression, isolation)</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone counselling</li> <li>• Limited book appointments based on issue/risk/access to services</li> <li>• Limited outreach based on issue/risk/access to services</li> <li>• Refer clients to health care provider, walk in clinics/Life labs for testing</li> </ul>

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	<ul style="list-style-type: none"> <li>• Much less wound care offered</li> <li>• No booked appointments in Welland, Niagara Falls, or Fort Erie locations</li> <li>• No outreach locations being serviced (i.e Methadone clinics, Women's shelters, Niagara Detention Centre)</li> <li>• No/limited Hep C follow up</li> <li>• No vaccines provided in the community to high risk clients (Adacel, Hep A/B, pneumovax, flu)</li> <li>• Relationships with vulnerable clients are faltering (consistency and face-to-face is necessary)</li> <li>• No NRT is being offered to new clients* No health promotion</li> </ul>		
Clinical Services	Other Clinical Services <ul style="list-style-type: none"> <li>• Reduction in administrative support</li> </ul>	<ul style="list-style-type: none"> <li>• None expected</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in program staff require less administrative support</li> </ul>
<b>Clinical Services</b>	<b>Division Subtotal</b>	<b>2021 FTE Savings = 17.6</b> <b>2022 FTE Savings = 22.8</b>	<b>2021 \$ Savings = \$1.8M</b> <b>2022 \$ Savings = \$2.4M</b>
Family Health	No dental services offered to children since March 16.	Thousands of children have not been screened at school and thousands have not been seen in our clinics. No sealants, no fluoride applications. Increases in childhood tooth decay, pain, negative impacts on health and well being for years to come.	Intake line maintained referrals to open practices, beginning to use tele-dentistry using video to assess and refer.
Family Health	Majority of dental staff redeployed to call centre, case management, and outbreak management.	No staff available to explore further applications of using video and tele-hygiene to support vulnerable families who have children with urgent dental needs.	Few staff providing intake and minimal services.

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Family Health	Limited services to Ontario Seniors who qualify for the Ontario Seniors Dental care Program (OSDCP)	Vulnerable elderly in pain, provision of dentures significantly delayed and few hygiene services available.	One CHC is delivering services.
Family Health	Climbing wait lists for programs and services for vulnerable children and families (Nurse Family Partnership, Healthy Babies Healthy Children) due to staff redeployment to call centre, case and contact management and outbreak management. Data Analyst for these programs also redeployed so difficult to meet requirements and monitor metrics.	Increased levels of anxiety and depression, worsening/poor management of clinical depression, bipolar, borderline personality disorder since beginning of pandemic. Intimate partner violence (IPV) has also been notable resulting in FACS involvement, apprehension of the child, and displacement of the mother to other living arrangements i.e. women's shelters, moving out, or living with other family members. Notable increase in observed child developmental delays through NCAST assessments resulting in referrals to ICDS, Speech Services, and NCC.	Some staff have been repatriated for periods throughout the year; however have had to go back to direct COVID work several times.
Family Health	Suspension of prenatal appointments at NHS.	Decreased ability to support prenatal care for residents in Niagara Region.	Parents and community partners have been redirected to access our <i>Niagara Parents</i> intake line in lieu of our ability to provide active programs and services.
Family Health	Reduced frequency of high-risk prenatal education to Canada Prenatal Nutrition Program (CPNP).	Mothers with no prenatal care due to lack of access to our programs, limited capacity of primary care or no primary care.	Using virtual approaches and socials wherever possible with the staff that we do have in business continuity.
Family Health	Suspension of Niagara Parents live chat when staffing levels low.	Decreased ability to support parents in Niagara.	Parents and community partners have been redirected to access our <i>Niagara Parents</i> intake line in lieu of our ability to provide active programs and services.
Family Health	<ul style="list-style-type: none"> <li>Suspension of virtual parenting groups for community partners (Ontario Early Years Centres)</li> </ul>	Increased levels of parental stress and anxiety, coping, less successful breastfeeding, anxiety and depression, worsening/poor management of clinical depression, bipolar, borderline personality	Parents and community partners have been redirected to access our <i>Niagara Parents</i> intake line in lieu of our ability to provide active programs and services.

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	<ul style="list-style-type: none"> <li>• Suspension of Facebook Live parenting events when staffing levels low</li> <li>• Suspension of breastfeeding clinics (lack of staff and offices closed)</li> <li>• Suspension of post-partum groups (lack of staff and offices closed)</li> <li>• Altered delivery of virtual "Triple P" Positive Parenting programs (no 1:1 follow ups, large virtual group size in an attempt to clear wait lists--58 families currently on the wait list)</li> <li>• Decreased capacity to meet demand for virtual breastfeeding outreach services, resulting in increased demand given reduction of HBHC visits</li> <li>• Deferred training of PHNs to deliver Post-partum depression Cognitive Behavioural Therapy (CBT)</li> <li>• Continued suspension of well baby clinics, breastfeeding clinics, and postpartum groups</li> </ul>	disorder since beginning of pandemic. Intimate partner violence (IPV).	
Family Health	Schools closed from March until September 2019 with staff redeployed to COVID-19 response.	Schools have less support to prevent the spread of COVID-19 in school as the outbreak and positive case numbers increase, little to no proactive health promotion programming in schools, no vision screening, no dental screening, no provision of Hep B and HPV vaccines, no sexual health services.	Additional temp 20 PHNs have allowed some supports to schools, proactive and reactive visits, since August/September 2019, with the addition of 20 temporary School Health Nurses, PHN's working with ID case/contact have had more than 1000 encounters with people who have been identified as Covid-19 cases and/or close contacts requiring follow-up since school has opened. On average, each school has had 5 engagements with PH

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			<p>since the beginning of the school year, and we have provided, in total, an average of 4 in-person visits/week across all schools. At least 145 school staff have accessed PH's virtual Covid-19/IPAC virtual professional development session. PHNs have provided over 350 consultations to schools and resources (web and hard copy) have been accessed (i.e. distributed, viewed online) more than 10 000 times (total for all resources produced/promoted for schools). Over 50 proactive infection prevention focused school visits were completed over the last month: all 4 boards, and some private schools were toured. Ashley, our French nurse has visited all French public schools. School Cases reflect whatever is happening in the community so cases are beginning to rise due to high community spread. Overall, the spread of infection within schools remains low. We will continue to provide outreach and proactive supports to schools to maximize these prevention efforts</p>
<b>Family Health</b>	<b>Division Subtotal</b>	<b>2021 FTE Savings = 11.6</b> <b>2022 FTE Savings = 15.2</b>	<b>2021 \$ Savings = \$1.0M</b> <b>2022 \$ Savings = \$1.4M</b>
Environmental Health	Reduction in Public Health Inspection Support	Reduced number of inspections for all programs. Reduction in food handler training. Reduced capacity to respond to outbreaks in a timely fashion. Reduction in customer service (i.e. plan reviews, timely response).	Re-evaluation of priorities to focus on higher risk facilities (i.e. congregate care settings, all COVID-response).

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Environmental Health	Reduction of PHI intern/students	Reduced pool inspection frequency and reduced inspection of low and medium risk facilities; therefore, less opportunity to identify potential health hazards. Potential reduction in beach water sampling. Focus on vector borne and beaches which will affect routine inspections.	Creation of hybrid model / cross-functional team of students. Re-evaluation of risk assessment, which dictates inspection frequency and focuses on the higher risk facilities. Less demand for full-time PHIs to provide mentorship, allowing for more work in routine areas. Routine inspections will be absorbed by existing staff complement.
Environmental Health	Division Subtotal	2021 FTE Savings = 2.0 2022 FTE Savings = 2.0	2021 \$ Savings = \$137K 2022 \$ Savings = \$140K
Org & Foundational Standards	Communication Support	Currently very little support available for non-COVID related communications campaigns such as STIs, MH etc. General awareness of other health issues is reduced in the public.	Majority of communication supports have been diverted to COVID with little available for Business Continuity initiatives
Org & Foundational Standards	Data Support	Lack of up to date information on non-COVID health statistics. As identified in section above, reduction in general knowledge translation of data from a variety of sources to internal and external audiences due to lack of available analysts to analyse data and no capacity to work with knowledge translation/HP/Comms experts.	Most years we have additional informatics and analyst support from students. These allow us to catch up on pressing data governance tasks and update the non-COVID external facing health statistics pages
Org & Foundational Standards	Administration Support	When NRPH outer offices are permitted to open for clinics/water sample drop off etc again, may be a delay until we are able to hire or redeploy enough PAs to support.	NRPH Outer office closures have negated the need to have a PA at the front desk of outer offices. All outer offices remain closed and the majority of PAs have been redeployed to supporting COVID Case and Contact Management.
Org & Foundational Standards	Division Subtotal	2021 FTE Savings = 4.4 2022 FTE Savings = 4.6	2021 \$ Savings = \$266K 2022 \$ Savings = \$289K



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Public Health General	Grand Total	2021 FTE Savings = 41.4 2022 FTE Savings = 50.9	2021 \$ Savings = \$3.5M 2022 \$ Savings = \$4.5M