

COVID-19 Recovery & Renewal Objective #5: Emerging and/or Priority Public Health Issues

RECOVERY RECOMMENDATIONS

Recommendations	
Program Recommendations	
1.	Collaborate with the Population Health Assessment and Surveillance (PHAS) Team to gather information from the local Middlesex-London community on the impacts of COVID-19 on various health outcomes through the RRFSS Fall 2020 online COVID-19 survey.
2.	Ensure ongoing surveillance of indicators related to each priority area to identify and monitor direct and indirect COVID-19 impacts over time.
3.	Systematically collect, analyze and use sociodemographic and race-based data in all relevant MLHU programs.
4.	Partner with other organizations to engage in research on racism and its health impacts on minorities in Middlesex-London.
5.	Ensure future MLHU emergency and pandemic plans include and embed best practices for mental health, violence prevention, and food security as specified by the World Health Organization (IASC) guidance and standards during emergencies.
6.	Support partner organizations serving the public in the areas of mental health, domestic violence, and substance use to resume and/or maintain in-person services as much as possible during current and/or future periods of public health restrictions.
7.	Dedicate MLHU representation on the London Community Recovery Network with allocation of resources to support work that comes out of this that fits with Public Health mandate.
8.	Embed information related to priority areas (i.e., mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging.
9.	Integrate screening and risk assessments to identify mental health issues, substance misuse, violence, and food insecurity into public health programming, including COVID, and subsequent support and/or referrals as appropriate.
10.	Inform healthy public policy related to basic income, employment (e.g. paid sick leave, healthcare and benefits) and housing support during and beyond COVID-19.
11.	Invest in delivering the iHEAL (Intervention for Health Enhancement and Living) Program to support women to successfully exit an abusive relationship.
12.	Consider expansion of the Nurse Family Partnership Program (i.e., lift age restriction) given the strong evidence of effectiveness in preventing child abuse and neglect.
13.	Dedicate resources for MLHU to have a Black individual lead and/or actively engage in anti-Black racism work in the community.
14.	Invest and commit more resources to support the Middlesex-London Community Drug and Alcohol Strategy (CDAS) by: <ul style="list-style-type: none"> a. Leveraging existing policy windows to inform policy change (e.g., safer supply, decriminalization of personal possession of illicit drugs, basic income, affordable housing); b. Actively leading and/or participating in implementation of the Prevention pillar recommendations; c. Considering providing coordination of and backbone support for the Strategy.

Recommendations	
Process Recommendations	
15.	Reprioritize allocation of human resources within all relevant program areas across MLHU to ensure adequate focus on program implementation in each of the identified priority areas (i.e., racism, mental health promotion, food insecurity, substance use, domestic violence).
16.	Ensure mechanism and allocation of resources to engage in ongoing monitoring of emerging evidence and promising practices in each priority area.
17.	In collaboration with the Health Equity and other program teams and organizational committees, enhance staff knowledge and capacity related to trauma and violence informed approaches, mental health literacy, racism and cultural safety, substance use issues, etc. to support successful implementation of recommendations.
18.	Ensure allocation of time and resources to implement recommendations internally from the Diversity and Inclusion Assessment.
19.	Maintain a minimum level of program staff in each of the priority areas during the pandemic response. <ul style="list-style-type: none"> • Ensure delivery of family-based and school programs as effective prevention to enhance protective factors and reduce risk factors among children and youth related to the identified priority areas (i.e. mental health, violence, substance use, food insecurity, racism) • Prioritize connection and collaboration with local partners relevant to priority areas (e.g., London Coordinating Committee to End Woman Abuse (LCCEWA), CDAS, Food Policy Council, etc.).
20.	Develop a consistent and accountable process to ensure all programs consider individual and systemic health inequities experienced by visible minorities and modify programming as required to address these inequities.
21.	Involve priority populations in all phases of planning, implementing, and evaluating public health programs, where feasible.
22.	Build off internal reviews in progress or previously completed, such as the Mental Health program review, Violence Prevention program review, and Growth and Development program review (e.g. develop a MLHU framework for mental health promotion), and existing internal committees (e.g., Intimate Partner Violence and Client Care Committee).
23.	Provide information from this recovery and renewal planning process to relevant program areas for integration into existing programs.
24.	Ensure organizational integration and coordination of work for each priority area (e.g. key staff working collaboratively in the areas of mental health promotion, substance use, domestic violence, food insecurity, health equity, etc.).