

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health  
Michael Clarke, CEO (Interim)

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## COVID-19 RECOVERY RECOMMENDATIONS: EMERGING AND PRIORITY PUBLIC HEALTH ISSUES

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) *Receive Report No.049-20 re “COVID-19 Recovery Recommendations: Emerging and Priority Public Health Issues” for information; and*
- 2) *Approve the five priority areas for MLHU identified during COVID-19 recovery planning: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health.*

### **Key Points**

- COVID-19 Recovery planning with five key objectives commenced in May 2020, with one objective focused on emerging and priority public health issues.
- Five priorities were identified: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health.
- Twenty-four program and process recommendations have been endorsed by the Senior Leadership for organizational implementation.

### **Background**

The MLHU Board of Health received a report in June 2020 ([Report No. 008-20GC](#)) which outlined the five objectives of COVID-19 recovery planning initiated in May 2020, and information about the Return to Operations dashboard that was developed. Recovery planning efforts in each of the five key areas has continued to progress.

One of the recovery objectives focuses on emerging and priority public health issues associated with the COVID-19 pandemic and public health measures: *To assess and/or anticipate community impacts and emerging public health issues and needs post-pandemic and develop concrete plans for public health strategies and activities to address these issues and needs.*

Guiding principles for planning efforts on this particular recovery objective included the following:

- Keep the process feasible for the time frame available.
- Focus primarily on longer-term public health issues that may have resulted from or been exacerbated by COVID and its associated public health measures.
- Consider potential implications of these issues for MLHU’s work during COVID.
- Use various types of evidence (data, literature, political context, emerging evidenced, public health expertise), and recognize that local data during the timeframe of the pandemic may not be easily accessible and that research evidence is continuing to evolve.
- Leverage existing work / partnerships / initiatives, and also look at possible new initiatives or interventions.

- Recognize that recommendations will require long-term commitment and that MLHU may need to prioritize its work differently than it currently does, in order to ensure there are enough resources to see an impact in the community on these issues.

## Planning Process

A group of individuals was identified to engage in planning for this recovery objective, with representation from the Planning and Evaluation team, the Population Health Assessment and Surveillance team, ONA, and the Healthy Start and Healthy Living management teams.

The group brainstormed possible emerging and/or exacerbated public health issues stemming from the COVID-19 pandemic, based on existing knowledge and emerging evidence. The long list of potential issues was prioritized down to five issues based on need, impact, capacity (existing and potential), alignment with organizational priorities, and public health mandate: food insecurity, domestic violence (intimate partner violence and child abuse), racism, substance misuse, and mental health. Group members divided into subgroups and sourced and reviewed available evidence and data to better understand each issue and confirm whether it was a public health priority or not. While full literature reviews on public health interventions for each issue were not completed due to time and capacity, group members did ground their work in data wherever possible, and considered existing work that could be leveraged and/or possible new interventions that could be explored.

Other health units have gone through similar processes, the results of which aligned well with the prioritization of issues and included recommendations presented here. The MLHU Planning and Evaluation Framework's Evidence Summary Tool was used to organize and document evidence for each of the five priority areas. The large group reviewed the evidence gathered and drafted recommendations for Senior Leadership Team consideration. Briefing notes for each topic were written and additional information related to the recommendations was generated to support the Senior Leadership Team in their decision-making process.

## Recommendations for Emerging and Priority Public Health Issues

The Senior Leadership Team (SLT) was provided with five briefing notes, one on each priority issue, which gave background information foundational to the recommendations. Additional clarifying information on the following was provided for each recommendation: alignment with core public health functions, duration, status (new or enhancement of existing action), programs affected, priority areas addressed, and PBMA proposal requirement (2020, 2021, none, or unknown).

SLT individually and collectively reviewed and considered each of the 14 program and 10 process recommendations, and after further clarification and deliberation, endorsed them for organizational implementation. For a list of the recommendations, please see [Appendix A](#).

## Next Steps

Implications of the COVID-19 pandemic are far-reaching in both the short and long-term. Although research and data are still emerging, it seems that a number of public health issues have been exacerbated and require prioritization to prevent further public health challenges. Through recover planning processes, MLHU is prioritizing five public health issues, and has identified numerous recommendations to address these issues. Recommendations leverage existing activities and partnerships, as well as identify new interventions for implementation. All recommendations will require organizational commitment and some degree of investment or reprioritization to ensure successful implementation. Implementation details will be further elaborated by directors, managers, and staff across various program areas.

This report was submitted by the Chief Nursing Officer, Office of the Medical Officer of Health.



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