



Mississauga Health

Partnering for your health

Partner Meeting
December 1, 2020



This time last year



NEWS RELEASE

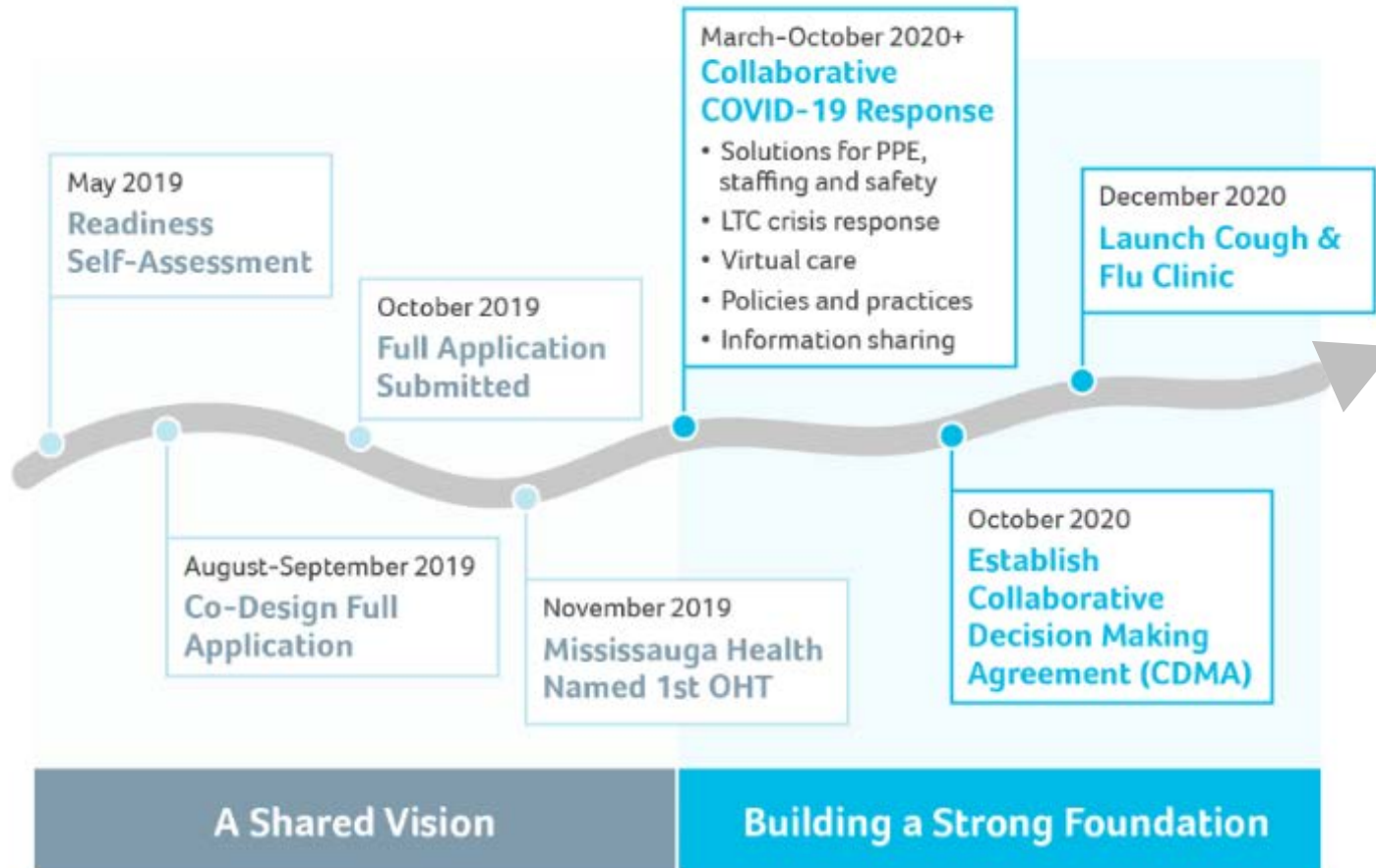
New Mississauga Ontario Health Team to Provide Better Connected Care for Patients

Ontario Health Teams Part of Province's Plan to End Hallway Health Care

November 25, 2019



Our journey together to date



90+ Partners

300+ Contributors to Application

900,000 Residents



Objectives for today

1. Health of the Community - What we're seeing on COVID-19
2. Provincial, Regional & Local Updates
3. We Are All In This Together
 - Spotlight – Community Cough & Flu Clinic
4. Where We're Going
5. Open Discussion – Q&A

We want your input! Check your inbox after the meeting for a quick feedback survey on the meeting today.

COVID-19 in Wave 2

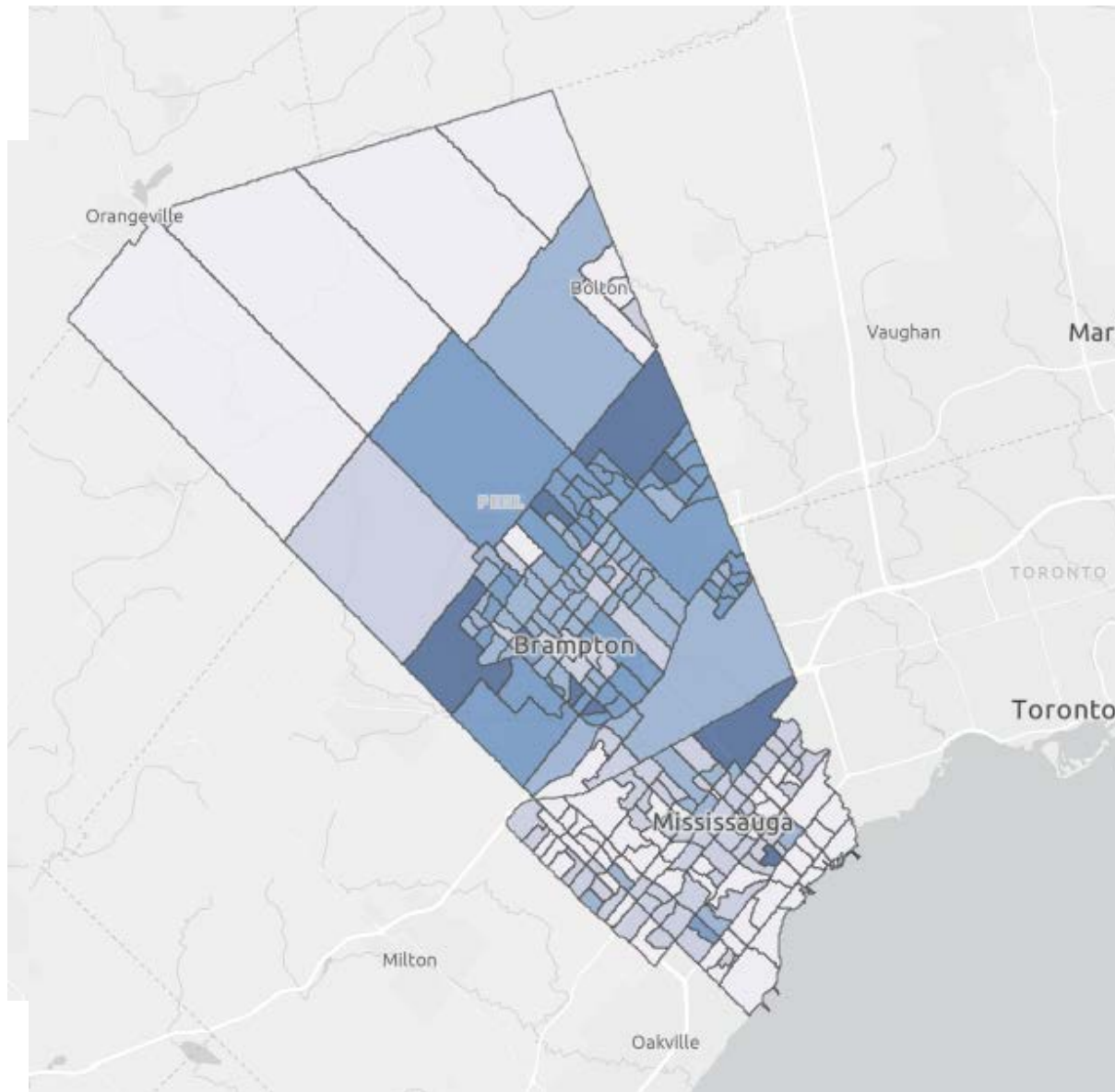
Laura C. Rosella, PhD

- Stephen Family Research Chair in Community Health, Institute for Better Health
- Associate Professor, Dalla Lana School of Public Health, University of Toronto

Health of our Community - Outline

1. Current in situation in wave 2
2. Influencing factors
3. Local data insights

Current Situation



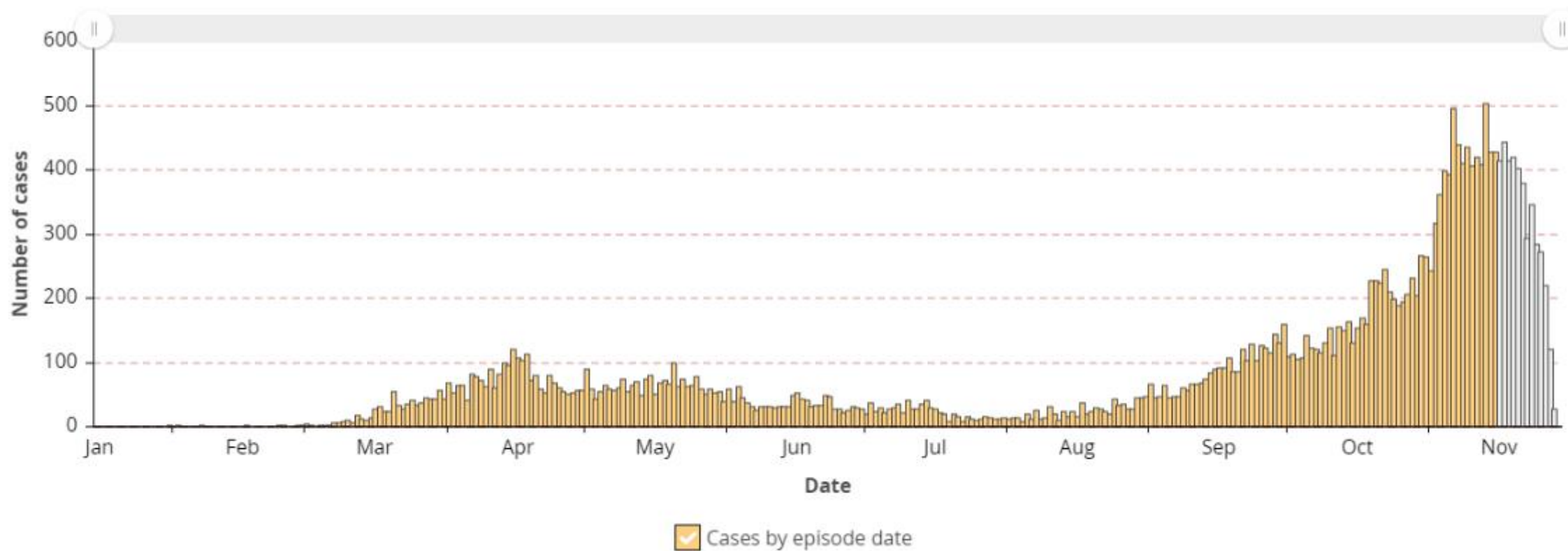
Total Cases: Incidence Rate per 100,000 by Census Tract - 02/23 to 11/14

Incidence Rate per 100,000



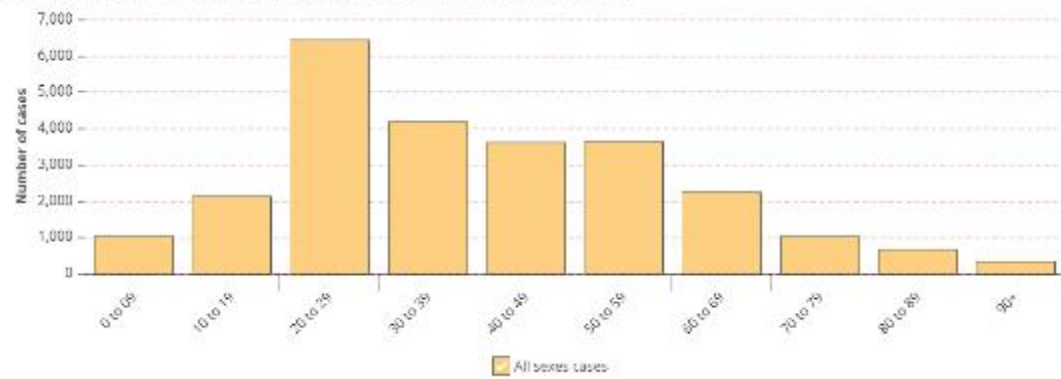
Region of Peel – Public Health: COVID-19 [Mapping](#) Dashboard

Count of COVID-19 cases by episode date in Peel Public Health

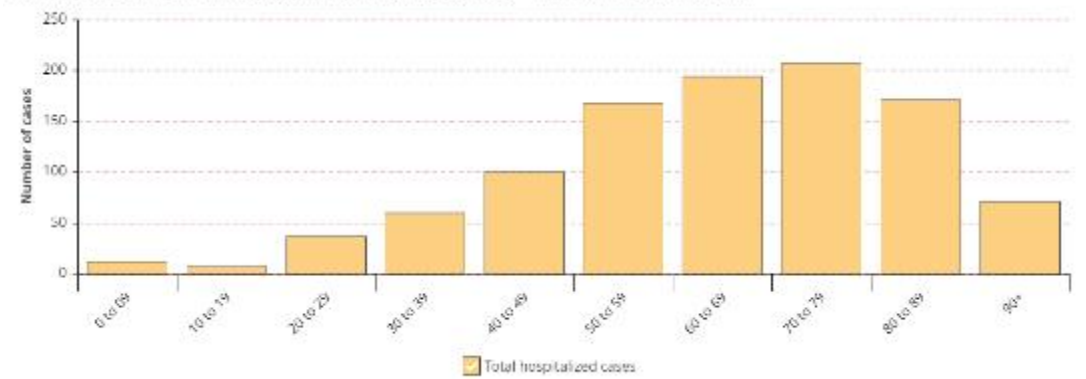


Source: Ontario COVID-19 data tool [PHO](#)

Counts of COVID-19 cases by age group in Peel Public Health

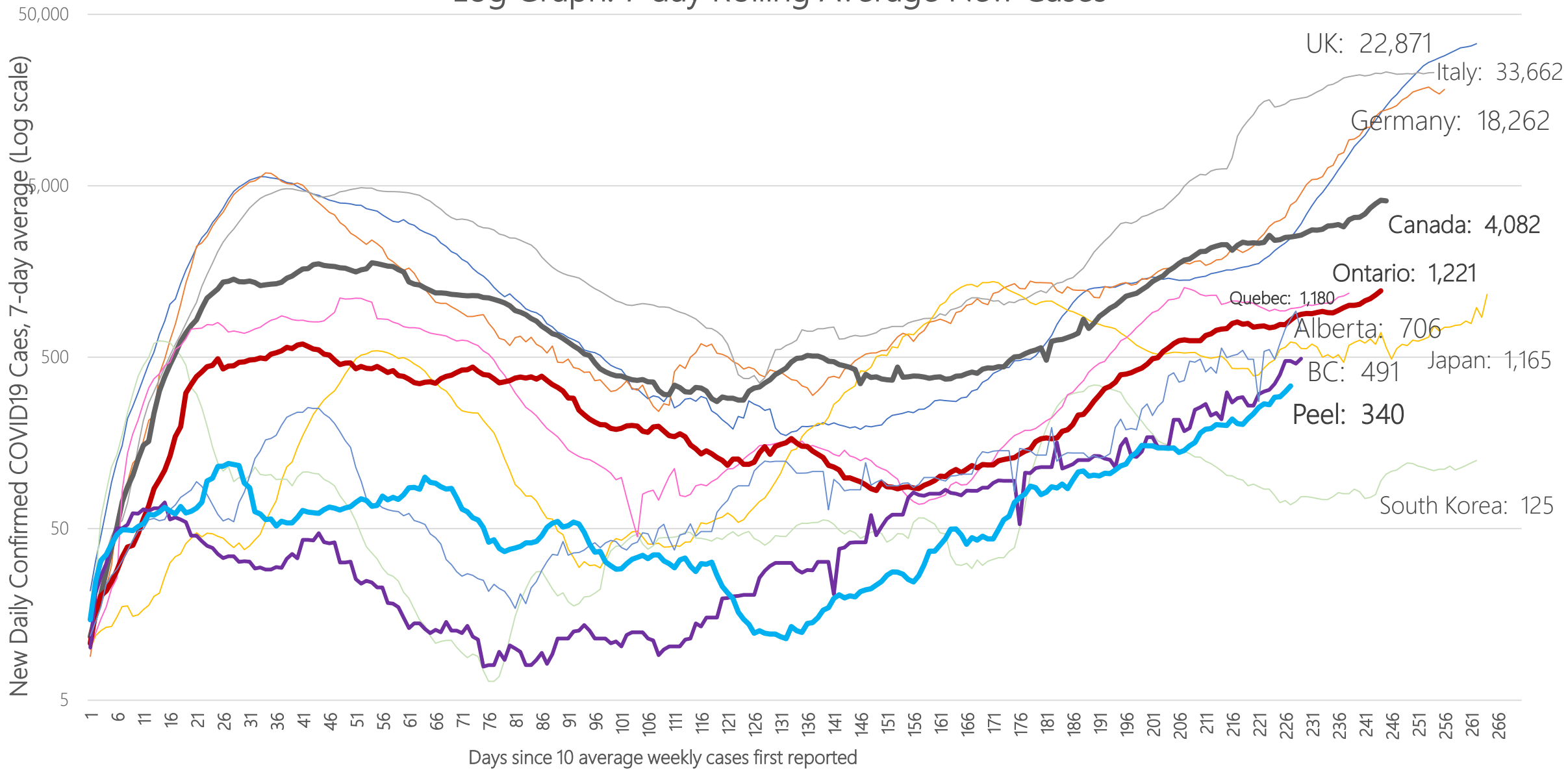


Counts of COVID-19 hospitalizations by age group in Peel Public Health



Source: Ontario COVID-19 data tool [PHO](#)

Log Graph: 7 day Rolling Average New Cases

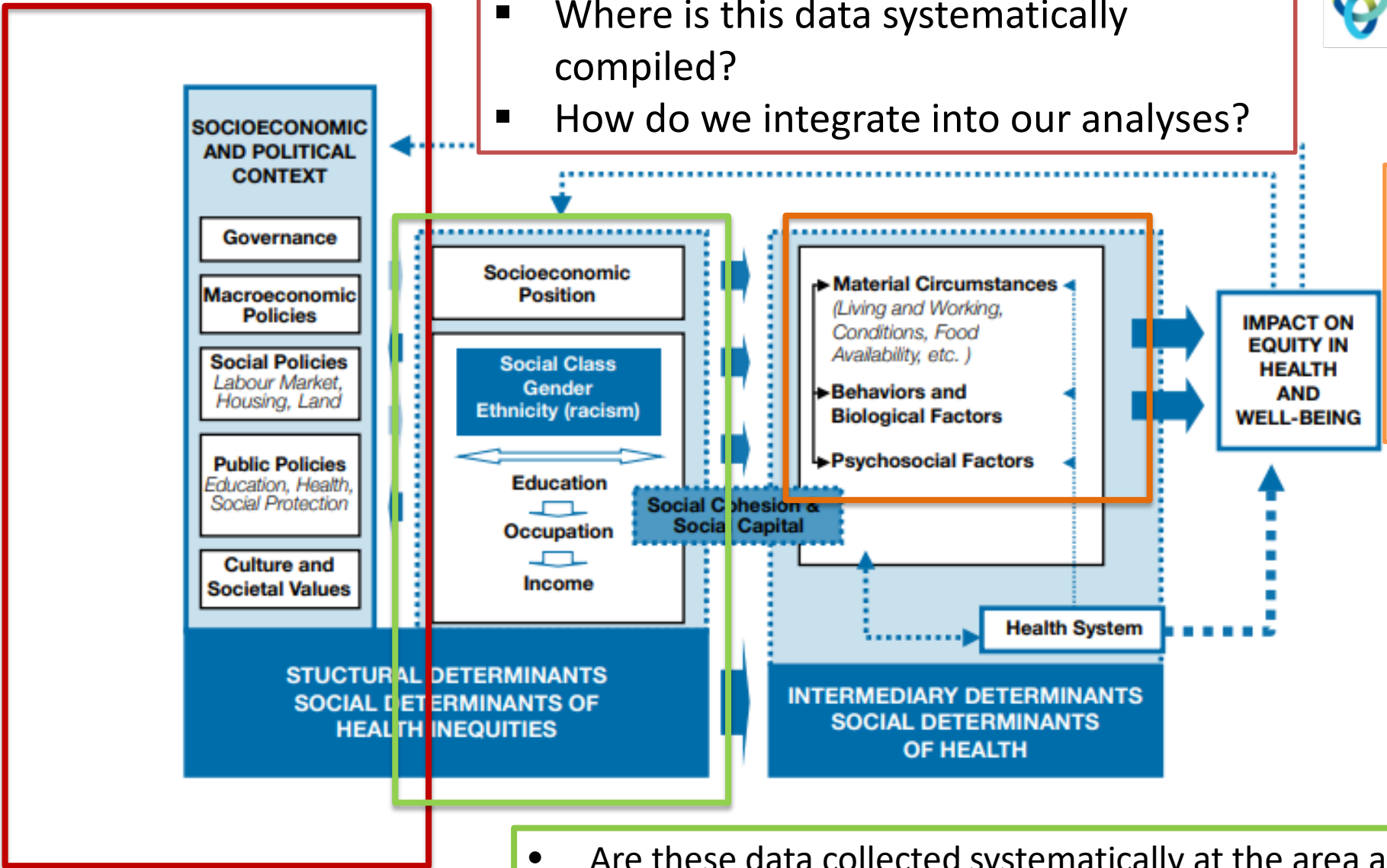


Influencing Factors

Influencing factors

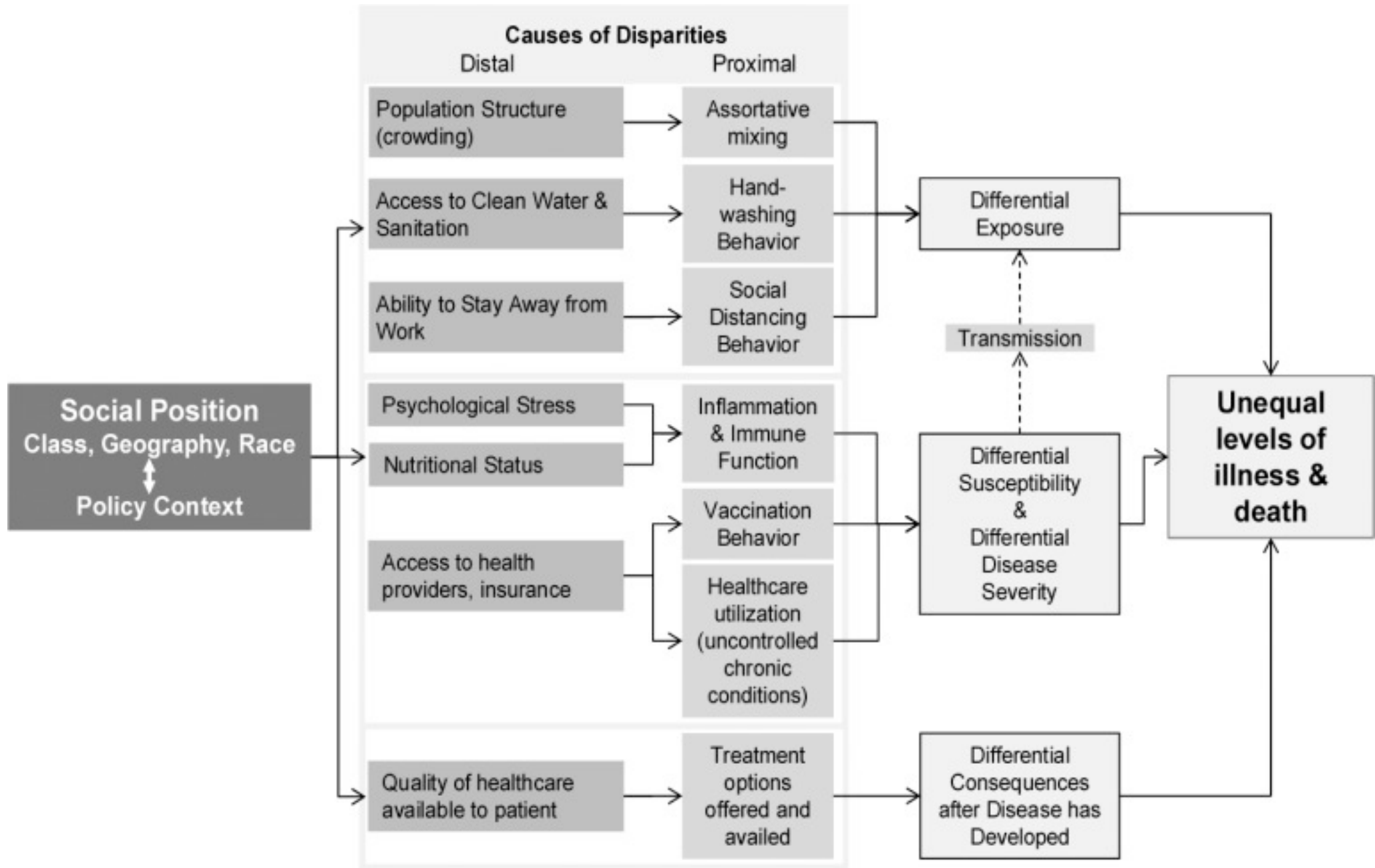
- Public health measures
- Test-trace-support-isolate capabilities
- Behaviours
- Social determinants of health

- Where is this data systematically compiled?
- How do we integrate into our analyses?

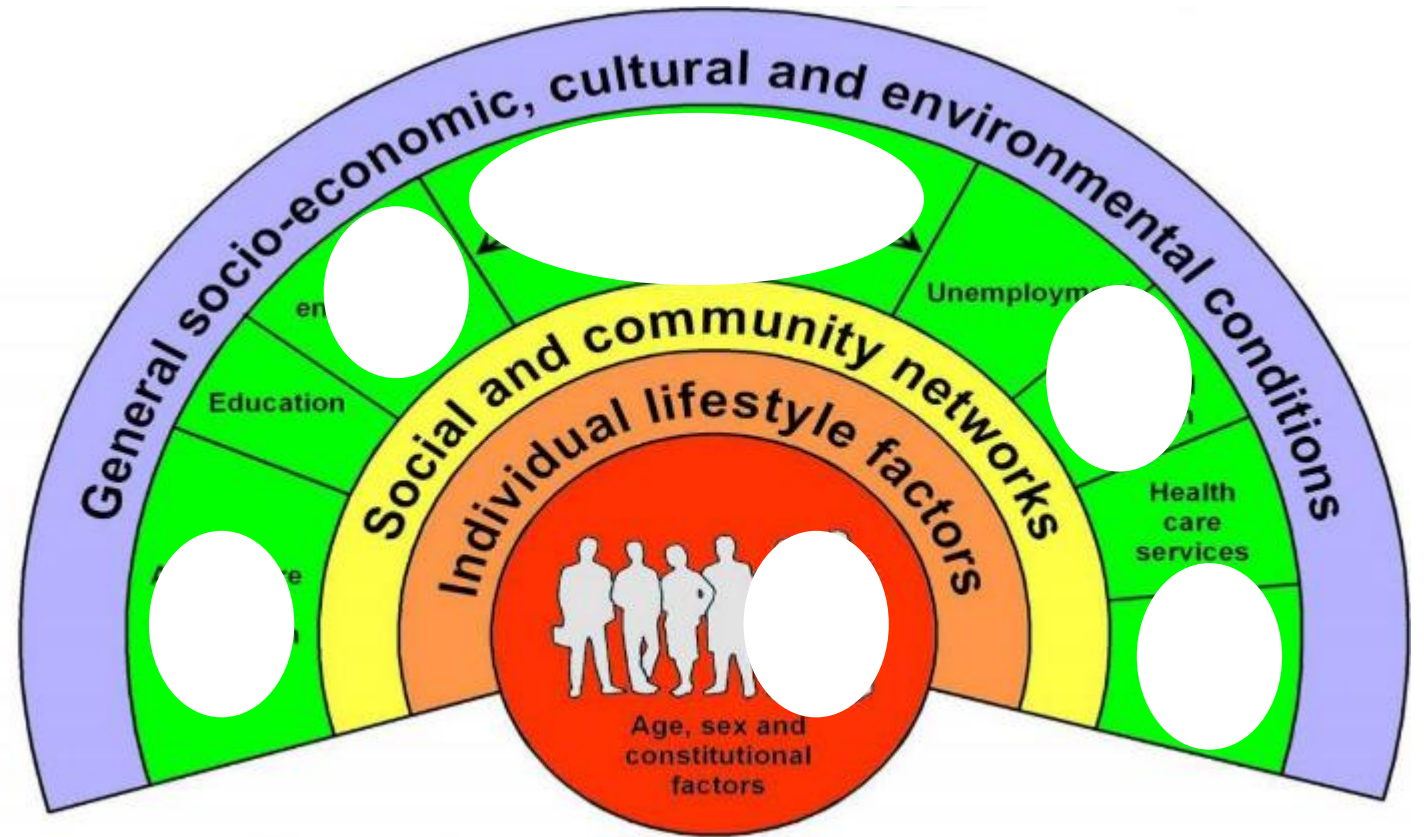


- Limited data at the population level
- If available is often area-based

- Are these data collected systematically at the area and individual level?
- Area and individual-level measurement of these constructs differ.



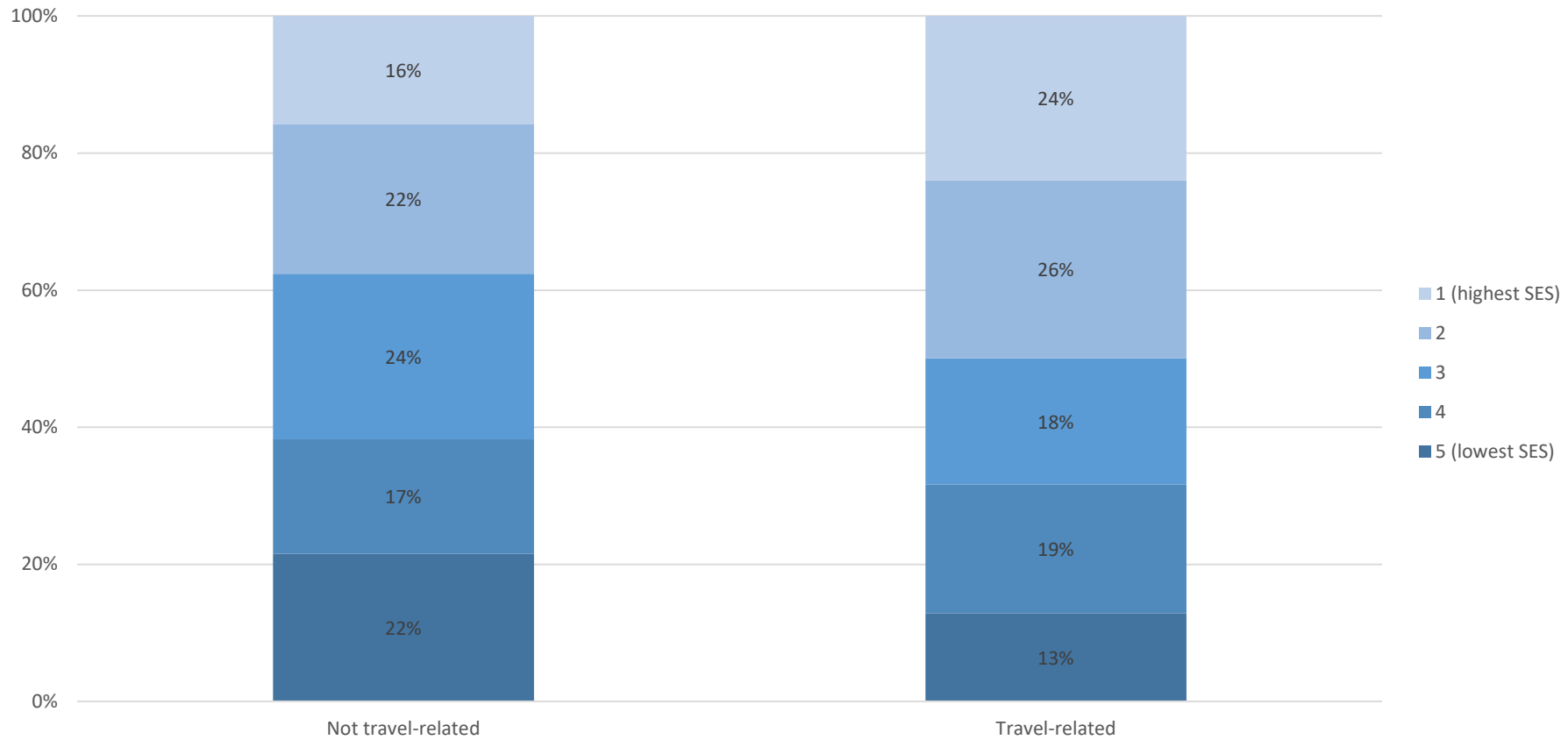
From a data perspective we have a very incomplete and inconsistent picture of the social determinants of health – especially at the individual level



Source: Dahlgren and Whitehead, 1991

Known unknowns

Distribution of Covid-19 cases* as of April 16 by Neighbourhood Socioeconomic Status (SES) in Ontario



*Updated numbers: howsmyflattening.ca/#/analysis

Emmalin Buajitti
Sabrina Chiodo
Laura C. Rosella

Novel coronavirus (COVID-19) Peel Health Surveillance



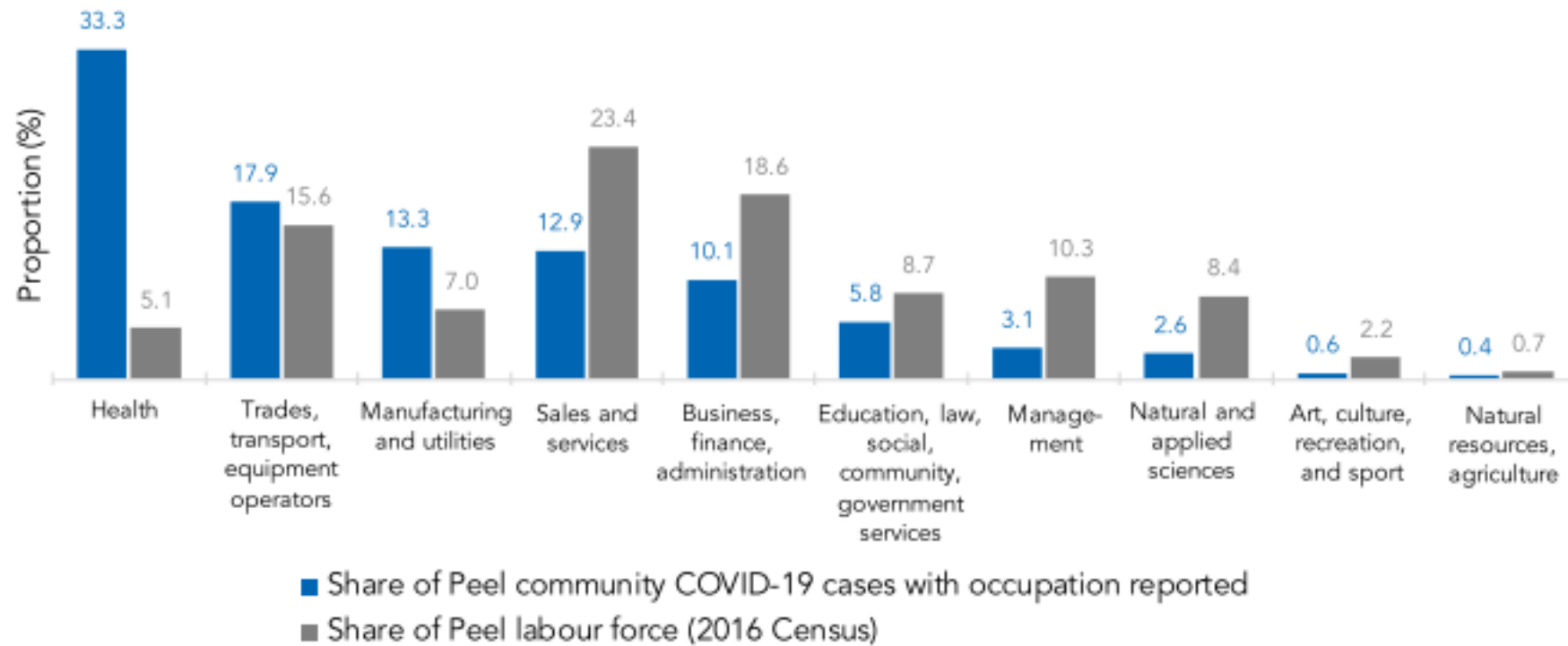
COVID-19 and the Social Determinants of Health: Race and Occupation

August 7, 2020

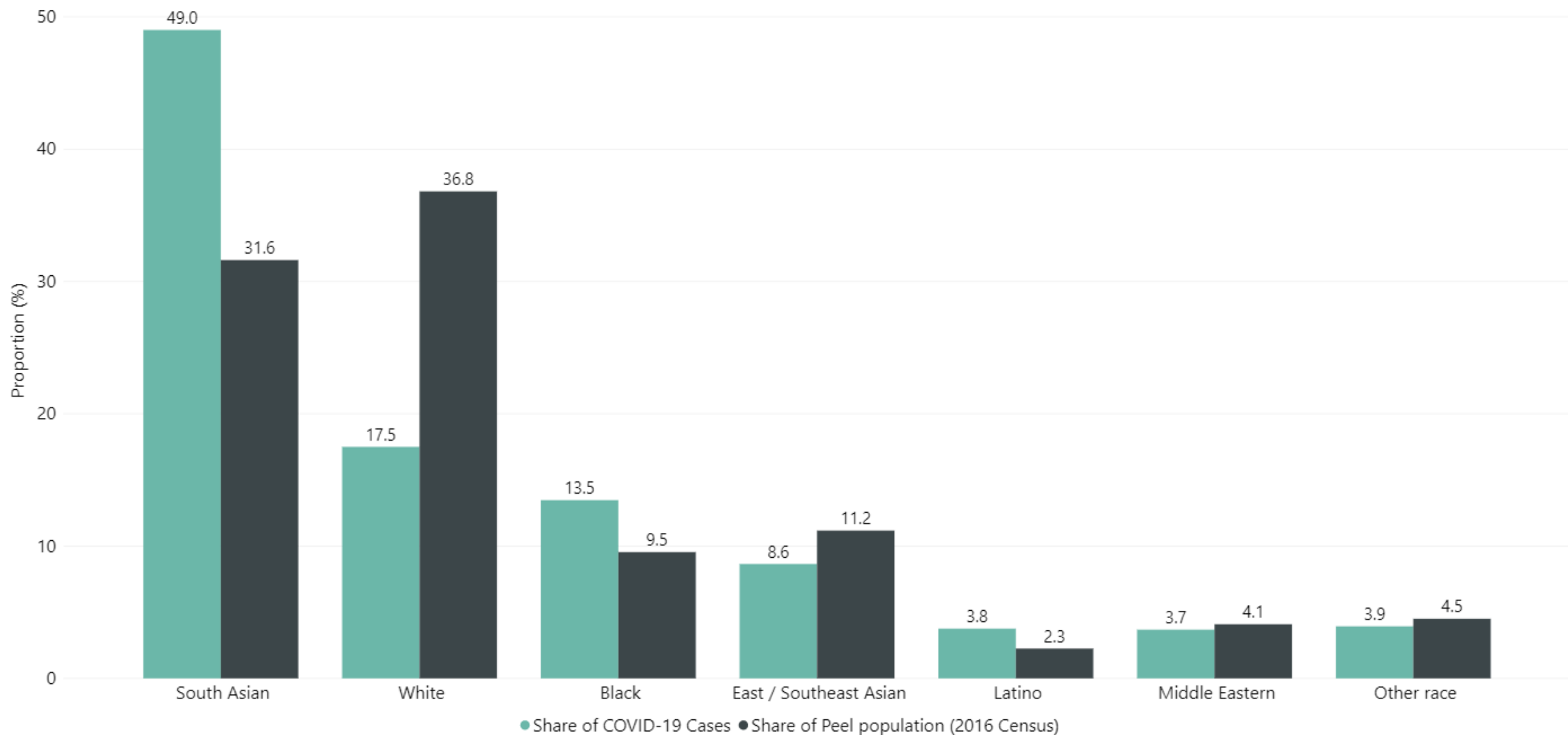
- In Mid-April Peel region along with other health units started collecting more detailed race, and occupation information on each case¹
- Peel population include 63% visible minority; 77% of cases were among visible minority groups
- Covid-19 cases were most frequently reported among the following occupations: health, trades, transport, manufacturing
- Data as a starting point for discussion with the community

www.peelregion.ca/coronavirus/_media/COVID-19-race-and-occupation.pdf

Figure 2. Share of COVID-19 community cases aged 15 years or older and share of the Peel's labour force by National Occupation Classification category (n=2,933): March 5, 2020 to July 15, 2020



Share of COVID-19 cases and Peel's population by race (n=6,280): April 13, 2020 to September 30, 2020



Source: Region of Peel – Public Health [November 20](#)

Mitigating and combating health inequities during COVID-19

CHECKLIST FOR PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE PLANS

In the development, refinement, and testing of regional, national and local pandemic influenza preparedness and response plans, governments and relevant institutions should:

	<u>Completed</u>	<u>In Process</u>	<u>Not Yet Started</u>
1. Identify and enumerate both those groups who are traditionally disadvantaged and those who are likely to be disproportionately affected by preparations for an influenza pandemic, responses to a pandemic, and by a pandemic itself. ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engage disadvantaged groups and/or their representatives in the planning process.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify and address the special needs of disadvantaged groups in the context of recommendations and policies to prepare for and respond to an influenza pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Measure and monitor with care

Meaningful engagement with the community and adaptation of response for local context

Short-Term Actions

Examples include (but are not limited to)

- Occupational health and safety measures to protect workers
- Paid sick leave and benefits
- Address biases in care
- Testing strategies
- Listening and building trust
- Start planning now for the next one...

Consider the post covid-19 health inequities

Widening inequities due to:

- Impact of unemployment
- Income loss
- Differential access to benefits
- Delayed medical care
- Trauma
- Educational opportunities

Widespread impact

- Premature deaths
- Mental health
- Unintentional injuries
- Chronic disease



SUMMARY

- The inequities we are seeing during COVID-19 mirror the persistent health inequities we see in society including prior epidemics and pandemics
- Measuring social determinants of health are a complex yet critical task
 - Work to fill in the blind spots
 - Ensure strong governance and oversight on the collection and use of these data
- Mitigating and combating health inequities must involve acknowledging and addressing the structural causes at the root of the health inequities we have observed in COVID-19
- We must be acutely aware, prepared and planning for the subsequent inequities that will result from trauma, economic and health care disruptions experienced during COVID-19

Provincial, Regional & Local Updates

Key Updates on Provincial, Regional & Local Activity

Provincial

COVID-19 Vaccination
Strategy

Hospital Incident
Management System
(IMS)

Regional

LTC Response

Testing

Local

Mississauga LTC
Response

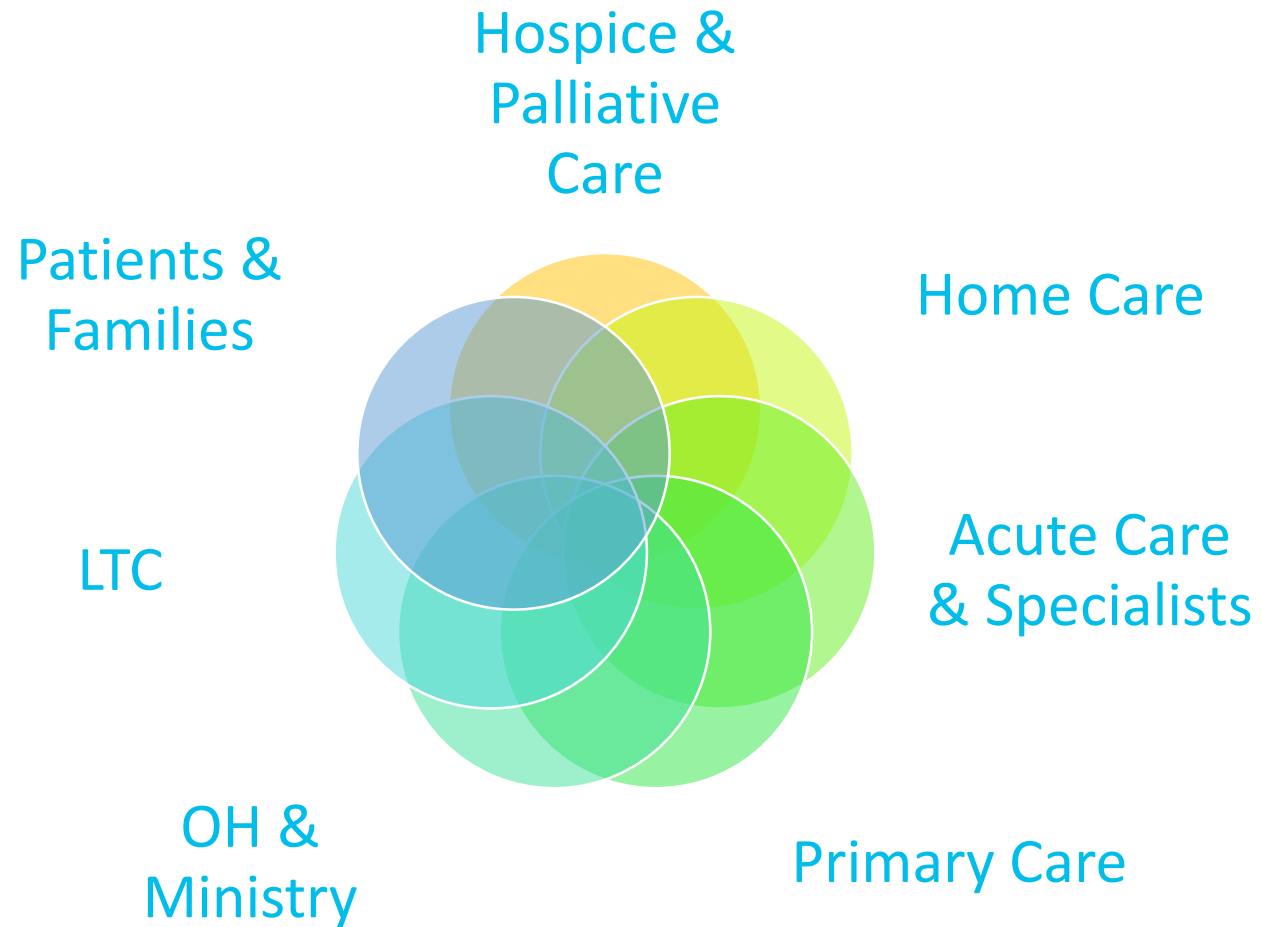
Community Testing &
Symptomatic Care

Supplies & PPE

Health Equity

SPOTLIGHT TODAY

Coming together to support local long-term care residents



Strengthening access to critical supplies & PPE

- Providers had significant challenges with PPE access that impacted service continuity in Wave 1
- Particular challenge for primary care offices and smaller community support service agencies with limited resources to rapidly procure or set-up PPE pandemic stockpiles to buffer significant supply interruptions.
- While the Province and providers are in a much better supply position currently, the following multi-pronged strategy is recommended:
 1. **Maintain supply position with existing suppliers, as manufacturer-level allocations based on order history are still in place**
 2. **Eligible providers sign up for Pandemic PPE Transitional Support (PPTS) Program* (sign-up information to be shared following today's meeting)**

*Temporary policy to support providers/organizations facing challenges sourcing PPE. Eligible providers include primary care, community-based physician specialists, Indigenous Communities and Indigenous Providers, Community Health Service Providers. The following are not eligible for PPTS specifically include hospitals, LTC, home care SPOs, EMS, municipally funded or administered services, community labs or specimen collection centres and community pharmacies.

Embedding health equity

- **Health equity is fundamental to population health and our vision as an OHT**
- There are many organizations working together within Mississauga to advance health equity
- After our last partner meeting, a few community leaders came together to give advice on how best to embed health equity into our OHT
- This needs to be an ongoing conversation and commitment. Early actions identified include:
 1. **Build relationships with existing collaboratives and tables in Mississauga that are focused on health equity**
 2. **Start with acknowledgement and shared understanding – data & education**
 3. **Embed health equity up-front in priority projects through engagement, co-design and throughout with continuous improvement**



Spotlight – Community Cough & Flu Clinic

Dr. James Pencharz

Primary Care Lead, Mississauga Ontario Health Team

Board Chair and Physician Lead, Credit Valley Family Health Team

Improving access to care in the community

The challenge

- COVID creates several barriers to Primary Care Providers to seeing patients with acute respiratory illness / influenza-like illness / COVID-19 like symptoms in their clinic:
 - IPAC challenges
 - PPE supply
 - Swab supply
 - Office personnel
- Few Primary Care offices have the capacity to see symptomatic patients
- This has implications for health equity, given differences in access based on provider attachment

Creating a community cough & flu clinic

Principles:

- Integration and partnership is key
- Open to all individuals in the community
- Open to any physicians wishing to participate/work/support the clinic
- Continuity of care with own primary care provider
 - Referral initiated from PCP to Clinic
 - Documentation back to PCP on outcome of visit
- "One stop assessment"
 - Clinical physician assessment
 - Presumptive diagnosis
 - Treatment (as appropriate)
- Safety of patients and providers is paramount with appropriate IPAC procedures, PPE utilization
- For individuals who do not have a PCP, there will be a direct number to call and they will be screened by the nursing team for appropriateness of in person assessment

Partnership between:



Clinic details

- Location: 2695 N Sheridan Way location of CarePoint Health (until end of January)
- Hours: 0900 – 1600 (Monday – Friday) for now
- Target start date is December 1 (today!)
- Phase 1 is soft launch through primary care providers for referrals as clinic gets up and running
- Phase 2 will include broader communication to community, in concert with Ontario Health Central Region



We want to spotlight the great work that is happening across our OHT to integrate care and better serve this community.

Use the chat feature to share ideas on future spotlights!

You can also email ideas anytime to info@moht.ca

Sign in to www.menti.com and use the code **54 44 79 0**

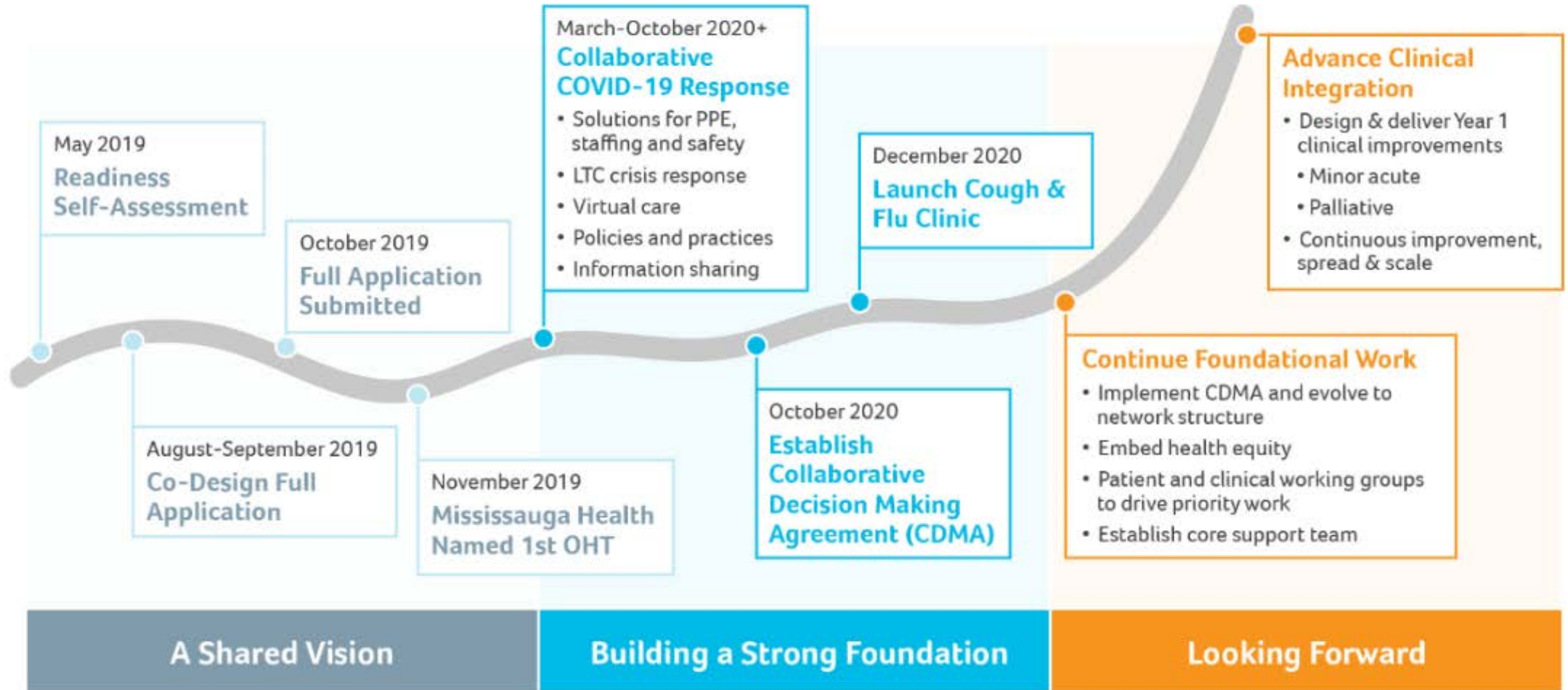
Think about our partnership journey together and what you are MOST PROUD OF.

What is ONE WORD that comes to mind?



[Mentimeter survey](#)

Where we're headed



Notable Numbers

90+ Partners

300+ Contributors to Application

900,000 Residents



Measuring our progress

The Ministry has asked each OHT to identify 3 Key Performance Indicators (KPIs) to measure our progress up until March 2022, with a first report expected April 2021.

While our path forward is not linear, these KPIs are an important part of measuring progress along our journey.

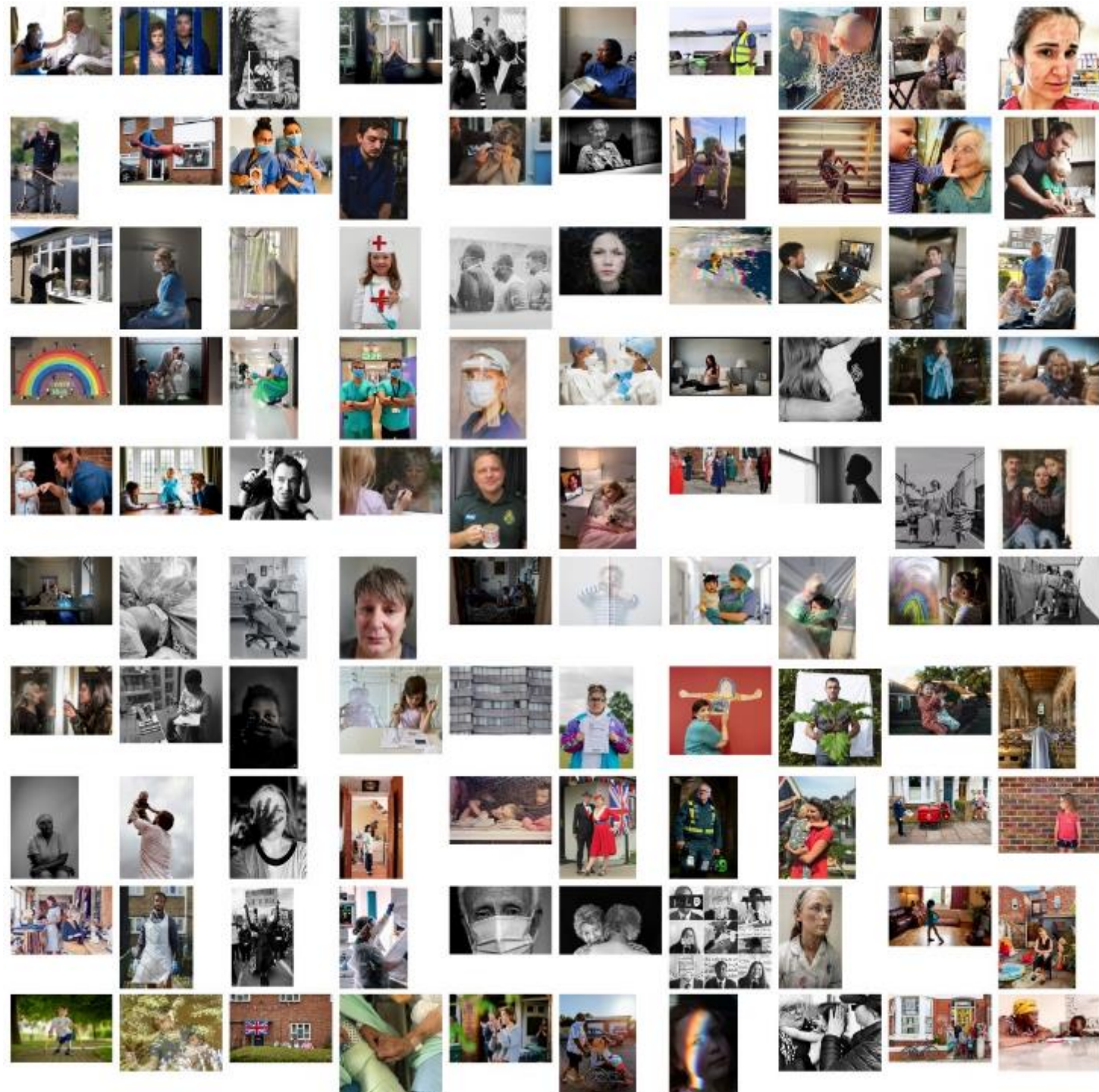
Our principles for goal setting include:

- Our priority areas remain the same but have a focus on those most at risk of COVID-19
- The KPIs link directly to the work we are doing AND to themes that demonstrate success of our OHT partnership
- The KPIs have longevity – can support measurement even if priorities spread to new subpopulations (e.g. beyond COVID-19)
- The goals we set are SMART (specific, measureable, attainable, relevant and time-based)
- A baseline is in place, to ensure results can be measured



Priority	Theme(s) for KPI	Indicator
Priority Population – those with minor acute complaints, with a focus on influenza-like illness	<ul style="list-style-type: none">• Patient experience• Timeliness• System effectiveness	Proportion of people who receive same or next day appointments at the integrated community clinic, of those who need and seek care there
Priority Population – those that would benefit from a palliative approach to care	<ul style="list-style-type: none">• Proactive care• Person-centred care• Patient & family experience	Proportion of care team members trained on a palliative approach to care, with specific partners across at least two sectors
Building a strong foundation for community health	<ul style="list-style-type: none">• Population health• Health equity• Partnership development	Proportion of partners who have completed a common health equity self-assessment survey

**We are all in
this together.**



Images from the UK National Portrait Gallery "Hold Still" Campaign 2020