Client and Community Support

To:	Chair and Members of the Board of Health
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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- Client and Community Support (CCS) is the central intake within the agency to support clients in navigating internal and external health resources in the community.
- This program works to provide coordinated and streamlined guidance to clients and community partners about all public health programs and services across the lifespan and assists with synthesizing current and credible information to support their health goals.
- From November 2021 to September 2023 this program has interacted with the community over 42,000 times averaging 1,826 encounters per month. This includes phone calls, emails, social media and walk-ins.

Background

CCS originated as the COVID-19 Call Centre in 2020 in response to supporting the community during the pandemic.[1] As the agency transitioned out of the Incident Management System (IMS) mode, a single point of access Call Centre providing support for all public health programs and services was viewed as a valuable resource to the public and community partners. This team has expanded beyond a call centre and is staffed with a team of public health nurses (PHNs) and receptionists.

Prior to the COVID-19 pandemic each team in Wellington-Dufferin-Guelph Public Health (WDGPH) had separate intake lines with staff assigned to answering questions from the community in addition to their program work. As WDGPH moved out of IMS and in-person services returned within the agency, CCS was formed to provide the support to the community once completed by each team. Creating a dedicated team supplying accurate and verifiable information is important to the public so they can make informed health decisions.[2]

CCS has been able to prioritize the evolving needs of the community from a public health perspective by evaluating the incoming requests and questions from the community and connecting to appropriate responses and resources while ensuring continued streamlined access to supports and services. This allows other public health programs to focus on service delivery and operations. CCS provides information to clients that aligns with the World Health Organization's six principles for effective communications: accessible, actionable, credible, relevant, timely and understandable.[3] CCS team members utilize their knowledge, skills, and judgement to support clients and all community sectors through their questions and concerns and respond with appropriate health guidance related to all public health program areas. CCS PHNs provide credible and evidence-based guidance on live calls and to inquiries via voicemail, fax, or email.

All interactions with the community and CCS are documented in a shared client health record to support collaboration and continuity of care across the agency. This supports streamlined, efficient public health efforts and a coordinated care for the community member.

Informatics related to call volume and topic trends are monitored to ensure appropriate staffing levels are maintained related to community demands (see **Appendix A**). Any

training needs are identified to ensure the team can meet the needs of the community within the expected parameters (i.e., response within one business day; live call response versus voicemail). The informatics collected through a central community response line has created an opportunity to visualize trends within the community throughout the year and inform planning for all programs (see **Appendix E**).

Discussion

CCS continues to expand the breadth and scope of the team's knowledge and expertise to meet community needs. CCS staff continue to train and review relevant topics in public health to provide credible information to the community. Information derived from this program continues to inform decision making for program planning.[1] The program is an asset for service delivery across other programs through collaboration and coordinated messaging. The team rapidly adapts to current and anticipated needs to steadily support public health programs to remain efficient and effective.

Roles and Functions

The staff come to the team with a broad background and have a variety of public health knowledge and expertise to create a cross-functional team. Many of the PHNs have experience in other programs within the agency providing valuable insight when completing program-specific tasks. The team has also completed cross-training with many of the other teams in public health and can step in as support when needed.

Appendix B illustrates the percentage of contact with the community through live calls, voicemail and other (i.e., emails, walk-ins, and call transfers). This information can be used in combination with call trends to ensure there is adequate staffing to meet the goal of connecting with clients and community partners within the expected parameters. It also allows for adjustments to staffing and focus on other teams as community trends and needs are quickly identified.

The needs of the community have shifted since the peak of the pandemic. CCS responds to community members, healthcare providers and sector operators about a variety of call topics:

- COVID-19 guidance
  - Vaccine recommendations
  - Exposure, isolation and risk management

- o Testing and treatment
- o Sector specific support i.e., businesses and workplaces, healthcare settings, childcare and schools
- Immunizations across the lifespan
  - o ISPA required vaccinations.
  - o Publicly funded vaccine schedule
  - o Non-publicly funded vaccines
  - o Influenza
  - o RSV
- Navigation of local health and social resources
- Questions about school, childcare, and camp
- Questions about tick bites, rabies, and suspected foodborne illness
- Child growth and development
  - o Infant feeding
  - o HBHC referrals
  - o Vision health
  - o Prenatal and postpartum care
  - o Referral navigation for developmental concerns
- Infection prevention and control practices and PPE
- Questions about sexual and reproductive health
- Questions about tuberculosis skin tests (TSTs)
- Questions about general health

Appendix C shows the trend of top call topics from November 2021-September 2023. The call trends are relational in nature as see in **Appendix D** when parent calls increased drastically due to the release of ISPA and vaccine recommendation letters.

Program Collaboration and Integration

As the agency transitioned back into regular programing with the deactivation of IMS, CCS has worked to support other teams as they restart services. CCS directly engages with the public and collaborates with many programs in the organization to ensure the public health standards and client's needs are met. The following chart lists examples of the service integration points between CCS team and the other public health programs:

Team	Areas of Collaboration

Clinical Services	• Sexual health, reproductive health, and tuberculin (TB) skin tests:
	   o Screening
	   o Assessment
	   o Health teaching
	   o Appointment booking

Communications	• Providing guidance on health-related content aligned to client call trends and to support community needs:
	   o ChatBot,
	   o Social media
	   o Online content

Environmental Health	• Suspected Foodborne Illness worksheet: o Relevant health history to support intervention and identification of potential small or large foodborne illness events

Health Promotion	• Outgoing communication and sharing of relevant guidance and resources to relevant community partners through the Community Outreach Lead role:
	   o Cannabis Survey
	   o Pharmacy and Midwives Community Relationships

VPD	• Immunizations:
	   o Analyzing client health history and vaccine records
	   o Recommendations for vaccination
	   o Outgoing communication to clients with overdue records to provide information on appropriate health recommendations and navigation of services.
	   o Communication with healthcare professionals regarding immunizations for clients and provide health teaching and resources to support health care partners patient decision-making.

Projects and Deliverables

In conjunction with the program deliverables outlined above, CCS is also responsible for many areas of the Ontario Public Health Standards. Below is an outline of activities to date that the CCS team has completed in relation to the Growth and Development, Immunization and School Heath Standards.

Child Growth and Development Report

In the summer of 2023, a student from the University of Guelph's Master of Public Health program completed their summer practicum in the CCS program. The goal of their practicum was to complete a report on child growth and development support in the Wellington-Dufferin-Guelph (WDG) region to meet the Ontario Public Health Standard requirement of Health Growth and Development. The requirement states that interventions shall be informed by an assessment of existing programs and services within the public health unit's area.[4]

A survey of community partners working in the Early Year field in Wellington and Dufferin County was conducted. This survey provided these partners with an opportunity to share their experience and knowledge about the needs of parents with children ages 0-6 in the community. The survey asked about assets and barriers to growth and development support in the community to better understand the need. The MPH student also completed an environmental scan of all the local programs and services through an internet search. The report was completed and sent to relevant community partners on September 1, 2023.

The report is a valuable resource for WDGPH to support operational plans to meet the Growth and Development Standard. This report will frame the next steps required for public health to help provide families with local support and will help future program planning related to growth and development. The findings of the report will be presented to the Board of Health in 2024.

Parenting Resource

On March 6, 2023, CCS officially launched as a parenting resource for the community. Previously, parenting calls had been answered by the Let's Talk Parenting line that was closed because of the pandemic and reallocation of staffing resources in 2020. Prior to the launch, the team continued to support the public navigating community resources to support growth and development. The content expertise required to provide parenting

support to the community took time for professional development and training to occur. Over the last three years team members completed education and certifications in areas that include key topics in growth and development like infant feeding, adverse childhood experiences and nutrition.

Team members with content experience worked together to create a parenting resource, a process map for referral services and provided one-to-one support to other staff for challenging calls. CCS partnered with Communications to promote the official launch through social media and the website. Staff continue to attend training and webinars for professional development to better support parents in the community.

Lean Green Belt Project
As part of continuous quality improvement and support the agency Strategic Plan two PHNs are currently completing their Six Sigma Lean Healthcare Green Belt certification. This certification allows the individual to.[6]

- Lead sustainable quality improvement projects in a healthcare organization.
- Develop knowledge and skills to identify wasteful activities.
- Become a leader for productivity and change.

Their Green Belt project focuses on the vaccine submission process. Vaccine record management is a key role for public health units as it is mandated in the Ontario Public Health Standards under Immunization.[4] This project was chosen for the opportunity to evaluate and streamline a process that has a direct impact on client service provision and mandatory ministry reporting but also requires collaboration across five public health programs: (1) Client and Community Support, (2) Health Analytics, (3) Vaccine Preventable Disease, (4) Clinical Services and (5) Communications. The two PHNs are working with a team of staff from all programs involved. The goal is for the project team to create a new standardized process that has eliminated waste, improved the client experience, and increased staff satisfaction in preparation for 2024 suspensions.

ChatBot
The pandemic made it apparent that the way in which the public was accessing health information was changing and that CCS would need to provide a greater variety of tools to support community health needs.[2] In March 2023, CCS partnered and IT to discuss the implementation of a social media bot. The ChatBot would allow WDGPH to begin to build a valuable, accessible health service that would support CCS to increase capacity and breath outside business hours but also have the potential to reach a broader

community demographic, particularly those who prefer or are limited to electronic communication to answer health questions.[5] CCS in conjunction with Communications and Information Technology developed and launched the ChatBot on September 27, 2023. Although the launch was limited to allow the team and technology to grow together, this joint project will continue as WDGPH, and the CCS team develops content that aligns with community need and public health messaging.

CCS Resource

Since the conception of the COVID-19 Call Centre, there has always been a need to catalogue all the guidance documents and online information links in one location, creating an electronic library of current public health guidance. The CCS resource is circulated among WDGPH managers to ensure ministry and program changes and updates are shared as they occur and implications for program delivery are synthesized and highlighted. This document has grown from COVID-19 guidance to covering information from all programs within the agency.

Health Equity Implications

Health equity means that all individuals can reach their full potential for health and well-being.[4] They are not disadvantaged by their social position or other socially determined circumstances.[1,4] WDGPH continues to provide everyone in the community an equal opportunity to access and benefit from all programs and services.[7] CCS utilizes a range of strategies to ensure that the community has unobstructed access to public health information and services.[1]

Communication

• A range of communication methods are offered to the public to increase accessibility:
     o Phone
     o Email
     o Website – Contact Us Info Box
     o ChatBot – a 24/7 service which can assist clients in finding electronic information right away and at any time of day.
 • Language Services (MCIS Language Solutions) are available to assist with language interpretation over the phone.

Access

• Organized in-home testing and vaccination for COVID-19 for homebound clients.
 • Collaborated with KidsAbility and Clinical Services to book accommodation clinics for COVID-19 vaccinations in spring/summer 2022.
 • Continues to support clients with accommodations to receive vaccinations:
     o In-car vaccinations
     o Specialty clinics
     o Provide CARD health teaching to support needle anxiety.
     o Book extended appointment to allow sufficient time for clients with needle phobias.
     o Working with the Mennonite population to complete consents and support VPD with parochial school clinics

Outreach

• Actively connects with high-risk populations to receive vaccinations:
     o Phone blitz to offer 70+ years old clients the vaccination as soon as they became eligible.
     o Screening clients to ensure that any high-risk clients are identified and booked accordingly.
     o Community outreach with Wellington County's Indigenous Advisory Committee to build rapport and develop a better relationship with the Indigenous community

Professional Development

• Completed training and professional development.
     o LivingWorks Applied Suicide Intervention Skills Training (ASIST)
     o Equity, Diversity, and Inclusion Webinars
     o Mohawk Residential School Tour with Woodland Cultural Centre

Conclusion

WDGPH strives to promote health and well-being for everyone in the community. It is essential that the needs of the community are assessed and addressed in a timely manner. This program was directly aligned with the three priorities in the 2023 Strategic Framework: "People and Culture", "Partner Relations" and "Health System Change".[8] These priorities are reflected in the program through the following strategies:

- Offers a unique opportunity to engage with the community, assess their needs on a recurrent basis, implement necessary changes to adapt and meaningfully interact with the public.
- Provides clients and community partners valuable information to navigate local resources and help achieve their health goals.
- Partnership among all the programs within the agency to encourage synergy, interprofessional collaboration and smooth navigation.
- Supports new projects (i.e., the ChatBot) that continue to establish WDGPH as a leader of change and innovation among public health units in Ontario.

The program will continue to engage in training and professional development to ensure practice is current and evidence based. CCS will continue to collaborate with all the programs within the agency to ensure seamless integration and positive experiences for the community.

Ontario Public Health Standards

Foundational Standards
☐ Population Health Assessment
☒ Health Equity
☒ Effective Public Health Practice
☐ Emergency Management

Program Standards
☐ Chronic Disease Prevention and Well-Being
☐ Food Safety
☐ Healthy Environments
☒ Healthy Growth and Development
☒ Immunization
☐ Infectious and Communicable Diseases Prevention and Control
☐ Safe Water
☐ School Health
☐ Substance Use and Injury Prevention

2020 WDGPH Strategic Directions

☒ **Service Delivery**: We will provide our programs and services in a flexible, modern, and accessible manner, and will ensure they reflect the immediate needs of our clients and our role in the broader sector.

☒ **System Transformation**: We will equip the Agency for change in all aspects of our work so that we are ready for transformational system change when the time comes.

☒ **Knowledge Transfer**: We will ensure that our decision-making and policy development efforts are informed by meaningful health data at all times.

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Appendices

Appendix A – CCS Interaction with Community and Staffing

Appendix B – Calls Initiated

Appendix C – Trend of Popular Call Topics in CCS

Appendix D – Caller Types

Appendix E – The Seasons of Public Health

Appendix A

CCS Interaction with the Community and Staffing

Legend:
- CCS Public Email
- PHN Client Encounter
- Reception Client Encounter
- Social Media (Twitter, Facebook, Instagram)
- CCS Leads Collaboration with other Programs
- Public Health Nurses
- Reception Staff

Appendix B

CALLS INITIATED BY

Knowledge of peaks and valleys with voicemails indicate opportunities for the team to invest time in professional development and training

Legend: VM — Live Call — Other (Email, Walk-in, Call Transfer)

Appendix C

Trend of Popular Call Topics in CCS

VPD and Clinical Services re-started in-person services (i.e. catch-up clinics and STI testing)

Clinical services reached out to eligible individuals for a 2nd dose appts of Imvamune

VPD sent out around 10,000 ISPA and 13, 000 vaccine recommendation letters from Jan-Apr 2023

Legend: COVID-19 Vaccine, COVID-19 Questions, Sector Specific Support, VPD, Clinical Services, Infectious Diseases

Appendix D

Caller Types

Legend:
- General Public
- Parent/Legal Guardian
- HCP
- HCW
- Business/Agency/Facility/Organization
- School
- Other

COVID-19 Vaccines and Questions were the dominant concerns.

Increase in parents calling is directly related to release of ISPA and vaccine recommendation

PERCENTAGE OF CALLS (%)

Y-axis: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90

X-axis: Feb-22, Mar-22, Apr-22, May-22, Jun-22, Jul-22, Aug-22, Sep-22, Oct-22, Nov-22, Dec-22, Jan-23, Feb-23, Mar-23, Apr-23, May-23, Jun-23, Jul-23, Aug-23, Sep-23

Appendix E

THE SEASONS OF PUBLIC HEALTH

PROGRAM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
CLIENT & COMMUNITY SUPPORT												
ChatBot Launch									■	■	■	■
G&D - Needs Assessment							■	■	■			
Vision Program									■	■	■	■
Pediatric Screening Tool for Vaccines												
BOH Report								■	■	■		
Telus CHR - Client Self Booking								■	■	■		
Community Partner Breastfeeding Training			■									
Lean Project												
ASIST Training	■	■	■	■	■							
COVID & Flu Clinic Training									■	■		
Indigenous Awareness									■			
Community Partner Breastfeeding Training			■						■	■	■	■
YPD - SCHOOL CLINICS												
G7 Schools - clinic letter sent out									■			
Grade 7 School Clinics				■	■					■	■	
High School Clinics												■
YPD ISPA SUSPENSIONS												
HS Notices Mailed Out											■	
HS Suspensions Run		■										
HS Suspension Orders Delivered		■										
HS Suspension Day		■										
Elem. Notices Mailed Out	■											
Elem. Suspensions Run		■										
Elem. Suspension Orders Delivered			■									
Elem. Suspension Day			■									
Day Care Notices Mailed Out						■						
FLUVID CAMPAIGN												
Planning							■	■	■	■		
Training									■	■		
Clinics Offered										■	■	■
CLINICAL SERVICES												
TB Skin Tests								■	■			
STI Screening							■	■	■			
ENVIRONMENTAL HEALTH												
Vector Borne Disease			■	■	■							
Water			■	■	■							
Tobacco/Health Hazard												
Rabies					■	■						
Duty to Report Rabies Advisory					■							
Recreational and Camps						■						
Food Borne Illness						■	■	■				
Child Care - Respiratory Illness related										■	■	
DENTAL TEAM												
Parents service requests								■	■			
INFECTIOUS DISEASE												
Respiratory infections	■	■								■	■	■
Enteric Diseases					■	■	■	■	■			
HPAI (highly pathogenic avian influenza)			■	■	■							