



## Ottawa Board of Health

### Agenda

- Meeting #:** 12
- Date:** Monday, September 16, 2024, 5:00 pm
- Location:** Champlain Room, 110 Laurier Avenue West, and by electronic participation
- Members:** Chair Catherine Kitts, Vice-Chair Tammy DeGiovanni, Member Nwanneka Ejiofor, Member Brent Bauer, Member Marty Carr, Member Sabrina Chung, Member Laura Dudas, Member Glen Gower, Member Theresa Kavanagh, Member Rawlson King

Casey Whiticar, Board Secretary  
(613) 807-5318  
Casey.Whiticar@ottawa.ca

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1. Notices and meeting information for meeting participants and the public

Please see the attached document for public notices and meeting information, including: availability of simultaneous interpretation and accessibility accommodations; *in camera* meeting procedures; processes and timelines for written and oral submissions; personal information disclaimer for correspondents and public speakers; notices regarding minutes; and remote participation details.

2. Roll Call

3. Regrets

4. Declarations of Interest

5. Confirmation of Minutes

**Confirmation of minutes of the meeting of June 17, 2024.**

6. Communications

**Three communication items have been received (held on file with the Board of Health Secretary).**

7. Motion to Introduce Reports

**BE IT RESOLVED THAT the Chair of the Board of Health Verbal Report, the Medical Officer of Health Verbal Report, and the reports titled: Update of Ottawa Public Health's 2024-2025 Immunization Plan, 2025 Budget Planning and Considerations for Ottawa Public Health, 2025 Ottawa Board of Health Meeting Schedule, 2024 Operating and Capital Budget Q2– Board of Health for the City of Ottawa Health Unit Status Report and Appointment of Associate Medical Officer of Health – in camera – personal matters about an identifiable individual - reporting out date: upon council approval, be received and considered.**

7.1 Chair of the Board of Health Verbal Report

File ACS2024-OPH-BOH-0012– City-wide

**That the Board of Health for the City of Ottawa Health Unit receive this verbal report for information.**

7.2 Medical Officer of Health Verbal Report

File ACS2024-OPH-MOH-0005 – City-wide

**That the Board of Health for the City of Ottawa Health Unit receive this verbal report for information.**

7.3 Update of Ottawa Public Health's 2024-2025 Immunization Plan

File ACS – ACS2024-OPH-EHI-0003 - City-wide

**That the Board of Health for the City of Ottawa receive, for information, the 2024-2025 Immunization Plan, as outlined in this report.**

7.4 2025 Budget Planning and Considerations for Ottawa Public Health

File ACS2024-OPH-BDS-0003 - City-wide

**That the Ottawa Board of Health receive the 2025 Budget Planning and Considerations for Ottawa Public Health report for information.**

7.5 2025 Ottawa Board of Health Meeting Schedule

File - ACS2024-OPH-BOH-0013 - City -wide

**That the Board of Health for the City of Ottawa Health Unit approve the 2025 meeting schedule, as outlined in this report.**

7.6 2024 Operating and Capital Budget Q2– Board of Health for the City of Ottawa Health Unit Status Report

File - ACS2024-OPH-BDS-0004 - City-wide

**That the Board of Health for the City of Ottawa Health Unit receive the 2024 Q2 operating and capital budget status report for information.**

8. Information Previously Distributed

9. In Camera Items\*

**NOTICE\***

**In Camera Items are not subject to public discussion or audience. Any person has a right to request an independent investigation of the propriety of dealing with matters in a closed session. A form requesting such a review may be obtained, without charge, from the City's website or in person from the Chair of this meeting. Requests are kept confidential pending any report by the Meetings Investigator and are conducted without charge to the Requestor.**

9.1 Appointment of Associate Medical Officer of Health

File ACS2024-OPH-MOH-0006 – City-wide

**BE IT RESOLVED THAT the Board of Health for the City of Ottawa Health Unit resolve In Camera pursuant to Section 13(1)(b) of the Procedure By-law 2011-1 to consider personal matters about an identifiable individual with respect to the appointment of an associate medical officer of health.**

10. Motion to Adopt Reports

**BE IT RESOLVED THAT the Chair of the Board of Health Verbal Report, the Medical Officer of Health Verbal Report, and the reports titled: Update of Ottawa Public Health's 2024-2025 Immunization Plan, 2025 Budget Planning and Considerations for Ottawa Public Health, 2025 Ottawa Board of Health Meeting Schedule, 2024 Operating and Capital Budget Q2– Board of Health for the City of Ottawa Health Unit Status Report and Appointment of Associate Medical Officer of Health – in camera – personal matters about an identifiable individual - reporting out date: upon council approval, be received and adopted.**

11. Motions Requiring Suspension of the Rules of Procedure

12. Notices of Motions (For Consideration at Subsequent Meeting)

13. Confirmation By-law

**BE IT RESOLVED THAT Confirmation By-law no. 2024-3, a by-law of the Board of Health for the City of Ottawa Health Unit to confirm the proceedings of the Ottawa Board of Health at its meeting of September 16, 2024, be read and passed.**

14. Inquiries

15. Adjournment

16. Next Meeting

Monday, November 4, 2024 - 5:00 PM



## Conseil de santé d'Ottawa

### Ordre du jour

- N° de la réunion :** 12
- Date :** le lundi 16 septembre 2024, 17 h 00
- Endroit :** Salle Champlain, 110, avenue Laurier Ouest, et participation par voie électronique
- Membres :** Présidente Catherine Kitts, Vice-présidente Tammy DeGiovanni, Membre Nwanneka Ejiofor, Membre Brent Bauer, Membre Marty Carr, Membre Sabrina Chung, Membre Laura Dudas, Membre Glen Gower, Membre Theresa Kavanagh, Membre Rawlson King

Casey Whiticar, Secrétaire du Conseil

613-807-5318

Casey.Whiticar@ottawa.ca

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1. Avis et renseignements concernant la réunion à l'intention des participants à la réunion et du public

Veillez voir le document ci-jour pour des avis publics et renseignements concernant la réunion, y compris : la disponibilité des services d'interprétation simultanée et des mesures d'accessibilité; les procédures relatives aux réunions à huis clos; les procédures et échéanciers pour les soumissions écrites et orales; les avis de non-responsabilité relativement aux renseignements personnels pour les correspondants et les intervenants; les avis relatifs aux procès-verbaux; et les détails sur la participation à distance.

2. Appel nominal

3. Absences
4. Déclarations d'intérêt
5. Adoption des procès-verbaux

**Adoption des procès-verbaux de la réunion du juin 17 2024.**

6. Communications

**trois éléments de communication ont été reçus (versement au dossier par le Secrétariat du Conseil de santé).**

7. Motion portant présentation des rapports

**Il EST RÉSOLU QUE le Rapport verbal de la présidente du Conseil de santé, le Rapport verbal de la médecin chef en santé publique, et les rapports intitulés: Mise à jour du plan de vaccination 2024-2025 de Santé Publique Ottawa, Planification et considérations budgétaires de 2025 pour Santé publique Ottawa, Horaire des réunions du Conseil de santé d'Ottawa pour l'année 2025, Rapport d'étape sur le budget de fonctionnement et d'immobilisations 2024 du t2 du Conseil de santé pour la circonscription sanitaire de la ville d'Ottawa et Nomination de Médecin Adjoint en Santé Publique – À Huis Clos – Affaires Privées Concernant une Personne Pouvant Être Identifiée - date de compte rendu : sur approbation par le conseil, soient reçus et examinés.**

**7.1 Rapport verbal de la présidente du Conseil de santé**

N° de fichier : ACS2024-OPH-BOH-0012 – À l'échelle de la ville

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance de ce rapport verbal à titre d'information.**

**7.2 Rapport verbal de la médecin chef en santé publique**

N° de fichier : ACS2024-OPH-MOH-0005 – À l'échelle de la ville

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance de ce rapport verbal à titre d'information.**

**7.3 Mise à jour du plan de vaccination 2024-2025 de Santé Publique Ottawa**

N° de fichier : ACS2024-OPH-EHI-0003 – À l'échelle de la ville

**Que le Conseil de santé de la Ville d'Ottawa reçoive, à titre d'information, le Plan d'immunisation 2024-2025, tel qu'il est décrit dans le présent rapport.**

**7.4 Planification et considérations budgétaires de 2025 pour Santé publique Ottawa**

N° de fichier : ACS2024-OPH-BDS-0003 - À l'échelle de la ville

**Que le Conseil de santé d'Ottawa reçoive le rapport Planification budgétaire 2025 et considérations pour Santé publique Ottawa à titre d'information.**

7.5 Horaire des réunions du Conseil de santé d'Ottawa pour l'année 2025

N° de fichier : ACS2024-OPH-BOH-0013 - À l'échelle de la ville

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa approuve l'horaire des réunions de 2025, tel que décrit dans le présent rapport.**

7.6 Rapport d'étape sur le budget de fonctionnement et d'immobilisations 2024 du t2 du Conseil de santé pour la circonscription sanitaire de la ville d'Ottawa

N° de fichier : ACS2024-OPH-BDS-0004- City-wide

**Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa prenne connaissance du rapport d'étape sur le budget de fonctionnement et d'immobilisations du T2 2024.**

8. Information distribuée auparavant

9. Points en huis clos\*

**AVIS\***

**Le public ne peut pas assister aux discussions ni aux séances sur les points à l'ordre du jour débattus à huis clos. Toute personne a le droit de demander une enquête indépendante sur la légitimité de régler certaines questions au cours d'une séance à huis clos. Pour ce faire, le demandeur peut se procurer, sans frais, le formulaire approprié en visitant le site Web de la Ville ou en s'adressant en personne au président de la réunion en question. Les demandes demeurent confidentielles dans l'attente du rapport éventuel de l'enquêteur et n'entraînent aucuns frais pour le demandeur.**

9.1 Nomination De Médecin Adjoint en Santé Publique

N° de fichier :ACS2024-OPH-MOH-0006 – À l'échelle de la ville

10. Motion portant adoption de rapports

**Il EST RÉSOLU QUE le Rapport verbal de la présidente du Conseil de santé, le Rapport verbal de la médecin chef en santé publique, et les rapports intitulés: Mise à jour du plan de vaccination 2024-2025 de Santé Publique Ottawa, Planification et considérations budgétaires de 2025 pour Santé publique Ottawa, Horaire des réunions du Conseil de santé d'Ottawa pour l'année 2025, Rapport d'étape sur le budget de fonctionnement et d'immobilisations 2024 du t2 du Conseil de santé pour la circonscription sanitaire de la ville d'Ottawa, et Nomination de Médecin Adjoint en Santé Publique – À Huis Clos – Affaires Privées Concernant une Personne Pouvant Être Identifiée - date de compte rendu : sur approbation par le conseil, soient reçus et adoptés.**

11. Motions exigeant la suspension des règles de procédure
12. Avis de motions (pour examen lors d'une réunion subséquente)
13. Règlement de ratification

**IL EST RÉSOLU QUE le Règlement de ratification (no 2024-3), un règlement municipal du Conseil de santé de la circonscription sanitaire de la ville d'Ottawa ratifiant les délibérations du Conseil de santé d'Ottawa lors de sa réunion du 16 septembre 2024, soit lu et adopté.**

14. Demandes de renseignements
15. Levée de la séance
16. Prochaine réunion

Le lundi 4 novembre 2024– 17 h





## Notices to the public and participants regarding Board of Health proceedings

Updated: October 26, 2023

### Public notices

- Simultaneous interpretation in both official languages and/or sign language interpretation are available for any specific agenda item by contacting the Board Secretary at least 24 hours before the meeting date.
- Accessible formats and communication supports are available, upon request to the Board Secretary or by completing the [Accessible Formats and Communication Supports Request Form](#). The City shall, upon request and in consultation with the person making the request, provide or make arrangements to provide accessible formats and communication supports for persons with disabilities. Accessible formats and communication supports shall be provided in a timely manner, taking into account the person's particular accessibility needs and at a cost that is no more than the regular cost charged to other persons, in accordance with the City's [Accessibility Policy](#) and its [Accessible Formats and Communication Supports Procedures](#).
- *In camera* items are not subject to public discussion or audience. Any person has a right to request an independent investigation of the propriety of dealing with matters in a closed session. A [Request for investigation of closed meeting form](#) may be obtained, without charge, online or in person at any [Client Service Centre](#). Requests are kept confidential pending any report by the Meetings Investigator and are conducted without charge to the Requestor.
- Items listed on the agenda under Communications and Information Previously Distributed do not form part of the regular agenda and will not be discussed by the Board unless added to the agenda by motion pursuant to Sections 1(2) and 28(3) of the Board of Health [Procedure By-law](#).
- **Information submitted to the Board, including the full name of the correspondent/speaker, will form part of the public record and will be publicly accessible.** Correspondence, including personal and contact information, is distributed to Members of the Board, offices of Members of Board and relevant staff. Ottawa Public Health posts video of Board meetings online, including any oral submissions. For more information, contact the Board Secretary at the coordinates listed on the agenda.

## Notices regarding minutes

- Underlining in the minutes indicates an amendment, approved by a Board, to recommendations or to a motion.
- Minutes are **draft** until confirmed by the Board.

## Remote meeting participation details

Meetings are held in a hybrid format, with in person participation at City Hall and electronic participation via Zoom, in accordance with Board of Health *Procedure By-law*.

## Members of the Board of Health and Required Staff

Prior to the meeting, the Board Secretary will provide details on how to join the virtual meeting.

## Other City Staff, Media and General Public

Staff not participating in the meeting, the media and the general public may view the meeting via the Ottawa Public Health YouTube channel:

<https://www.youtube.com/c/ottawahealthsante/live>

## Public Submissions

Members of the public may provide submissions for this meeting, as follows:

**Written comments (encouraged):** Members of the public may submit written comments by email to the Board Secretary (email address below). **Both written and oral comments are given equal consideration by the Board.**

**The deadline for written comments is 12:00 PM on the day of the meeting.**

Written submissions received by the above deadline will be shared with Members of the Board of Health in advance of the meeting.

**Oral comments:** Members of the public may register to speak on agenda items during the virtual meeting by calling or emailing the Board Secretary. They must include their name, telephone number and email address as well as confirm the Agenda item on which they wish to speak. Registration is required so that the Board Secretary may provide details on how to join the virtual meeting.

**The deadline to register to speak is 12:00 PM on the day of the meeting.**

Casey Whitar, Board of Health Secretary  
613-807-5318

[Casey.Whitar@Ottawa.ca](mailto:Casey.Whitar@Ottawa.ca)

**Please note that screen-sharing will not be enabled for participants during the Board meeting. Registered delegates who wish to provide a visual presentation (such as PowerPoint slides) must provide those materials to the Board Secretary via email prior to 12:00 PM on the day of the meeting.**

The Board Secretary, who is moderating the meeting, will share the presentation from her screen.



## Avis à l'intention du public et des participants concernant les délibérations du Conseil de santé

Mise à jour : le 26 octobre 2023

### Avis publics

- L'interprétation simultanée dans les deux langues officielles et / ou l'interprétation en langue des signes sont offerts pour toute question à l'ordre du jour; il suffit de communiquer avec la secrétaire du Conseil au moins 24 heures avant la réunion.
- Des formats accessibles et des aides à la communication sont offerts sur demande à la secrétaire du Conseil ou en remplissant la [Demande de documentation de la Ville d'Ottawa en formats accessibles](#). La Ville doit, sur demande et en consultation avec la personne qui fait la demande, fournir ou prendre des dispositions pour fournir des formats accessibles et des aides à la communication pour les personnes en situation de handicap. Des formats accessibles et des aides à la communication doivent être fournis en temps opportun, en tenant compte des besoins d'accessibilité particuliers de la personne et à un coût qui n'est pas plus élevé que le coût ordinairement demandé aux autres personnes, conformément à la [Politique sur l'accessibilité](#) de la Ville d'Ottawa et ses [Procédures concernant les formats accessibles et les aides à la communication](#).
- Le public ne peut pas assister aux discussions ni aux séances sur les points à l'ordre du jour débattus à *huis clos*. Toute personne a le droit de demander une enquête indépendante sur la légitimité de régler certaines questions à huis clos. Il est possible de se procurer sans frais une [Demande d'enquête sur le bien-fondé d'une réunion à huis clos](#) en ligne ou en personne à un des [centres de services à la clientèle](#). Les demandes d'enquête restent confidentielles tant que l'enquêteur n'a pas présenté son rapport et n'entraînent aucuns frais pour le demandeur.
- Les points énumérés à l'ordre du jour sous « Communications » et « Information distribuée auparavant » ne font pas partie de l'ordre du jour ordinaire et ne seront donc pas traités par le Conseil de santé, à moins d'être ajouté à l'ordre du jour par une motion conformément aux paragraphes 1(2) et 28(3) du [Règlement de procédure](#) du Conseil de santé.
- **L'information envoyée au Conseil de santé, y compris le nom complet des correspondants/présentateurs, sera versée aux dossiers publics et sera accessible au public.** La correspondance, coordonnées et renseignements personnels compris, est transmise aux membres du Conseil de santé, aux bureaux des membres du Conseil de santé et au personnel concerné. Santé publique Ottawa publie en ligne la version vidéo

des réunions du Conseil de santé, y compris les observations verbales. Pour en savoir plus, communiquez avec la secrétaire du Conseil dont les coordonnées sont indiquées dans l'ordre du jour.

## **Avis relatifs aux procès-verbaux**

- Le soulignement dans les procès-verbaux indique une modification, approuvée par un comité, de recommandations ou d'une motion.
- Les procès-verbaux sont **préliminaires** jusqu'à ce qu'ils soient approuvés par le Comité.

## **Détails sur la participation aux réunions à distance**

Les réunions sont tenues dans un format hybride, avec une participation en personne à l'hôtel de ville et une participation électronique via Zoom, conformément au règlement de procédure du Conseil de santé.

## **Membres du Conseil de santé et personnel tenu de participer à la réunion**

Avant la réunion, la secrétaire du Conseil partagera les détails pour joindre la réunion virtuelle.

## **Autres employés municipaux, médias et public**

Le personnel qui ne participe pas à la réunion, les médias et le public peuvent suivre la réunion sur la chaîne YouTube de Santé publique Ottawa à cette adresse :

<https://www.youtube.com/c/ottawahealthsante/live>

## **Commentaires du public**

Le public peut faire part de ses commentaires sur les points à l'ordre du jour de la façon suivante :

**Commentaires écrits (méthode privilégiée) :** Les commentaires peuvent être envoyés à la secrétaire du Conseil de santé par courriel (adresse ci-dessous). **Les commentaires écrits et oraux reçoivent la même attention du Comité.**

**Les commentaires écrits doivent être reçus avant 12 h le jour de la réunion.**

Les commentaires écrits reçus avant la date limite susmentionnée seront distribués aux membres du Conseil de santé avant la réunion.

**Commentaires oraux :** Il est possible de s'inscrire auprès de la secrétaire du Conseil, par téléphone ou courriel, pour prendre la parole durant la réunion virtuelle. Pour ce faire, l'intervenant doit fournir son nom, son numéro de téléphone et son adresse de courriel et indiquer le point à l'ordre du jour sur lequel il/elle souhaite intervenir. L'inscription est requise

pour que la secrétaire du Conseil puisse fournir des détails sur la façon de participer à la réunion.

**L'inscription doit se faire avant 12 h le jour de la réunion.**

**Casey Whitarcar, Secrétariat du Conseil de santé**

**613-807-5318**

**Casey. Whitarcar@Ottawa.ca**

**Veillez prendre note que le partage d'écran ne sera pas autorisé pour les participants durant la réunion. Les intervenants qui sont inscrits pour prendre la parole et qui souhaitent faire une présentation visuelle (par exemple au moyen de PowerPoint) doivent fournir cette présentation à la secrétaire du Conseil par courriel avant 12 h le jour de la réunion.**

La secrétaire du Conseil, qui anime la réunion, partagera la présentation à partir de son écran lors de l'intervention.



## Ottawa Board of Health

### Minutes

**Meeting #:** 11  
**Date:** June 17, 2024  
**Time:** 5:00 pm  
**Location:** Champlain Room, 110 Laurier Avenue West, and by electronic participation

**Present:** Chair Catherine Kitts, Vice-Chair Tammy DeGiovanni, Member Elyse Banham, Member Brent Bauer, Member Danielle Brown-Shreves, Member Marty Carr, Member Sabrina Chung, Member Laura Dudas, Member Glen Gower, Member Theresa Kavanagh, Member Rawlson King

1. Notices and meeting information for meeting participants and the public  
Please see the attached document for public notices and meeting information, including: availability of simultaneous interpretation and accessibility accommodations; *in camera* meeting procedures; processes and timelines for

written and oral submissions; personal information disclaimer for correspondents and public speakers; notices regarding minutes; and remote participation details.

All members of the Board of Health were present at roll call.

2. Announcements / Ceremonial Activities

2.1 National Indigenous History Month (June) and National Indigenous Peoples Day (June 21)

*First Nation Grandmother Irene Compton and Metis Senator Parm Burgie will offer opening prayers.*

3. Roll Call

All members of the Board of Health were present at roll call.

4. Regrets

None.

5. Declarations of Interest

Member Chung declared a pecuniary interest with respect to item number 11.5 - Ottawa Public Health's Approach to Infectious Disease Case and Contact Management.

6. Confirmation of Minutes

Moved by Member Marty Carr

**Confirmation of minutes of the meeting of April 15.**

**Carried**

7. Communications

**Four communication items have been received (held on file with the Board of Health Secretary).**

8. Motion to Introduce Reports

Moved by Member Marty Carr

**BE IT RESOLVED THAT the Chair of the Board of Health Verbal Report, the Medical Officer of Health Verbal Report, Ottawa Public Health 2023 Annual Report, Ottawa Public Health's Strategic Plan for 2023-2027 - Update on the Strategic Action Plan, Ottawa Public Health Approach to Infectious Disease Case and Contact Management and 2024 Operating, Capital Budget Q1 –**



**Board of Health for the City of Ottawa Health Unit Status Report and Cyber Security at Ottawa Public Health Presentation – In Camera Item to consider the security of the property of Ottawa Public Health, be received and considered.**

**Carried**

8.1 Chair of the Board of Health Verbal Report

File ACS2024-OPH-BOH-0011 – City-wide

Chair Kitts welcomed members of the Board and began her verbal by welcoming and thanking Elder Compton and Senator Burgie for opening the meeting in such a special way in recognition of National Indigenous History Month, as well as National Indigenous Peoples Day.

Chair Kitts also recognized International Pride Month in the City and talked about summer safety, reminding residents of the many resources Ottawa Public Health has to offer to stay health and safe this summer.

Chair Kitts advised Members of the Board of a new Business Support Toolkit for mental health, addiction and substance use and provided a recap of the ALPHA annual general meeting which was held on June 6 - 8, 2024.

Before closing her verbal with a farewell message to Member Banham, Chair Kitts spoke about basic income guarantee and food security within the City of Ottawa and invited Member Carr to introduce a walk on motion on her behalf.

The discussion on this item lasted approximately 18 minutes. The report was then received by the Board. The attached memo includes the Chair's Verbal Update.

Moved by Member Marty Carr

**WHEREAS, the Ottawa Board of Health recognizes that income is one of the most important social determinants of health, and relates to many other determinants including education and literacy, healthy behaviors, inadequate housing, and employment conditions;**

**AND WHEREAS, a Basic Income Guarantee program for people over the age of 17 in Canada would meet basic human needs by ensuring**

**the security of a minimum income level, regardless of employment status;**

**AND WHEREAS, a Basic Income Guarantee program would help to reduce poverty and improve income security in Canada and address the related negative social and economic impacts on the health of our most vulnerable populations;**

**AND WHEREAS, income-based policy measures are necessary to effectively reduce household food insecurity, which is associated with many negative physical and mental health outcomes, and is experienced by 1 in 7 households in Ottawa (as outlined in a report received at the November 2023 Ottawa Board of Health meeting);**

**AND WHEREAS, a Basic Income Guarantee program can complement existing social support systems in Canada, in the form of longstanding programs like the Canada Child Benefit and the Guaranteed Income Supplement for seniors, which have demonstrated positive impacts on basic income recipients, economies, and our greater society;**

**AND WHEREAS, the Ontario Basic Income Pilot project, that was tested in the Hamilton area, Thunder Bay area and Lindsay between 2017 and 2019, saw 4,000 eligible applicants receive basic income and report positive outcomes, including the alleviation of food and housing insecurity, improved physical and mental health, financial stability, social equity and increased access to employment opportunities;**

**AND WHEREAS, Bill S-233, An Act to develop a national framework for a guaranteed livable basic income was referred to and currently being considered by the Standing Senate Committee on National Finance after passing second reading in April 2023;**

**AND WHEREAS Bill C-223, An Act to develop a national framework for a guaranteed livable basic income was read a second time and**

remains in the Order of Precedence in the House of Commons after an initial debate in May 2024;

**AND WHEREAS**, the call for a Basic Income Guarantee program in Canada is being made by many other Board's of Health and municipalities in Ontario and beyond;

**AND WHEREAS**, a Basic Income Guarantee program would align with public health priorities, including to seek to address negative impacts of poverty and improve access to healthcare and potentially reduce healthcare costs, enabling people to afford preventive care and timely treatments while preventing more costly healthcare interventions, leading to better overall population health;

**NOW THEREFORE, BE IT RESOLVED:**

**THAT**, the Ottawa Board of Health supports the concept of a Basic Income Guarantee for all people over the age of 17 in Canada to help combat low income and economic vulnerability within our community;

**AND THAT**, the Ottawa Board of Health calls upon the federal and the provincial governments to collaborate on the introduction and implementation of a national Basic Income Guarantee program for all people over the age of 17 in Canada;

**AND THAT**, the Chair of the Ottawa Board of Health write a letter to the Government Representative in the Senate, and the Chair of the Standing Senate Committee on National Finance sharing the Board's support for this legislation and calling on these leaders to prioritize the passage of Bill S-233.

**AND THAT**, the Chair of the Ottawa Board of Health write a letter to the Prime Minister and copy to Deputy Prime Minister and Minister of Finance, and the Government House Leader sharing the Board's support for this legislation and calling on these leaders to prioritize the passage of Bill C-223.

**Carried**

Moved by Member Marty Carr

**That the Board of Health for the City of Ottawa Health Unit receive this verbal report for information.**

**Carried**

8.2 Medical Officer of Health Verbal Report

File ACS2024-OPH-MOH-0003 – City-wide

Dr Etches expressed heartfelt gratitude to Elder Compton and Senator Burgie for honoring the Board with opening prayers.

Dr. Etches provided the Board with an update on the Ontario Public Health Standards Review and invited Ottawa Public Health employees to present more information on the process, timelines and next steps. She also spoke to several initiatives and areas of focus of Ottawa Public Health including the Ministry's expansion of access to alcohol, OPH partnerships being made in the downtown core and 2025 budget planning.

Moved by Member Marty Carr

**That the Board of Health for the City of Ottawa Health Unit receive this verbal report for information.**

**Carried**

8.2.a Ontario Public Health Standards Review - Staff Presentation

8.3 Ottawa Public Health 2023 Annual Report

File ACS2024-OPH-MOH-004 - City Wide

Moved by Member Marty Carr

**THAT, the Board of Health for the City of Ottawa Health Unit:**

1. **Receive Ottawa Public Health's 2023 Annual Report; and**
2. **Approve that it be forwarded to Ottawa City Council for information, in accordance with the *City of Ottawa Act, 1999*.**

**Carried**

8.4 Ottawa Public Health's Strategic Plan for 2023-2027 – Update on the Strategic Action Plan

File ACS2024-OPH-KPQ-0001 - City Wide

Moved by Member Marty Carr

**THAT the Board of Health for the City of Ottawa Health Unit receive this report for information.**

**Carried**

8.5 Ottawa Public Health Approach to Infectious Disease Case and Contact Management

File ACS2024-OPH-EHI-002 -City Wide

The Board received a presentation from Ottawa Public Health staff.

The Board received presentations from representatives from Children's Hospital of Eastern Ontario and Dr. Robert Delatolla.

Discussions of the report and presentations lasted approximately 45 minutes.

At 6:57 p.m., during discussions on this item, the Board approved a motion to extend the time of the meeting beyond 7:00 p.m.

Member Kavanagh presented a walk-on motion related to wastewater.

Moved by Member T. Kavanagh

**WHEREAS, the Ottawa Board of Health has a requirement under Ontario Public Health Standards to conduct population health assessment and surveillance regarding infectious and communicable disease;**

**AND WHEREAS, ongoing, local wastewater testing for infectious diseases has proven to be a valid, near real-time, and reliable method of unbiased public health surveillance and a leading indicator of community transmission;**

**AND WHEREAS, wastewater surveillance has been central to Ottawa Public Health (OPH)'s respiratory dashboard, providing insights into the prevalence of COVID-19, influenza A and B, and respiratory syncytial virus (RSV) in Ottawa and could be expanded to monitor future new health threats;**

**AND WHEREAS, information from wastewater surveillance has been critical in keeping Ottawa residents informed to guide their risk-based decisions, and has allowed OPH and healthcare partners to implement early public health interventions, such as additional infection, prevention and control measures, hospital capacity planning, RSV prophylaxis for at-risk infants at CHEO, promoting vaccination to higher-risk populations and encouraging residents to take appropriate preventative precautions;**

**AND WHEREAS, wastewater surveillance is cost-effective and efficient, particularly for detecting infection in the population, regardless of whether infection is laboratory-confirmed (e.g. the data captures information from infections in people not eligible for testing, with mild illness who don't seek care, and for people who lack access to primary care and testing);**

**AND WHEREAS, Ottawa's wastewater collection and treatment system covers more than 90% of Ottawa's population, making it ideal for wastewater surveillance;**

**AND WHEREAS, the Ministry of Environment, Conservation and Parks is terminating Ontario's Wastewater Surveillance Initiative by July 31, 2024;**

**AND WHEREAS, Ottawa Public Health and City of Ottawa staff have had long working relationships with the University of Ottawa, the Ontario Ministry of Environment, Conservation and Parks and the Ontario Ministry of Health that have optimized wastewater testing and surveillance in Ottawa, enabling Ottawa to be a leader in demonstrating the added value of wastewater surveillance for public health;**

**NOW THEREFORE, BE IT RESOLVED:**

**THAT, the Ottawa Board of Health direct the Medical Officer of Health to work with local partners involved in wastewater surveillance to write to the Ontario Chief Medical Officer of Health offering support and encouraging collaboration with the Public Health Agency of Canada's Chief Public Health Officer and Chief Science Officer regarding the continuation of wastewater testing at the University of Ottawa;**

**AND THAT, the Ottawa Board of Health direct the Medical Officer of Health to work with local partners involved in wastewater surveillance to write to the Public Health Agency of Canada's Chief Public Health Officer and Chief Science Officer offering support and collaboration to maintain wastewater testing at the University of Ottawa.**

**Carried**

Moved by Member Marty Carr

**THAT, the Ottawa Board of Health receive information about Ottawa Public Health's case and contact management work as outlined in this report and Document 1;**

**AND THAT, the Chair of the Board of Health send a letter to the Minister of Health to convey:**

- a. **The need to review the funding formula alongside the review of the OPHS to grow capacity for infectious disease case and contact management work;**
- b. **The need to accelerate the development of a provincial infectious diseases case and contact management documentation and surveillance tool integrated with the Ontario Laboratory Information System (OLIS) to provide significant efficiencies in infectious disease case and contact management work.**

**Carried**

Moved by Member Marty Carr

**BE IT RESOLVED THAT the Board of Health approve that the meeting time be extended past 7:00 p.m. pursuant to Subsection 8(1)(c) of the Procedural By-law.**

**Carried**

8.6 2024 Operating and Capital Budget Q1 – Board of Health for the City of Ottawa Health Unit Status Report

File ACS2024-OPH-BDS-0002 -City Wide

Moved by Member Marty Carr

**THAT the Board of Health for the City of Ottawa Health Unit receive the 2024 Q1 operating and capital budget status report for information.**

**Carried**

9. In Camera Items\*

**NOTICE\***

**In Camera Items are not subject to public discussion or audience. Any person has a right to request an independent investigation of the propriety of dealing with matters in a closed session. A form requesting such a review may be obtained, without charge, from the City's website or in person from the Chair of this meeting. Requests are kept confidential pending any report by the Meetings Investigator and are conducted without charge to the Requestor.**

The Board went into closed session at 7:08pm to consider the security of the property of Ottawa Public Health with respect to cyber security.

At 7:45pm the Chair welcomed everyone back to regular session and advised that during the in-camera session, the Board received a presentation from City Staff regarding Cyber Security.

No motions were adopted during the closed session, with the exception of procedural motions and/or direction to staff.

9.1 Cyber Security at Ottawa Public Health

Moved by Member Marty Carr



BE IT RESOLVED THAT the Board of Health for the City of Ottawa Health Unit resolve In Camera pursuant to Section 13(1)(b) of the Procedure By-law 2011-1 to consider the security of the property of Ottawa Public Health with respect to cyber security.

Moved by Member Marty Carr

BE IT RESOLVED THAT, The Board of Health Return to open session at 7:45pm

**Carried**

10. Motion to Adopt Reports

Moved by Member Marty Carr

**BE IT RESOLVED THAT the Chair of the Board of Health Verbal Report, the Medical Officer of Health Verbal Report, and the reports titled: Ottawa Public Health 2023 Annual Report, Ottawa Public Health's Strategic Plan for 2023-2027 - Update on the Strategic Action Plan, Ottawa Public Health Approach to Infectious Disease Case and Contact Management and 2024 Operating, Capital Budget Q1 – Board of Health for the City of Ottawa Health Unit Status Report and Cyber Security at Ottawa Public Health Presentation – In Camera Item to consider the security of the property of Ottawa Public Health, be received and adopted.**

**Carried**

11. Motions Requiring Suspension of the Rules of Procedure

12. Notices of Motions (For Consideration at Subsequent Meeting)

None.

13. Confirmation By-law

Moved by Member Marty Carr

**BE IT RESOLVED THAT Confirmation By-law no. 2024-3, a by-law of the Board of Health for the City of Ottawa Health Unit to confirm the proceedings of the Ottawa Board of Health at its meeting of June 17, 2024, be read and passed.**

**Carried**

14. Inquiries

None.

15. Adjournment

The Board adjourned the meeting at 7:49pm.

16. Next Meeting

Monday, September 16, 2024 - 5:00 PM

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Original signed by C. Whitar, Board Secretary

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Original signed by Councillor C. Kitts, Board Chair

DRAFT



**Ottawa Board of Health Communication Items** *(held on file by the Board of Health Secretary)*

1. Letter of support from Matt Newton-Reid, Chair of the Board of Health the Middlesex-London Board, to the Prime Minister, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee, regarding Support for Bills S-233 and C-223 (July 24, 2024)
2. Association of Local Public Health Agencies (alPHa) Information Break (July, 2024)
3. Letter from Gary Carr, Chair of Halton Regional Council, to the Honorable Sylvia Jones, Deputy Premier and Minister of Health, regarding private drinking water testing in Halton Region (August 27, 2024).



**Documents de communication du Conseil de santé d'Ottawa** (*versés au dossier par le secrétariat du Conseil de santé*)

1. Lettre d'appui de Matt Newton-Reid, président du Conseil de santé du Conseil de Middlesex-London, au premier ministre, à la vice-première ministre et ministre des Finances, à la ministre de la Santé, aux leaders parlementaires et au Comité des finances nationales, concernant l'appui aux projets de loi S-233 et C-223 (24 juillet 2024)
2. Bulletin de l'Association des agences locales de santé publique (ALPHA) (juillet, 2024)
3. Lettre de Gary Carr, président du Conseil régional de Halton, à l'honorable Sylvia Jones, vice-première ministre et ministre de la Santé, concernant l'analyse privée de l'eau potable dans la région de Halton (27 août 2024).

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
16 September 2024 / 16 septembre 2024**

**Submitted on September 3, 2024  
Soumis le 3 septembre 2024**

**Submitted by  
Soumis par:**

**Dr. / Dre Vera Etches, Medical Officer of Health / Médecin chef en santé publique**

**Contact Person**

**Personne ressource:**

**Marie-Claude Turcotte, Director, Community Wellness and Chronic Disease  
Prevention and Chief Nursing Officer / Directrice, Mieux-être communautaire et  
prévention des maladies chroniques et Infirmière en chef  
613-580-2424, x. 24283, Marie-Claude.Turcotte@ottawa.ca**

**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2024-OPH-EHI-0003**

**SUBJECT: Update of Ottawa Public Health's 2024-2025 Immunization Plan**

**OBJET: Mise à jour du plan de vaccination 2024-2025 de Santé Publique Ottawa**

## **REPORT RECOMMENDATION**

**That the Board of Health for the City of Ottawa receive, for information, the 2024-2025 Immunization Plan, as outlined in this report.**

## **RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé de la Ville d'Ottawa reçoive, à titre d'information, le Plan d'immunisation 2024-2025, tel qu'il est décrit dans le présent rapport.**

## **BACKGROUND:**

Immunizations protect individuals and communities from infectious diseases and limit the spread of vaccine preventable illness. Ottawa Public Health (OPH) has a long-standing commitment to delivering and supporting vaccine programs to ensure the well-being of our community.

The COVID – 19 pandemic, school closures and reduced access to primary care services have resulted in a decline in vaccine coverage, especially among younger children and adolescents in Ottawa. Immunization remains a key priority for OPH. In response to a rise in infectious diseases and vaccine- preventable illnesses, OPH has proactively expanded its immunization services. These services focus on increasing vaccine rates and preventing missed opportunities for cancer prevention. OPH's immunization programs are designed to close gaps in vaccine coverage, improve access to vaccines, and protect people most susceptible to severe illness.

The OPH Immunization strategy report, presented to the Board of Health [September 2022](#), covered vaccines for influenza, COVID-19, MPOX and school-based immunizations. In [September 2023](#) the report focused on the OPH Respiratory Season Preparedness Plan, emphasizing the importance of immunization distribution and delivery for COVID-19, influenza and RSV vaccines. The [June 2024](#), report highlighted an increase in infectious and vaccine-preventable disease and the challenges in managing these reportable infections.

Building on the successes of past programs, this report outlines how OPH's immunization services continue to protect against vaccine-preventable diseases in our community. As OPH focuses on its “core” immunization operations, this report provides information on our fall respiratory virus immunization program, our school-based immunization program delivery, and the ongoing surveillance and catch-up initiatives for routine childhood immunizations.

Finally, this report will demonstrate how OPH has adapted immunization services to increase vaccine coverage rates and how ongoing partnerships with health care partners, such as primary care, are critical to strengthening access to vaccines across our community.

The content of this report reflects the information available as of September 4, 2024.

## **DISCUSSION**

### **Respiratory Virus Season Immunizations**

This fall, we expect that influenza, COVID-19, and respiratory syncytial virus (RSV) will circulate simultaneously. The main goal of our fall respiratory virus immunization program will be to protect against infections and complications by promoting vaccination uptake using a variety of communication channels and ensuring that these vaccines are widely available to our community through pharmacy and primary care partners. OPH will prioritize providing respiratory vaccinations for equity-denied populations by collaborating with community partners to ensure access for individuals who face barriers.

**COVID-19:** COVID-19 vaccines significantly reduce serious illness and deaths<sup>1</sup>. All individuals 6 months of age and older in the province are eligible for a Health Canada authorized COVID-19 vaccine<sup>2</sup>. OPH began its COVID-19 immunization program in December 2020 as one of the main providers of COVID-19 vaccines. Since then, immunization services have expanded in Ontario, and as of March 2021, COVID-19 vaccinations have been available through pharmacies across the province. The addition of pharmacy services has allowed us to focus our efforts on improving vaccine access and vaccine uptake among Indigenous, racialized, and marginalized populations.

In accordance with guidance from the Ministry of Health (MOH), OPH participated in the 2023 fall COVID-19 vaccine campaign. This campaign, which began on September 13, 2023, followed recommendations to provide individuals 6 months and older who had been previously vaccinated or starting vaccination for the first time, with the new COVID-19 vaccine formulation (XBB.1.5). OPH administered 70,874 doses through various service delivery options, including community immunization clinics, Neighbourhood Health, and Wellness Hubs (NHWH), and targeted school clinics. Additionally, during the Spring 2024 high-risk COVID-19 vaccine campaign, (April 1 to June 30, 2024) OPH administered 4,402 doses to individuals at increased risk of severe illness.

OPH continues to promote more supports that would enable primary care providers to administer COVID-19 vaccinations. Over the past year, OPH distributed COVID vaccine to fewer than 20 health care providers in our region, representing about 2.3% of total COVID-19 doses administered in our area. Low participation rates are partially attributed to the requirement for documentation in the provincial COVaxON system.

This fall a new formulation of COVID-19 vaccine is expected, offering greater protection against current circulating strains compared to earlier versions. As part of the authorization process, Health Canada has removed previous COVID-19 vaccines from the market, making them unavailable as of September 1, 2024. We anticipate a new

formulation will be available in October and we will inform residents through various communication channels when the vaccine is available.

**INFLUENZA:** The Universal Influenza Immunization Program (UIIP) supports influenza vaccination for individuals 6 months of age or older who live, work, or attend school in Ontario. In Ottawa, multiple points of access are available to receive the influenza vaccine including pharmacy, other community health care providers, LTC/RHs and OPH.

As a participant in the 2023-24 UIIP season, OPH focused on immunizing specific groups, including people without OHIP coverage, individuals experiencing barriers to vaccine access, and children under 2 years of age and their families. OPH administered vaccine at community clinics, NHHWs, targeted school clinics, congregate living settings and in-home settings. With additional resources for COVID-19 vaccination administration, OPH was able to co-administer COVID-19 and influenza vaccines at more locations than usual. As a result, OPH administered 31,130 doses, the highest number in any season and more than double the amount administered during the 2022-2023 respiratory season.

OPH also distributes influenza vaccines to community health care providers (excluding pharmacies). Last season, there was a notable decline in uptake of influenza doses from community providers (162,745 doses distributed vs. 283,744 in 2022-23). Surveys conducted after influenza season showed 42% coverage for influenza among adults aged 18-64 (consistent with previous years) and 86% coverage among adults 65 years of age or older (higher than in previous years).<sup>3</sup>

This fall, with the return to base funding, OPH will offer co-administration of respiratory vaccines focusing delivery to people without OHIP, people experiencing barriers to access, and children under 2 years of age and their families in our community clinics and NHHWs. In addition, we will encourage pharmacies to offer simultaneous administration of COVID-19 and influenza vaccines when possible.

**RESPIRATORY SYNCYTIAL VIRUS:** RSV is a viral infection that affects the respiratory system, posing a significant risk to very young children and older adults. Last year, Ontario launched its first publicly funded RSV program for high-risk adults. OPH participated in this program and distributed 7,776 doses to community health care providers and assisted 20 retirement homes in the Ottawa area with onsite immunization clinics.



This year, the Government of Ontario announced an expansion of the RSV program. In addition to targeting older adults in high-risk settings and individuals with specific health conditions, the program will include all infants born in 2024, high risk children up to 24 months old and pregnant individuals<sup>3</sup>. OPH will participate by offering RSV vaccine services to retirement homes who require our support and will collaborate with community partners to immunize other high-risk older adults, including Indigenous community members, people experiencing homelessness, and pregnant individuals without OHIP. The administration of infant RSV immunizations will require multiple channels to reach eligible populations effectively. We expect local hospitals – including the Children’s Hospital of Eastern Ontario (CHEO) and primary care to play a key role in providing RSV vaccines, with OPH assisting by offering vaccinations to infants who might otherwise lack access.

### **Routine Vaccination**

Routine childhood vaccination is life-saving and cost-effective. Routine immunizations are essential for preventing serious disease and death, sustaining elimination of contagious diseases in the population, and reducing health care costs. In Ontario, routine immunizations are primarily provided through primary care clinics, however, reduced access to primary care and the COVID-19 pandemic has resulted in declines in immunization coverage<sup>4</sup>.

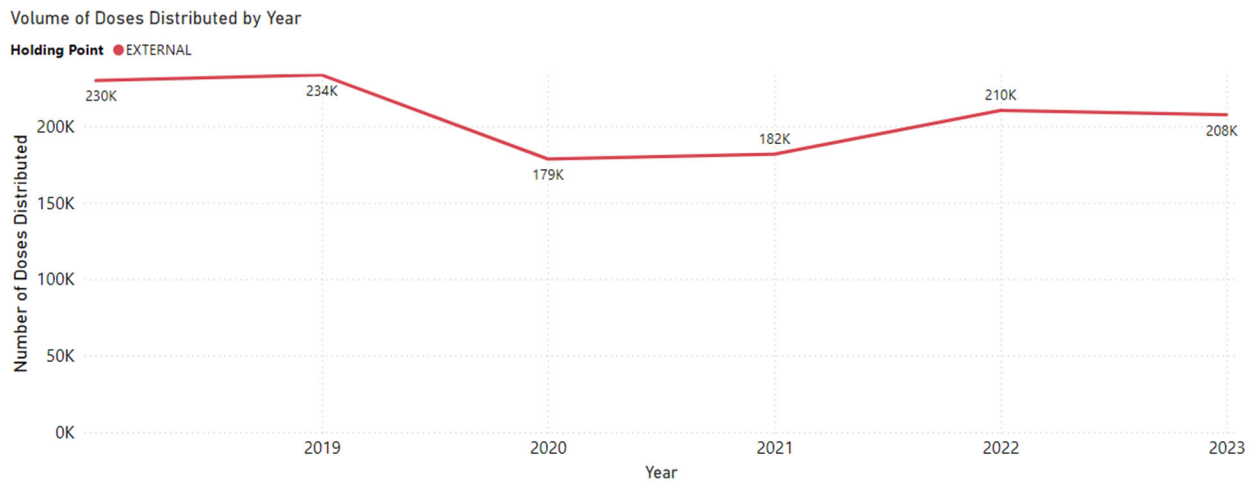
Without an immunization registry, estimating vaccination coverage in Ottawa is complex. In addition to the current immunization records system, OPH uses vaccine distribution data to estimate vaccination coverage. The data indicates that while distribution levels have improved, they have not returned to pre-pandemic levels (Figure 1). This suggests that gaps in immunization coverage continue and may widen without further intervention.

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<sup>3</sup> Ontario’s publicly funded RSV prevention program is targeted for high-risk individuals and settings. The program includes individuals who are 60 years and older and who are also: Residents of long-term care homes, Elder Care Lodges, or retirement homes. Patients in hospital receiving alternate level of care (ALC) including similar settings (e.g., complex continuing care, hospital transitional programs). Patients receiving hemodialysis or peritoneal dialysis. Recipients of solid organ or hematopoietic stem cell transplants. Individuals experiencing homelessness. Individuals who identify as First Nations, Inuit, or Métis.

**Figure 1.**

*Doses of routine childhood vaccines distributed by OPH to community healthcare providers in Ottawa*



Note.

1. Data source: Panorama, Ontario Ministry of Health, extracted by OPH on August 6, 2024

To address gaps, OPH implemented immunization catch-up clinics at selected schools. In collaboration with our local school boards, OPH offered vaccination services, focusing on schools with a higher number of students overdue for vaccinations in neighbourhoods with lower socioeconomic advantage. In 2023, clinics were held from April to June at 26 schools across 20 neighbourhoods, with 961 vaccine doses administered. An evaluation revealed that these targeted school clinics effectively reached equity-denied residents, including newcomers, people with lower socioeconomic advantage, and people facing barriers to accessing health care providers. Immunization rates improved significantly more among students in schools with catch-up clinics than in those without. In 2024, OPH expanded the program, again prioritizing schools with low vaccination rates and lower socioeconomic advantage. A total of 3,329 vaccine doses were administered across 70 clinic locations.

In partnership with the Kids Come First (KCF) Health Team and other local and regional partners, OPH has expanded access to routine childhood vaccines for families facing barriers to accessing immunization services. Immunization services are available through a centralized online booking platform and on a drop-in basis NHHWs across Ottawa. With support from this partnership, OPH was able to provide 24,968 vaccine doses between April 1, 2023, and March 31, 2024.

In May 2024, OPH introduced a “virtual” immunization hub to enhance its in-person immunization services. A dedicated phone line was established to provide parents and

families with timely, personalized responses to vaccination inquiries. The virtual hub is specifically designed to make immunization services more accessible to people who face challenges accessing in person clinics, such as people with mobility, transportation, or scheduling limitations. By offering phone consultations and follow-up support, this service helps ensure that more people can access immunization services regardless of their circumstances.

In the coming year, OPH, in partnership with KCF, will continue to provide routine childhood vaccinations at community clinics and NHHs. OPH will collect, analyse, and use sociodemographic data (SDD) to improve outreach, and ensure equitable access to immunizations. Additionally, OPH will collaborate with health care professionals through the physician and nurse practitioner engagement team. This collaboration will include sharing expertise, support and resources through public health alerts, the Physicians' Update newsletter, the OPH website, and a dedicated phone line where practitioners can speak with a nurse about their vaccine related questions. These efforts aim to support primary care services in our community to position them to better provide immunization services for their patients.

### **Surveillance Program**

A key function of local public health units is to assess, record, and report on the immunization status of children in daycares and schools. Ensuring that children have up-to-date records is pivotal to the detection and identification of children susceptible to vaccine preventable diseases. Susceptible children are reminded to be vaccinated, to help promote safe and healthy learning environments for all students. The *Immunization of School Pupils Act, 2014* (ISPA) requires that children and adolescents attending elementary or secondary school be appropriately immunized against nine designated diseases, unless they have a valid exemption.

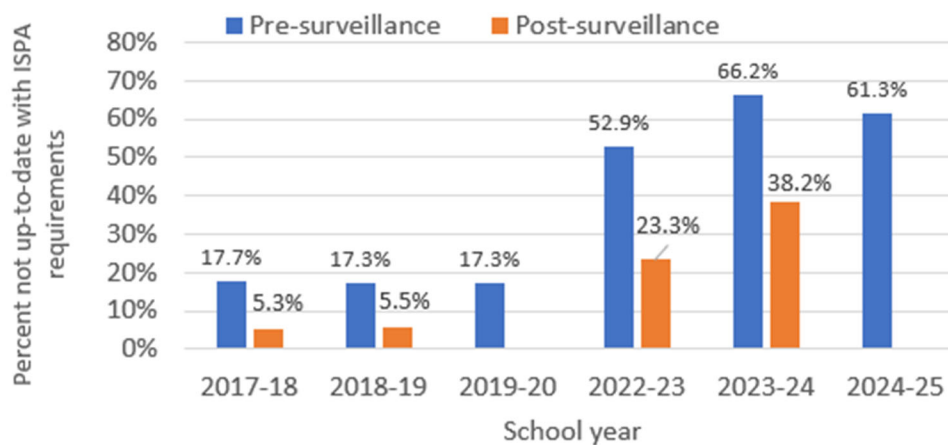
Before the pandemic, OPH reviewed the vaccination records of every child in school to ensure they were up to date on their immunizations. Parents and caregivers with missing doses received personalized letters. Although the COVID-19 pandemic interrupted these efforts, OPH, like many other Ontario Health Units, resumed ISPA surveillance activities during the 2022-2023 school year. OPH notified parents and guardians whose children (aged 7 and 17) were overdue for one or more vaccines according to their Ottawa immunization record.

Typically, before the pandemic, approximately 17% of students had incomplete records before the surveillance began, but after our interventions, we were able to achieve approximately 95% vaccination compliance. Last year, our surveillance efforts included

sending mailed notices and automatic phone messages to students aged 7 and 17 who were behind on their immunizations. Despite these efforts, 38% of students continued to have incomplete records (Figure 2). Under the ISPA, this population would typically receive suspension notices; however, the objective of last year's program was to inform families and give students more time and opportunities to receive and report their required vaccines, given the greater barriers to vaccination in our community.

**Figure 2**

*% of Ottawa Students who underwent vaccination surveillance and were overdue for vaccines at the beginning of the school year compared to after surveillance activities finished.*



**Notes**

1. Data source: Panorama, Ontario Ministry of Health, extracted by OPH on August 6, 2024
2. Data include immunization of students under surveillance in each school year. During 2017/18 – 2019/20, this includes every birth cohort; during 2022/23 – current, only 7-year-olds (2015 birth cohort) and 17-year-olds (2005 birth cohort).
3. 2017/18 data do not include children enrolled in private schools.
4. No post-surveillance data are available for 2019/20.
5. No suspensions were issued during school years 2022/23 – 2023/24. Suspensions will resume in 2024/25.

In the coming year, 7- and 17-year-olds (students born in 2007 and 2017) will have their records assessed. To date, data shows that 14,500 students in these age groups are currently not up to date with their vaccines. Students who remain behind on immunizations after receiving a mailed notification will be issued a suspension order for up to 20 days or until OPH immunization records are updated to comply with ISPA requirements.

OPH is committed to helping families access immunization services by removing barriers. OPH will provide vaccination opportunities to students at our main immunization clinic and at our NHHWs. OPH will support parents in entering their children's immunization records into the provincial system by providing direct assistance and promoting the use of the CanImmunize App. Recognizing the challenges parents face in notifying their local public health unit each time their child receives a vaccine, OPH will continue to promote a provincial immunization registry that will facilitate more accurate vaccine coverage and support future vaccine programs.

### **School Based Vaccination Program**

Ontario's three publicly funded school-based immunization programs – for hepatitis B (Hep B), human papillomavirus (HPV) and quadrivalent meningococcal conjugate (MCV4), are administered by Ontario's local public health units<sup>4</sup>. OPH hosts fall clinics at schools with grade 7 students. OPH then returns to these schools in the spring to administer additional doses for vaccines requiring multiple doses for series completion (Hep B and HPV).

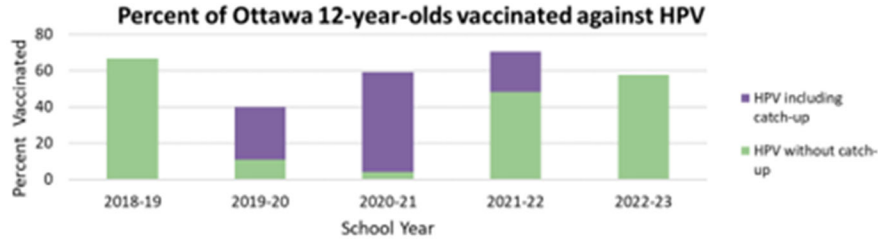
Grade 7 vaccines provide protection during a critical period of adolescence. The MCV4 vaccine, which is required for students under ISPA to attend school, protects against meningococcal disease, a severe and life-threatening illness which is the leading cause of bacterial meningitis in teens and young adults. The hepatitis B vaccine prevents a potentially chronic and liver-damaging infection, reducing the risk of liver cancer and cirrhosis. Finally, the HPV vaccine significantly reduces the risk of developing cancers of the head, neck, and genitals. If not immunized, it is estimated that 75% of Canadians will have an HPV infection at some time. Vaccination provides the best long-term protection against HPV diseases<sup>5</sup>.

School-based immunizations clinics were paused from March 2020 through the 2020-21 school year. In the three years following reopening, OPH supported students in catching up on missed vaccinations. OPH offered immunization clinics to publicly funded Ottawa secondary schools and in higher-need elementary schools, as well as through community clinics and NHHWs. These efforts helped to improve coverage rates for all three school-based vaccines. For instance, before the pandemic, HPV coverage rates for 12-year-olds in Ottawa were just below 70% but during the 2019/20 and 2020/21 school years, they dropped to under 10%. Following OPH catch-up clinics, coverage for these cohorts rose to an average of 50% (Figure 3).

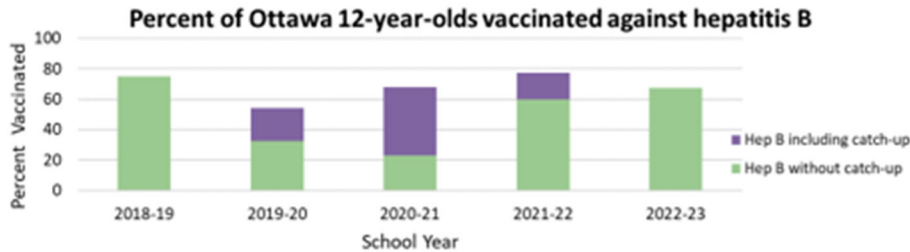
Figure 3a-c

Grade 7 vaccination rates before (in green) and after (in purple) catch-up clinics, by school year

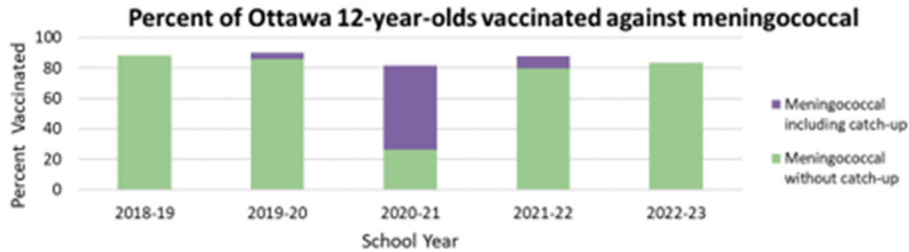
## (a) HPV



## (b) Hepatitis B



## (c) Meningococcal disease



## Notes:

1. Data source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Immunization coverage for school-based programs in Ontario: 2018-19, 2020-21 and 2021-22 school years with impact of catch-up programs. Toronto, ON: King's Printer for Ontario; 2023.
2. The green shows the percent vaccinated among grade 7s during a given school year. The purple shows the percent vaccinated among grade 7s measured after catch-up clinics took place in subsequent years.
3. Vaccination against meningococcal disease (MCV4) requires a single dose and is required under ISPA. Vaccination against hepatitis B and human papillomavirus (HPV) vaccines requires two doses of each; vaccination is recommended but not required under ISPA.

The work planned for the 2024-2025 school year will focus on ensuring that students and their families have multiple points of access to school-based vaccines to continue increasing coverage rates. Our collaboration with community partners such as KCF and CANImmunize will be crucial as we continue to prioritize catching up children who require their vaccines.

### **Vaccine Distribution**

OPH is the main distributor of publicly funded routine vaccines to health care providers, though it does not supply vaccines to pharmacies. OPH is committed to providing coordinated distribution of all vaccines. This includes managing inventory, organizing delivery schedules, and collaborating with external health care partners to ensure that vaccines reach all areas safely and efficiently. To further support equitable access to vaccines, particularly for marginalized and high-risk populations, OPH has updated our distribution service locations, making it easier for health care providers in both the East and West regions to access vaccines for their clinics.

OPH distributes vaccines to various locations including community health centers, correctional facilities, emergency medical services, hospitals, long term care homes, primary care clinics, retirement homes, treatment facilities, workplaces and youth justice facilities. In 2023, OPH distributed hundreds of thousands of vaccine doses and is anticipated to exceed this number in 2024. As part of its distribution efforts, OPH promotes the safe storage and handling of publicly funded vaccines to maintain their viability and effectiveness. This includes inspecting and monitoring vaccination fridges across Ottawa. This year OPH inspected 754 vaccination fridges in pharmacy and clinical health care settings. Distribution services are essential for ensuring access to viable vaccine across our region and serve as a key link between OPH and external healthcare partners.

Looking ahead, OPH is committed to ensuring access to recommended publicly funded immunizations, which are one of the most cost-effective public health interventions. We are focused on addressing the backlog of delayed and missing vaccines and on closing gaps in vaccines access across our region. Collaboration with health care providers is crucial to our success. By continuing to work alongside primary care providers and pharmacies, we can achieve higher vaccination rates and better protect our community.

**RURAL IMPLICATIONS**

The approach presented in this report will support continued access to vaccination in rural communities. Ottawa Public Health will continue to support rural areas where there is a diminished access to vaccines offered by pharmacies.

**CONSULTATION**

No public consultations were undertaken in the preparation of this information report.

**LEGAL IMPLICATIONS**

There are no legal impediments to receiving this report for information.

**RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

**ASSET MANAGEMENT IMPLICATIONS**

There are no asset management implications associated with this report.

**FINANCIAL IMPLICATIONS**

There are no financial implications associated with this report.

**ACCESSIBILITY IMPACTS**

There are no direct accessibility impacts associated with this report.

**DISPOSITION**

This report is provided to the Board of Health for information.



## REFERENCES

- 
- <sup>1</sup> Public Health Ontario. Covid – 19 Vaccine Uptake Ontario Epi Summary. - [https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-vaccine-uptake-ontario-epi-summary.pdf?rev=899ac09f4e74459788809b449a148dc0&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-vaccine-uptake-ontario-epi-summary.pdf?rev=899ac09f4e74459788809b449a148dc0&sc_lang=en). Accessed Aug 20, 2024
- <sup>2</sup> Public Health Ontario. Surveillance Report: Covid – 19 Vaccine Uptake in Ontario. [https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-vaccine-uptake-ontario-epi-summary.pdf?rev=899ac09f4e74459788809b449a148dc0&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-vaccine-uptake-ontario-epi-summary.pdf?rev=899ac09f4e74459788809b449a148dc0&sc_lang=en). Accessed Aug 20, 2024
- <sup>3</sup> Ontario Ministry of Health. Older Adult High-Risk RSV Implementation Package. Unpublished. Accessed August 12, 2024
- <sup>4</sup> Tyf | fUzgnMjfm3WfuriWxpKfhytw&zwjmfshj&-xyjr 7579%
- <sup>5</sup> Public Health Ontario. Surveillance Report. Immunization Coverage Report for School Pupils in Ontario. [https://www.publichealthontario.ca/-/media/Documents//24/immunization-coverage-2019-2023.pdf?rev=ca05fc8fc60549bca7ce2294e93994aa&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents//24/immunization-coverage-2019-2023.pdf?rev=ca05fc8fc60549bca7ce2294e93994aa&sc_lang=en) Accessed Aug 20, 2024

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
16 September 2024 / 16 septembre 2024**

**Submitted on August 23, 2024  
Soumis le 23 août 2024**

**Submitted by  
Soumis par:**

**Dr./ D<sup>re</sup> Vera Etches, Medical Officer of Health/Médecin chef en santé publique**

**Contact Person**

**Personne ressource:**

**Mohammad Kibria, Manager, MOH Business and Development Support Services /  
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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2024-OPH-BDS-0003**

**SUBJECT: 2025 Budget Planning and Considerations for Ottawa Public Health**

**OBJET: Planification et considérations budgétaires de 2025 pour Santé publique  
Ottawa**

## **REPORT RECOMMENDATIONS**

**That the Ottawa Board of Health receive the 2025 Budget Planning and  
Considerations for Ottawa Public Health report for information.**

## **RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé d'Ottawa reçoive le rapport Planification budgétaire 2025  
et considérations pour Santé publique Ottawa à titre d'information.**

## **BACKGROUND**

Ottawa Public Health is currently developing its 2025 budget, having fully integrated its standalone COVID-19 operations into the cost-shared base-funded programs. This process is taking place ahead of the province's anticipated launch of a revised funding formula in 2026.

Over the past number of years, OPH received additional funding through an extraordinary funding process for one-time funding from the Ministry of Health to support COVID-19 programs and services. COVID-19 response activities are now incorporated into routine operations and the funding approach for delivery of respiratory-season-related immunizations has been adjusted. There remain ongoing growth pressures on many of OPH's core work mandated by the Ontario Ministry of Health, such as to address infectious disease and inspections, immunization coverage, healthy growth and development, an aging population with a growing burden of chronic disease and mental health and substance use health challenges. These pressures existed before COVID-19 and have continued to grow over time. The gap between need and available service has significant consequences for Ottawa residents, particularly people who are most disadvantaged.

Over the last two years, OPH has advanced efforts to maximize its budget to make a meaningful impact on public health through an integrated planning and re-imagine process. Despite the reinvestments and efficiencies found through this process, budget planning reveals a shortfall of adequate resources required to meet the volume and complexity of the service demand, making it challenging to fully meet provincially mandated public health standards and local needs.

In Aug 2023, the Ministry of Health announced its plan for Strengthening Public Health by recognizing the persistent challenges with ensuring that the public health sector has sufficient capacity, stability, and sustainability to deliver more equitable health outcomes for Ontarians. As part of addressing these challenges they are implementing a three-pronged strategy consisting of clarifying roles and responsibilities (via a revision of the Ontario Public Health Standards); voluntary mergers of some Local Public Health Agencies (LPHAs); and changes to funding, including restoring the provincial base funding to the levels under the 2020 cost-share formula, providing 1% growth base funding for 3 years from 2024 – 2026, and undertaking a review of the ministry's funding methodology for public health to support long term sustainability (anticipated to be communicated in Spring 2025 and implemented in 2026).

In July 2024, the Ministry of Children, Community, and Social Services increased the annual base funding for the Healthy Babies Healthy Children (HBHC) program by \$900,000. The Board of Health had expressed the need for greater support to this program. This funding boost will allow OPH to fill previously unbudgeted vacant positions, enhancing support for healthy growth and development activities that will reach more families in innovative ways.

In June 2023, the Government of Ontario announced the discontinuation of the wastewater surveillance program, which had been providing early warnings for incoming COVID-19 waves and, in Ottawa, a growing number of other infectious diseases, such as RSV and mpox. In response, OPH engaged in consultations with researchers, healthcare partners, and neighboring public health units to explore options to sustain wastewater surveillance.

This report focuses on providing an update on the previous and ongoing work that OPH has undertaken to address ongoing budget pressures and growth opportunities, within existing resources, as OPH heads into the upcoming 2025 budget cycle, before a new provincial funding formula is expected in 2026.

## **DISCUSSION**

### **Reimagined OPH in 2023**

On April 19, 2023, OPH transitioned to a new approach to service delivery and a new structure, based on lessons learned through the pandemic response, with significant community, employee, and Board input. These changes were the result of a comprehensive service review, known as the Integrated Transformation Project, which was launched in early 2022. The project aimed to advance and strengthen OPH's policies, systems, and processes for a post-pandemic future. The service review focused on three key areas: **Recharging** by prioritizing employee wellness to maintain a healthy workforce; **Restoring** essential services and programs while integrating COVID-19 response into regular operations; and **Reimagining** the future by identifying ways to enhance OPH's program delivery systems and processes. This process resulted in the reinvestment of permanent, base-funded positions to priority areas such as environmental health, climate change, inspections, infectious diseases, and emergency management. Additionally, permanent teams were established for new focus areas, including health equity, Neighborhood Health and Wellness Hubs, community engagement, and health system transformation and intersectoral policy work, such as on housing and health. These changes were communicated to all

employees in April 2023 and led to a reinvestment of over nine million dollars from OPH's base budget to advance strategic priorities that:

- Align with the evolving needs of the community;
- Integrate lessons learned from the pandemic response; and
- Improve performance and accountability to the over one million residents OPH serves.

OPH's service review process aligns with both provincial and municipal priorities to achieve efficiencies through careful management of expenditures and workforce resources.

### **OPH's participation in provincial funding formula review in 2024**

As part of the province-led funding formula review with key interest-holders, the Board of Health Chair shared the following recommendations with the Ministry of Health:

- **Equitable application of funding formula:** Ensure that the Ministry of Health contributes 75% of the cost-shared mandatory program budget consistently across all public health agencies.
- **Respond to inflationary costs:** The annual growth funding should match actual inflation leading to increased costs. The current 1% annual growth does not account for these factors, which have increased the demand for public health programs and services.
- **Address underfunding:** OPH has faced persistent underfunding issues. For example, our cost-shared budget shortfall was \$8.4 million in 2021 and has now risen to \$11.3 million; This consistent underfunding has challenged OPH's ability to respond to local needs, especially in the areas of safe food and water inspections, and the prevention and control of infectious diseases. We urge the Ministry of Health to address this issue.
- **Consider population growth:** Population growth should be a major consideration in the funding model, not only geography. Ottawa's population has grown 7% from 2019 to 2023 and is projected to continue to grow, adding 136,000 more residents by 2030. Additionally, OPH's population share of Ontario's overall population has grown from 6.3% (2016) to 7.2% (2021), which is a larger increase than 32 other PHUs across Ontario during that time.
- **Considerations for municipal involvement:** The role of municipalities in cost-sharing public health services remains crucial. It is important to maintain municipal engagement in both funding and implementation processes to ensure stable and predictable financial contributions. However, any new funding model must provide clarity and transparency to address existing funding disparities and support the unique needs of different public health units.

### **Engagement with the Board of Health to discuss budget priorities and pressures**

Ottawa Public Health (OPH) has been engaging with Board of Health (BOH) members to identify community priorities to help inform our 2025 budget and inform areas where budget growth will be needed. Through this process, OPH was reminded of the importance of being **Equity driven, Prevention focused, and Impact maximizing**.

Health equity was a major concern identified throughout conversations with Board members. The importance of OPH providing care to equity-deserving populations was underlined, both through direct service and through partnerships and collaboration to improve systems for health. Neighbourhood Health & Wellness Hubs (NHWH) were regularly cited as an example to continue and to strengthen to achieve this priority. The need to collaborate with health care providers and communities to achieve the priorities of the Black Health Plan was raised. Issues related to mental health and substance use were consistently flagged as major concerns, particularly for youth and newcomers. Collaborating with the City's Community and Social Services department to ensure that people have secure access to food and housing is crucial, as is taking a prevention approach to substance use. Considering the entire life-course was highlighted, as both the Health Babies, Healthy Children and services for older adult mental health and physical activity were raised. There was a specific focus on the need for expanded social and community connections.

Several BOH members raised concerns related to emergency preparedness and response. Some of the specific flags were around ensuring that OPH has the capability and capacity to respond to climate-related and infectious disease threats. Although both mitigation and adaptation interventions for climate change were discussed, recent events including community drownings, and an impending heat wave made salient the importance of OPH's role in promoting adaptation. Appreciation was expressed for OPH's work during the COVID-19 pandemic, and several BOH members commented that concerns about a future pandemic and ensuring OPH's ability to prepare and respond are on their minds. It was noted that while people directly affected by heat emergencies or infectious disease understand the importance of ensuring an adequate response, there will be work to do to increase awareness of actions needed by the general population.

### **Growth Pressures at OPH**

The workload associated with OPH's core mandated work has continued to grow over time. Of note, resources for safe food and water inspections, as presented to the Ottawa Board of Health in [April 2024](#) , have not kept pace with population growth

demands, while traditional inspection methods are proving more resource-intensive, leading to an increase in the complexity of the work.

The prevention and control of infectious diseases is also an area of pressure, which was described in a recent report to the Ottawa Board of Health in [June 2024](#). This report highlighted that in order to address the increase in the number and complexity of case management and follow-up of contacts for reportable infectious diseases, OPH adjusted staffing models and applied digital solutions to improve efficiencies where possible. Despite best efforts, current resources are not sufficient to sustain the work efforts needed to meet objectives set out in provincial protocols, which the OPH team is reviewing. Additionally, further strain is anticipated on the program as infectious disease rates are likely to continue to rise in 2024 and beyond.

The impacts of climate change have put more pressure on OPH's emergency management and healthy environment teams, to adapt to extreme weather events. This work includes working closely with various City of Ottawa departments and climate change partners on preventative mitigation strategies.

### **2025 budget planning and pressure analysis**

The leadership team at Ottawa Public Health has compiled data on budget pressures, focusing on sustaining services that meet core public health mandates, while also seeking growth opportunities to meet emerging community needs. This work seeks to address the persistent underfunding of vital programs and services, which is crucial for meeting the increasing public health needs of Ottawa residents.

The process of collecting budget pressure data included consultations with employees and Board of Health (BOH) members. OPH identified approximately \$11.6 million budget pressure to address the immediate (Fiscal Year 2025) needs and medium-term (Fiscal Year 2026-2027) growth opportunities. The immediate needs are approximately \$2.3 million which include the anticipated Cost-of-Living Adjustment (COLA) and an inflationary adjustment to sustain current service levels. The medium-term growth opportunities, (\$9.3M), encompass enhancing and expanding OPH programs, including health inspections, emergency preparedness and response, the neighborhood wellness hub as a community-based multi-sectoral service delivery model, modernizing OPH digital solutions, and improvements to physical workspaces.

The goal of growing OPH budget in the medium-term is not only driven by the growing demand for effective public health services from Ottawa residents, but also to continue to support the City Council's Strategic Priorities, which will build a healthier city. OPH is

continually advancing municipal partnerships, while engaging on most of the City's long-term plans and strategies, integrating a health, equity, and well-being lens into municipal policies and programs.

Specifically, the City's first strategic priority focuses on public health areas such as health equity, housing, health services, social services and food security. OPH is supporting the City to achieve its housing objectives through the Healthy@Home initiative, including seeking funding to better integrate health and social services within housing settings. OPH staff are also engaged in updating the 10-year Housing and Homelessness Plan.

There is alignment between the City of Ottawa's second strategic priority and Ottawa Public Health's strategy, with a focus on mobility and connectivity. OPH helps accelerate and increase the impact of the City's work in this area through our co-location agreement with the Planning, Real Estate and Economic Development department where public health staff bring forward data, research, and community voice to inform initiatives on road safety and active transportation.

OPH and the City are working together to create a healthier, green, and resilient city. OPH is co-located with the City's Climate Resiliency Unit. OPH is working together with city team members to complete comprehensive climate change health vulnerability assessments too identify strategies to prevent and mitigate health risks associated with climate change.

The City's fourth strategic priority of creating a diversified and prosperous economy is necessary to address socioeconomic factors of health.

A diversified and prosperous economy can lead to more employment opportunities, which can improve financial stability and reduce poverty. Employment is a key social determinant of health, as it provides income, a sense of identity and purpose, and opportunities for social interaction.

Even with holding on advancing growth opportunities, pending the provincial funding formula review, OPH anticipates a budget pressure of approximately \$2.3 million to maintain services in 2025. However, OPH expects to present a balanced budget by utilizing provincial base funding growth (1%), incorporating the provincial increase in HBHC base funding, reallocating costs (such as not contributing to an Information Technology reserve), and recognizing that the City of Ottawa will cover the cost of COLA in the 2025 budget.

### **Wastewater surveillance**



Wastewater surveillance (WWS) is an innovative tool that provides information for public health action. OPH uses the detection of infectious disease signals in wastewater that herald outbreaks and resurgences of various diseases. During the pandemic, increases in wastewater signals provided an early warning and allowed OPH, surrounding health units, and hospital partners to prepare ahead of increases in positive clinical samples and COVID-19 related hospitalizations. Beyond COVID-19, WWS informs OPH and partner's risk assessment related to other communicable diseases such as mpox, respiratory syncytial virus, and influenza. The advanced warning provided by WWS, for example 17-days in a 2022 out-of-season influenza outbreak in Ottawa, is useful to implement measures to reduce transmission and save lives.

In July 2024, the Government of Ontario ended its Wastewater Surveillance Initiative, while federal approaches continue. OPH has connected with the Public Health Agency of Canada to better understand opportunities for ongoing local WWS for Ottawa, however, pathways to maintain the current approach in Ottawa are not clear. Additional funds are needed to maintain WWS in Ottawa at a frequency that is sufficient to inform public health actions.

As a result, OPH has been working closely with partners and expects that there is an opportunity to cost-share the maintenance of some WWS in the region. The estimated annual cost of sustaining WWS is approximately \$50,000 to \$60,000 or less for the City of Ottawa. The Medical Officer of Health will consider a temporary reallocation of a portion of the 100% municipally funded 2025 budget, as is operationally possible, to support wastewater surveillance under her delegated authority.

This report informs the preparation of the 2025 OPH budget. Next steps include discussion at the Board of Health meeting in September and work with the Financial Services Unit to prepare a draft budget for the Board of Health for tabling in November, 2024.

## **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

## **CONSULTATION**

The purpose of this report is administrative in nature and therefore no public consultation is required.

**LEGAL IMPLICATIONS**

There are no legal impediments to receiving the information in this report.

**RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

**FINANCIAL IMPLICATIONS**

Financial implications are as outlined in the report.

**ACCESSIBILITY IMPACTS**

There are no accessibility impacts associated with this report.

**SUPPORTING DOCUMENTATION**

None.

**DISPOSITION**

The report is provided for information.

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
16 September 2024 / le 16 septembre 2024**

**Submitted on August 2, 2024  
Soumis le 2 août 2024**

**Submitted by  
Soumis par:**  
**Dr./D<sup>re</sup> Vera Etches, Medical Officer of Health / Médecin chef en santé publique**

**Contact Person  
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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2024-OPH-BOH-0013**

**SUBJECT: 2025 Ottawa Board of Health Meeting Schedule**

**OBJET: Horaire des réunions du Conseil de santé d'Ottawa pour l'année 2025**

## **REPORT RECOMMENDATION**

**That the Board of Health for the City of Ottawa Health Unit approve the 2025 meeting schedule, as outlined in this report.**

## **RECOMMANDATION DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa approuve l'horaire des réunions de 2025, tel que décrit dans le présent rapport.**

## **BACKGROUND**

The purpose of this report is to set out the 2025 Board of Health meeting dates to ensure that Board members can make the appropriate arrangements in their calendars. Section 8 of the *Procedure By-law* (By-law No. 2011-1) for the Ottawa Board of Health

outlines certain parameters for regular Board meetings. Specifically, it states that the regular meetings are to be held at 5:00 pm on the third Monday of the month, unless otherwise changed by the Board, and that the time and date of individual regular meetings may be varied by the Chair.

## **DISCUSSION**

It is expected that in 2025 the Board will meet six (6) times. As a result, regular Board meetings have been scheduled on the following dates to enable timely decision-making.

- February 10, 2025 (second Monday of the month because the third Monday is Family Day)
- April 14, 2025
- June 16, 2025
- September 15, 2025
- November 3, 2025 (first Monday of the month for tabling of the draft 2025 Budget – may be changed to align with Council’s budget timetable (to be confirmed))
- December 1, 2025 (first Monday of the month for approval of the 2024 Budget – may be changed to align with Council’s budget timetable (to be confirmed))

Section 10 of the *Procedure By-law* (By-law No. 2011-1) for the Ottawa Board of Health states that the regular meetings of the Board shall be held in the Champlain Room at Ottawa City Hall or at such other place as is specified in the agenda. Due to the COVID-19 pandemic, from April 2020 to September 2022, the Board of Health met via Zoom and, as of November 2022, the Board of Health is meeting in a hybrid format, with in-person attendance in the Champlain Room and electronic participation via Zoom.

Finally, if the need arises for a Special Meeting of the Board of Health, one may be called, as outlined in section 14 of the *Procedural By-law* – at the call of the Chair or by petition of the majority of Board Members.

## **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

## **CONSULTATION**

The purpose of this report is administrative in nature and therefore no public consultation is required.

## **LEGAL IMPLICATIONS**

There are no legal impediments to implementing the recommendation in this report.

**RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated to this report.

**FINANCIAL IMPLICATIONS**

There are no financial implications associated with this report.

**ACCESSIBILITY IMPACTS**

There are no accessibility impacts associated with this report.

**DISPOSITION**

Staff will arrange for Board of Health meetings for 2025, as per the meeting schedule adopted by the Board. The meeting schedule may be amended throughout the year pursuant to certain provisions of the Procedure By-law.

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
16 September 2024 / 16 septembre 2024**

**Submitted on August 22, 2024  
Soumis le 22 août 2024**

**Submitted by  
Soumis par:**

**Dr./ D<sup>re</sup> Vera Etches, Medical Officer of Health/Médecin chef en santé publique**

**Contact Person  
Personne ressource:**

**Mohammad Kibria, Manager, MOH Business and Development Support Services /  
Gestionnaire, Direction du médecin chef en santé publique et soutien aux affaires  
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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2024-OPH-BDS-0004**

**SUBJECT:** 2024 Operating and Capital Budget Q2– Board of Health for the City of  
Ottawa Health Unit Status Report

**OBJET:** Rapport d'étape sur le budget de fonctionnement et d'immobilisations  
2024 du t2 du Conseil de santé pour la circonscription sanitaire de la ville  
d'Ottawa

#### **REPORT RECOMMENDATION**

**That the Board of Health for the City of Ottawa Health Unit receive the 2024 Q2  
operating and capital budget status report for information.**

#### **RECOMMANDATION DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa prenne  
connaissance du rapport d'étape sur le budget de fonctionnement et  
d'immobilisations du T2 2024.**

## **BACKGROUND**

The purpose of this report is to present to the Ottawa Board of Health the second quarter operating and capital budget results for Public Health Programs. Ottawa Public Health (OPH) management actively reviews quarterly results to ensure that their respective spending and revenue are on-track as planned, and not indicative of any underlying issues needing to be highlighted or addressed.

The 2024 operating budget second quarter results present actual year-to-date revenues and expenditures against the amounts budgeted for the corresponding period. The capital report provides a listing of the capital projects, the authorized expenditure budgets, along with the actual expenditures and commitments incurred to-date.

## **DISCUSSION**

Document 1 provides operating budget details on second quarter results for the various Ontario Public Health Standards. Financial information is presented by program.

Document 2 provides compensation information showing the actual salary, benefits and overtime costs incurred by OPH during the corresponding period.

Document 3 provides information on budget adjustments and transfers made in the second quarter of 2024 through delegated authority given to the Medical Officer of Health.

Document 4 provides a listing of the capital projects in progress and their status as of June 30, 2024.

### **Q2 2024 Operating Results**

Document 1 outlines the operating status of OPH budget as of June 30, 2024. The year-to-date budget figures are prepared on a calendarized basis. Service Areas have allocated their 2024 budgets on a monthly and quarterly basis, established primarily according to historical trends.

Table 1 outlines Q2 2024 expenditures and revenues by funding types and the year-to-date budget status.

The year-to-date (YTD) spending is 6% above the YTD budget due to several factors, including employee backpay for Cost-of-Living Adjustment (COLA) and performance

pay, and increased expenditures for the COVID-19 vaccine program. The annual expenditure and revenue forecast predicts no year-end deficit as the net annual budget represents approved commitment from the City of Ottawa.

**Table 1 - Summary of 2024 Q2 Operating Results**

	Expenditures				Revenue				Forecast		
	Annual Expenditure	YTD Budget	YTD Actual	Spent	Annual Revenue	YTD Budget	YTD Actual	Spent %	Annual Expenditure	Annual Revenue	Net Annual Budget
<b>Base Funded Programs</b>	70,223	35,739	36,250	101%	(45,045)	(22,209)	(22,733)	102%	70,105	(45,161)	24,944
<b>One-Time Funded Programs</b>	2,459	2,459	3,797	154%	(2,459)	(2,459)	(3,813)	155%	4,004	(4,020)	(16)
<b>Supplementary Funded Programs</b>	7,982	3,395	4,216	124%	(5,028)	(2,490)	(3,035)	122%	8,232	(5,028)	3,205
<b>All Programs</b>	<b>80,665</b>	<b>41,593</b>	<b>44,263</b>	<b>106%</b>	<b>(52,532)</b>	<b>(27,158)</b>	<b>(29,581)</b>	<b>109%</b>	<b>82,342</b>	<b>(54,209)</b>	<b>28,133</b>

### 2024 Q2 Compensation Results

Document 2 outlines the operating status of OPH compensation expenditures as of June 30, 2024. The financial data shows that OPH has spent 55% of its annual budget for compensation and benefits and 39% of its overtime budget during the first two quarters of 2024. Nearly 84% of OPH's compensation budget is allocated to base-funded, mandatory cost-shared programs, with a spending rate of 52% for this budget. The increased spending is primarily due to compensation backpay resulting from COLA and performance pay. OPH expects lower spending in Q3, combined with additional provincial funding for the HBHC program, to help offset the higher expenditures in Q1 and Q2.

### 2024 Q2 Budget Adjustments and Transfers

Document 3 provides a summary of the budget adjustments and transfers made in the first quarter of 2024 under the delegated authority granted to the Medical Officer of Health.

### 2024 Q2 Capital Projects

Document 4 provides a list of provincially funded capital projects, detailing the total approved budget authority, expenditures up to June 30, 2024, and contractual obligations as of the same date. The total value of ongoing capital projects is \$5.5 million, with \$2.2 million spent as of June 30, 2024. The following points summarize the status of the three projects supported by capital funding:



- Renovation of 1580 Merivale Dental Clinic is complete. There are a few remaining dental equipment items ordered but not yet received that are required for the surgical suite.
- The renovation of the 40 Cobourg St clinic, located in Downtown Ottawa, is now in progress. This clinic is expected to reopen in early October 2024.
- A purchase order was issued in July 2024 for the construction of the new dental clinic located at 255 Centrum Blvd, Orleans (East Ottawa). The tender for the dental equipment is now in progress. This clinic is projected to be operational in Q2, 2025.

### **2024 Q2 Provincial Funding Update**

- On June 7, the office of the Chief Medical Officer of Health announced that one-time funding will be available for public health units from April 1, 2024, to March 31, 2025, to support activities related to administering the COVID-19 Vaccine Program and RSV Prevention Program for the 2024-25 period. Details on the allocation methodology for this funding will be provided soon. Following the provincial announcement, OPH expects to receive additional one-time funding to help cover overspending in the COVID-19 vaccination program and to support vaccinations during the Fall 2024 campaign.
- On July 3, the Ministry of Children, Community, and Social Services confirmed revised base funding of \$5,464,096, reflecting an annualized increase of \$902,259 for Healthy Babies Health Children (HBHC) programs, effective April 1, 2024. The Board of Health had expressed the need for greater support to this program. This funding boost will allow OPH to fill previously unbudgeted vacant positions, enhancing support for healthy growth and development activities that will reach more families in innovative ways.

### **2024 Q2 Year-end Financial Outlook**

- In our Q1 report, we projected a budget pressure of \$1 million for 2024. To address this, we implemented strategies such as gapping in Q1 to keep

compensation spending within reasonable limits, reallocated resources within non-compensation cost elements through monthly monitoring of underspending. These measures, along with the additional HBHC funding, will enable OPH to absorb the \$1 million budget pressure by year-end. We expect to balance spending with revenues by year-end.

- However, budgetary pressures will continue into 2025 as OPH strives to enhance service delivery to meet the rising demand for public health services, ensuring full compliance with Ontario Public Health Standards amidst rising service delivery costs.

### **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

### **CONSULTATION**

The purpose of this report is administrative in nature and therefore no public consultation is required.

### **LEGAL IMPLICATIONS**

There are no legal impediments to receiving the information in this report.

### **RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this information report.

### **FINANCIAL IMPLICATIONS**

Financial implications are as outlined in the report.

### **ACCESSIBILITY IMPACTS**

There are no accessibility implications associated with this report.

### **SUPPORTING DOCUMENTATION**

Document 1: Ottawa Public Health 2024 2<sup>nd</sup> Quarter Operating Status Report

Document 2: Ottawa Public Health 2024 2<sup>nd</sup> Quarter Compensation Status Report

Document 3: Ottawa Public Health 2024 2<sup>nd</sup> Quarter Budget Adjustments & Transfers

Document 4: Ottawa Public Health 2024 2<sup>nd</sup> Quarter Capital Status Report

**DISPOSITION**

This report is provided for information.

OPH Operating Results Summary June 30, 2024 (in thousands of dollars)																	Document 1
	Expenditures				Revenue				Surplus / (Deficit)			Forecast			Forecast Surplus / (Deficit)		
	Annual Expenditure	YTD Budget	YTD Actual	Spent	Annual Revenue	YTD Budget	YTD Actual	Spent %	YTD Expenditure	YTD Revenue	YTD Net	Annual Expenditure	Annual Revenue	Net Annual Budget	Annual Expenditure	Annual Revenue	Net Annual Budget
<b>Base Funded Programs</b>																	
Mandatory Programs (Cost-Shared)	66,667	34,059	34,555	101%	(41,488)	(20,529)	(21,037)	102%	(496)	508	13	66,433	(41,488)	24,944	234	-	234
Ontario Seniors Dental Care Program (100%)	3,259	1,680	1,688	100%	(3,259)	(1,680)	(1,688)	100%	(8)	8	-	3,375	(3,375)	-	(116)	116	-
Indigenous Public Health Programs (100%)	298	-	8	0%	(298)	-	(8)	0%	(8)	8	0	298	(298)	-	-	-	-
<b>Total Base Funded Programs</b>	<b>70,223</b>	<b>35,739</b>	<b>36,250</b>	<b>101%</b>	<b>(45,045)</b>	<b>(22,209)</b>	<b>(22,733)</b>	<b>102%</b>	<b>(511)</b>	<b>524</b>	<b>13</b>	<b>70,105</b>	<b>(45,161)</b>	<b>24,944</b>	<b>118</b>	<b>116</b>	<b>234</b>
<b>One-Time Funded Programs:</b>																	
COVID-19 Vaccine (100%)	2,205	2,205	3,007	136%	(2,205)	(2,205)	(3,007)	136%	(802)	802	(0)	3,400	(3,400)	-	(1,195)	1,195	-
RSV (100%)	-	-	248	0%	-	-	(264)	0%	(248)	264	16	350	(366)	(16)	(350)	366	16
Pandemic Response and Recovery (100%): Neighbourhood Hubs	117	117	405	347%	(117)	(117)	(405)	347%	(288)	288	0	117	(117)	-	-	-	-
Pandemic Response and Recovery (100%): PH Recruitment	138	138	138	100%	(138)	(138)	(138)	100%	(0)	-	(0)	138	(138)	-	-	-	-
<b>Total One-Time Funded Programs:</b>	<b>2,459</b>	<b>2,459</b>	<b>3,797</b>	<b>154%</b>	<b>(2,459)</b>	<b>(2,459)</b>	<b>(3,813)</b>	<b>155%</b>	<b>(1,338)</b>	<b>1,354</b>	<b>16</b>	<b>4,004</b>	<b>(4,020)</b>	<b>(16)</b>	<b>(1,545)</b>	<b>1,561</b>	<b>16</b>
<b>Supplementary Programs:</b>																	
Healthy Babies Healthy Children	4,562	2,243	2,543	113%	(4,562)	(2,243)	(2,543)	113%	(300)	300	0	4,562	(4,562)	0	-	-	-
City Programs	3,196	1,020	1,252	123%	(242)	(115)	(71)	62%	(232)	(44)	(276)	3,446	(242)	3,205	(250)	-	(250)
AIDS Bureau	224	132	130	98%	(224)	(132)	(130)	98%	2	(2)	(0)	224	(224)	-	-	-	-
Kids Come First	-	-	256	0%	-	-	(256)	0%	(256)	256	-	-	-	-	-	-	-
Other Programs	-	-	36	0%	-	-	(35)	0%	(36)	35	(0)	-	-	-	-	-	-
<b>Total Supplementary Funded Programs</b>	<b>7,982</b>	<b>3,395</b>	<b>4,216</b>	<b>124%</b>	<b>(5,028)</b>	<b>(2,490)</b>	<b>(3,035)</b>	<b>122%</b>	<b>(821)</b>	<b>545</b>	<b>(276)</b>	<b>8,232</b>	<b>(5,028)</b>	<b>3,205</b>	<b>(250)</b>	<b>-</b>	<b>(250)</b>
<b>Total All Programs</b>	<b>80,665</b>	<b>41,593</b>	<b>44,263</b>	<b>106%</b>	<b>(52,532)</b>	<b>(27,158)</b>	<b>(29,581)</b>	<b>109%</b>	<b>(2,670)</b>	<b>2,423</b>	<b>(248)</b>	<b>82,342</b>	<b>(54,209)</b>	<b>28,133</b>	<b>(1,677)</b>	<b>1,677</b>	<b>-</b>

OPH Compensation Results Summary June 30, 2024 (in thousands of dollars)

Document 2

	Compensation & Benefits			Overtime			Total Compensation		
	Annual Budget	YTD Actual	Spent %	Annual Budget	YTD Actual	Spent %	Annual Budget	YTD Actual	Spent %
<b>Base Funded Programs</b>									
Mandatory Programs (Cost-Shared)	52,490	27,515	52%	332	125	38%	52,822	27,640	52%
Ontario Seniors Dental Care Program (100%)	1,191	554	47%	0	0	0%	1,191	555	47%
<b>Total Base Funded Programs</b>	<b>53,681</b>	<b>28,069</b>	<b>52%</b>	<b>332</b>	<b>125</b>	<b>38%</b>	<b>54,013</b>	<b>28,195</b>	<b>52%</b>
<b>One-Time Funded Programs</b>									
COVID-19 Vaccine (100%)	2,121	2,467	116%	0	2	0%	2,121	2,469	116%
Pandemic Response and Recovery (100%): Neighbourhood Hubs	117	246	211%	0	0	0%	117	246	211%
Pandemic Response and Recovery (100%): PHI Recruitment	138	164	119%	0	3	0%	138	167	122%
<b>Total One-Time Funded Programs:</b>	<b>2,375</b>	<b>2,877</b>	<b>121%</b>	<b>0</b>	<b>5</b>	<b>0%</b>	<b>2,375</b>	<b>2,882</b>	<b>121%</b>
<b>Supplementary Programs:</b>									
Healthy Babies Healthy Children	4,363	2,586	59%	0	0	0%	4,363	2,586	59%
City Programs	2,129	882	41%	6	1	14%	2,135	883	41%
AIDS Bureau	224	90	40%	0	0	0%	224	90	40%
Kids Come First	0	255	0%	0	0	0%	0	255	0%
Other Programs	0	0	0%	0	0	0%	0	0	0%
<b>Total Supplementary Funded Programs</b>	<b>6,716</b>	<b>3,814</b>	<b>57%</b>	<b>6</b>	<b>1</b>	<b>21%</b>	<b>6,722</b>	<b>3,815</b>	<b>57%</b>
<b>Total All Programs</b>	<b>62,772</b>	<b>34,760</b>	<b>55%</b>	<b>338</b>	<b>132</b>	<b>39%</b>	<b>63,110</b>	<b>34,892</b>	<b>55%</b>

OPH Budget Adjustments & Transfers to June 30, 2024 (in thousands of dollars)	Document 3
Nature of Budget Adjustment	Amount (\$ thousands)
No budget adjustments were processed in the second quarter of 2024 through delegated authority given to the Medical Officer of Health (MOH).	

OPH Capital Budget Summary June 30, 2024 (in thousands of dollars)

Document 4

Description	Budget (\$000)	Actual (\$000)	Commitment (\$000)	Available (\$000)	Status
Renovation of Cobourg Dental Clinic as approved by the Province.	1,254	211	-	1,043	The renovation of the 40 Cobourg St clinic, located in Downtown Ottawa, is now in progress. This clinic is expected to reopen in early October 2024.
Construction of a new dental clinic as approved by the Province.	2,283	106	-	2,177	A purchase order was issued in July 2024 for the construction of the new dental clinic located at 255 Centrum Blvd, Orleans (East Ottawa). The tender for the dental equipment is now in progress. This clinic is projected to be operational in Q2, 2025.
Renovation of 1580 Merivale Dental Clinic as approved by the Province.	1,981	1,927	-	53	Final invoices are being reconciled and processed. There are a few remaining dental equipment items ordered but not yet received that are required for the surgical suite.
<b>Total</b>	<b>5,517</b>	<b>2,244</b>	<b>-</b>	<b>3,273</b>	