

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
7 November 2022 / 7 novembre 2022**

**Submitted on October 27, 2022
Soumis le 27 octobre 2022**

**Submitted by
Soumis par:**
Dr. / Dre Vera Etches, Medical Officer of Health / Médecin chef en santé publique

**Contact Person
Personne ressource:**
**Cameron Keyes, Director, Knowledge Exchange, Planning and Quality / Directeur,
Échange de connaissances, planification et qualité
613-580-2424, x.23537 Cameron.Keyes@Ottawa.ca**

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2022-OPH-KPQ-0006

SUBJECT: Ontario Public Health Standards - 2022 Activity Reports - Risk
Management

OBJET: Normes de santé publique de l'Ontario - Rapports d'activité 2022 - Gestion
des risques

REPORT RECOMMENDATION

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

RECOMMANDATION DU RAPPORT

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

BACKGROUND

The [Ontario Public Health Standards](#) (OPHS) identify expectations for public health programs and services to be delivered by Ontario's local boards of health. Boards of health are accountable for implementing the standards, including the protocols and guidelines that are referenced therein. The OPHS include an Accountability Framework, which sets out the Ministry's expectations of boards of health to promote a transparent and effective accountability relationship. The Accountability Framework is supported by a number of planning and reporting requirements, which public health units (PHUs) are required to submit according to established timelines. Boards of health are also required to report high risks that are currently being managed.

The purpose of this report is to provide details to the Board of Health on the most important risks faced by Ottawa Public Health (OPH) this year, as well as mitigation strategies to minimize their impact. These risks will be included in the Standards Activity Report submitted to the Ministry of Health on October 31, 2022, signed by the Board Chair. That report will include a high-level description of the risks; the risk category; the overall risk rating and key risk mitigation strategies.

DISCUSSION

In 2021, OPH's main risks were largely related to the health unit's COVID-19 response and recovery efforts. Many of the risks in 2022 are similarly connected to the ongoing COVID-19 response, the unintended consequences of the pandemic on OPH's operations and capacity, and OPH's efforts to restore public health services and programs to meet community need.

With many employees continuing to support the COVID-19 pandemic response, as well as supporting efforts to reduce significant backlogs in public health services, the health unit continues to assess priorities for activities that can be accomplished across the organization. Many programs and services were adapted or reduced with the focus on protecting Ottawa residents from the risk of further spread of the COVID-19 virus and from the negative consequences of the prolonged pandemic response.

OPH has therefore identified the six most significant areas of risk in 2022 relate to: human resources to meet organizational objectives; unmet population health needs related to childhood immunization and health promotion programming; environmental health (climate change and infection prevention and control related), and financial pressures.

Human resources

OPH's COVID-19 response has put considerable strain on human resources over the past two years. Employees have put in extra time and effort throughout this response – working to deliver core services to those most in need in our community while simultaneously supporting the demanding COVID-19 response, particularly during the Omicron wave. The sheer volume of work has heightened concerns about workforce capacity and sustainability, raising **human resources** as a key organizational risk. Ensuring adequate and appropriate staffing levels and staff mix based on operational needs, as well as employees who are representative of the communities served, is critical to OPH successfully achieving its objectives. The uniquely demanding work and pressure of the COVID-19 response has created significant workforce fatigue and there is a continued risk that employees will become ill and be off work on sick leave.

Since the beginning of the COVID-19 pandemic, OPH's staffing complement grew from 644 employees (December 2019) to 3,536 employees (August 2021) and has now decreased to 1,795 (August 2022). Many of these employees continue in casual roles, and the largest temporary staff complement is focused on immunization efforts, with the Full-Time Equivalent complement at the 856 level now. This level of change in resourcing of teams has been a stressor.

In addition, there is a national shortage of specialized public health professionals (e.g. Public Health Inspectors), possibly leading to challenges in maintaining a sustainable workforce that has the skills and competencies to deliver critical public health services (e.g. outbreak management in congregate settings, food and water inspections, and infection, prevention and control expertise).

Mitigation strategies associated with human resourcing are key elements of OPH's approach to ensure that people are well and available to work on the organization's priorities. With ongoing response efforts needed, OPH must continue to focus on supporting employee wellness and to ensure employees can recharge to continue their critical work in a sustainable way. Mitigation efforts include retaining casual pools of employees, training and maintaining temporary employees, stabilizing the workforce, and ensuring that programs have the flexibility to scale resources up or down as needed. Despite planning, the capacity to respond to a surge will be limited by available human resources and the response levels may need to be adapted, depending on the situation.

To help employees recharge, OPH's Wellness@Work Action Plan outlines actions that promote healthy work-life balance, strengthen effective and supportive relationships

across the organization, address employees' mental health and well-being needs, and opportunities to further support a culture of trust. Key activities included an employee recognition event, mental health training for supervisors, resources for effective and meaningful 1:1s, and promotion of social connections. OPH is also making progress on improving our work environment to address racism and discrimination, as the Board of Health motion passed in June 2020 acknowledged that racism and discrimination are powerful determinants of health and well-being. In September 2022, the Board approved OPH's first [Health Equity, Diversity and Inclusion Action Plan for 2022-2023](#), which aims to address organizational changes and processes needed at OPH to drive diversity, equity and inclusion and address systemic racism within OPH, thus contributing to improving the well-being of OPH's employees who identify as Indigenous, racialized and equity deserving groups. OPH is undertaking initiatives to support employee growth and development within a supportive environment to contribute to employee success, focused on a wrap around approach. This includes leadership training opportunities. OPH leadership is committed to ongoing monitoring of employee wellness and will adapt the Action Plan for 2023, based on employee input.

For difficult to fill positions (i.e. Public Health Inspectors), an extensive recruitment strategy has been developed by Corporate Human Resources and an Outreach & Recruitment Specialist is available to work with hiring managers to develop and implement these strategies.

Unmet Population Health Needs

During the past two years, Ontario's health care system, in an effort to respond to COVID-19, has paused or scaled back on routine health services, which has resulted in unmet population health needs. OPH has followed a Continuity of Operations Plan and prioritized based on risk to maintain critical operations and protect the community from immediate health risks. Nonetheless, the pandemic has resulted in a pause or scaling back in **routine public health operations of childhood immunization surveillance**. Combined with the decreased provision of childhood immunization by health care professionals, thousands of Ottawa children and youth may not have adequate immunization coverage, which could lead to outbreaks of vaccine preventable diseases, pressure on the health care system and primary care, as well as significant challenges for parents and guardians who do not have access to a primary health care professional.

OPH's **mitigation strategy** includes working with partners, including the Kids Come First (KCF) Health team and primary care, to implement short- and long-term initiatives -

including a catch-up campaign to immunize children who may have missed routine immunizations during the pandemic (specifically for those children who do not have access to a primary health care professional, their main primary care provider is not accessible, and those with no OHIP coverage, etc.). Long term strategies include working with KCF partners to ensure that all children, including children who do not have access to a primary health care professional, have access to immunization services according to the provincial immunization schedule.

Consistent with other PHUs in the province, **health promotion programs** addressing longer term health risks, such as chronic disease and injury prevention, have been put on hold and/or scaled back. At the same time, behaviours contributing to chronic disease have worsened and unintended consequences of the measures necessary to control COVID-19 have resulted in higher population health needs, particularly in the areas of mental health and substance use health.

The pandemic has reinforced the need to apply a health equity lens to planning and programming – beyond public health's COVID-19 response. The public health service impacts due to COVID-19 are likely to disproportionately affect individuals and communities who face inequities. The direct and indirect adverse impacts of COVID-19 underline why a health equity focus is vitally important and must be embedded in all that OPH does. While OPH is committed to reducing health inequities through programs and services, collaborative partnerships and policies, more services and programs, as well as increased diverse capacity, are needed across many sectors in order to meet the diverse needs of the people in Ottawa.

A key component of OPH's **mitigation strategy** includes building on lessons learned from COVID-19 so that the health unit is well positioned to support community needs. The way OPH works to achieve population health outcomes moving forward will look different from pre-pandemic. Key strategies will include applying a health equity approach to address systemic inequity, diversity and inclusion issues, supporting the Ottawa Aboriginal Coalition, collaborating with partners, and co-creating with communities.

As demonstrated throughout the COVID-19 response, improving health outcomes and addressing health inequities is complex and will require collaboration across the health and social sectors. Specifically, OPH is working with partners to increase access to public health and social services, programs and information at the neighbourhood level - closer to where people live - through members of their community. Throughout the pandemic, OPH has worked with partner agencies and prioritized services for people

with the most urgent need in order to mitigate some of the risks of reduced services. OPH continues to assess the local situation to identify where opportunities exist to reduce barriers and increase access to recreation and healthy food and to reduce harms connected to substance use health.

Environment

Given the ongoing demand in responding to COVID-19, recurring demand for public health response to local emergencies, in addition to restoring critical public health services, OPH currently lacks the capacity to respond comprehensively to climate change – an urgent and large-scale public health crisis. OPH's lowered capacity to respond to climate change limits the impact we can have on preparing the population to prevent and mitigate health harms from climate change.

Climate Change is a public health issue with many population-based health impacts. There are current opportunities, as well as an urgency to act now to integrate health into local climate change and mitigation plans and to collaborate with the community and other City departments in implementing these plans. If the capacity exists, OPH, with adequate resources, can more comprehensively support the City and the community in adapting to the health effects of a changing climate (e.g. increasing extreme heat, increasing risk from established and expanding vector-borne diseases, increasing risk of water and food borne illnesses, increasing risk of poor air quality from forest fires) and in advancing local impactful mitigation strategies (i.e. reducing further emissions). OPH can also support the community and other City departments in responding to the health effects of climate related emergencies.

In terms of **mitigation**, OPH is seeking to readjust organizational resources to contribute to the City of Ottawa's Climate Change Master Plan and to incorporate a climate change lens into all OPH programming. OPH is also working collaboratively with other City departments and the community to assess and strengthen climate change resiliency of the community, the City of Ottawa, OPH and the health care system.

Funding for Infection Prevention and Control

Pre-pandemic, OPH's capacity for ongoing infection prevention and control and outbreak prevention and preparedness strategies was limited. The workload continues to increase, related to emerging infectious disease issues, complex and more frequent IPAC complaint and lapse investigations, expanding IPAC inspection requirements and increasingly complex respiratory/enteric outbreak seasons, and at times has exceeded operational abilities. OPH continues to apply risk-based strategies to aid in prioritizing

work, including immense data-driven initiatives to ensure that efforts are focused on highest return on investment, however the vulnerability of ongoing operations poses risk to the organization's future ability to carry out this mandate.

This work increased substantially during the pandemic and ongoing work will be required in this area to meet health and safety needs of our community, including our most vulnerable. Without an increase in funding, OPH will continue to experience additional strains on its workforce, affecting the organization's ability to support priority populations and partners at greater risk from the impacts of respiratory/enteric outbreaks and other emerging infectious diseases. This could result in possible loss of trust and collaboration with partners and stakeholders who depend on OPH's leadership, expertise and priority setting while in outbreaks and thus diminished ability to maximize protection of populations through work with others. The pandemic further highlighted the vulnerability of congregate living settings related to impacts of infectious diseases and the complexity of health and non-health sectors, and the need for health equity approaches.

As part its **mitigation planning**, OPH is seeking more stable/predictable funding to ensure public health units are appropriately resourced to monitor, prepare for, and respond to emerging and future disease outbreaks occurring in acute care settings, long-term care and retirement homes, and other congregate settings. Additionally, reallocation of resources internally is under consideration to support IPAC work.

Financial

While OPH has restored core public health services, the health unit continues to face unprecedented budget pressures and to incur extraordinary costs associated with the ongoing pandemic response. OPH undertook periodic assessments and reviews of its programs to seek opportunities to achieve savings and manage costs prudently, however **financial** pressures represent a significant risk for the health unit. As indicated in the [2022 Operating Budget Q2 Status Report](#), OPH projected an over expenditure of \$77M for the current fiscal year due to the impact of the Omicron variant and continuing efforts to mitigate the spread of COVID-19 and other viral illnesses and meet community needs. The forecast is still subject to change due to factors such as further waves and surges of cases, the fall influenza season, new provincial requirements, and other unpredictable circumstances. OPH staff continues to monitor the situation and a full reconciliation will be completed in Q1 of 2023.

To mitigate this pressure, the Ministry has provided all health units with an assurance that there will be a process to request reimbursement of 2022 COVID-19 Extraordinary

Costs. It is anticipated that Provincial funding will fully offset all pandemic related costs. This continued budget support is expected to balance the budget while supporting extraordinary COVID-19 pressures and enabling OPH to engage in addressing the backlog in the delivery of public health programming.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

This report is administrative in nature and therefore no public consultation is required.

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

Risk and mitigation measures are outlined in the Discussion of this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

Major risks may affect OPH's ability to deliver and execute on its strategic plan. Risks have been considered in developing OPH's 2022 Strategy Action Plan.

DISPOSITION

This report is for information. OPH will continue to respond to Ministry reporting requirements as they arise and to report to the Board of Health as needed.