

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
27 February 2023 / 27 février 2023**

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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2023-OPH-PCS-0002

SUBJECT: 2021 Annual Report and Attestation to the Ministry of Health

OBJET: Rapport annuel 2021 et attestation au ministère de la Santé

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 Ministry of Health requires all public health units to submit an *Annual Report and Attestation*. This is an annual reporting requirement, which provides year-end financial and program-related summaries.

The Ontario Public Health Standards ([OPHS](#)) establish requirements for public health programs and services and outlines the expectations for boards of health, describing how programs are to be implemented, and defines the responsibilities of boards of health in an integrated health system.

The Annual Report and Attestation reporting requirement aligns with the OPHS *Organizational Requirements* - specifically the expectations for the effective governance of boards of health and management of public health units through the following functions: monitoring and reporting, continuous quality improvement, financial management and compliance with Ministry expectations.

Due to the COVID-19 response, the Ministry scaled back reporting requirements and deferred the 2019 and 2020 Annual Reports. Given public health units have already completed financial year-end reporting for 2019 and 2020 (Annual Reconciliation Reports), the Ministry did not proceed with separate Annual Reports and Attestations for these years.

The 2021 Annual Report and Attestation is focused on year-end financial and programmatic details for 2021 and includes some programmatic reporting for 2019 and 2020, as described below:

- **Narrative Base** – describes key activities and program achievements for specific Foundational and Program Standards.
- **Narrative One-time** – describes activities and outcomes of approved 2021-22 one-time projects/initiatives.
- **COVID-19 Actuals** – reports on actual costs for the COVID-19 General Program and COVID-19 Vaccine Program
- **Base funding** – reports on actual costs per program under the Ontario Public Health Standards (OPHS)
- **One-time funding** – reports on actual costs per approved one-time funding projects/initiatives
- **Variance explanation** – provides explanations for variances over/under 3% for base funding programs
- **Summary by funding source** – reports on COVID-19 costs managed within mandatory programs
- **Program Outcome Indicators** – reports on provincially defined and locally developed indicators to inform Ministry understanding of how programs that may

vary across public health units are monitored and measured for program success in achieving outcomes. ***Given program outcome indicators have been deferred since 2018, public health units were required to provide program narrative and outcome data for 2019, 2020 and 2021.***

- **Attestation** – attests to specific requirements under the accountability domains of the OPHS and other programmatic requirements
- **Certification** – certifies the information provided in the Annual Report is accurate and complete, conforms with categories specified as eligible, that copies of all invoices/back-up documentation are available for review at the board of health and the signed/scanned reports submitted are identical.

OPH submitted the *2021 Annual Report and Attestation* to the Ministry of Health on January 26, 2023, signed by Dr. Etches as Medical Officer of Health and by Councillor Kitts as Board Chair.

DISCUSSION

In 2021, OPH delivered programs and services in accordance with the [OPHS](#). However, due to the COVID-19 pandemic response and the need to apply the health unit's Continuity of Operations Plan, some programs and services were paused, suspended, reduced or postponed, affecting OPH's ability to achieve 100% compliance in all areas. This was a phenomenon experienced by public health units across Ontario and supported by the provincial Ministry of Health. Communications with the Office of the Chief Medical Officer of Health continued to keep the province informed of the need to re-allocate resources. The public health sector documented this experience in the [2021 aPHa Public Health Resilience Report](#).

While the majority of OPH resources were re-allocated to enable the response to the COVID-19 pandemic, critical response capacity was maintained for areas such as non-COVID-19 infectious diseases, food and water safety complaints, Healthy Babies Healthy Children, among others. The programs and services that were offered provided required supports identified by the community where needs were greatest. Innovative means were used to connect with communities in a way that streamlined and targeted services, making maximum use of OPH resources both from a human and financial perspective.

In 2021, OPH's key achievements that required contributions from across the department, and collaboration with many partners across Ottawa and the province, included:

- Top coverage rates for COVID-19 vaccination, including from the initial work with hospitals and in Long-Term Care Homes, and the start of providing vaccines to

people over 80 in communities with the greatest risk of COVID-19 mortality, through to providing the first booster doses at the end of December.

- Managing three times as many institutional outbreaks as in pre-COVID-19 years.
- Continuously monitoring and reporting on the COVID-19 situation and adapting communications to the public and over 1300 partners to support their efforts at infection prevention and control, in the context of changing provincial guidance.

At OPH, examples of programs without 100% compliance, given the shift in community priorities in 2021, included:

- Implementing public health interventions that address risk and protective factors to reduce the burden of illness from chronic diseases and preventable injuries.
- Carrying out routine inspections of all high and moderate risk fixed food premises, small drinking water systems, and recreational water facilities.

Reflecting the changing requirements for responding to the COVID-19 pandemic in 2022, OPH has initiated the recovery of programming that had been previously reduced due to the pandemic response.

The activities and program achievements highlighted in the *2021 Annual Report and Attestation* demonstrate that OPH's programs and services were well aligned with the OPHS as well as with provincial and local needs, especially as they related to the pandemic, and contributed to improving the health and well-being of residents across Ottawa. The following are some of the key activities from 2021:

- OPH completed several population health assessments to monitor trends in health determinants, risks and status of the Ottawa population, including analysis of historical trends and emerging or re-emerging issues of public health importance. Assessment results informed management, program staff, the Board of Health, local partners, media and the general public about health statistics and trends, including health inequities, geographic variations, community needs and priorities. Specific examples of population health assessments that influenced programs / services related to priority populations in 2021, included:
 - Analyzed COVID-19 rates using the Ontario Marginalization Index (ON-MARG) to assess disparities by income and ethnic concentration and used this information for planning and outreach through the Community Operations group and Community Engagement Team

- Area Level Analysis of COVID-19 tests and vaccination coverage by neighbourhood to understand disparities by socio-economic status to inform program planning and delivery of services
- Population Surveys were conducted to monitor the health and social impacts of COVID-19 and to look for inequities among groups. Survey results were used to inform planning, e.g., mental health and substance use health
- The Emergency Management Program supported OPH leaders and front-line responders through emergency responses, coordinating and providing training, improving tools, reviewing resources and plans, nurturing partnerships, as well as ensuring that OPH had and continues to maintain capacity to effectively respond to emergencies with significant public health impact. In addition to the COVID-19 pandemic, OPH was also involved in leading and/or supporting various responses throughout 2021 including, but not limited to:
 - Watermain Break - Bronson, between Riverside and Brewer Way (impact to Brewer Assessment Centre)
 - Spring freshet monitoring
 - Precautionary Boil Water Advisory at a migrant farm
 - Extreme Heat - Emergency Cooling Centers mobilized
- When the number of outbreaks exceeded capacity, OPH's Infection Prevention and Control Team (IPAC) developed a nimble weekly outbreak surge plan for long-term care homes, retirement homes, and other congregate living settings that outlined priorities and adjustments to the way outbreaks were managed. Outbreaks were ranked using a health equity lens and key qualitative and quantitative metrics like number of outbreaks, attack rates, a facility's capacity in previous outbreaks and staffing capacity, to ensure that the highest risk settings were prioritized for the most support. This risk-based approach to outbreak management and IPAC also supported targeted prevention actions, vaccination priorities, and was used to inform provincial guidance.
- While OPH's vaccination work was focused on the pandemic, OPH provided Grade 7 and 8 school-based vaccination against hepatitis B, human papillomavirus and meningococcal in fall 2021. Approximately 11,461 HB vaccine doses, 13,075 HPV-9 vaccine doses and 12,982 Men-C-ACWY-135 vaccine doses were administered across 99 schools. Assessment of immunization records for school pupils was paused.
- Healthy Growth and Development (HGD) implemented public health interventions

using a comprehensive health approach to support pregnant individuals and families with children up to age 6 to have optimal growth and development. The program includes interventions from preconception (online resources and education) to prenatal (online resources, virtual sessions in collaboration with community partners for priority groups like Indigenous and Francophone families), postpartum and early childhood (parenting sessions, Parenting in Ottawa (PIO) drop-ins by appointment clinics, baby helpline, online resources). HGD services were provided in the client's preferred language (English, French, Arabic, Mandarin, etc.).

- In 2021, some programs contributing to the Chronic Disease and Wellbeing Standard were paused due to organizational pressures resulting from the COVID-19 pandemic and staffing transitions during this time. Paused programs included healthy eating, active living, older adult health, and tobacco programming. OPH did continue to address mental health promotion, addictions and substance use health.
- OPH advanced healthy built environments by applying a public health lens to City of Ottawa municipal planning and transportation policies. The work to inform city policy, along with OPH's response to environmental health hazards, help mitigate and reduce risk factors related to environmental exposures and chronic disease that can contribute to the burden of illness. Further, OPH uses a population-level approach for prevention and promotion of environmental health hazards, and healthy natural and built environments.
- Given that workload demands are larger than the number of Public Health Inspectors available to do the work, OPH's Health Protection Service Area, used a risk-based approach to inspections and investigations. Throughout the pandemic, OPH continued to respond to complaints/investigations with reports of illness and related to rabies. OPH prioritized highest-risk inspections of locations with a history of non-compliance and facilities serving populations at greater risk of severe outcomes (e.g., long-term care homes, retirement homes, and other congregate living settings). Moderate risk inspections were similarly prioritized. Of note, not all of these prioritized inspections and no low-risk inspections were completed in 2021. Evidence from the field is demonstrating that even facilities with a history of compliance now have greater non-compliance with safe food handling practices and sanitation. This is resulting in more re-inspections and more time required to bring a facility back into compliance.
- OPH's School Health team and school-focused nurses provided a range of services to enhance supports to schools during the pandemic. These services included: case and contact management; outbreak management and infection

prevention and supports; on-site COVID-19 vaccine clinics; on-site COVID-19 testing support; targeted community outreach to school and parent communities, and school boards.

- For mental health promotion, OPH focuses on enhancing positive coping strategies, resilience and help-seeking behaviours, with an emphasis on children and youth. Interventions were developed and implemented through close collaboration with all Ottawa school boards and OPH's school health team. OPH continued to prioritize reducing stigma associated with substance use and enhancing the community's understanding of positive coping strategies and community services through the delivery of capacity building workshops. The workshops were delivered to community intermediaries, including representatives from local school boards and the Boys and Girls Club, reaching over 600 intermediaries that work with children and youth. Additionally, OPH collaborated with YouthNet, a youth facilitated mental health program affiliated with the Children's Hospital of Eastern Ontario, in the development of an online, interactive, mental health learning portal. This portal allows youth to gain an understanding of positive coping strategies, resilience skills, and available resources and services.

COVID-19 Response

During the COVID-19 pandemic, OPH provided leadership that, according to partner and stakeholder feedback, was widely appreciated for keeping community members, businesses and partners informed about how to reduce their risks of illness and absenteeism.

OPH worked with the City's Emergency and Protective Services and other City leadership as well as with hospital and community-based partners to distribute and ensure administration of COVID-19 vaccine within Ottawa, including via OPH delivery channels. OPH, with the City's support, used a proportionate universalism approach offering both targeted and universal COVID-19 vaccine clinics. Targeted clinics included hubs strategically located in priority neighbourhoods and mobile clinics reaching residents at high-risk for COVID-19 or who have difficulty accessing COVID-19 vaccines through other delivery channels. Mass immunization clinics offered COVID-19 vaccines to the general public. The COVID-19 vaccine program allowed OPH to:

- Support approximately 50 partners to administer COVID-19 vaccines;
- Administer approximately 1,173,164 COVID-19 vaccine doses through OPH hubs, mass immunization clinics and mobile clinics; and
- Distribute COVID-19 vaccines to 79 health care provider offices in Ottawa.

Case and outbreak management was also an enormous task. In 2021, there were 37,710 confirmed COVID-19 cases including, sadly, 231 people who died, and 589 COVID-19 outbreaks, which staff managed with significant pressures through surges of infection in the community.

Community and Sector Engagement

The pandemic response informed and motivated new ways of working across health and social systems.

- The Neighbourhood Health and Wellness Hubs represent one such innovative approach, the product of collaboration between OPH, local Ontario Health Teams, local health and mental health partners and the City of Ottawa's Community and Social Services Department.
- OPH saw important gains in collaborations with Ottawa-area Ontario Health Teams (OHTs) to improve access to mental health and addiction services, such as Counselling Connect and 1call1click.ca.
- Ottawa's COVID-19 community response and vaccination outreach in neighbourhoods was greatly enhanced through OHT partnerships. Equally vital to the health unit's efforts were its community partners, including hospital and health care sector, Indigenous health partners, community health and resource centres, clinic hosts, community and multi-cultural groups, family health teams, local physicians and pharmacies, among many others.

Neighbourhood and race-based data showing the disproportionate impact of COVID-19 on certain populations was used to develop a targeted response. OPH's Community Engagement team was created in Fall of 2020. This team's work in 2021 focused on working directly in neighbourhoods that were disproportionately impacted by COVID-19 as well as various communities that faced barriers. The team's work focused on helping protect equity-deserving groups from the further spread of COVID-19 while also working to lift and centre the community's voice to help guide OPH's approaches and strategies (e.g., communication needs for diverse communities, location of pop-up vaccine clinics catering to residents living in the most impacted neighbourhoods).

OPH continues to engage extensively with priority populations to build genuine relationships, build trust, and gain a deep understanding of the needs of diverse communities. Health equity strategies include increasing the diversity of OPH's staff, including intentional mechanisms to value lived experience, the creation of a cross-city Community of Practice, working with and learning from leaders from diverse communities, and employing community-informed methods of communication. These

strategies were further reinforced by the Diversity Audit focused on OPH's Anti-racism and Anti-oppression policy.

OPH also worked with community partners, including service providers and people with lived and living experience, to enhance the well-being of the community through collaboration, capacity building and knowledge exchange initiatives that support and promote resilient communities. Building on the recommendations from the 2020 Mental Health of Ottawa's Black Community research study, OPH developed its first African, Caribbean and Black (ACB) and racialized populations Mental Health Strategy, which includes the creation of OPH's first Anti-Racism/Anti-Oppression Workplace Policy and the development and implementation of faith leader training. This training builds faith leaders' capacity to better support their community with mental health supports, crisis response, and suicide prevention. Additionally, OPH worked to address the mental health impacts of racism by launching the new *Have THAT talk* About Racism and Allyship videos, which use a story telling approach to discuss different forms of racism, the impact of racism on mental health, and to provide strategies to cope and take care of one's mental health.

In September 2021, the Ottawa Board of Health approved revisions to OPH's Reconcili-ACTION Plan and recommended actions to ensure that OPH and Indigenous communities continue to move forward together with an approach that values Indigenous knowledge, rights and self-determination. Multiple meetings were arranged to check-in with local First Nations, Inuit and Métis service organizations. Guided by the principles of reconciliation (respect, relationship, reciprocity and reflection), these interactions were intended to share updates and concerns, celebrate successes, and to identify gaps and opportunities for Reconcili-ACTION and post-pandemic program planning. Conversations with Indigenous Elders and partners suggested that OPH is making progress on its quest to become a culturally safe and humble organization.

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 the information contained in this report.

RISK MANAGEMENT IMPLICATIONS

As stated in this report, compliance was achieved for many programs and services, although some were paused due to the pressures on the organization as a result of the COVID-19 Pandemic Response and the organizational staffing transitions during this time. As the pandemic response requirements reduce, OPH has and will continue to appropriately resume its programs and services.

FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

DISPOSITION

This report is for information. OPH will continue to monitor Ministry accountability, planning and reporting requirements. All reports will be submitted as per directions provided by the Ministry of Health and reporting to the Board of Health will be aligned with Ministry requirements and timelines.