

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
4 November 2024 / 4 novembre 2024**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2024-OPH-KPQ-0002**

**SUBJECT: Risk Management at Ottawa Public Health**

**OBJET: Gestion des risques à Santé publique Ottawa**

## **REPORT RECOMMENDATIONS**

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

## **RECOMMANDATIONS 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**

Ottawa Public Health (OPH) operates in a dynamic environment and must identify, assess, plan, monitor, and respond to emerging and potential risks to its strategy and

operations proactively. The [Ontario Public Health Standards \(OPHS\)](#)<sup>1</sup> include an Accountability Framework, which sets out the Ministry of Health's (the Ministry) expectations of boards of health to promote a transparent and effective accountability relationship. Boards of health are responsible to provide governance direction and oversight to risk management. As part of the Accountability Framework, significant risks are reported to the Ministry in the Quarter Three (Q3) Standards Activity Report.

Throughout the COVID-19 pandemic response, OPH continued a multifaceted approach to risk management. This approach included annual risk reporting to the Ministry, day-to-day operational risk management, and regular departmental risk assessments and reviews by the Senior Leadership Team (SLT). In 2021 and 2022, OPH's risks were largely related to the COVID-19 response and recovery efforts, the unintended consequences of the pandemic on operations and capacity, and efforts to restore public health services and programs. In 2023, OPH reported three significant risks to the Board of Health (BOH) and the Ministry: equity in health care, climate change, and technology.

The purpose of this report is to inform the BOH of OPH's evolving approach to risk management and current risk environment, as well as the risks and mitigation strategies that will be reported in this year's Q3 Standards Activity Report.

## **DISCUSSION**

### **Risk Management Approach**

OPH's approach to identify and monitor departmental risks post-pandemic has evolved in alignment with the City of Ottawa's Enterprise Risk Management (ERM) policy and framework, while continuing to apply the unique requirements for risk management as a local public health unit. In 2024, this approach has involved developing risk appetite and tolerance statements, creating a departmental risk register, and documenting mitigation plans for high, medium-high, and emerging risks. Additionally, a risk monitoring approach has been developed. OPH engaged the Risk Management Unit within the City Manager's Office throughout the development of these tools and processes.

SLT participated in a series of facilitated sessions to integrate risk appetite and tolerance statements into the risk management approach, and to identify emerging and potential threats to operations, services, and strategic priorities. Subsequently, the BOH

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<sup>1</sup> The OPHS (June 2021) are currently under review. At the time of writing for this report, the Ministry of Health has not released the revised OPHS to local public health units.

was engaged to increase their awareness of and inform OPH's risks and to provide input on OPH's risk appetite and tolerance.

The renewed approach provides OPH with additional proactive tools to systematically identify and manage risks. It also supports consistent decision-making regarding risk and strengthens organizational accountability, transparency, and responsibility.

### **Risk Appetite and Tolerance**

Risk appetite and tolerance statements play an integral role in governance, strategic planning, and decision-making. Risk appetite refers to the type and amount of risk that OPH is willing to accept in pursuit of the [Strategic Plan for 2023-2027](#) and the delivery of programs and services. Risk tolerance reflects the limit of risk that OPH would not be willing to exceed. While risk tolerance is related to appetite, it is more appropriately used as a critical input to strategic and key tactical decisions. OPH's risk appetite and tolerance are outlined in [Document 1](#). The next step is to communicate the statements with all employees to build a common understanding and encourage a collective approach to risk management.

### **Departmental Risks**

Twelve departmental risks, outlined in [Document 2](#), were identified through a comprehensive review of previous departmental risks, team-identified risks in operational plans, and risks highlighted by other public health units. The risks were informed by the sessions with the BOH and SLT as well as the considerations discussed below. The departmental risks encompass a broad spectrum of types of risk, ranging from those influenced by external factors to inherent risks associated with routine operations. Risk mitigation plans have been established for all high, medium-high, and emerging risks to identify the risk owner and mitigation activities. The risks may be mitigated together or are connected or dependent on each other, and therefore must be viewed holistically.

In 2024, OPH will report the five highest departmental risks to the Ministry as part of Q3 Standards Activity Reporting. Below is a summary of these risks and mitigation strategies.

### **MENTAL HEALTH, SUBSTANCE USE HEALTH, AND HOUSING**

The relationship between mental health, addictions, and substance use health and housing is complex and interconnected. Housing conditions influence health outcomes and health status affects housing stability. Homelessness and precarious housing

situations can be a barrier to accessing care for mental health and substance use health challenges. In 2022, almost one quarter of individuals seeking housing in Ottawa cited mental health issues as a challenge preventing them from obtaining housing.<sup>i</sup>

Locally, both existing and new mental health, addictions and substance use health concerns were made worse by the pandemic. There is also a growing number of people experiencing homelessness and precarious housing situations. **This worsening crisis, combined with an insufficient, comprehensive multi-sectoral response is leading to unsustainable demands and an inability for OPH to respond to complex community needs.** The inability to respond could result in a loss of community and partners' trust in OPH and will lead to negative health outcomes. OPH builds and measures community and partners' trust, perception, and awareness of OPH through various strategies. These include engagement with residents, partners and elected officials, neighbourhood-level community engagement, and effective use of available tools such as websites, social media, and media interactions. This proactive approach not only mitigates risks to trust but also ensures OPH remains aware of emerging issues and responsive to community needs. Collaboration and multi-faceted, system-level change is essential to **mitigate** risk and improve mental health, substance use health and access to safe and appropriate housing in Ottawa. Several initiatives within the strategic plan seek to address mental health, substance use health, and housing.

The loss of life due to substance use is compounded by interrelated challenges of harmful childhood experiences, poverty, increasing mental health concerns, the growing number of people experiencing homelessness, and the increased toxicity of the unregulated drug supply. OPH is one of many organizations with roles in addressing mental health and substance use health. One of OPH's foundational tasks is monitoring and evaluating health status over time to help inform policy makers and community and health partners in their work. OPH also helps convene partners and promote coordination through the Overdose Prevention and Response Task Force, as well as other networks and coalitions, and in connection with residents and businesses. In addition, OPH works to provide partners and the public with communications and alerts about emerging trends and issues as well as timely access to information through two interconnected tools, the [Overdose Overview tool](#) and the [Mental Health, Addictions and Substance Use Health Community dashboard](#). These tools are being used by organizations to identify needs and gaps, to influence system change through planning for program and service delivery, to influence policy through data driven actions, to seek funding for different initiatives and to measure impact.

OPH is collaborating with the City's Housing Services branch and Strategic Initiatives Housing Solutions branch to advance the integration of health into housing programs, services, and municipal policies to strengthen systems that support people with unmet health needs. Notably, OPH is planning a forum to gather health and housing leaders to develop a common understanding of the health and housing needs and identify gaps in services for people with mental health concerns and addictions, who are unstably housed or living in social housing, and to identify opportunities to address these gaps.

OPH supported partners to submit the Healthy@Home funding application to Ontario Health aimed at enhancing comprehensive primary care supports for people living in 15 high-risk community housing buildings. At the time of writing this report, a response to the funding application is pending. OPH's efforts to address health and housing are further described in the [Strengthening Bridges between Health and Housing Systems](#) memo.

## **CLIMATE CHANGE**

Climate change is an urgent and large-scale public health crisis, posing significant health risks for the whole population and health risks that disproportionately negatively impact certain populations. Since 2019, the Board of Health has received [one report](#) and two Information Previously Distributed (IPD) memos, [one in 2022](#), and [one in 2023](#), on OPH's climate change work and preliminary findings of the climate change and health vulnerability assessments (CCHVA). As these reports highlight, collaboration is crucial for effective climate change adaptation and mitigation. **OPH is limited in how it can support the City and community to mitigate and adapt to climate change health effects, including those caused by extreme heat and air quality issues, without a coordinated response across all sectors and levels of government, as well as sufficient funding.**

OPH's strategic plan focuses on climate change mitigation and adaptation and community resiliency. Activities in the strategic plan support the **mitigation** of this risk. OPH has completed CCHVAs on extreme heat, vector-borne diseases, food- and water-borne illness, wildfire smoke, and ultraviolet radiation. The CCHVAs identify key actions or opportunities for OPH, the City and partners to explore in order to protect the health of the population, most notably communities who are made vulnerable by the health effects of climate change. The Extreme Heat, Cold, and Smog Planning Committee, chaired by OPH and comprised of City departments and community partners, will support implementation of certain findings from the extreme heat CCHVA, focusing on

improving information resources on preventing heat-related illness and death and promoting access to cooling.

OPH's work to mitigate climate change is integrated into efforts to advance healthy public policy through the built environment. OPH maintains the co-location of employees in the City's Climate Change and Resiliency team within the Strategic Initiatives department and in the Planning, Real Estate and Economic Development department. Through co-location, OPH advances healthy public policies and enhances the City's efforts outlined in the Climate Change Master Plan, the Official Plan, the draft Zoning By-law, secondary plans, and design guidelines. Additionally, the Medical Officer of Health participates in the City's Climate Change Tiger Team to identify opportunities to address climate issues across departments.

### **COMPLEX COMMUNITY NEEDS**

The needs of communities in Ottawa are increasingly complex due to inadequate and inequitable primary care access and socioeconomic challenges, including those related to housing, income, and food security. **These increasingly complex community needs are leading to unsustainable demands and an inability for OPH to respond to community needs.** The inability to effectively respond places community and partners' trust in OPH at risk.

Effective risk **mitigation** requires programs and services to streamline capacity and resources to prioritize groups facing the greatest harm. OPH created a dedicated Health Equity, Diversity, and Inclusion (HEDI) service area with specialist roles in health equity, diversity and inclusion, accessibility, and Indigenous health, rights, and reconciliation. The role of the service area is to drive knowledge sharing and collaboration and foster a shared responsibility across OPH to advance health equity and Indigenous health, rights, and reconciliation. Strategic planning and operational planning processes support teams to identify dedicated actions to this end.

Due to the complex and interconnected nature of this risk, most mitigation strategies across all the departmental risks address community need and public health capacity. The following are specific activities addressing health equity in the community:

- maintain and stabilize the Neighbourhood Health and Wellness Hubs (NHWH), currently located in 10 high priority neighborhoods;
- continue neighbourhood-level community engagement activities, prioritizing joint initiatives with partners also working at the neighbourhood level to utilize

wholistic, collaborative approaches to meet the needs of people facing the greatest barriers and to help them navigate and access resources;

- partner with Ottawa Health Team-Équipe Santé Ottawa and community partners to increase primary care attachment for residents from equity-denied groups (EDGs) in the Lowertown neighbourhood through the primary care attachment initiative;<sup>2</sup>
- develop and maintain partnerships with members of the disability community, their allies and key service providers to broaden and deepen awareness of community needs and perspectives.

Indigenous peoples' experiences with the healthcare system and approaches to health and well-being are unique. OPH's progress to advance Indigenous health, rights, and reconciliation is outlined in the [Indigenous Health, Rights and Reconciliation: Annual Update](#) report. OPH's Indigenous Health Specialists support the implementation of initiatives, such as Indigenous Cultural Safety Training and maintaining and sustaining the "Share your Story" Community of Practice.

## TECHNOLOGY

**The absence of a provincially coordinated digital strategy and reliance on City digital platform standards for managing unique public health business needs, such as delivery of client care, is leading to fragmented solutions and challenges to meet legislative requirements related to information management, privacy, and security.** The current state prevents efficient, effective, and optimal public health practice. For example, the Infectious Disease Program (IDP) is required to use the provincial database, integrated Public Health Information System (iPHIS), for the reporting and surveillance of diseases of public health significance, yet multiple digital systems have been created to supplement this database, as it is not sufficiently meeting documentation requirements needed to fulfill guidance and legislated standards.

Collaboration is critical to risk **mitigation**. OPH is participating in and influencing the provincially led Public Health Digital Platform to consider the needs of local public health units in information technology and information management solutions. OPH also works with the City's Information Management System and Information Technology Services to ensure digital platforms used for public health business meet legislative

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<sup>2</sup> Though specific to residents of the K1N postal code area, this initiative serves as a proof of concept that has the potential of improving access to primary care by EDGs across Ottawa.

requirements. In June, the BOH received a presentation highlighting the importance of continued collaboration to safeguard the privacy and security of OPH data and systems. Recently, OPH collaborated with the City to implement improved sensitivity labels in Microsoft Outlook. This is an important next step in the Data Classification and Handling Policy to improve safeguards on information flowing through email. OPH will be an early adopter of this new functionality, which is expected to launch this fall.

OPH is advancing the Transform, Enable, Connect (TEC) Strategy to support the achievement of strategic initiatives and meet the day-to-day operational needs. One focus of the TEC strategy is to transform capacity to deliver service by automating business processes, leveraging electronic systems and technologies, developing and configuring systems for public health business needs, and procuring specialized systems, such as Telus Collaborative Health Record and Abeldent. OPH strives to integrate these multiple systems as much as possible to ensure client privacy and security and maximize efficiency.

As part of the TEC strategy, OPH conducts privacy and security assessments on digital platforms in use and those being assessed for use and completes audits of account credentials and acceptable system use. During the first two quarters of 2024, 100% of high or very high privacy and security risks were reduced to an acceptable level. OPH also requires all OPH employees, learners, and volunteers' participation in mandatory privacy and security training.

## **PUBLIC HEALTH CAPACITY**

In September 2024, the BOH received the report [2025 Budget Planning and Considerations for Ottawa Public Health](#), outlining the ongoing growth pressures OPH is experiencing on its core mandated work. These pressures include addressing 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. The report further describes OPH's efforts to maximize the budget, as well as the Ministry's plan to strengthen the public health sector's capacity, sustainability, and stability through voluntary mergers of some local public health units, changes to funding, and revisions to the OPHS. Despite these efforts, there continues to be a **lack of available public health resources leading to non-compliance to the Program Standards in the OPHS.**

This risk would be further intensified if a public health emergency arises, requiring OPH to prioritize resource allocation to emergency response(s). Several factors can contribute to the likelihood of an emergency event, including the global re-emergence of



highly infectious diseases and the seasonality of infectious diseases, vaccine hesitancy and inadequate vaccine coverage, the effects of climate change, and clusters of overdoses due to the toxicity of the unregulated drug supply. Further, the cumulative impact of multiple areas of non-compliance must be considered. The gap between need and available services has significant consequences for Ottawa residents, particularly people who are most disadvantaged.

Evolving and increasing demands also impacts employee wellness. Workload management and balance was among the top three areas of concerns reported by OPH employees in the 2023 Guarding Minds at Work (GM@W) survey, with 59% of OPH employees (n=449) reporting their workload was heavy/very heavy.

There are several **mitigation** strategies in place to effectively respond to this risk:

- engage representatives from the Ministry, neighbouring boards of health, and the Association of Municipalities Ontario to convey the need for sustainable public health resources;
- adapt the safe food and water inspection program and Public Health Inspector recruitment and capacity building efforts, further described in the [OPH Adapted Inspection Program Approach report](#);
- implement risk-based approaches and reallocate human resources to support infectious disease case and contact management, further described in [Ottawa Public Health's Approach to Infectious Disease Case and Contact Management report](#);
- collaborate with the City and partners, and development of team-level continuity of operation plans, to prepare for and mitigate public health threats;
- create the Health Equity Officer role in the Incident Command System (ICS) and deliver role-specific training to maintain readiness and ensure enhanced responses are tailored to the needs of EDGs;
- leverage the increased annual base funding for the Healthy Babies Healthy Children program, to enable increased home visit capacity and reduce wait times for service;
- implement the East-end vaccine distribution centre to improve access to vaccines for healthcare providers;

- adapt approaches for surveillance of *Immunization for School Pupils Act* required vaccines, focusing on the 7- and 17-year-old cohorts;
- administer all publicly funded vaccines to eligible populations to enhance vaccine coverage, with a focus on equity-denied groups, children and youth through the Kids Come First partnership (0-18 years old) and Neighbourhood Health and Wellness Hubs (all ages);
- implement the virtual immunization hub through the OPH Contact Centre to enhance services provided at in-person clinics, including phone counselling on vaccine requirements and support to report vaccines; and,
- implement initiatives to promote employee wellness and reduce workload, such as the Wellness@Work Plan and automated digital solutions.

### **Risk Monitoring and Reporting**

Moving forward, OPH will continue to apply a multifaceted approach to monitor and report on risk. SLT will review OPH's risk appetite alongside the strategic planning cycle. As risk tolerance is intended to be a decision-making tool, OPH will continuously monitor and amend risk tolerance to remain agile within our evolving context.

SLT will formally review departmental risks twice a year. This includes a review of the existing risks to re-assess the risk rating and identifying new or emerging risks. The reviews ensure that risks that have moved from lower to higher become apparent in time to adequately address them. The risk mitigation plans will be reviewed to monitor progress on the activities and determine the need for additional mitigation strategies. Annually, the most likely and/or impactful risks will be reported to the BOH and the Ministry.

### **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 rural implications associated with this report.

**RISK MANAGEMENT IMPLICATIONS**

Risk and mitigation measures are outlined in the Discussion section 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.

**ENVIRONMENTAL IMPLICATIONS**

This report outlines departmental risks associated with climate change mitigation and adaptation.

**TECHNOLOGY IMPLICATIONS**

This report outlines departmental risks associated with information management, privacy, and security.

**ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES**

As described in this report, OPH applies comprehensive strategies to mitigate known risks that could impact the strategic plan.

**SUPPORTING DOCUMENTATION**

Document 1 – OPH Risk Appetite and Tolerance Statements

Document 2 – OPH Departmental Risks

**DISPOSITION**

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

## **Document 1 – OPH Risk Appetite and Tolerance Statements**

### **Risk Appetite Statement**

Ottawa Public Health (OPH) works to prevent illnesses, injuries, and poor health by delivering a range of mandated programs and services that are outlined in the Ontario Public Health Standards and by advancing the strategic priorities outlined in the strategic plan for 2023-2027. OPH will take measured risks to achieve our vision and deliver our programs and services.

#### **OPH is driven by equity.**

OPH is willing to accept and take on some risk to:

- Collaboratively address systemic barriers and increase health equity.
- Advance Indigenous rights and reconciliation in partnership with Urban Indigenous Peoples.
- Bring public health services and interventions closer to communities facing the greatest barriers.
- Influence changes in built, natural, and social environments and address climate change.
- Promote mental health and substance use health while reducing stigma.

OPH has a low appetite for risks that would:

- Contribute to or increase health inequities.
- Negatively impact the community and partner's trust in OPH.
- Jeopardize the integrity and/or confidentiality, security, and privacy of personal information and data.
- Cause significant and irreparable damage to the environment.

#### **OPH is focused on prevention.**

OPH is willing to accept and take on some risk to:

- Leverage available opportunities to address root causes of poor health.
- Advance healthy public policies.

- Innovate and modernize programs and services.

OPH has a low appetite for risks that would:

- Negatively impact the health and wellbeing of people and places in Ottawa.
- Disrupt access to public health programs and services.
- Contradict the best available evidence, where evidence is data, research, and community voice.

**OPH is measured by our impact.**

OPH is willing to accept and take on some risk to:

- Attract, develop, and retain an equitable, diverse, inclusive, and skilled workforce.
- Promote a psychologically healthy and safe workplace culture.
- Effectively use public health resources to affect the greatest amount of change.
- Influence financial investments in public health.

OPH has a low appetite for risks that would:

- Negatively impact the health, safety, and wellbeing of employees, learners, and volunteers.
- Negatively impact financial sustainability.
- Ineffectively use public health resources.

**Risk Tolerance Statement**

OPH’s mission is to work together with the community to promote and protect the health and well-being of all people and places in Ottawa. OPH recognizes and adapts to the risks that may impact our ability to achieve our mission. OPH continuously monitors our risk tolerance and adjusts our strategies to align with a continuously evolving context.

Risk Category	Risk Tolerance
Compliance / Legal	OPH is committed to compliance while recognizing the challenges created by evolving capacity, context and

	<p>community needs, emerging public health issues, and other external factors. OPH has a <b>moderate</b> tolerance for adapting programs and services in responses to evolving community needs, even when this leads to non-compliance with public health standards where the estimated impact is low. Otherwise, OPH has a <b>low</b> tolerance for failure to comply with legislation, regulations, and policies that would have a negative impact on the community.</p>
Environment	<p>OPH influences changes in built, natural, and social environments that promote health and wellbeing, and works to address the impacts of climate change. OPH has a <b>high</b> tolerance for investing public health resources to respond to infectious disease threats or other public health crises, emergency preparedness, and climate change.</p>
Equity	<p>OPH is committed to identifying and addressing systemic barriers to increase health equity in urban, suburban, and rural communities in Ottawa. OPH has a <b>high</b> tolerance for risks associated with establishing new partnerships and delivering services in collaboration with local communities and partners to eliminate health inequities, systemic racism, discrimination, and oppression.</p>
Financial	<p>OPH is responsible for stewardship over its financial resources and maintaining a balanced budget. OPH has a <b>low</b> tolerance for misuse of financial resources and <b>moderate</b> tolerance to re-allocate resources to support the achievement of strategic and operational priorities.</p>
Governance / Organizational	<p>OPH is committed to fostering an equitable, diverse, and inclusive workforce and a psychologically healthy and safe workplace culture. While we recognize the need to balance immediate responses to health-related issues, OPH has a <b>low</b> tolerance for any practices that compromise employee wellness and positive workplace culture.</p>

Information / Knowledge	OPH is committed to applying the best available evidence and aims to continuously improve and innovate our work. OPH has a <b>high</b> tolerance for evidence-based innovation that will support more effective and efficient service delivery.
Operational / Service Delivery	OPH is committed to maintaining the availability of its programs and services. OPH has a <b>low</b> tolerance for disruptions to critical programs and services and a <b>moderate</b> tolerance for disruptions to non-critical programs and services. OPH's continuity of operations planning ensures resilience.
Partner / Public Perception	OPH is committed to building genuine and lasting relationships with partners and residents to collaboratively foster a healthy community. OPH has a <b>high</b> tolerance for establishing and leveraging partnerships to achieve strategic priorities. OPH has a <b>low</b> tolerance for risks that will negatively impact our trustworthiness, reputation, and relationships with the community and/or current or future partners.
People / Human Resources	OPH must attract, develop, and retain a diverse, inclusive, equitable, and healthy work force. OPH has a <b>low</b> tolerance for activities that may compromise the ability to recruit, develop, and retain employees.
Political	Responding to public health issues can be highly dependent on all levels of government. While OPH adapts to evolving contexts, OPH has a <b>moderate</b> tolerance for changes in political priorities, recognizing that these shifts can impact funding for public health initiatives and influence the political response to address public health issues.
Privacy	OPH is responsible for safeguarding sensitive information, personal information, and health records. OPH has a <b>low</b> tolerance for any intentional or unintentional activities that compromise privacy and confidentiality.
Security	OPH is committed to fostering an environment for all employees, learners, volunteers, and the public that is culturally, socially, physically, and psychologically safe. OPH

	has a <b>low</b> tolerance for unmanaged risks to employees' and the public's health, safety, and security.
Strategic / Policy	OPH is committed to addressing public health issues through evidence-based decisions, meaningful engagement, and relationship building. OPH has a <b>high</b> tolerance for pursuing strategic priorities. OPH has a <b>low</b> tolerance for policy changes that can negatively impact the health and well-being of all people and places in Ottawa.
Technology	OPH aims to balance technology's benefits, while minimizing the potential negative impacts on our programs, services, and business functions. OPH has a <b>low</b> tolerance for technology disruptions that impact critical programs, services, and business functions. OPH has a <b>low</b> tolerance for threats to systems and assets arising from external malicious attacks. OPH has a <b>high</b> tolerance for exploring and adopting innovative technology that will support effective and efficient service delivery.



## Document 2 – OPH Departmental Risks

Ministry of Health Risk Category	Risk Statement	Overall Rating	Risk Connections
Strategic / Policy	1. A worsening drug toxicity-housing-mental health crisis combined with an insufficient, comprehensive multi-sectoral response is leading to unsustainable demands and an inability for OPH to respond to community needs. This could also result in a loss of community and partners' trust in OPH and negative consequences to population health.	High	5, 7
Environment	2. OPH is limited in how it can support the City and community to mitigate and adapt to climate change health effects, including those caused by extreme heat and air quality issues, without a coordinated response across all sectors and levels of government, as well as sufficient funding.	High	5
Equity	3. Increasingly complex community needs are leading to unsustainable demands and an inability for OPH to respond to community needs. This could also result in a loss of community and partners' trust in OPH and negative consequences to population health.	High	5, 7

Ministry of Health Risk Category	Risk Statement	Overall Rating	Risk Connections
Technology, Privacy	4. Absence of a provincially coordinated digital strategy and reliance on City digital platform standards for managing unique public health business needs, such as delivery of client care, is leading to fragmented solutions and challenges to meet legislative requirements related to information management, privacy, and security.	High	8, 9, 11
Compliance Legal	5. Lack of available public health resources is leading to non-compliance to the Program Standards in the OPHS. This risk would be further intensified if a public health emergency arises, requiring OPH to prioritize resource allocation to emergency response.	High	1, 2, 3, 6, 7, 10, 11
People / Human Resources	6. Challenges in recruiting and retaining specialized skills and languages, along with insufficient effort to address employee wellness and safety, may lead to human resource disruptions, loss of talent, physical harm, emotional distress, and difficulty retaining employees.	Medium-High	1, 2, 3, 5, 7, 9

Ministry of Health Risk Category	Risk Statement	Overall Rating	Risk Connections
Partner / Public Perception	7. Changes in public attitude towards public health issues and increasing distrust in government entities may lead to a loss in community and partners' trust in OPH and resistance to support healthy public policies. This could also result in negative consequences to population health.	Medium-High	1, 2, 3, 5
Technology	8. Critical technology failure or disruptions may lead to the inability to access or use software and databases (e.g., provincial databases, Microsoft Office applications, electronic medical records) for client service and/or data collection and analysis causing program and/or service disruptions. Equity-deserving populations could be disproportionately impacted.	Medium	4
Governance / Organizational	9. Misuse or inappropriate use of generative artificial intelligence (gen AI) may lead to privacy and security risks, such as privacy or data breaches, resulting in the potential compromise of sensitive information. Gen AI can also generate biased information that when not identified, can contribute to racism, discrimination, and oppression, impacting the community and partners trust in OPH.	Medium	4, 6

Ministry of Health Risk Category	Risk Statement	Overall Rating	Risk Connections
Strategic / Policy	10. Unforeseen external factors, including emergency events, may lead to challenges achieving the expected outcomes of the OPH 2023-2027 Strategic Plan.	Medium	1, 2, 3, 5
Compliance Legal	11. Intentional or unintentional non-compliance to legislation, regulations, policies, and procedures may lead to disputes between OPH and clients/employees resulting in lawsuits and financial penalties.	Low	4, 12
Financial	12. Misuse of financial resources, failure to balance the budget, and/or inadequate operational spending monitoring may lead to over or under spending. The consequences include budgetary inefficiency, operational disruptions, missed opportunities, financial instability, and accountability issues.	Low	5, 11

<sup>i</sup> Ottawa Public Health. Mental health, addictions and substance use health in the community dashboard [Internet]. 2024. Available from: <https://www.ottawapublichealth.ca/en/reports-research-and-statistics/mental-health-addictions-and-substance-use-health-in-the-community.aspx>.