

# Review of Ottawa Public Health's Response to COVID-19

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I acknowledge that I am on the land of the ləkʷəŋən speaking peoples

# OPH Context

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- OPH Commitments:
  - Reconciliation, Quality, Engagement.
  - Impact: maximum benefit and value of resources.
- Organization of health care and public health was in flux before the pandemic:
  - Move from Local Health Integration Networks to Ontario Health Teams, Ontario (ON) proposals for Public Health Modernization (Nov 2019), changes to funding formula for Health Units.

# Pandemic Preparation and Initial Response

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- OPH was prepared for an influenza pandemic.
- Plans were modified for new disease.
- An ethical framework was developed at the onset.

# Emergency Management - Response

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- Incident Management System (IMS) structure was set up very early.
- In September 2020 OPH stood down the IMS and re-prioritized operations recognizing the need for a longer term, sustainable way of working.
  - OPH operated in the City IMS to March 2022 and set up another IMS in December 2021 in response to Omicron.
- OPH built on existing relationships to understand and respond to the pandemic in economically disadvantaged, racialized and stigmatized communities.
  - Developed a Community Engagement Program.

# Model of a Public Health Response

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1. Collection, analysis and interpretation of timely, reliable and accurate data which leads to
2. Development of appropriate public health policy and public health actions which need to be
3. Communicated, understood by, and responded to by individuals and communities at risk and decision makers.

# Assessment and Surveillance

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- Staff responded and developed an efficient and nimble disease surveillance and risk assessment system.
- A large recruitment effort required to support expansion of data collection.
- Surveillance of other communicable diseases was scaled back. Collection of data on overdose deaths and ER visits continued.

# Public Health Policies & Public Health Action

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- Fast and frequent changes in public health orders and directives from ON:
  - OPH assessed the local situation and, where necessary, strengthened requirements of orders.
- Case and outbreak management
- Required a new IT system.
  - Large undertaking, started quickly requiring adaptability of staff.
  - Existing community partners needed advice on dealing with individual situations.

# Public Health Policies & Public Health Action

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- Infection Prevention and Control (IPAC) program gave advice, guidance and service to large numbers of congregate settings.
- Health Protection curtailed to support IPAC. Able to maintain inspection of high-risk settings and respond to complaints.



# Public health policies and public health action

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- Immunization:
  - OPH and the City responded quickly and efficiently.
  - Community Engagement: In collaboration with stakeholders, many different modalities used to provide immunization across Ottawa reflecting needs of vulnerable/ priority communities and individuals. Demonstrated adaptability and initiative.

# Communications

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- Timely and reliable data formed the basis of statements to the Board of Health and media, the promotion of personal public health action, information distributed to those most at risk and sectors affected adversely, and the development of the OPH website and social media.
- The OPH website and social media participation was evaluated for coverage and relevance.

# Assessment, Evaluations and the Future

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- Many surveys, polling and consultations to assess understanding and uptake of public health measures, immunization, mental health, consequences for business, employment and income pressures. Included surveys of specific population groups.
- Evaluations of specific initiatives.
- Public health policies and actions of the health unit were continually evaluated, enabling clear communications with communities and sectors to be meaningful and applicable.

# Human Resources

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- Large numbers of new staff were employed, and existing staff had to assume more responsibility.
- Staff had to face many challenges including changes in the way of working, hours, work and family life balance.
- The workload of human resources staff was very significant.
- Burden on the management group and specialist physicians was intense.

# Recommendations

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- A Pandemic Plan should include scenarios for extended emergencies.
- Plan for continuity of operations for a prolonged emergency including, risk assessment, health protection and IPAC, and supervisory and management capacity.
- Maintain strong focus on community engagement.
- Examine consequences on staff, supervisors and managers.