

## **DOCUMENT 1: 2014 Ottawa Public Health (OPH) Achievement Highlights and Provincial Oversight**

### **2014 Ottawa Public Health (OPH) Achievement Highlights**

The list below highlights a number of OPH's achievements in 2014 in its work to promote and protect the health and well-being of Ottawa residents, including:

- Reduced smoking rates. Currently, Ottawa has among the lowest smoking rates in Ontario. Since the implementation of OPH's Renewed Strategy for a Smoke-Free Ottawa, the smoking rate in Ottawa has decreased to historically low levels.
- Enhancing infection control best practices and effective management through education, distribution of customized outbreak management tool kits, and strengthened partnerships with long-term care homes, retirement homes, Community Care Access Centres and hospitals.
- Improved access to mental health services to support children, youth and parents as they transition between settings and services in collaboration with CHEO, the Royal and Youth Services Bureau.
- Increased access to healthy, affordable, and culturally-appropriate foods by working with the community-based Poverty and Hunger Working Group who hosted 75 Good Food Markets in 11 Ottawa neighbourhoods, along with the launch of the [Market Mobile](#).
- Maximizing service delivery to vulnerable populations affected by sexually transmitted illnesses and blood borne illnesses, including sex trade workers, new immigrants to Canada, gay, bi, transmen and other men who have sex with men, and individuals who use drugs.
- OPH distributed 768,640 doses of vaccines in 2014, including vaccines for measles, mumps, polio, diphtheria, hepatitis B, meningococcal, human papillomavirus (HPV) and influenza among others.
- Increased inspections of Personal Service Settings (PSS), including tattoo studios and esthetic service locations – over 800 inspections in 2014.
- Provided dental screening for nearly 29,000 elementary school children and 6,700 preventive dental procedures to vulnerable children and youth.
- Worked with Aboriginal community partners to address aboriginal health priorities including, dental health, healthy child development, and chronic disease prevention, while ensuring that OPH services are culturally relevant.
- Facilitated improved access to health services for new immigrants through collaboration with English as Second Language (ESL) partners and the Ottawa

Leadership Immigration Partnership (OLIP) to help their clients better understand and navigate the health system. Over 120 frontline workers have been trained through this program.

- OPH has increased its reach into the community, while also providing valuable skills to volunteers: Over 700 volunteers have contributed 32,000 hours to help OPH deliver its programs and services.

## **Provincial Oversight and Requirements**

These accomplishments have been achieved in Ottawa while Ontario's local public health units have contended and adapted to unfunded pressures associated with additional provincial oversight and requirements, which commenced in 2008 and will continue to be implemented in 2015.

### **Provincial Standards**

In 2008, the Minister of Health and Long-Term Care (MOHLTC) published revised guidelines for the provision of mandatory public health programs and services. OPH is required to comply with these [Ontario Public Health Standards](#) (OPHS), which include 148 requirements in six specific areas, as well as 27 protocols with further requirements.

In 2011, the province released additional standards - the [Ontario Public Health Organizational Standards](#) (Organizational Standards) - to establish the management and governance requirements for all 36 Ontario boards of health and public health units.

### **Public Health Funding and Accountability Agreement (PHFAA)**

In addition to the introduction of enhanced provincial standards, the MOHLTC and the then Ministry of Health Promotion and Sport also developed [the Public Health Accountability Agreement](#) (PHAA) in 2011. The PHAA was a multi-year provincial transfer payment agreement between the Board of Health and the MOHLTC which outlined the Board's fiscal responsibility, performance indicators, reporting requirements and approved financial funding.

The PHFAA currently contains 25 indicators that include "performance indicators" with quantitative targets and "monitoring indicators" without targets.

## **Increase in Growth**

In addition to pressures related to new and increased provincial requirements, there has been significant growth in Ottawa; Ottawa's population is growing, aging and becoming increasingly diverse. In 2011, Ottawa's population was 883,391 and since 2006, grew at a faster pace than the national average. Seniors make up the fastest-growing age

group. In 2011, an estimated 5 million Canadians were 65 years of age or older, a number that is expected to double in the next 25 years to reach 10.4 million seniors by 2036. By 2051, about one in four Canadians is expected to be 65 or over<sup>i</sup>. The aging population is presenting new and increased public health challenges.

While over half of Ottawa residents' rate their health as excellent or very good, chronic conditions and injuries continue to affect overall health and well-being. Injuries, cancer and cardiovascular disease are the leading causes of early and preventable deaths. Preventable deaths are an important focus for public health because they are related to risk factors such as tobacco and alcohol use, high blood pressure, overweight and obesity, physical inactivity and occupational risk factors which can be mitigated by modifying environments and behaviours.

The dimensions of health and well-being are complex and multifaceted. In 2013 the most commonly reported communicable diseases were sexually transmitted infections.

In the area of protecting the health of residents, the number of establishments that require inspections has gone up, for example, retirement homes (54 in 2005 to 75 in 2014), food establishments (5,250 in 2005 to 5,376 in 2014), and licensed day cares (320 in 2009 to 425 in 2014). Health hazard complaints have also increased in recent years complaints (902 in 2009 to 1,111 in 2014).

To date, efficiency gains have been used to keep pace with the increases in demand while maintaining quality of OPH services and programs.

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<sup>i</sup> Employment and Social Development Canada, Canadians in Context - Aging Population [cited 2014 Dec 17]. Available from : <http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=33>