

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
8 February 2016 / 8 février 2016**

**Submitted on February 1, 2016
Soumis le 1 février 2016**

**Submitted by
Soumis par:
Dr./D^r Isra Levy,
Medical Officer of Health/Médecin chef en santé publique**

**Contact Person
Personne ressource:
Dr./ D^{re} Carolyn Pim,
Acting Deputy Medical Officer of Health/Médecin adjointe en santé publique par
interim
Ottawa Public Health /Santé publique Ottawa
613-580-2424, ext./poste 23684, Carolyn.Pim@ottawa.ca**

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-MOH-0002

**SUBJECT: OTTAWA PUBLIC HEALTH'S ACTIVITIES TO SUPPORT SYRIAN
REFUGEES IN OTTAWA**

**OBJET: MESURES DE SANTÉ PUBLIQUE OTTAWA POUR SOUTENIR LES
RÉFUGIÉS SYRIENS À 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 du présent rapport à titre d'information.**

BACKGROUND

In late 2015, the federal government committed to bringing 25,000 Syrian refugees to Canada starting in December 2015. The City of Ottawa anticipated receiving in excess of one thousand refugees over the course of a three month period and an unknown additional number by the end of 2016.

Annually, refugees, both privately and Government sponsored, are accepted and settle in the Ottawa area. This year, however, the number of refugees expected to settle in Ottawa will be two and a half times greater than an average year, with the total number much higher during the first few months as compared to a typical year.

In response, the Ontario Ministry of Health and Long-Term Care (MOHLTC) requested that the Champlain Local Health Integration Network (LHIN) commence the coordination of health services in the region to respond to an increase in the arrivals, particularly during the December to March period. As detailed in the November 2015 [memo](#) to the Board, the MOHLTC also activated its Emergency Operations Centre in order to proactively assist with coordinating local health system partners' efforts in anticipation of potential public health and primary care needs in refugee communities. Locally, a number of taskforces and groups were also established to coordinate the resettlement of the Syrian refugees. Although refugees arrive in Ottawa regularly, additional coordination is required to help resettle this large group of people arriving in such a short time period. Communication between city departments; federal, provincial, local government; and community agencies is critical to providing support and services for refugees. To plan for the provision of public health services upon the anticipated arrival of unusually large numbers of refugees in a relatively short period of time, OPH has participated in a variety of taskforces and working groups with partners in the community.

In Ottawa, a grassroots organization called Refugee 613 assumed a lead role in the coordination efforts for community agencies to support refugee resettlement. Refugee613's health taskforce has been overseeing the delivery of primary health services. OPH is supporting the health taskforce by providing advice and coordination of specific public health services. Local Community Health Centres (CHCs), the Champlain LHIN and Bruyère Family Health Team are active members of the taskforce and are coordinating primary health care services for refugees.

OPH is also engaging with internal partners through the City of Ottawa's Syrian Refugee Resettlement Taskforce and the Mayor's Refugee Working Group. The City of Ottawa's Syrian Refugee Resettlement Taskforce, spearheaded by the City of Ottawa's Office of Emergency Management, has provided OPH with the opportunity to ensure

current public health perspectives are included in local resettlement efforts. A variety of City of Ottawa departments are included in the taskforce membership including Emergency and Protective Services; Parks, Recreation and Cultural Services; and Community and Social Services Department. Similarly, OPH began participating with other City departments in the Mayor's Refugee Working Group, where a public health lens is applied to discussions regarding the resettlement of refugees in Ottawa.

At the provincial level, OPH connects on a regular basis with colleagues at the MOHLTC to receive updates on the number of refugees destined for Ottawa and other relevant information for the planning and provision of public health services.

In late December 2015 through January 2016, Ottawa became the destination for government assisted refugees who required temporary accommodation. As of late-January, approximately 650 government assisted refugees and blended visa-office referred refugees had arrived in Ottawa through the Federal Government's Refugee Assistance Program, which is run locally by the Catholic Centre for Immigrants (CCI). OPH has been providing public health services to government assisted refugees in temporary lodging sites in Ottawa since mid-January. This includes education and support to lodging sites to significantly reduce the potential risk outbreaks that can occur in group lodging situations. To provide additional preventative measures, OPH began immunizing refugees against vaccine preventable diseases commonly occurring in non vaccinated individuals, such as influenza, measles, mumps, rubella and meningitis. OPH is working with Refugee613's health task force to ensure access to primary care services in the community. To respond to an identified need, OPH is offering dental screening services in lodging sites as well as maternal/child health services to new and expecting mothers.

DISCUSSION

Ottawa Public Health (OPH) is working with partners to offer Syrian refugees relevant public health services such as dental screening, immunization, IPAC, and maternal/child services. Opportunities to further support successful settlement and integration are continually explored. Future work is anticipated in tobacco cessation, mental health promotion and routine school immunization surveillance.

Infection Prevention and Control

OPH has conducted on-site visits of the temporary lodging sites to assess the risk of communicable disease transmission and the potential for infectious disease outbreaks. Public Health Inspectors and Public Health Nurses have reviewed capacity, facility

design, food services, environmental cleaning, hand hygiene and the knowledge of IPAC practices among staff at each site.

OPH's risk assessment was able to determine the need for and potential benefit of public health interventions to mitigate public health risks associated with refugee lodging at these sites. OPH has provided education resources and support to staff at the settlement agency and temporary lodging sites on IPAC measures to prevent food-borne and communicable diseases outbreaks.

Immunization

OPH is providing immunization against vaccine preventable diseases that have the potential to cause outbreaks at temporary lodging sites: influenza, meningococcal disease and measles, mumps and rubella. Clinics commenced on Friday, January 15 and will continue, depending on further arrivals, on an as needed basis. In addition, OPH is working with the Refugee613 health taskforce to assist in catch-up of routine childhood immunizations that may have been missed and to ensure children have the immunization records required for school attendance.

Dental Services

Dental health screenings for both adults and children are also being offered by OPH at temporary lodging sites. The first screening clinics, held on January 11, found that the majority of clients had dental issues that required follow-up attention by a dentist. To enable dental follow-up, OPH is enrolling children in the *Healthy Smiles Ontario* program, a free dental program that covers regular and emergency dental care for children 17 and under. Clients are being referred to dentists in the Ottawa area that accept Interim Federal Health Program health benefits coverage or offer *pro bono* services.

Maternal/Child Health Services

OPH is working with community providers through the Refugee613 health taskforce to identify pregnant women and families with young children, who may be eligible for the Family Health Programs which support families with children from birth until transition to school.

Operational Challenges

As of January 27, OPH has immunized approximately 260 refugees at six immunization clinics and provided 195 dental screenings and information on IPAC best practices at

three temporary lodging sites. This enhanced response to the settlement of Syrian refugees has had an impact on resources and presented planning challenges for OPH. The resettlement situation is ever-evolving and changing. As such, activities have been challenging to coordinate. OPH is one of many partners providing health services that are adapting operational plans to address emerging needs. Costs are being tracked at this time and one-time funding will be sought from the Province to offset the expense.

Next steps

OPH will continue to work to provide public health interventions at temporary lodging sites and with community partners to support access to primary care and ongoing health services for refugees arriving in Ottawa.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

The purpose of this report is administrative in nature and therefore no public consultation is required.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no 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 work with partners to provide programs and services for Syrian refugees in Ottawa.