

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
15 April 2019 / 15 avril 2019**

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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2019-OPH-KPQ-0001

**SUBJECT: ONTARIO PUBLIC HEALTH STANDARDS – ACCOUNTABILITY AND
REPORTING REQUIREMENTS**

**OBJET: NORMES DE SANTÉ PUBLIQUE DE L'ONTARIO –
RESPONSABILISATION ET EXIGENCES DE RAPPORT**

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 [Ontario Public Health Standards](#) (OPHS) are published by the Ministry of Health and Long-Term Care (MOHLTC) as per Section 7 of the *Health Protection and*

Promotion Act (HPPA). These standards identify the expectations for public health programs and services to be delivered by Ontario's boards of health. Boards of health are accountable for implementing the standards, including the protocols and guidelines that are referenced therein.

Included within the OPHS is the *Public Health Accountability Framework*, which sets out the MOHLTC's expectations of boards of health to promote a transparent and effective accountability relationship¹. The Accountability Framework is supported by a number of planning and reporting requirements, which public health units (PHUs) are required to submit to the MOHLTC according to established timelines (See Document 1).

One of the reporting requirements is the submission of quarterly Standard Activity Reports, which include detailed information on public health program activities, broken down by Program Standard.

In February 2019, the MOHLTC released new program activity information requirements for six Program Standards as part of the Standard Activity Report. This meant that Ottawa Public Health (OPH) had to quickly adjust its process to collect these new data elements retrospectively and make them available in the 2018 full year report, due to the MOHLTC in April 2019.

DISCUSSION

In a very short timeframe, OPH has been able to satisfy the vast majority of MOHLTC reporting requirements for the 2018 Standard Activity Report (see Document 2). At this time, no activity targets have been assigned by the MOHLTC. OPH's 2018 results will be used as a baseline moving forward.

A significant amount of time and resources have been expended by OPH team members to meet the new data requirements for the Standard Activity Report. However, there are still a few instances where the information has not been provided exactly in accordance with the MOHLTC definition. In these cases, OPH provides the necessary comments/justifications to the MOHLTC.

OPH is working with other health units to provide feedback on the reporting process and requirements.

Next Steps

In February 2019, the MOHLTC also outlined future 2019 reporting requirements

¹ Protecting and Promoting the Health of Ontarians. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Ministry of Health and Long-Term Care (Jan 2018). P. 59.

relating to new data elements for School Health (Oral Health and Vision) and Immunization (see Document 3). OPH is in the process of evaluating the feasibility of collecting and reporting this new information.

OPH will continue to monitor developments from the MOHLTC with respect to additional reporting obligations and anticipates receiving further information in this regard. Accountability reporting to the Board of Health will be aligned with MOHLTC requirements and timelines.

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

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.

SUPPORTING DOCUMENTATION

Document 1 – Accountability Framework

Document 2 – 2018 Standard Activity Report – Program Data

Document 3 - 2019 Standard Activity Reporting Indicators and Narrative Statements

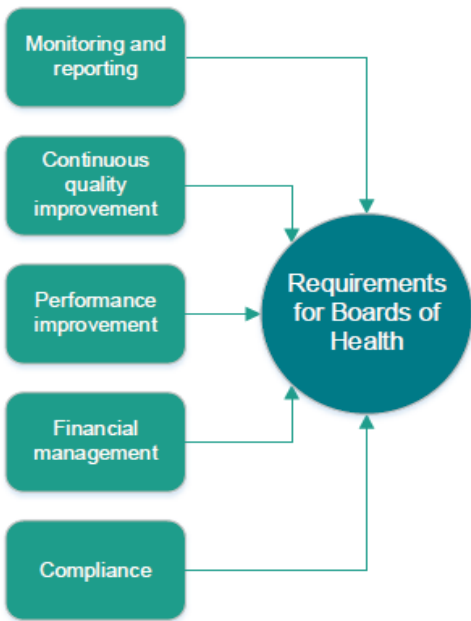
DISPOSITION

This report is for information. OPH will continue to respond to MOHLTC reporting requirements as they arise.

Document 1 – Accountability Framework

The Accountability Framework is composed of four Domains				
Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Organizational Requirements incorporate one or more of the following functions:



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graph LR; A[Monitoring and reporting] --> E((Requirements for Boards of Health)); B[Continuous quality improvement] --> E; C[Performance improvement] --> E; D[Financial management] --> E; F[Compliance] --> E;
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The Accountability Framework is supported by:	
Accountability Documents	<ul style="list-style-type: none">Organizational Requirements: Set out requirements against which boards of health will be held accountable across all four domains.Ministry-Board of Health Accountability Agreement: Establishes key operational and funding requirements for boards of health.
Planning Documents	<ul style="list-style-type: none">Board of Health Strategic Plan: Sets out the 3 to 5 year local vision, priorities and strategic directions for the board of health.Board of Health Annual Service Plan and Budget Submission: Outlines how the board of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the Standards.
Reporting Documents	<ul style="list-style-type: none">Performance Reports: Boards of health provide to the ministry regular performance reports (programmatic and financial) on program achievements, finances, and local challenges/issues in meeting outcomes.Annual Report: Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements.

Document 2 - 2018 Standard Activity Report-Program Data

Table 1: Quantitative Data

CHRONIC DISEASE PREVENTION AND WELL-BEING	
Menu Labelling: number of inspected premises (new and re-inspected) deemed in <u>full compliance</u>	176
Menu Labelling: number of inspected premises (new and re-inspected) deemed in <u>partial compliance</u>	113
Menu Labelling: number of inspected premises (new and re-inspected) deemed <u>not in compliance</u>	0
Menu labelling: number of complaints that resulted in an inspection in 2018	0
FOOD SAFETY	
Number of year-round food premises	4,914
Number of seasonal food premises	268
Number of high-risk food premises	876
Number of moderate risk food premises	2,540
Number of re-inspections for year-round food premises	1,855
Number of food safety complaints received that triggered an investigation/inspection	415
Number of tickets issued	74
Number of summons issued	0
Number of written section 13 orders issued under the <i>Health Protection and Promotion Act</i> (HPPA) (e.g. closures, sanitization required, no potable water, and pest control)	25
IMMUNIZATION	
Number of school immunization clinics held by the board of health for the grade 7 school-based program including hepatitis B (HBV),	297

meningococcal and human papillomavirus (HPV) vaccines	
Number of catch-up clinics held by the board of health for students in grades 8 to 12 for HBV, meningococcal and/or HPV vaccinations	34
Number of doses of HBV vaccines administered to students in grades 7 to 8 for the school year reporting period	12,466
Number of doses of meningococcal vaccines administered to students in grades 7 to 12 for the school year reporting period	10,368
Number of doses of HPV vaccines administered to eligible female students in grades 7 to 12 for the school year reporting period	8,435
Number of doses of HPV vaccines administered to eligible male students in grades 7 to 9 for the school year reporting period	7,738
Percentage of premises that store publicly funded vaccine that received their routine annual inspection as per the vaccine storage and handling requirements	(718/7\18) 100%
INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL	
Number of education and awareness activities to Health Care Providers around infectious and communicable disease, STBBI, vector-borne, zoonotic and IPAC.	166
Percentage of Infection Prevention and Control (IPAC) complaints investigated that resulted in a lapse	(9/86) 10.5%
Number of verbal and written infection prevention and control (IPAC) related section 13 orders issued under the <i>Health Protection and Promotion Act</i> (HPPA)	0
Number of larval mosquito surveillance activities conducted	2,831
Number of ticks for all species submitted and found	0
Number of catch basins treated with larvicide per round	112,208
Number of mosquito traps set per week	31
Number of cases of acquired drug-resistance among active tuberculosis (TB) cases	0

Number of individuals for whom rabies post-exposure prophylaxis (PEP) was recommended.	189
Number of rabies exposures investigated	1,259
For each confirmed animal with rabies, the number of exposed that received PEP	4
SAFE WATER	
Recreational water: number of Class A (seasonal and year-round) pools	69
Recreational water: number of Class B (seasonal and year-round) pools	268
Recreational water: number of Class C facilities	205
Recreational water: number of spas (seasonal and year-round)	80
Recreational water: number of re-inspections for Class A, B, C and spas	172
Recreational water: number of recreational water complaints that triggered an investigation/inspection	10
Recreational water: number of tickets issued	0
Recreational Water: Number of summons	0
Drinking water: percentage of adverse water quality incidents (AWQIs) that had an initial response by the public health unit within 24 hours	(59/59) 100%
Drinking water: number of written section 13 orders under the <i>Health Protection and Promotion Act (HPPA)</i>	1
SCHOOL HEALTH – DENTAL	
Number of clinics used for the provision of clinical service delivery to HSO clients as per the HSO Schedule of Services and Fees (i.e. service schedule)	18
Number of portable equipment sets	0

Table 2: Qualitative Data

<p>What actions is the board of health undertaking to mitigate heat and cold health impacts?</p>	<ol style="list-style-type: none"> 1) Advise service providers of vulnerable people and the general public when Environment and Climate Change Canada issues heat warnings and cold warnings. Also, issue frostbite advisories based on weather forecasts of wind-chill values of -25 C or colder. 2) Update City of Ottawa Interagency Extreme Weather plan that sets out community actions during extreme heat and cold events. 3) Meet twice a year with City of Ottawa Interagency Extreme Weather Committee to ensure coordinated response to extreme heat and cold events by City departments and agencies within the City of Ottawa. 4) Issue social media posts and public service announcement messaging over the winter and summer seasons as well as during extreme heat and cold events to inform the public of ways they can prevent injury and illness related to heat and cold and are aware of places to cool off during heat events. 5) Prepare and refresh fact sheets, web material and videos for the public and service providers on ways to mitigate the impacts of extreme heat and cold events (e.g. personal protection, urban heat island mitigation, etc.). 6) Provide workshops, staff training and tabletop exercises for service providers and City staff about risks associated with extreme heat events. 7) Review syndromic surveillance during extreme heat and cold events to determine how the community is coping during an event. Look at heat and cold related injuries from triage data from hospital emergency rooms on a daily basis during an event. 8) Maintain distribution lists of service providers who receive notifications of extreme heat and cold warnings.
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	<p>9) Review and provide input into policies and procedures for managing heat and cold risks for service providers such as schools, daycares, outdoor parks and recreation program, summer camps.</p> <p>10) Advocate for changes to the built and natural environment to make it more protective of extreme heat events through input into City policies (e.g. Urban Forestry Management Plan, Air Quality and Climate Change Management Plan, community design plans).</p>
What actions is the BOH undertaking to engage priority populations to prevent and control sexually transmitted and blood borne infections (STBBI)?	<p>1) Increased access to FREE condoms: on-line at sexitsmart.ca; through a condom wrapper contest that promotes sexitsmart.ca and the availability of FREE condoms; by providing primary care providers with condom dispensers and FREE condoms to display in medical offices. In 2018, more than 900,000 condoms distributed to Ottawa residents.</p> <p>2) Increased social media presence: informs/educates/engages in interactive dialogue with the community, with emphasis on those from five specific priority populations, including the Indigenous, ACB (African, Caribbean and Black) and LGBTQ2+ communities, people who are justice-involved and individuals 15 to 29 years.</p> <p>3) Promotion of thelinkottawa.ca - a website that provides up-to-date health information for individuals 29 and under on five main areas: sexual health; mental health; nutrition and physical activity; alcohol, drugs and tobacco; and safety. The LINK is a website co-developed 'by youth for youth' and zeros in on youth essentials such as the significant increase in chlamydia and Gonorrhea rates in youth. Regular promotion and a social media presence has led to an increase in visits to thelinkottawa.ca. In 2018, there were over 115,000 hits to the LINK's sexual health pages alone.</p> <p>4) Primary Care Engagement: to promote access to free STI medications & promote testing</p>

	5) OPH Physicians Update e-Newsletter: information for physicians regarding screening, treatment and epidemiological trends
What actions is the board of health undertaking to initiate and complete Latent Tuberculosis Infection (LTBI) treatment?	<p>1) Review LTBI prescriptions received from community healthcare providers and provide the medications, at no cost to the client, via the healthcare provider.</p> <p>2) Provide support and education to healthcare providers reporting and treating LTBI.</p> <p>3) Currently providing Directly Observed Prophylaxis for clients enrolled in the Ottawa 3HP Study, partnered with the Ottawa Hospital.</p>
If applicable, report any drowning events and a narrative summary of the event and identified PHU response.	Ottawa Public Health (OPH) does not directly receive real-time data on drowning. The most recent mortality data is from 2015. OPH is a participating member of the Ottawa Drowning Prevention Coalition. Through this coalition, OPH supports awareness-raising and prevention interventions. Should a drowning occur in Ottawa, OPH would work with the Coalition to review the event, examine causal factors and determine next steps

Document 3 - 2019 Standard Activity Reporting Indicators and Narrative Statements (in addition to 2018 Program Activity Indicators and Narrative Statements)

School Health-Oral Health
Number of individual students screened
Number and percentage of elementary schools (offering JK, SK, and Grade 2)
Number and percentage of JK, SK and Grade 2 students screened
Number and percentage of students screened who were found to have clinical need for preventive services (i.e., clinically eligible for Healthy Smiles Ontario-Preventative Services only (HSO-PS))
Number and percentage of students screened who were found to have emergency and/or essential needs requiring immediate clinical treatment (i.e., clinically eligible for Healthy Smiles Ontario, Emergency and Essential Services Stream (HSO-EESS))
Number and percentage of students screened and found to be clinically and financially eligible for Healthy Smiles Ontario-Preventative Services (HSO-PSO) who were then enrolled in HSO-PSO
Number and Percentage of students screened and found to be clinically and financially eligible for Healthy Smiles Ontario, Emergency and Essential Services Stream (HSO-EESS) who were then enrolled in HSO-EESS
Number and percentage of SK students with decay of two or more teeth
Number and percentage of SK students missing two or more teeth
Number and percentage of SK students with two or more filled teeth
Number and percentage of children screened and enrolled by public health unit in the Healthy Smiles Ontario –Emergency and Essential Services Stream (HSO-EESS) who have initiative treatment within 16 weeks of enrolment
School Health-Vision
Number of individual students screened
Number and percentage of schools screened

Number and percentage of SK students screened
Number and percentage of SK children who have been referred to an optometrist for a comprehensive exam (i.e. # of students who received Parent Notification Form A)
Immunization
Number and percentage of students whose parent/guardian received at least one notice/request for immunization information under the <i>Immunization of School Pupils Act</i> (ISPA) assessment process
Number and percentage of students suspended under the <i>Immunization of School Pupils Act</i> (ISPA)
Number and percentage of licensed child care settings that submitted immunization records to the board of health
Number of adverse events following immunization (AEFIs) reported to the board of health by source