

MEMO / NOTE DE SERVICE

TO: Board of Health for the City of Ottawa Health Unit

DESTINATAIRE : Conseil de santé de la circonscription sanitaire de la ville d'Ottawa

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SUBJECT: **MEDICAL OFFICER OF HEALTH VERBAL REPORT**

OBJET : **RAPPORT VERBAL DU MÉDECIN CHEF EN SANTÉ PUBLIQUE**

*Check upon delivery*

Bonsoir,

You will appreciate that because of the unusual length of time since we last met, and the busyness of the last few months on a number fronts, my update tonight will be a little longer than usual. I will touch briefly on provincial matters, promising federal developments, some programmatic changes, and recent changes at the municipal level. All have implications for our work. First, though, I want to note formally my pride and congratulations to you, our governors, to our senior leadership team, and to all of our employees and partners for the achievement of Exemplary Status in OPH's first full

accreditation cycle with Accreditation Canada. There is always work to do in the ongoing pursuit of excellence in our work, but this result of a rigorous peer review process is gratifying, and gives us a clear base from which to develop our next Quality Improvement Plan. I thank Chair Qadri for your kind words to our team tonight too.

## **Provincial Updates**

As we have discussed, the provincial government is active on many fronts relating to health at the moment. First, I want to remind you of their current review of the *Ontario Public Health Standards*. The province has advised that they intend to consult on a draft set of revised standards in the next few months. This will provide an opportunity for input from local public health practitioners and Boards. Past experience suggests that when the consultations happen, and it is likely to be sometime in the next several months, a short turn-around time will be required. We are planning to have a response to the consultations, and I will keep you abreast of developments and opportunities for your possible input.

Also, as I mentioned in June, the Ministry of Children and Youth Services is undertaking a third party review of the Healthy Babies, Healthy Children program. That process is underway, and OPH has been solicited for our perspectives on needs and challenges. We are anticipating that we may learn of the findings by the end of the year, and are assuming that this review will inform the Ministry of Children and Youth Services as it develops future expectations and funding plans for that program.

As an aside, I anticipate that any changes to the *Ontario Public Health Standards*, will lead also to changes in Boards of Health's performance indicators. Your current performance indicators and the progress in meeting them are detailed in the accountability agreement report before you later this evening. Over the years the numbers of indicators and target expectations from the Ministry of Health and Long-Term Care have steadily risen, and I suspect the next iterations of the Accountability Agreement will be no different.

All this to say, really, that looking ahead to 2017 and beyond, it is unlikely to be business as usual for Ontario's local public health units. I anticipate that OPH will be needing to review our organisational approach and operations as we adjust to what may be significantly different and new program standards and accountability measures.

We will also be needing to adjust to other new legislative requirements. These range from expected changes to the food safety regulations as well as new requirements around menu labelling in certain restaurants, through to major changes in health care

system delivery by Local Health Integration Networks (LHIN) and Community Care Access Centres.

In terms of health system change, earlier this month the province reintroduced, after the summer prorogation, an amended version of the *Patients First Act, 2016*. This is now Bill 41. Several sections of the proposed legislation (9, 13 and 39) make specific reference to health units. We will be required to engage with the local LHIN on issues related to health system planning, funding and service delivery. Precise operational and cost implications of these requirements are not yet clear, but we will continue to monitor these developments and assess potential impacts and opportunities.

### **Federal developments**

Now, our work is also impacted by actions and intentions of the federal government. We will be discussing later the work we have been doing to prepare for changes in the approach our society takes to marijuana. Also, in September, the Government of Canada announced its intention to extend the Federal Tobacco Control Strategy to address vaping products in Canada.

Lastly, pertaining to the federal scene, it's worth noting that two private member's bills have recently been introduced – one in the Senate and one in the House of Commons - to address the issue of marketing of foods and beverages to children. This Board has previously supported the intention of the government to restrict marketing of unhealthy food and beverages to children, so seeing movement on this front is encouraging. We will be monitoring this issue closely and exploring ways that we can help ensure progress on this issue.

### **Programming**

Moving to some developments in our programming - recall that Grade 7 boys are now eligible for publicly funded HPV (Human Papillomavirus) vaccine in Ontario. We have now started vaccinating boys as part of our school immunization program. The logistical challenges implicit in expanding the operations to this cohort are being overcome and as of the end of September we had vaccinated almost 900 boys since the school year started earlier that month. During this school year, we will be offering the HPV vaccine to all boys and girls in grade 7 and to all girls in grade 8. That is a total of about 15,000 eligible students, and I urge those students to avail themselves of this opportunity.

The immunization team is also continuing to fully enforce the *Immunization of School Pupils Act*. Warning notices regarding school suspensions will begin to be mailed for

schools later this week and we expect some school suspensions may be taking effect between January and April of 2017.

Also, with respect to immunization, in September the province allowed us to implement its plans to provide the shingles vaccine to Ontarians aged 65-70. The vaccine is now available to the public through physicians' offices.

Influenza season is also now here. During last year's flu season, OPH administered over 10,000 influenza vaccines at community clinics, and distributed nearly 400,000 doses of the vaccine across the City through physicians' offices, pharmacies, long-term care facilities and other vaccine providers. For the 2016-2017 flu season, we will again focus on providing access to flu vaccine to the general population through physicians' offices and pharmacy providers as well as outreach to vulnerable populations. As in previous years, OPH will continue to run community-based clinics in areas of low pharmacist /physician coverage.

Now, two quick updates with respect to things we discussed at the last meeting. Firstly, regarding the opioid overdose situation that has galvanised attention across the country, we are working closely with partners in emergency rooms, police, paramedics and the coroner's office to closely monitor what is on the streets by way of illicit drugs and to try to rapidly warn our drug using community when we have word of new developments. You may also have seen that last week, the province announced that it plans to implement a comprehensive opioid strategy to prevent addiction and overdose – we will likely be called on to participate in that strategy as it evolves locally.

Secondly, further to your recommendations in June, City Council enacted a by-law to prohibit the use of water pipes in enclosed public places in Ottawa. The way Council proceeded has the by-law coming into force on December 1, 2016, with a four month warning phase leading up to April 3, 2017.

We have informed affected stakeholders and the general public of these changes, and later this month, along with city Bylaw & Regulatory Services staff, we will be conducting educational visits to each of the establishments known to use water pipes to answer any questions owners may still have about bylaw implementation.

Further, since Council passed the regulation related to water pipes, we have received re-assuring news about the court application against the City of Toronto prohibition of hookahs in licensed establishments. The presiding Judge found that enactment of the by-law was within municipal powers and declined the request to overturn the City's by-law. This decision reinforces that the courts view the enactment of by-laws by

municipalities to address public health matters, on the recommendations of Boards of Health, as legitimate and appropriate.

### **City Restructuring**

I want to end by commenting briefly, from my perspective, on something that has been of concern to our employees, and of interest to many of you, and that is the City of Ottawa's recent organizational realignment and related personnel changes. We were not surprised to learn of change at the city, as over the preceding five months Ottawa's new City Manager had engaged in extensive outreach to seek input from stakeholders, including OPH employees, to inform decisions. Of note, though, the city's independent boards were not a part of the realignment exercise. Immediate operational implications for OPH, while by no means trivial are, therefore, relatively minor. They relate predominantly to the need to adjust some projects to accommodate employees returning from elsewhere in the municipal service, and to the need to develop relationships with new partners in areas such as Drinking Water Services, especially, and also Parks and Recreation, social services, emergency services and our shared services support groups.

That said, the ongoing provincial and recent municipal changes will create both opportunities and imperatives, in 2017, to think about ways to increase organizational effectiveness and to find efficiencies in order to work within our allocated budget. Our team knows that, and is ready for the challenges ahead.

Merci beaucoup. That concludes my report.