

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
1 November 2021 / 1er novembre 2021**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2021-OPH-KPQ-0008

**SUBJECT: ONTARIO PUBLIC HEALTH STANDARDS - 2021 ACTIVITY REPORTS -
RISK MANAGEMENT**

**OBJET: NORMES DE SANTÉ PUBLIQUE DE L'ONTARIO - RAPPORTS
D'ACTIVITÉ 2021 - GESTION DES RISQUES**

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) identify expectations for public health programs and services to be delivered by Ontario's local boards of health. Boards of health are accountable for implementing the standards, including the protocols and guidelines that are referenced therein. The OPHS include an Accountability Framework, which sets out the Ministry's expectations of boards of health to promote a transparent and effective accountability relationship. The Accountability Framework is supported by a number of planning and reporting requirements, which public health units (PHUs) are required to submit according to established timelines, typically in April and September. Boards of health are also required to report high risks that are currently being managed.

The purpose of this report is to provide details to the Board of Health on the most important risks faced by Ottawa Public Health (OPH) this year, as well as mitigation strategies to minimize their impact. These risks will be included in the Standards Activity Reports submitted to the Ministry of Health in November 2021. That report will include a high-level description of the risk; the risk category; the overall risk rating and key risk mitigation strategies.

DISCUSSION

In 2020, OPH's main risks were largely related to the COVID-19 response. Upon review, it is apparent that many of the risks in 2021 are similarly connected to the ongoing COVID-19 response and its unintended consequences on other aspects of OPH's operations and capacity. One risk identified in 2020 was with respect to technology, particularly related to the requirement to migrate to a new provincial database and reporting system. This is no longer a notable risk given the successful migration earlier this year.

Ongoing COVID-19 Response

The uncertainty OPH faces due to the ongoing COVID-19 pandemic continues to have a substantial impact on the health unit's work priorities and resource demands. In particular, OPH's COVID-19 response has put considerable strain on human resources over the past 21 months. Employees have put in extra time and effort throughout this response – working tirelessly to deliver core services to those most in need in our community while simultaneously supporting the demanding COVID-19 response. With this response expected to extend into the winter and spring, OPH must continue to focus on supporting employee wellness to ensure employees can recharge to continue their critical work in a sustainable way.

With many employees continuing to support the COVID-19 pandemic response, the health unit continues to assess priorities for activities that can be accomplished across the organization. Many programs and services were adapted or reduced with the focus on protecting Ottawa residents from the risk of further spread of the COVID-19 virus and from the negative consequences of the prolonged pandemic response. The ability to plan and respond to non-pandemic public health services and program priorities continue to be impacted by external factors associated with the pandemic.

Since the beginning of the COVID-19 pandemic, OPH's staffing complement grew from 644 employees (December 2019) to 3,536 employees (August 2021). Consequently, increased compensation costs directly related to the response and the need to scale up operations in support of the COVID-19 Vaccine Program have resulted in significant budget pressures.

OPH has therefore identified the three most significant areas of risk as relating to: human resources to meet organizational objectives; operational/service delivery of critical public health services; and financial pressures.

Human resources

The sheer volume of work brought on by COVID-19 and the length of the pandemic response have heightened concerns about workforce capacity and sustainability, raising **human resources** as a key organizational risk. Ensuring adequate and appropriate staffing levels and staff mix based on operational needs is critical to OPH successfully achieving its objectives. The uniquely demanding work and pressure of the COVID-19 response has created significant workforce fatigue and there is a continued risk that employees will become ill and be off work on sick leave.

Mitigation strategies associated with human resourcing are key elements of OPH's strategy to ensure that people are well and available to work on the organization's priorities and that operations are stabilized by minimizing employee movement. Mitigation efforts include plans to maintain staffing capacity by seeking to retain casual pools of employees, training temporary employees, and ensuring that programs have the flexibility to quickly scale resources up or down as needed. Despite planning, the capacity to respond to a surge will be limited by available human resources and the response levels may need to be adapted, depending on the situation.

To help employees recharge to continue response work and stand-up core services, the OPH Wellness@Work Action Plan has been updated and outlines actions to focus on employee work satisfaction, strengthening effective and supportive relationships across

the organization, fostering work-life balance, and opportunities to further support a culture of trust. To support employees in achieving a work-life balance, the following actions will continue: highlighting the meaningful contributions employees are making; monitoring and tracking employee and management overtime with a goal of ensuring more reasonable workload levels by prioritizing work, better understanding and addressing the root drivers behind the workload levels, and deferring work when needed; supporting more flexible schedules, including working from home; promoting vacations; and promoting rest and recovery (i.e., encouraging employees to disconnect while off). In addition, OPH leadership is committed to ongoing monitoring of employee wellness and is offering leadership wellness coaching circles, facilitated psychological debriefs for leaders, and mental health / substance use health training to support employees in building resiliency and achieving balance.

Operations/service delivery

Similar to other health units, OPH diverted the majority (approximately 80%) of its resources to COVID work. As a result of this major shift of resources, OPH has had to pause or scale back routine public health **operations and service delivery**, representing a significant area of risk. OPH has followed a Continuity of Operations Plan and prioritized based on risk to maintain critical operations and protect the community from immediate health risks. Nonetheless, the pandemic has resulted in a significant backlog and waitlists in some areas such as dental services and the Healthy Growth and Development (HGD) program, which provide direct services to higher need client groups. Further, some environmental health-related routine inspections have been replaced with complaint-driven responses.

Consistent with other PHUs in the province, health promotion programs addressing longer term health risks, such as chronic disease and injury prevention, have been put on hold. At the same time, behaviours contributing to chronic disease have worsened and unintended consequences of the measures necessary to control COVID-19 have resulted in higher population health needs, particularly in the areas of mental health and substance use health. OPH is reviewing the risks to the population to guide priorities for restoring services to address the most urgent ongoing population health needs.

The pandemic has reinforced the need to apply a health equity lens to planning and programming. The public health service impacts due to COVID-19 are likely to disproportionately affect individuals and communities who face inequities. The direct and indirect adverse impacts of COVID-19 underline why a health equity focus is vitally important and must be embedded in all that OPH does. While OPH is committed to

reducing health inequities through programs and services, collaborative partnerships and policies, capacity is a limiting factor and more services and programs are needed across many sectors in order to meet the diverse needs of the people in Ottawa.

Given the ongoing demand in responding to COVID-19, OPH is also vulnerable in its ability to respond to other new crises should they arise. As such, unexpected demands for public health response – whether due to climate change, heat-related events, or other emergency preparedness pressures – could have a greater impact on resident safety given the health unit's lowered capacity to respond.

In terms of **mitigation**, a key component of OPH's strategy includes building on lessons learned from COVID-19 so that the health unit is well positioned to support our community needs post-pandemic. The way OPH works to achieve population health outcomes moving forward may look different from pre-pandemic. New or enhanced ways of working that might help OPH mitigate risks from scaled back delivery of public health services include: applying a health equity approach to address systemic inequity, diversity and inclusion issues; incorporating innovative technological solutions (e.g. integrating between systems); cross-training between teams; maintaining interdisciplinary teams; and collaborating with partners and communities.

As demonstrated throughout the COVID response, improving health outcomes and addressing health inequities is complex and will require collaboration across the health and social sectors. OPH has worked with partner agencies and prioritized services for people with the most urgent need in order to mitigate some of the risks of reduced services.

Assessing which non-COVID 19 programs to restore in our Continuity of Operations Plan is another way OPH seeks to mitigate these risks and best support the community in recovery from the ongoing impacts of the pandemic. The sequence and prioritization of priority services to restore are based on community needs and where there is a measurable health burden. Measures used to assess which programs to stand up first included evidence of present/immediate harm, identified needs of clients for one-on-one clinical services not provided by other service providers, and areas where there are more imminent community harms possible from not providing services and programs and where partners have also identified the need.

As noted in the November 2020 report entitled [Ontario Public Health Standards - 2020 Activity Reports - Risk Management](#), OPH commenced reinstating the most critical services, many at a minimal capacity. Over the past year, OPH has restored additional critical services at increased capacity, including OPH's Healthy Growth and

Development (HGD) program. The HGD waitlist, which had almost 420 families on it earlier in the year, has since been eliminated – thus providing timely, critical in-home visits to new families and moms postpartum and supports in the areas of parenting, mental health, feeding, safety, and growth and development. OPH is also working to decrease the Dental Health Services waitlist, that was 456 at its peak by Q2 2022 – reducing preventable oral diseases that may have increased since the pandemic. Finally, OPH reinstated its School Immunization program, with an aim of immunizing 30,000 students – protecting more students from acquiring vaccine-preventable diseases. OPH has also restored some of its mental health and substance use programming and services, focusing on community recovery, specifically, suicide prevention, overdose prevention, stigma reduction, increasing work related to Racialized, and African, Caribbean and Black Mental Health, providing mental health supports for workplaces and schools, and influencing system change. Restoring these programs can have a significant impact on reducing the pressure on the health and social systems further downstream.

Financial

While OPH works to ramp up essential public health services, the health unit continues to face unprecedented budget pressures and to incur extraordinary costs associated with the ongoing pandemic response. OPH undertook periodic assessments and reviews of its programs to seek opportunities to achieve savings and manage costs prudently, however **financial** pressures represent a significant risk for the health unit. As indicated in the [2021 Operating Budget Q2 Status Report](#), OPH projected an over expenditure of \$61M for the current fiscal year due to continuing efforts to mitigate the spread of COVID-19 and meet community needs. The forecast is still subject to change due to factors such as school re-opening requirements, further waves and surges of cases, the effects of the Delta variant and the fall influenza season, new provincial requirements, and other unpredictable circumstances. OPH staff continues to monitor the situation and a full reconciliation will be completed during Q1 of 2022.

To mitigate this pressure, the Ministry has provided all health units with an assurance that there will be a process to request reimbursement of 2021 COVID-19 Extraordinary Costs, thus it is anticipated that Provincial funding will fully offset all pandemic related costs. This continued budget support is expected to balance the budget while supporting extraordinary COVID-19 pressures and enabling OPH to engage in addressing the backlog in the delivery of public health programming.

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 this report for information.

RISK MANAGEMENT IMPLICATIONS

Risk and mitigation measures are outlined in the Discussion of this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

Major risks may affect OPH's ability to deliver and execute on its strategic plan. Risks have been considered in developing OPH's 2021 Strategy Action Plan.

DISPOSITION

This report is for information. OPH will continue to respond to Ministry reporting requirements as they arise and to report to the Board of Health as needed.