



**OTTAWA BOARD OF HEALTH REPORT 6
CONSEIL DE SANTÉ D'OTTAWA RAPPORT 6**

**TO THE COUNCIL OF THE CITY OF OTTAWA
AU CONSEIL DE LA VILLE D'OTTAWA**

**NOVEMBER 28 2012
LE 28 NOVEMBRE 2012**

The Board of Health for the City of Ottawa Health Unit met on November 19 2012 and submits the item contained in this report for consideration and approval of Council at its meeting of 28 November 2012.

Le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa s'est réuni le 19 novembre 2012 et soumet le point compris dans ce rapport pour qu'il soit examiné et approuvé par le Conseil, à la réunion du Conseil de 28 Novembre 2012.

PRESENT / PRÉSENCES :

Councillor/conseillère D. Holmes (Chair / présidente), Dr./D^r A. Kapur (Vice-Chair / vice-président), Councillor/conseiller D. Chernushenko, Councillor/conseiller M. Fleury, Councillor/conseillère M. McRae, T. Hutchinson, M. Keeley, Dr. M. Fullerton

SUBJECT: DRAFT BOARD OF HEALTH 2013 BUDGET

OBJET : ÉBAUCHE DU BUDGET DE 2013 DU CONSEIL DE SANTÉ

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| <ol style="list-style-type: none">1. DRAFT BOARD OF HEALTH 2013 BUDGET
ÉBAUCHE DU BUDGET DE 2013 DU CONSEIL DE SANTÉ |
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BOARD RECOMMENDATION

That Council, sitting as Committee of the Whole, approve the Board of Health Draft 2013 Operating Budget, as amended, as part of the City Council's 2013 Budget.

RECOMMANDATION DU CONSEIL

Que le Conseil, siégeant en Comité plénier, approuve le budget préliminaire de 2013 du Conseil de santé, tel que modifié, dans le cadre du budget de 2013 du Conseil municipal de la Ville.

DOCUMENTATION

1. Ottawa Board of Health Report dated November 19 2012 ([ACS2011-OPH-BSD-0006](#)).
2. Extract of Disposition, dated 19 November 2012.

DOCUMENTATION

1. Rapport du Conseil de santé d'Ottawa daté du 19 novembre 2012 ([ACS2011-OPH-BSD-0006](#)).
2. Extrait du suite à donner du 19 novembre 2012

F. BOARD OF HEALTH 2013 BUDGET
BUDGET 2013 DU CONSEIL DE SANTÉ

[ACS2012-OPH-BSD-0006](#)

CITY-WIDE

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

- 1) Receive and table the Draft Board of Health 2013 Operating Budget, for subsequent consideration and approval at the Board of Health meeting on November 19, 2012 and;**
- 2) Direct staff to forward this report to Ottawa Public Health's principal funders, including:**
 - a. Ottawa City Council for consideration as part of City Council's 2013 budget; and**
 - b. The Ministry of Health and Long-term Care and Ministry of Children and Youth Services, for consideration, as part of the Program-Based Grant Application Process.**

CARRIED, amended by the following motion:

MOTION NO. 4/6

Moved by Member Chernushenko

Technical Amendment

Be it resolved that "the Board of Health approve the amended Draft 2013 Board of Health Budget; and

Be it further resolved that "Council, sitting as Committee of the Whole, approve the Draft 2013 Board of Health Budget, including the amended pages 9, 10, 11, 13 and 15."

CARRIED

F. BOARD OF HEALTH 2013 BUDGET
BUDGET 2013 DU CONSEIL DE SANTÉ
ACS2012-OPH-BSD-0006 À L'ÉCHELLE DE LA VILLE

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

- 1) reçoive et dépose le Budget provisoire de fonctionnement 2013 du Conseil de santé de 2013, pour examen futur et approbation à la réunion du Conseil de santé du 19 novembre 2012;**
- 2) demande au personnel de transmettre le présent rapport aux principaux bailleurs de fonds de Santé publique Ottawa, notamment :**
 - a. le conseil municipal d'Ottawa pour examen dans le cadre du budget 2013 du Conseil;**
 - b. le ministère de la Santé et des Soins de longue durée et le ministère des Services à l'enfance et à la Jeunesse, pour examen dans le cadre du processus de demande de subvention axée sur les programmes.**

ADOPTÉE, tel que modifié par la motion suivante :

MOTION N^o 4/6

Proposée par membre Chernushenko

Qu'il soit résolu que « le Conseil de santé approuve l'ébauche du budget de 2013 du Conseil de santé, tel que modifié»; et

Qu'il soit en outre résolu que « le Conseil, siégeant en comité plénier, approuve l'ébauche du budget de 2013 du Conseil de santé, y compris les pages 9, 10, 11, 13 et 15 modifiées. »

Report to/Rapport au :

**Ottawa Board of Health /
Conseil de santé d'Ottawa**

and Council / et au Conseil

**Monday 15 October 2012
le lundi 15, octobre 2012**

Submitted by/Soumis par :

**Dr. /D^r Isra Levy,
Medical Officer of Health/Médecin chef en santé publique**

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CITY WIDE / À L'ÉCHELLE DE LA VILLE

Ref N°: ACS2012-OPH-BSD-0004

SUBJECT: DRAFT BOARD OF HEALTH 2013 BUDGET

OBJET : ÉBAUCHE DU BUDGET 2013 DU CONSEIL DE SANTÉ

REPORT RECOMMENDATIONS

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

- 1) Receive and table the Draft Board of Health 2013 Operating Budget, for subsequent consideration and approval at the Board of Health meeting on November 19, 2012 and;**
- 2) Direct staff to forward this report to Ottawa Public Health's principal funders, including:
 - a. Ottawa City Council for consideration as part of City Council's 2013 budget; and**
 - b. The Ministry of Health and Long-term Care and Ministry of Children and Youth Services, for consideration, as part of the Program-Based Grant Application Process.****

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

- 1) reçoive et dépose le Budget provisoire de fonctionnement 2013 du Conseil de santé de 2013, pour examen futur et approbation à la réunion du Conseil de santé du 19 novembre 2012;**
- 2) demande au personnel de transmettre le présent rapport aux principaux bailleurs de fonds de Santé publique Ottawa, notamment :**
 - a. le conseil municipal d'Ottawa pour examen dans le cadre du budget 2013 du Conseil;**
 - b. le ministère de la Santé et des Soins de longue durée et le ministère des Services à l'enfance et à la Jeunesse, pour examen dans le cadre du processus de demande de subvention axée sur les programmes.**

EXECUTIVE SUMMARY

For 2013, Ottawa Public Health (OPH) is presenting a balanced budget with projected revenues and expenditures of \$53.6M. Recognizing the economic climate, this budget has a projected revenue increase over 2012 of 1.4%. In 2012, OPH addressed emerging health issues, and addressed community need for new health programs and services. This included responding to a significant and potentially lethal salmonella outbreak affecting 85 people (primarily children); expanding smoke-free regulations in the City of Ottawa; conducting almost 8,000 home visits to new families; opening 2 new sexual health clinics and launching 'Healthy Transitions' to promote positive mental health to over 2,000 students, parents and teachers.

In 2013, OPH aims to continue these successes of addressing community need for public health services related to population growth, population aging, increased rates of obesity, sexually transmitted infections and emerging infectious diseases. OPH intends to achieve these continued successes with a balanced budget. As part of the 2013 operating budget, OPH will re-invest resources into programming that will help children and youth in Ottawa become more active, as well as programming that will help protect Ottawa residents from food-borne and blood-borne illnesses, such as salmonella and hepatitis B, as well as programs that will enable the Board to meet targets represented by Public Health Accountability Agreements (PHAA) performance indicators.

SOMMAIRE

Pour 2013, Santé publique Ottawa (SPO) présente un budget équilibré comportant des prévisions de revenus et de dépenses de 53,6 M\$. Ce budget, qui tient compte du climat économique, prévoit une augmentation des revenus de 1,4% par rapport à 2012. En 2012, SPO a eu à régler divers problèmes de santé nouveaux et à répondre aux besoins de la collectivité en nouveaux programmes et services de santé. Il a fallu notamment réagir à une éclosion importante et possiblement fatale d'infection à la salmonellose qui a touché 85 personnes (principalement des enfants). De plus, le règlement Ottawa sans fumée a été élargi à plusieurs endroits de la Ville; quelque 8 000 visites à domicile ont été effectuées chez de nouvelles familles; nous avons ouvert deux nouvelles cliniques de santé sexuelle et avons lancé le programme « Transitions saines » pour faire la promotion de la santé mentale auprès de plus de 2 000 étudiants, parents et enseignants.

En 2013, SPO a bien l'intention de poursuivre sur sa lancée et de continuer à répondre aux besoins de la collectivité en services de santé publique liés à la croissance de la population, au vieillissement de la population, à l'augmentation de l'obésité, de cas de maladies transmises sexuellement et de nouvelles maladies infectieuses. SPO entend réaliser ses objectifs dans les limites d'un budget équilibré. Dans le budget de fonctionnement 2013, SPO réinvestira des ressources dans des programmes qui aideront les enfants et les jeunes d'Ottawa à devenir plus actifs, ainsi que des programmes qui aideront à protéger les résidents d'Ottawa de maladies d'origine alimentaire et transmises par le sang, comme la salmonellose et l'hépatite B, ainsi que des programmes qui permettront au Conseil de respecter les objectifs fixés par les indicateurs de rendement proposés pour les Ententes de responsabilisation en santé publique.

BACKGROUND

The Board of Health approved the budget process for the 2013 budget (ACS2012-OPH-BSD-0001), which included tabling a draft Ottawa Board of Health 2013 budget to the Board on October 15, 2012. Accordingly, OPH staff has prepared draft 2013 operating budget estimates in consultation with the Ministry of Health and Long-term Care (MOHLTC) and the City's Finance Department staff, which are within the guidelines provided by the City Treasurer (ACS2012-CMR-FIN-0022) and the Board's Financial Committee.

The Board of Health's 2013 budget will be tabled at the October 15, 2012 Board meeting, and any public delegations will be heard at the Board meeting on November 19, 2012, where the Board will also consider the budget for approval. The Chair of the Board will present the budget to Council at its October 24, 2012 meeting. Council will consider the budget recommendations from all Committees of Council and local boards, including the Board of Health at its November 28, 2012 meeting. The budget will subsequently be submitted to the MOHLTC.

The Board of Health's Strategic Priorities, the *Ontario Public Health Standards*, *Ontario Public Health Organizational Standards*, and the Public Health Accountability Agreement (PHAA) guided the development of the proposed draft 2013 operating budget for OPH. It is designed to enable the Board to steward delivery of public health services to Ottawa residents, provide OPH the authority to proceed with key operational programs and projects, address new priorities, and ensure the performance indicator targets established within the 2011-2013 PHAA are met.

2012 Highlights & Accomplishments

The 2012 budget enabled OPH to address the most important public health needs, opportunities and challenges in our community. The following list captures some outcomes of the 2012 investments:

Promotion

- Expanded smoke-free outdoor spaces in Ottawa as part of the *Renewed Strategy for a Smoke-free Ottawa*, through which 1,200 City parks and sports

fields, four beaches, 1,109 municipal properties, the Byward and Parkdale Market stands, and 600 patios were designated as smoke-free.

- Increased access to healthy foods through work with partners to launch eight new Good Food Markets in under-served neighbourhoods, expanded Good Food Box locations and provided food skills demonstrations at Food Banks and farmers markets.
- Achieved a 100% increase in the number of monthly car seat clinics in partnership with S.E.A.T.S. for Kids Canada.
- Launched a new helmet policy for indoor skating rinks, in partnership with Parks, Recreation, and Cultural Services.
- Promoted head injury prevention through OPH's "Adopt a Helmet" social media campaign, which had over 10,000 social media interactions - blog views, video views, and tweets by the public.
- Conducted almost 8,000 home visits as well as over 5,300 postpartum contacts.
- Served over 2,600 new parents at Well Baby Drop-ins.
- Opened two new Baby Express Drop-ins, in partnership with Ottawa Public Library, which provides information to new parents related to infant care, breastfeeding, mental health and other topics to support parent needs.
- Strengthen coping skills and promoted positive mental health to over 2,000 students, parents and teachers in all four school boards, through the Healthy Transitions program.
- Provided *safeTalk* suicide prevention training to 300 youth; and in partnership with community agencies ensured over 350 youth and their families received crisis services.
- Hosted a forum attended by over 160 caregivers to launch the Caregiver Resource Guide.

Protection

- Identified and responded to food-borne outbreaks including a large scale multi-jurisdiction potentially lethal salmonella enteric outbreak affecting 85 people (primarily children).
- Responded to public health risk events such as water disruptions and 20 days of extreme heat warnings and advisories.
- Established two new satellite sexual health clinics in Orleans and Kanata, which broadened access to sexual health services across Ottawa.
- Received over 13,000 hits on OPH's Get Tested Why Not campaign website, which promotes healthy sexuality and provides online testing.
- Maintained over 140,000 childhood immunization records and conducted assessment of the immunization status of children and youth in licensed child care facilities and schools, including students new to Canada.
- Conducted over 300 school-based and community clinics and immunized over 62,000 Ottawa residents with Influenza, Hepatitis B, human papillomavirus and meningococcal vaccines.
- Achieved one of the highest vaccine coverage rates for human papillomavirus in Ontario.

Prevention

- Completed over 1000 food safety inspections of outdoor vendors at special events, fairs, and markets.
- Inspected 124 known high risk personal service settings to ensure proper infection control practices are followed. This represents a 103% increase over 2011 annual inspections
- Realized an additional \$26K in revenue by introducing group registration for food handler training courses.

At this time, OPH is continuing to forecast a deficit in 2012 as reported in the Q2 Operating Budget status report (ASC2012-OPH-BSD-0002) presented to the Board at its August 20 meeting. The projected \$125K deficit is resulting from a combination of pressures: confirmation of provincial revenue in July which was \$125K less than assumptions made in the 2012 budget; recurrent over expenditures in the school immunization program as reported to the Board (ASC2012-OPH-EHP-0003); and, the unanticipated costs associated with the salmonellosis outbreak investigation in March 2012. A discretionary spending freeze and hiring freeze was implemented in Q3 in order to mitigate this projected deficit.

DISCUSSION

1. 2013 Budget Development

For 2013, OPH is presenting a balanced budget with projected revenues and expenditures of \$53.6M, an increase of 1.4% from 2012. OPH is facing a number of significant challenges in maintaining public health service levels. Community need for public health services related to population growth, population aging, increased rates of obesity, health inequities, sexually transmitted infections, air quality challenges, and emerging infectious diseases represent a significant burden on both human and financial resources in OPH.

The Budget Process and Timeline Report (ACS2012-OPH-BSD-0001) outlined some of the challenges faced as a result of reduced revenues and recoveries, and increased expenditures in 2013.

2013 Revenues

The 2013 City budget allocation for OPH of \$399K represents the OPH portion of the 2.5% tax increase and a fixed value (0%) 2012 growth assessment as reported to City Council June 13, 2012 (ACS2012-CRM-FIN-0022).

For 2013, provincial funding for cost-shared only programs has been estimated at 2% increase (\$545K); based on the 2% increase received from the province in 2012. This figure includes a change in funding for the Small Drinking Water Systems program, which has shifted from 100% provincial funding to 75% provincial and 25% municipal funding, resulting in a \$15K pressure for the city's portion of cost sharing. In addition, there are a number of reductions to the gross provincial estimate, explained in detailed below, which results in a net provincial revenue increase of \$392K.

As per usual, the submission deadline for Program Based Grant Applications to the province is March 31, 2013 with notification of the approved funding envelope by June 30, 2013 (which marks the end of the second quarter of the City's fiscal year).

Revenue reductions

OPH, and other public health units, have received official notification from the MOHLTC regarding a change in OHIP billing practises (i.e. no longer reimbursed for some procedures provided by public health nurses and nurse practitioners) that will result in a reduced revenue expectation of approximately \$40K.

In August 2011, OPH's Reproductive Health Team introduced an online version of its prenatal course through the OPH webpage, while continuing to offer a six session classroom course. The online course has broader reach and accessibility, and based on target group feedback is the preferred means of obtaining prenatal health information. Based on this evaluation, the six session course will be discontinued in 2013 resulting in revenue and expenditure reduction of \$15K.

2012 Budget Adjustments

Three programs that were 100% provincial or federal funded were discontinued in 2012. A baseline budget adjustment of \$173K will not be carried into the next budget year, as such is incorporated into the 2013 budget. The three programs are:

- Surveillance for blood borne pathogens \$25K
- Air quality index \$35K
- Bedbug Support \$113K

2013 Expenditures

OPH is faced with additional costs related to compensation (contract settlements, increments and benefits) and inflation on leases and insurance, which result in a net expenditure increase of \$1,181K.

In order to maintain the level of service required to continue to deliver on 2012 successes, with the inflationary pressures identified above, OPH faces a baseline budget deficit of \$307K going into the 2013 fiscal year. Management efficiencies discussed later in the report under section *Ottawa Public Health in the Community* will be used to offset this deficit and create re-investment opportunities.

2. 2013 Budget Considerations

As part of the development of the 2013 operation budget, OPH management took into consideration provincial and municipal factors that contribute to budget pressures and those that help identify priorities.

a) Board of Health Strategic Priorities

In July 2011, the Board adopted and approved its strategic plan (ACS2011-OPH-IQS-0003). Directions set through the Strategic Priorities cascade down the organization to the branch and program level, through the annual operational and are ultimately incorporated into the budget planning cycle.

b) Public Health Accountability Agreement

The PHAA are a multi-year provincial transfer payment agreement between the Board of Health and the MOHLTC, which outlines the Board's fiscal responsibility, performance obligations, reporting requirements and approved financial funding. Consequently, the performance indicators have influenced the 2013 budget planning process and are reflected in the proposed reinvestment of resources to be made possible through the achievement of efficiencies.

OPH will monitor progress on PHAA performance indicator targets and may need to reallocate resources to meet MOHLTC targets. Other developmental indicators expected to be further defined during 2012 relate to: physical activity, healthy eating and nutrition, child and reproductive health, comprehensive tobacco control and equity. In anticipation of these new measures, OPH has prioritized the Healthy Eating Active Living program for 2013 reinvestment.

c) Ottawa Public Health in the Community

OPH is participating in the City's Service Ottawa Mobile Workforce Solutions Project and is deploying 62 field-based mobile workers in the fourth quarter of 2012. These field-based mobile workers include public health inspectors in the following areas food safety, and water inspection, and public health nurses in the School Health program. They are provided with rugged mobile computing devices and continuous connectivity to City of Ottawa network. As a result, OPH was able to terminate a lease, resulting in a \$100K operating expenditure reduction.

The stated 2013 mobility efficiency targets for OPH are based on the Service Ottawa assumption of a 12.5% productivity gain per field worker (approximately 60 minutes of productive per work day). OPH believes that the resulting efficiency target of \$696K is feasible, while still achieving performance targets within these program areas and enabling the reinvestment of some staff resources to address other OPH strategic priorities, as outlined in Table 1 below.

OPH aims to pilot the deployment of additional mobile field workers from the Healthy Babies, Healthy Children program by Q3 2013, with full deployment to follow in 2014. Pending the successful evaluation of the pilot, the efficiencies could offset the immediate growth pressures to maintain the universality of the Healthy Babies, Healthy Children program in our community.

The Mobile Workforce aligns with OPH Strategic Priority E3: Leverage technology to extend our services and make better connections with our citizens, and F3: Maximize resources through continuous improvement, program adjustments, partnerships and technological efficiencies.

d) Alignment with City Council Priorities

OPH has submitted funding proposals to the City of Ottawa's Community and Social Services Department to align with and support the Board of Health's Seniors' Healthy Aging Strategy (ACS2011-OPH-HPDP-0001) and the City's Older Adults Plan. A forthcoming report to Community and Protective Services Committee on October 18, recommends potential funding of \$110.2K in 2012 and \$93K in 2013 that would support three OPH seniors' programs: Healthy Aging, Gatekeeper Program, and Dental Health Outreach:

- *Healthy Aging* program aims to enhance and expand senior activities in various geographic locations across the city.
- *Gatekeeper Program* aims to identify individuals in the community that have regular contact with seniors (pharmacists/ hairdressers/ librarians) to be able to recognize and refer isolated at-risk seniors.
- *Oral Health for Low-Income Seniors* program aims to provide screening and education for at-risk seniors.

OPH is also engaged in other ongoing City Council approved initiatives including Safer Roads Ottawa, youth mental health, and head injury prevention strategies.

e) Healthy Babies, Healthy Children Program

As reported in the *Renewal of the Healthy Babies, Healthy Children Program* report (ACS2012-OPH-CP-0001), OPH has received a fixed funding envelope from the Ministry of Children and Youth Services, since 2008. It is anticipated that the Ministry is pursuing a policy direction that would see the program restricted only to families identified, during their hospital stay, as at-risk for poor health outcomes. The Board's advocacy efforts to increase funding have yet to yield results.

Within this context of strict budgetary constraints and imminent anticipated changes to the Ministry's program guidelines, OPH conducted a third-party program review to find efficiencies and to help decide where best to re-allocate resources. As previously noted, the mobile workforce efficiencies could offset the immediate growth pressures to maintain the universality of the Healthy Babies, Healthy Children program in our community.

f) Adult Dental Health Services Update

As noted in the *Access to Dental Health Services for Adults with Low Incomes* Report (ACS2011-OPH-CP-0003), OPH in collaboration with the City of Ottawa's Community and Social Services Department, is one of the few Ontario Public Health Units that offers direct dental care to adults eligible for Discretionary Benefits under the Ontario Works and the Ontario Disability Support Programs. This is a cost-effective way to provide emergency dental services and oral health education in order to reduce future urgent dental health needs.

In July 2012, the Province implemented a funding cap, significantly reducing discretionary benefit amounts available to Community and Social Services clients.

OPH's adult dental program is funded by Community and Social Services. The operational impacts for 2013 are unknown at this time however; emergency dental services will be maintained. OPH will report on-going budget implications to the Board, as required.

3. Addressing Community Needs

Despite the growing economical pressures, community need is increasing. OPH will address these growths in demand by re-investing efficiencies realized through enabling OPH staff to work in the community more directly.

Pending Board approval, the Draft 2013 Operating Budget will allow OPH to address inflationary cost pressures and maintain programming to manage increased demand for services in the following areas; Health Protection and Outbreak Management; Healthy Eating Active Living Strategy (through the Active Transportation in Schools project) and Healthy Babies, Healthy Children. Table 1 outlines the details and benefits of these investment opportunities.

Table 1: 2013 OPH Reinvestment of Resources

Program	Program Description
Health Protection and Outbreak Management	<ul style="list-style-type: none"> • Continuation of multi-year initiative to meet the demand associated with growth in outdoor food vendors and personal service settings which include tattoo parlours, aesthetics and tanning salons • Increase the number of inspections of outdoor food vendors and personal service settings • Minimize the risk and costs associated with outbreak investigations and ensure Ontario Public Health Standards and Accountability Agreement performance indicators are met. • Coordination of event notifications, inspection activities and enforcement, education and response to complaints • Ensure that Ottawa residents are kept safe from infectious diseases such as hepatitis B and C, as well as food borne illnesses
Active School Transportation	<ul style="list-style-type: none"> • Continuation of three-year (2012 – 2014) Healthy Eating, Active Living Strategy (ACS2012-OPH-HPDP-0003) • Implement Active School Transportation Project that delivers on Healthy Eating, Active Living objective and OPH Strategic Priority to increase physical activity through walking and active transportation. • Work with local schools to: promote active transportation at all elementary schools in Ottawa and a proportion of high school youth health committees.
Healthy Babies, Healthy	<ul style="list-style-type: none"> • Continuation of the universal postpartum telephone call which promotes and protects infant and maternal health by

Children	<p>providing a health screening and assessment for all families within 48 hours of hospital discharge following the birth of a child (ACS2012-OPH-CP-0001)</p> <ul style="list-style-type: none"> • The postpartum telephone call enables public health nurses to: <ul style="list-style-type: none"> ○ Provide parenting support and education ○ Screen for postpartum depression ○ Identify difficulties following hospital discharge, at times preventing re-hospitalization ○ Promote breastfeeding success ○ Recruit clients into the Baby Friendly Initiative surveillance as per OPH's plan to achieve Baby Friendly Initiative designation in accordance with the PHAA
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4. Long Range Financial Plan

OPH has historically been responsible for operational budget planning in the context of continually fluctuating Municipal and Provincial funding environments. A formal long-range financial plan that will allow the Board to identify long-term and future service pressures and execute appropriate financial strategies to re-allocate or seek new funding sources will be developed. OPH staff will bring forward a report on the progress of OPH's Long Range Financial Plan in 2013.

NEXT STEPS

Members of the Board can direct questions regarding the draft budget to Ms. Jane Dare at jane.dare@ottawa.ca or by telephone at 613-580-2424 ext. 12799. OPH will accept public comments on the budget through the Board of Health email account (ottawaboardofhealth@ottawa.ca) or by calling Ottawa Public Health Information Line (613-580-6744; Monday to Friday from 9 am to 4 pm) from October 16, 2012. A summary of comments received will be provided to Board members prior to the Board meeting on November 19, 2012, where public consultations will also be received. At this meeting, the Board will discuss and formally approve the draft 2013 operating budget.

The Board of Health Draft 2013 Operating Budget will be presented to Council on October 24, 2012. Final budget approval by the City of Ottawa will take place at a Special Council meeting scheduled for November 28, 2012. The budget will then be presented as a grant request to the relevant provincial ministries, in accordance with guidelines provided by the ministries. Provincial decisions regarding revenue flow are generally received in the summer of the funding year.

CONSULTATION

The Board of Health will consider, for approval, the draft budget at its next meeting on November 19, 2012. Community Budget Consultations on the draft Board of Health 2013 budget will take place at this meeting.

LEGAL IMPLICATIONS

There are no legal impediments to the implementation of the report recommendations.

FINANCIAL IMPLICATIONS

Financial implications are outlined within the report.

TECHNOLOGY IMPLICATIONS

The City's Information Technology Services (ITS) Department will work closely with Ottawa Public Health to develop a detailed work plan and business cases for technology initiatives that may be required in 2013. This work plan and business cases where required, would be evaluated and approved through the City of Ottawa ITS intake process for all new technology requests.

BOARD OF HEALTH STRATEGIC PRIORITIES

The Draft Board of Health 2013 Budget supports the implementation of the Board of Health Strategic Priorities 2011-2014 and specifically aligns with Strategic Priority F: Develop a more sustainable resource base.

TERM OF COUNCIL PRIORITIES

The Draft Board of Health 2013 Budget aligns with three Term of Council Priorities: Healthy and Caring Community; Economic Prosperity; and Transportation and Mobility.

SUPPORTING DOCUMENTATION

[Document 1- Draft 2013 Ottawa Board of Health Operating Budget](#)

[Document 2- Ottawa Board of Health's Vision, Mission, Strategic Priorities and Objectives for 2011-2014](#)

DOCUMENTS À L'APPUI

[Document 1- Budget de fonctionnement provisoire de 2013 du Conseil de santé d'Ottawa](#)

[Document 2- Vision, mission, priorités stratégiques et objectifs du Conseil de santé d'Ottawa pour 2011-2014](#)

DISPOSITION

The Ottawa Board of Health will consider, for approval, the draft budget at its next meeting on November 19, 2012. Staff will forward the Board of Health Draft 2013 Operating Budget to Ottawa City Council for consideration as part of City Council's 2013 budget and to the Ministry of Health and Long-term Care and Ministry of Children and Youth Services, for consideration, as part of the Program-Based Grant Application Process.

Process	Date
Board of Health Process	
2013 Budget Process and Timelines Report	August 20, 2012
Draft 2013 Budget Presentation to Financial Committee	September 24, 2012
Draft 2013 Budget Report and Presentation	October 15, 2012
Community Consultations and Final Draft Budget Approval	November 19, 2012
City of Ottawa's Council Process	
Draft 2013 Budget Tabling at Council - Boards & City Departments	October 24, 2012
Community Budget Consultations	October 29 – November 2, 2012
Final 2013 Budget Approval at Council - Boards & City Departments	November 28, 2012



Ottawa Board of Health

Vision

Ottawa is a community where people are healthy, safe and actively engaged in their well-being.

Mission

In partnership with the people and communities of Ottawa, Ottawa Public Health improves and advocates for health and well-being through prevention, promotion and protection.

STRATEGIC PRIORITIES 2011-2014

Strategic Priorities

- A Enhance partnerships**
- B Address emerging community health needs**
- C Improve quality of life for Ottawa's residents**
- D Respond to demographic changes**
- E Improve community understanding of the value of public health**
- F Develop a more sustainable resource base**

Strategic Priority A *Enhance partnerships*

- A1 Apply a health lens to all municipal policies
- A2 Increase integration with other City departments and community agencies
- A3 Develop innovative partnerships with private industry and non-traditional partners
- A4 Increase community participation and engagement

Strategic Priority B *Address emerging community health needs*

- B1 Advance mental health promotion and services primarily for children and youth
- B2 Increase access to healthy foods through municipal policies
- B3 Increase nutrition skills in priority populations
- B4 Increase active transportation as well as leisure physical activity
- B5 Reduce health risks related to preventable infectious and non-infectious diseases
- B6 Anticipate and respond to emergencies with public health impact

Strategic Priority C

Improve quality of life for Ottawa's residents

- C1 Increase access to services for populations facing health inequities
- C2 Increase healthy behaviours including balancing work/life
- C3 Improve road safety for all users
- C4 Expand smoke-free spaces

Strategic Priority D

Respond to demographic changes

- D1 Enhance programming to support healthy aging
- D2 Improve outreach and supports for caregivers
- D3 Expand supports for at-risk seniors
- D4 Increase programming to support healthy child development

Strategic Priority E

Improve community understanding of the value of public health

- E1 Build increased awareness of OPH programs, services and activities
- E2 Leverage technology to extend our services and make better connections with our citizens
- E3 Measure and report publicly on progress

Strategic Priority F

Develop a more sustainable resource base

- F1 Explore alternate funding models
- F2 Support succession planning and professional development in OPH staff
- F3 Maximize resources through continuous improvement, program adjustments, partnerships and technological efficiencies
- F4 Influence and align with provincial and municipal long-range strategic and financial plans



Le Conseil de santé d'Ottawa

Vision

Ottawa est une communauté dans laquelle les gens sont en bonne santé et en sécurité et participent activement à leur bien-être.

Mission

En collaboration avec les résidents et les communautés d'Ottawa, Santé publique Ottawa améliore et met de l'avant la santé et le bien-être à l'aide d'activités de prévention, de promotion et de protection.

Priorités stratégiques pour 2011-2014

Priorités stratégiques

- A Renforcer les partenariats;**
- B Répondre aux nouveaux besoins de la collectivité en matière de santé;**
- C Améliorer la qualité de vie des résidents d'Ottawa;**
- D Répondre aux changements démographiques;**
- E Améliorer la compréhension de la valeur de la santé publique au sein de la collectivité;**
- F Développer un capital de ressources plus durable.**

Priorité stratégique A

Renforcer les partenariats

- A1 Appliquer une composante de la santé dans les politiques municipales;
- A2 Améliorer l'intégration avec les autres services de la Ville et les organismes communautaires;
- A3 Établir des partenariats novateurs avec le secteur privé et des partenaires non traditionnels;
- A4 Améliorer la participation et l'engagement de la collectivité.

Priorité stratégique B

Répondre aux nouveaux besoins de la collectivité en matière de santé

- B1 Faire avancer la promotion de la santé mentale et les services, principalement chez les enfants et les jeunes;
- B2 Améliorer l'accès à des aliments sains à l'aide de politiques municipales;
- B3 Améliorer les connaissances en nutrition des clientèles prioritaires;
- B4 Augmenter les déplacements actifs ainsi que les activités physiques de loisir;
- B5 Réduire les risques pour la santé en lien avec les maladies infectieuses et non-infectieuses évitables;
- B6 Prévoir les urgences qui ont des conséquences sur la santé et intervenir de façon appropriée.

Priorité stratégique C

Améliorer la qualité de vie des résidents d'Ottawa

- C1 Améliorer l'accès aux services des populations victimes d'inégalités en matière de santé;
- C2 Encourager les comportements favorables à la santé, y compris l'équilibre entre la vie professionnelle et personnelle;
- C3 Améliorer la sécurité routière pour tous les usagers;
- C4 Agrandir les espaces sans fumée.

Priorité stratégique D

Répondre aux changements démographiques

- D1 Augmenter les programmes visant à soutenir le vieillissement en santé;
- D2 Améliorer les services d'approche et le soutien aux aidants naturels;
- D3 Accroître le soutien aux personnes âgées vulnérables;
- D4 Augmenter les programmes visant à soutenir le développement sain de l'enfant.

Priorité stratégique E

Améliorer la compréhension de la valeur de la santé publique au sein de la collectivité

- E1 Accroître la sensibilisation aux programmes, services et activités de SPO;
- E2 Mettre à profit la technologie afin d'améliorer les services et les liens avec les citoyens;
- E3 Évaluer les progrès et rendre des comptes publiquement.

Priorité stratégique F

Développer un capital de ressources plus durable

- F1 Explorer d'autres modèles de financement;
- F2 Soutenir la planification de la relève et le perfectionnement professionnel auprès du personnel de SPO;
- F3 Maximiser les ressources à l'aide d'améliorations continues, d'adaptations de programmes, de partenariats et d'efficacité technologique;
- F4 Influencer les plans financier et stratégique municipaux