

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
16 September 2019 / le 16 septembre 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-0004

SUBJECT: 2018 ANNUAL REPORT AND ATTESTATION TO THE MINISTRY

OBJET: RAPPORT ANNUEL 2018 ET ATTESTATION AU MINISTÈRE

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

As reported to the Board in [April 2019](#), Ottawa Public Health (OPH) is responsible for providing accountability, planning and reporting documents to the Ministry of Health as

outlined in the Public Health Accountability Framework within the [Ontario Public Health Standards \(OPHS\)](#). The *Annual Report and Attestation* is a new reporting requirement, which provides year-end financial and program-related summaries.

The *2018 Annual Report and Attestation* provided information for the reporting period of January 1, 2018 to December 31, 2018. The Ministry identified which Standards were to be reported on in the following areas:

- **Program outcome indicators**, which are provincially-defined to help monitor success of program outcomes as referenced in the OPHS. For example, the percentage of re-inspections of spas per year.
- **Locally-developed indicators**, which are defined by each public health unit to help monitor the success of programs. For example, the percentage of older adults who intend to continue exercising after completing the Better Strength Better Balance falls prevention program or the percentage of participants who reported increased knowledge from overdose awareness and naloxone administration training. While locally developed indicators were requested for several Standards, associated results were only requested for the Chronic Disease Prevention & Well-Being Standard.
- **Narrative**, which describes key activities and program achievements for specific standards and one-time funding projects.
- **Board of Health Attestation**, which is a certificate of attestation to show compliance with organizational and program-specific requirements of the OPHS. For example, “Did the Board of Health engage in relationships with Indigenous communities in a way that was meaningful to them” or “Did the Board of Health complete inventory counts as specified in the Vaccine Storage and Handling Protocol, 2018”.

OPH submitted the *2018 Annual Report and Attestation* on July 26, 2019, signed by the Board Chair. The Ministry has indicated that in future years, the Annual Report and Attestation will be due on April 30 of each year for the previous calendar year’s results.

DISCUSSION

The activities and program achievements highlighted in the *2018 Annual Report and Attestation* demonstrate that OPH’s programs and services are well aligned with the OPHS and contribute to improving the health and well-being of residents across Ottawa. Some of these key activities include:

- OPH completed several population health assessments. These were conducted to monitor trends in health determinants, risks and status of the Ottawa population, including analysis of historical trends and emerging or re-emerging issues of public health importance. The assessment results informed management, program staff, the Board of Health, local partners, media and the general public about health statistics and trends, including health inequalities, geographic variations, community needs and priorities.

Specific examples of population health assessments that influenced programs / services related to priority populations in 2018, include:

- The State of Ottawa's Health, 2018, which provided an overview of the health of Ottawa's population.
 - An assessment of neighbourhoods with lower vaccine uptake to identify areas in need of catch-up clinics or schools that require additional communications and promotion support.
 - An assessment of the distribution of low-income residents and their susceptibility to extreme heat to plan extreme heat responses.
 - The Status of Mental Health in Ottawa Report, 2018, which is the first report across Canada to provide a local review of the mental health of the community, including the characteristics that promote mental health in our community and the number of residents seeking care for mental illness and addictions, using the Public Health Agency of Canada Mental Health Surveillance Conceptual Framework.
 - An analysis of infectious Group A Streptococcus in the marginally housed in Ottawa.
- OPH promoted optimal mental health through awareness, skill-building and supportive environments. Specifically, this included *safeTALK* suicide prevention training; stigma reduction; resilience-building programming; support to residents following the September 2018 tornado; and work toward two new *have THAT talk* mental health promotion videos and activity guide for newcomers and ethno-cultural populations.
 - OPH assessed over 150,000 immunization records for school pupils. This resulted in over 20,000 first notices and 12,049 suspension notices being sent to parents. As a result of these notices, 85% of the records were updated, with only 3,035 students

continuing to have an incomplete immunization record and receiving at least one day of suspension. In addition, OPH provided a special immunization clinic at a high school with a high proportion of incomplete records. This clinic resulted in over 80% of affected students receiving the immunizations they required.

- OPH advanced healthy built environments by applying a public health lens to City of Ottawa municipal planning and transportation policies. These policy opportunities help mitigate risk factors related to environmental exposures and chronic disease that can contribute to the burden of illness and uses a population-level approach for prevention and promotion of healthy natural and built environments.
- OPH partnered with community agencies that serve populations at high-risk of overdose to increase the availability of take-home naloxone kits and currently has 13 community partners participating in the Ontario Naloxone Program. In 2018, OPH and partners trained over 4,000 clients and/or their family and friends to administer naloxone and dispensed 5,500 naloxone kits.
- OPH collaborated with community partners to provide fourteen cannabis information nights for parents of teens, with over 760 parents in attendance and an additional 4,000 online views of the recording. Further, OPH developed of an educator's guide for cannabis, youth prevention posters, and in-class presentations on cannabis. Staff also provided cannabis education to almost 400 festival workers and volunteers and launched the *Blunt Fact* and *Toke Joke* targeted health promotion campaigns to support parents, youth and young adults in making evidence-informed decisions about cannabis use.
- OPH supported the advancement of health equity and reconciliation through the *Share Your Story* research project that documented and analyzed the experience of racism for First Nations, Inuit and Métis community members who access the health system in Ottawa (i.e. narratives, images and videos). The initiative was led by the Ottawa Aboriginal Coalition in partnership with the Wabano Centre for Aboriginal Health. The project will result in:
 - Development and dissemination of general and organization-specific recommendations intended to inform quality indicators related to culturally safe health service policies and practices;
 - Employment and capacity building opportunities for First Nations, Inuit and Métis community members and service providers;

- An educational video to enhance local cultural safety training initiatives; and
- Strengthened relationships between Indigenous and non-Indigenous health sector partners.

As shown through the examples above, OPH delivers programs and services in accordance with the OPHS. There were, however, a small number of areas where 100% compliance was not fully achieved with some of the OPHS requirements. These areas were as follows:

Public Health Inspections

OPH did not complete 100% of required public health inspections related to moderate and low-risk food premises, recreational water facilities and personal service settings. Factors contributing to this outcome include the implementation of the new Hedgehog inspection data management system; implementation and interpretation of the new requirements - O.Reg. 136/18 – Personal Service Regulations; Public Pool Regulation 565; and Food Premises Regulation 493/17; and the redeployment of public health inspectors for enhanced responses (e.g. Infection Prevention and Control (IPAC) lapses and the tornado response). OPH will continue to prioritize those facilities that did not receive the required number of inspections in 2018 and will employ an evidence-informed risk-based approach to prioritize public health resources.

Specific to food premises inspections, nearly all moderate-risk food premises (94%) were inspected at least once in 2018. In the first half of 2019, OPH ensured the inspections of moderate-risk premises that were not visited in 2018. Food premises risk assessed as moderate-risk can be restaurant chains where the organizations may be accredited or inspected by internal auditors or have a documented history of compliance with the Food Safety Regulations. Low risk food premises are settings where there is minimal or no food handling, or where pre-packaged food products are sold such as corner stores.

Vision Screening

The 2018/2019 school year was considered an implementation period for the new vision screening requirements, which requires that all children in senior kindergarten undergo a series of 3 vision tests. These tests are designed to detect risk factors for: amblyopia; reduced stereopsis and/or strabismus; and refractive vision disorder.

OPH initiated a pilot vision screening program in 34 schools expected to have populations with lower access to optometrist exams based on sociodemographic

variables. OPH employees completed vision screening for 1,088 children in these schools. Social media messaging and Facebook chats with a guest optometrist increased community understanding of the need for annual eye examinations covered under OHIP.

The total population of senior kindergarten students that the provincial standard requires be screened is approximately 10,000 and the pilot suggests that the cost to complete this activity would be \$600,000 annually. Given the evaluation information gained from the pilot project and the lack of additional funds for this program, OPH will likely continue to have challenges with compliance with this standard in 2020. OPH will increase efforts to ensure that all children access free optometrist examinations and will keep a focus on children with greater barriers to accessing the OHIP-covered exams. A separate report will be prepared for the Board on this subject in time to discuss the program in the context of budget priorities for 2020.

OPH is reviewing all programs and services as part of public health modernization to ensure any identified compliance gaps are addressed or based on evidence and risk assessments.

NEXT STEPS

OPH will continue to monitor Ministry accountability, planning and reporting developments. All reports will be submitted as per directions provided by the Ministry of Health and reporting to the Board of Health will be aligned with Ministry 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

As stated in this report, compliance was achieved for all programs and services except for public health inspections and the new vision screening program. For public health inspections, OPH will continue to prioritize those facilities that did not receive the

required number of inspections in 2018 and will employ an evidence-informed risk-based approach for allocation of public health resources. For vision screening, OPH will increase efforts to ensure that all children access free optometrist examinations and will keep a focus on children with greater barriers to accessing the OHIP-covered exams.

FINANCIAL IMPLICATIONS

There are no direct 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 respond to reporting requirements as they arise.