

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
21 September 2020 / 21 septembre 2020**

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**Submitted by
Soumis par:**

Dr./D^{re} Vera Etches, Medical Officer of Health / Médecin chef en santé publique

Contact Person

Personne ressource:

**Dr./D^{re} Vera Etches, Medical Officer of Health / Médecin chef en santé publique
*vera.etches@ottawa.ca***

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2020-OPH-MOH-0006

SUBJECT: UPDATE ON COVID-19 AND NEXT STEPS

OBJET: MISE À JOUR SUR LA COVID-19 ET PROCHAINES ÉTAPES

REPORT RECOMMENDATIONS

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

- 1. Direct the Medical Officer of Health to prepare a budget for 2021 that reflects the resources required to sustain the COVID-19 response and critical public health services;**
- 2. Direct the Medical Officer of Health to develop recommendations to the Government of Ontario that would seek to address systemic issues that have been brought to light as a result of the pandemic response to date; and**
- 3. Receive, for information, the evaluation report and supporting documents on the "Public health system evaluation and lessons learned from the first peak of COVID-19", prepared on behalf of the Council of Ontario Medical Officers of Health (COMOH), attached as Document 1.**

RECOMMANDATIONS DU RAPPORT

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

- 1. Demande au médecin chef en santé publique de préparer un budget pour 2021 qui tienne compte des ressources nécessaires visant à soutenir les interventions contre la COVID-19 et les services essentiels de santé publique;**
- 2. Demande au médecin chef en santé publique d'élaborer des recommandations à l'intention du gouvernement de l'Ontario afin de résoudre les problèmes systémiques qui ont été mis en lumière en raison de la réponse à la pandémie jusqu'à présent; et**
- 3. Reçoive, à titre informatif, le rapport d'évaluation et les documents à l'appui sur l'Évaluation de la santé publique et les leçons tirées du premier pic de COVID-19 préparés au nom du Conseil des médecins hygiénistes de l'Ontario, joints à titre de document 2.**

EXECUTIVE SUMMARY

Ottawa Public Health (OPH) has been monitoring the novel coronavirus, now known as COVID-19, since early January 2020 and initiated its Incident Management System (IMS) on January 27, 2020.

The first Ottawa resident diagnosed with COVID-19 was reported to OPH on March 11, 2020 and to-date, the community has had 3,163 lab-confirmed residents with COVID-19 and 267 deaths. As in other jurisdictions, this number likely underestimates the total number of people with the COVID-19 virus. There have also been a number of COVID-19 outbreaks in Ottawa institutions and other congregate settings, as well as workplaces.

Some communities have been disproportionately affected by the pandemic. For this reason, OPH is partnering with community leaders, community health centres, Ottawa Community Housing, local Ontario Health Teams, and health system partners to develop a broader Community Health Response that aims to expand the reach and impact of important health promotion work in the community.

OPH has also been monitoring the health and social impacts of COVID-19, most notably, the effect the pandemic has had on residents' mental health and emotional well-being.

All levels of government have been actively involved in many aspects of COVID-19. The local response has proven flexible, responsive, and effective. Public health measures

have contained the transmission of COVID-19 to prevent the health care system from becoming overwhelmed.

A survey of Ontario Medical Officers of Health identified several components of the COVID-19 response that were integral to its effectiveness, notably surveillance and epidemiological analysis, community protection, communications, planning, equity and protection of the most at risk populations, and partnering with other sectors and levels of government. Locally, OPH's relationship with the City of Ottawa has proven invaluable by facilitating initiatives with municipal partners and enabling some important local initiatives.

Despite the public health system's success in preventing the health care sector from being overwhelmed by the COVID-19 pandemic to-date, the virus remains a threat to the community's health and to the health care system's capacity. As has been seen in other jurisdictions, a significant resurgence can occur following early control of the virus and containment is much more difficult to recapture than to maintain.

The public health response relies on independent local public health authorities that can leverage strong partnerships and community knowledge to deliver locally adapted provincial guidance. Sustaining these response efforts requires capacity to rapidly mobilize and scale up a skilled public health workforce to address resurgence and increasing complexity of following-up with each person diagnosed with COVID-19 and their contacts. Simultaneously, the public health system must help to mitigate the negative societal impacts of COVID-19.

Accordingly, this report recommends that Ottawa's Medical Officer of Health be directed to develop a 2021 budget that will reflect the resources required to sustain the COVID-19 response and critical public health services. This report also recommends using the lessons learned from this pandemic response to strengthen Ontario's public health, healthcare, long-term care and education sectors and to address some of the inequities that have been brought into greater focus as a result of the ongoing pandemic.

SOMMAIRE

Santé publique Ottawa (SPO) surveille la propagation du nouveau coronavirus, connu maintenant sous le nom COVID-19, depuis le début janvier 2020 et a lancé son Système de gestion des incidents (SGI) le 27 janvier 2020.

Le premier résident d'Ottawa ayant reçu un diagnostic positif de COVID-19 a été signalé à SPO le 11 mars 2020 et à l'heure actuelle, la communauté a eu 3 163 diagnostics confirmés en laboratoire de COVID-19 et 267 décès. Comme dans

d'autres juridictions, ce nombre sous-estime vraisemblablement le nombre total de personnes infectées par le virus de la COVID-19. Un certain nombre d'éclotions de COVID-19 se sont produites dans des institutions et autres milieux collectifs d'Ottawa ainsi que dans des lieux de travail.

Certaines communautés ont été touchées de manière disproportionnée par la pandémie. Pour cette raison, SPO s'associe à des chefs de file communautaires, à des centres de santé communautaire, à Logement communautaire d'Ottawa, aux équipes Santé Ontario locales et à des partenaires du système de santé pour élaborer une intervention de santé communautaire plus large visant à étendre la portée et l'influence de l'important travail de promotion de la santé dans la communauté.

SPO a également surveillé les répercussions sanitaires et sociales de la COVID-19, plus précisément, les effets de la pandémie sur la santé mentale et le bien-être émotionnel des résidents.

Tous les ordres de gouvernement ont participé activement à de nombreux aspects de la COVID-19. L'intervention locale s'est avérée souple, adaptée et efficace. Les mesures de santé publique ont contenu la transmission de la COVID-19 afin d'empêcher que le système de soins de santé soit débordé.

Une étude du Conseil des médecins hygiénistes de l'Ontario a relevé plusieurs composantes de l'intervention contre la COVID-19 qui ont joué un rôle fondamental quant à son efficacité, notamment la surveillance et l'analyse épidémiologique, la protection communautaire, les communications, la planification, l'équité et la protection des populations les plus à risque, ainsi que la collaboration avec d'autres secteurs et paliers de gouvernement. À l'échelle locale, les relations de SPO avec la Ville d'Ottawa se sont avérées inestimables en facilitant les projets avec des partenaires municipaux et en permettant certaines initiatives locales d'importance.

Bien que le système de santé publique ait réussi à éviter que le secteur des soins de santé ne soit submergé par la pandémie COVID-19 jusqu'à présent, le virus demeure une menace à l'égard de la santé de la communauté et de la capacité du système de soins de santé. Comme on l'a vu dans d'autres administrations, une résurgence importante peut se produire après un contrôle précoce du virus et le contrôle est bien plus difficile à reconquérir qu'à maintenir.

L'intervention de santé publique repose sur des autorités indépendantes locales de santé publique qui peuvent tirer parti de solides partenariats et des connaissances communautaires pour mettre en œuvre des directives provinciales adaptées à l'échelle locale. Le maintien de ces efforts d'intervention exige une capacité de mobiliser et

d'accroître rapidement les effectifs de santé publique qualifiés pour lutter contre la résurgence et la complexité accrue du suivi de chaque personne ayant reçu un diagnostic positif à la COVID-19 ainsi que de ses contacts. Simultanément, le système de santé publique doit aider à atténuer les répercussions sociales négatives de la COVID-19.

Par conséquent, le présent rapport recommande que l'on demande au médecin chef en santé publique d'élaborer un budget pour 2021 qui tiendra compte des ressources nécessaires afin de soutenir les interventions contre la COVID-19 et les services essentiels de santé publique. Le présent rapport recommande également l'utilisation des leçons tirées lors des interventions contre cette pandémie afin de renforcer les secteurs de la santé publique, des soins de santé, des soins de longue durée et le système scolaire de l'Ontario, et de remédier à certaines inégalités qui ont davantage été mises en évidence en raison de la pandémie qui perdure.

BACKGROUND

In January 2020, a novel coronavirus was identified in Wuhan, China as the cause of an outbreak of pneumonia that began at the end of 2019 and subsequently spread across provincial and international borders. Ottawa Public Health (OPH) initiated its Incident Management System (IMS) on January 27, 2020, and the first resident diagnosed with COVID-19 was reported to OPH on March 11, 2020. That same day, the World Health Organization (WHO) declared the novel coronavirus a global pandemic. The Province of Ontario and the City of Ottawa declared a State of Emergency on March 17, 2020, and March 25, 2020, respectively.

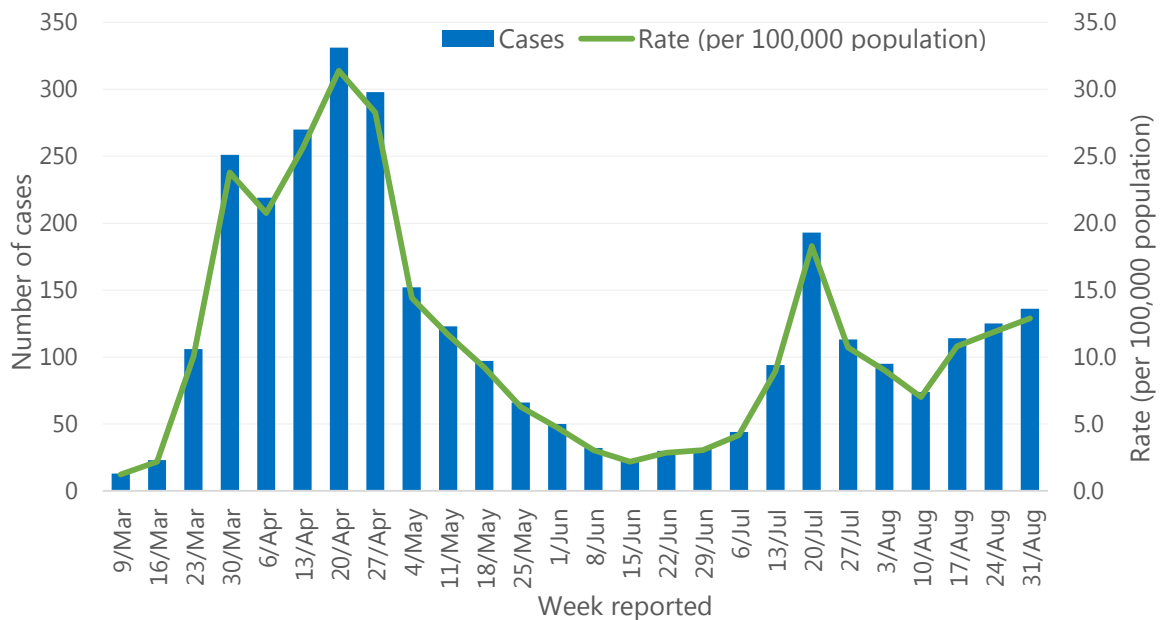
The novel coronavirus, now officially titled COVID-19, is primarily transmitted via respiratory droplets during prolonged, close, and unprotected contact. It can be transmitted by people who show no symptoms, rendering it particularly challenging to contain. Public health measures in Canada have targeted both importation of the virus and local transmission. By mid-August 2020, Canada had identified more than 120,000 people diagnosed with COVID-19 and more than 9,000 related deaths, and Ontario had reported more than 40,000 people with COVID-19 and 2,700 deaths. In addition to this, recent results from a Canadian seroprevalence survey suggest that by the end of May 2020, as few as 0.7% of adults had been exposed to the COVID-19 virus, demonstrating that many infections go undetected and meaning that it is unlikely that immunity in the population could slow down any resurgence of COVID-19.

COVID-19 Data Among Ottawa Residents

As of September 9, 2020, Ottawa had seen 3,163 lab-confirmed residents with COVID-19 and 267 deaths. As in other jurisdictions, this number likely underestimates the total number of people with the COVID-19 virus, due in part to reduced access to testing options and laboratory capacity during the early part of the response. A total of 291 (9%) of Ottawa residents confirmed to have the virus have required hospitalization, mostly aged 50 years and older, and 68 (2%) required admission to the intensive care unit. The number of people with COVID-19 has fluctuated within Ottawa, with the highest number of new infections reported in late April, followed by a resurgence in mid-July (see Figure 1, below).

Initially in Ottawa, the highest incidence of COVID-19 was seen among those 80 years of age and older, driven by outbreaks in long-term care and retirement homes, a smaller population size, and increased testing efforts among this age group. More recently, the rates have been increasing among younger populations, likely due to increasing social interactions (i.e. expansion of “social circles”), the return to workplaces, childcare settings, and schools and broader access to testing. In Ottawa, younger age groups are more likely to be classified as sporadic infections, with no link to a known outbreak setting.

Figure 1: Weekly number and rates of people diagnosed with COVID-19 among Ottawa residents



The average number of contacts per person diagnosed with COVID-19 has increased from a low of 1.2 in April to 4.4 in early August. A single person diagnosed with COVID-19 has generated up to 149 contacts requiring follow-up by OPH. The weekly number of

contacts managed has ranged from 79 to 967. Similar to the number of people with COVID-19, the number of contacts for each person diagnosed with COVID-19 is expected to rise as social interactions increase and “social circles” expand.

The percentage of people with COVID-19 with no known source, used as a proxy to understand community transmission, has generally ranged between 20-40% since COVID-19 was introduced in Ottawa, with a brief increase to 50% in July. Higher percentages of people with COVID-19 with no known source is concerning as it indicates unidentified spread within the community and/or unwillingness to share contact information with public health. Lower percentages of people with COVID-19 with no known source are encouraging, as this suggests greater awareness of and more willingness to report exposures. It is critical to understand the source of the virus in order to reduce transmission through the identification of the original person with COVID-19, perform contact tracing and isolation measures.

There have been 88 COVID-19 outbreaks in Ottawa healthcare institutions, which include long-term care and retirement homes, hospitals, and other institutions (e.g., shelters). As of September 9, 2020, 77 of these outbreaks have been closed and 11 remain active. There have been 22 COVID-19 outbreaks in other (non-healthcare) settings in Ottawa, including 6 that remain active as of September 10. Other settings include childcare, workplace, and residential settings. Using Provincial guidance where possible, OPH has employed a comprehensive approach to managing COVID-19 outbreaks, including but not limited to widespread testing, site visits, multidisciplinary conferences, and adapted transmission prevention and control measures specific to each unique facility.

It is worth noting the joint approach utilized by OPH and health system partners to assist long-term care homes and retirement homes that were experiencing COVID-19 outbreaks. This joint approach provided significant supports to these institutions in the areas of staffing, infection prevention and control expertise, the procurement and use of personal protective equipment, and a coordinated approach to widespread testing within the institution.

The collaboration across multiple health system partners, currently organized under the Champlain COVID-19 Response Committee, is unprecedented and has fostered understanding of inter-connections between organizations with complementary roles and ongoing integration of approaches. Hospital and paramedic partners have not only maintained essential services but have also supported evolving approaches such as the Ottawa testing strategy, which is greatly appreciated.

Communities Disproportionately Affected

Consistent with provincial findings, areas within Ottawa with a high proportion of racialized communities and high material deprivation have higher rates of COVID-19. OPH has identified several community-based clusters of COVID-19 within diverse neighbourhoods with high population density, high deprivation indices, and large family networks. An example of this would be a large family living in a small apartment with multiple members working in low paying jobs that require them to physically go to work to earn income, often without any insurance or benefits such as sick leave. Cultural and language differences, difficulty or fear of presenting for care, and living in over-crowded homes may also be contributing to increase in diagnoses in these communities. Recently, OPH has created a team focused on neighbourhood clusters that aims to connect with communities, reaches out to residents and identifies any settings or practices that may increase the risk of COVID-19 transmission and, if appropriate, offers testing to community members.

OPH is also partnering with community leaders, community health centres, Ottawa Community Housing, local Ontario Health Teams, and health system partners to develop a broader Community Health Response that aims to expand the reach and impact of important health promotion and upstream work to prevent COVID-19 transmission in the community versus trying to “find the virus” through deployed testing initiatives, which have not garnered significant findings when utilized.

Broader Societal and Health Impacts Related to COVID-19

OPH has been monitoring the health and social impacts of COVID-19.

The pandemic is a stressful event for Ottawa residents, who report worsened mental health and emotional well-being, loneliness, and weaker community connectedness. Some groups are affected by poorer mental health, stress and isolation more than others, such as parents of school-aged children, younger adults (<45 years), people identifying as a visible minority or with a disability, people with lower household income (<\$60,000), people working with regular public interactions, and people not working due to the pandemic. Ottawa residents who report worse mental health compared to mid-March reported less physical activity, less sleep, greater consumption of alcohol and prescription drugs, and spending more time on social media, compared to residents reporting better or the same level of mental health. Residents reporting worsened mental health were also more likely to report avoiding health services, experiencing delays, or feeling their health had worsened.

Employment has also been affected by COVID-19, with 11% of Ottawa residents reporting not working in June due to the pandemic and 28% reporting a decrease in income since the start of the pandemic in mid-March. One-fifth (19%) of residents reported having difficulty paying for either housing, food or utilities. This was more common among residents with a disability, people with lower household income and people who had a decrease in income since mid-March.

National, Provincial and Local Response to COVID-19

Collaboration and communication across all levels of government and public health agencies has been part of the pandemic response.

The Government of Canada has been actively involved in many aspects of the COVID-19 pandemic response, including supporting health care preparedness, providing economic and financial support for people affected by the economic impacts of COVID-19, implementing international border measures, supporting Canadians living abroad, and providing public education, technical guidance and research, among other things. The Government of Ontario, in turn, has been implementing measures to monitor, prevent and manage the spread of COVID-19 within the province. Public Health Ontario has been a source of scientific expertise and guidance for local public health units.

The Government of Ontario has released a *Framework for Reopening our Province*, which describes a staged, regional approach to lifting restrictions that were introduced as part of the pandemic response. The Framework prioritizes public health and safety while attempting to limit impacts on residents' personal lives and the economy.

At the time of this report, Ottawa is in Stage 3 of the Framework, allowing for most businesses and services to be open while maintaining public health measures to prevent and mitigate the transmission of COVID-19. The Framework intends for the regional implementation and lifting of restrictions in consideration of local levels of COVID-19 transmission. To date, public health measures have proven instrumental in responding to the COVID-19 pandemic in such a way that regions can ease restrictions as safely as possible and keep COVID-19 transmission at a level that doesn't overwhelm the health system. Although vaccine development efforts are underway throughout the world, these public health measures are expected to remain indispensable in the prevention of COVID-19 transmission for the foreseeable future.

At the local level, the public health response initially prioritized preparation for following up with people diagnosed with COVID-19 and contact tracing efforts, developing surveillance systems to monitor virus transmission in the community, sharing

information with the public and key stakeholders, and working with health system partners in a Champlain COVID-19 Response structure to increase capacity to care for people with COVID-19 and to enhance testing and laboratory capacity. As the pandemic advanced and the community needs evolved, the health system response shifted to protecting communities and populations that are disproportionately affected by COVID-19, such as those living in long-term care and retirement homes. OPH's focus now includes working with neighbourhoods at higher risk of virus transmission, ensuring that the health unit has sufficient capacity to meet the needs of the community, providing guidance to partners as part of the provincial reopening plans and, most recently, supporting the reopening of Ottawa's schools.

As a preliminary step, OPH implemented its continuity of operations plan in order to mobilize employees across the organization to respond to the COVID-19 pandemic. This included redeployment of employees from various parts of the organization to assist in following up with people diagnosed with COVID-19 and contact tracing, outbreak management, communications and phone line support, and administrative functions. OPH also hired 336 additional temporary/casual employees in order to further enhance the organization's capacity to respond, and 132 City of Ottawa employees were temporarily redeployed to assist OPH with the response.

Ensuring employee safety and wellbeing remains a priority for OPH and is essential to sustain the response. Starting in March 2020, OPH employees were directed to begin working from home when operationally feasible. Additional safety precautions were also implemented, such as physical distancing, providing all employees with cloth masks, providing access to hand sanitizer, and promoting on-line meeting platforms. Programs providing direct services to residents were adapted to incorporate measures to protect both staff and clients from COVID-19, including appropriate personal protective equipment. OPH implemented a mandatory screening policy to ensure all employees are screened for symptoms of COVID-19 prior to starting their shift, and to provide guidance on next steps if an employee develops symptoms consistent with COVID-19.

In May 2020, OPH implemented an employee pulse check to assess how employees were handling the changing situation, work environment and roles. Approximately 40% of employees who responded to the survey identified challenges with maintaining work-life balance and 74% reported being able to stay connected to social supports. Most employees identified having the tools and resources required to do their job. Employees also identified that support from colleagues, family and friends and efforts for flexible work arrangements have helped them manage through the change. The biggest challenges have related to adapting to different work schedules, increased workload and concerns about mental health. Some actions to address these findings have

included increased communication from senior leadership, increased support for employees working from home and access to vacation time. To further assess employee needs, OPH will participate in the Corporate Pulse Check along with all other City of Ottawa departments this Fall.

To date, public health measures have contained the transmission of COVID-19 to prevent the health care system from becoming overwhelmed. In other jurisdictions, the COVID-19 virus has demonstrated its capacity for uncontrolled transmission and devastating surges in people diagnosed with COVID-19 that exceed health care system capacity. Based on provincial modelling¹, the coordinated, widespread and timely public health interventions are estimated to have prevented 220,000 diagnoses and 4,400 deaths in Ontario.

Most recently, sustainability of the public health response to COVID-19 is being tested through the reopening of schools and the return of teachers and learners to the classroom. The Government of Ontario announced the closure of public schools on March 12, 2020, and this closure remained in place until the end of the 2019/2020 academic year. In July 2020, the Government announced initial plans to reopen schools in September, implementing additional public health measures to mitigate the risk of increased COVID-19 transmission while recognizing the health, social and developmental benefits of providing access to in-class education for many students. OPH collaborated with the education sector to ensure this transition incorporated practical strategies to make the return to school as safe as possible. As part of this strategy, and through dedicated funding received from upper levels of government, OPH hired 45 public health nurses to implement COVID-19 prevention and outbreak response and otherwise support schools. The number of close contacts that may need to be reached at once may require automation of some contact tracing. Furthermore, the number of school-age children and youth who may have respiratory symptoms and need to rule out COVID through access to testing may strain existing capacity, though testing capacity continues to grow.

A survey of Ontario Medical Officers of Health identified several components of the COVID-19 response that were integral to its effectiveness. These include surveillance and epidemiological analysis, community protection (e.g., measures to minimize transmission, timely follow-up with people diagnosed with COVID-19 and their contact tracing, outbreak management), communications, planning (e.g., to increase health system capacity, for a staged reopening, of testing strategies), equity and protection of the most at risk populations, and partnering with other sectors and levels of government.

Locally, OPH's relationship with the City of Ottawa has facilitated initiatives with municipal partners, including the redeployment of city staff and infrastructure to the COVID-19 response. Human Resources and Information Technology supports have also been critical. The relationship has also enabled initiatives such as implementing a temporary bylaw for mandatory mask use in enclosed public spaces, proactively building a safer approach for public transit and emergency child care centres, and working as a member of the City's Human Needs Task Force to plan for food security, housing, transportation, volunteer services, fundraising, and psychosocial supports.

In anticipation of a vaccine effective against COVID-19, OPH has revived its 2019 #VaccinesWork campaign, aiming to develop clear and consistent communication to address vaccine hesitancy and convey the importance of a fully vaccinated community. During the delivery of OPH's 2020/2021 influenza immunization clinics, the health unit will pilot new approaches, such as online appointment bookings to prepare for COVID-19 immunization clinics. With the potential for ongoing and increased surges in COVID-19 transmission, protecting the community from other vaccine preventable diseases will be instrumental in maintaining health care system capacity. When a vaccine against COVID-19 is approved for use in Canada, public health will be prepared to participate in the vaccination of residents. Based on federal and provincial guidance, OPH will assist with prioritizing groups for vaccination when supply is limited, providing education and communication to the community, and facilitating mass vaccination clinics.

Despite the public health system's response to the COVID-19 pandemic locally and provincially, the virus remains a threat to the community's health and to our health care system capacity, both of which rely on ongoing control measures. It has been demonstrated in other jurisdictions that a significant resurgence can occur following early control of the virus and that containment is much more difficult to recapture than to maintain. As the provincial *Framework for Reopening our Province* seeks to balance COVID-19 containment with minimal impact on residents' personal lives and the economy, ongoing fluctuations in community transmission are expected. The public health response relies on independent local public health authorities that can leverage strong partnerships and community knowledge to deliver locally adapted provincial guidance. Sustaining these response efforts requires capacity to rapidly mobilize and scale up a skilled public health workforce to address resurgence and increasing complexity of following-up with each person diagnosed with COVID-19 and their contacts. Simultaneously, the public health system must mitigate the negative societal impacts of COVID-19, such as those related to mental health and problematic substance use.

DISCUSSION

Recommendation 1 – Direct the Medical Officer of Health to prepare a budget for 2021 that reflects the resources required to sustain the COVID-19 response and critical public health services

This report recommends that the Board of Health for the City of Ottawa Health Unit direct the Medical Officer of Health to prepare a budget for 2021 that reflects the resources required to sustain the COVID-19 response and critical public health services.

As discussed in the Background section of this report, OPH's initial response to COVID-19 involved the redeployment of employees from various parts of the organization, the redeployment of City of Ottawa employees to OPH, and the hiring of additional employees. This was possible, in part, because of the State of Emergency declared in March and the closure of a number of businesses and community settings, which enabled OPH to reduce or stop some of its non-COVID work. With businesses and community settings reopening and children returning to school, OPH has been resuming some of the programs and services that had been slowed or stopped in the early stages of the COVID response while continuing to respond to the pandemic. As such, OPH's leadership has had to re-evaluate the organization's ability to sustain the pandemic response while resuming various service levels of core programs which the community relies on, such as, but not limited to: Healthy Growth and Development, Dental Health Services, Sexual Health Services, Harm Reduction, Sexually-transmitted infections/Blood-borne infections (STI/BBI), Mental Health, Immunization, Safer Food and Water, and others.

An internal analysis of threats to maintaining OPH's COVID-19 response identified concerns regarding the ability to continue delivering core services, the need for rapid mobilization and scaling up of the public health workforce, lack of predictable and sustained funding, the expected increasing complexity of COVID-19 follow-up, and COVID-19 testing access and capacity. These concerns highlight the challenges of sustaining the COVID-19 response while maintaining core services in the context of a finite workforce and the potential for diminished staff capacity with both local transmission and response fatigue.

At a strategic retreat held in August, the Board of Health reviewed a proposal for updating OPH's Strategic Plan. This proposal emphasized the pervasive effects COVID-19 will continue to have on programs, services, and existing strategic goals for 2020-2021. Activities are highlighted below for each of OPH's strategic goals and more

detailed information can be found in the report titled “*Ottawa Public Health’s Strategic Plan for 2019-2022 – Year-One Refresh*” (ACS2020-OPH-KPQ-0006).

1. Drive innovative approaches to mental health and substance use

Innovative approaches to mental health and substance use will be instrumental in addressing related effects of the pandemic and the response efforts. Social and physical distancing practices are expected to negatively affect long-term mental health and resilience of the community, and associated increases in substance use have been identified. OPH will work with partners to support youth, underserved populations and the broader community through resource development, anti-stigma and suicide prevention campaigns, harm reduction activities, and coordination with provincial and federal strategies.

2. Healthy communities by design

Contributions to healthy, and health equitable, communities can assist in protecting the community from COVID-19, including populations that are particularly at risk for acquiring the COVID-19 virus. OPH will include indicators of social determinants of health in COVID-19 surveillance activities and engage with partners to ensure that COVID-19 response efforts are sensitive to the needs of individuals in the community.

3. Streamlining through digitizing

Streamlining COVID-19 response efforts through digitization is expected to improve capacity of COVID-19 response efforts. This has been demonstrated with the development and utilization of the COVID-19 Ottawa Database (COD), which enabled rapid scaling up of OPH’s COVID-19 operations and capacity. OPH will continue to promote the use of provincial tools (e.g., COVID Alert) and will develop and implement digital-health innovations to support the resumption of core services during the ongoing pandemic (e.g., through virtual consultation).

Of note, the Province has advised that all health units are required to utilize a provincial database for the follow-up of people diagnosed with COVID-19 and contacts. At the time of this report, no firm timelines have been provided to OPH on when this transition will take place. With the transition to the Provincial database, it is expected that there may be some limitations to functionality. It is also likely that some changes may arise to OPH’s current ability to report publicly on some of its COVID-19 surveillance data.

4. A healthy workforce and workplace

Maintaining a healthy workforce and committing to improving core work practices will both facilitate a sustainable public health response to COVID-19 and enable continuation of core services. In responding to COVID-19, OPH will continue to align with the City of Ottawa's Workforce Diversity & Inclusion Plan while modifying service delivery to keep employees safe and supported in maintaining work-life balance.

5. **Continuously improve our core work to maximize impact**

Lessons learned from the response to COVID-19 thus far can inform best practices moving forward. OPH will continue to identify and review lessons learned and incorporate them into the planning and implementation of future response efforts, including the development of a mass immunization plan for COVID-19.

Recommendation 2 – Direct the Medical Officer of Health to develop recommendations to the Government of Ontario that would seek to address systemic issues that have been brought to light as a result of the pandemic response to date

Building on the lessons learned from the pandemic response to date, OPH is proposing to form recommendations to the Government of Ontario that would seek to strengthen Ontario's public health, healthcare, long-term care and education sectors, support underserved communities (example First Nations, Inuit and Métis, racialized, low income), and limit the indirect negative impacts of the pandemic.

Once completed, the final submission will be shared with Members of the Board of Health.

Recommendation 3 – Receive, for information, the evaluation report and supporting documents on the “Public health system evaluation and lessons learned from the first peak of COVID-19”, prepared on behalf of the Council of Ontario Medical Officers of Health (COMOH), attached as Document 1

As the province moves into its third season of responding to and living with the ongoing COVID-19 pandemic, a small working group of Ontario's local Medical Officers of Health took the opportunity to reflect on and evaluate public health's pandemic response to date. The product of this review is an evaluation report and supporting documents on the “Public health system evaluation and lessons learned from the first peak of COVID-19”, prepared on behalf of the Council of Ontario Medical Officers of Health (COMOH).

In addition to informing health system planning and preparedness for a resurgence of COVID-19 and the upcoming influenza season, this report also demonstrates the value of local public health, connected to municipalities, as a distinct partner working to bridge across health and social sectors to improve population health.

Given that the Provincial government has stated its intention to resume consultations and discussions on public health modernization, this report also demonstrates how investing in public health, and in health generally, provides a return on investment that benefits the wider community. As such, Ontario's local Medical Officers of Health believe this report can and should inform discussions on how the public health sector can work with the community, partners and stakeholders to strengthen Ontario's public health system into the future.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Throughout the pandemic response, OPH has engaged with various partners and stakeholders, including but not limited to: OPH employees and clients; City of Ottawa partners; elected officials at the municipal, provincial and federal level; the Ontario Minister of Health and Public Health Ontario; community partner agencies, including health sector partners as well as local school boards and post-secondary institutions; and other local public health units in neighbouring jurisdictions and across the province. The content and recommendations contained in this report are based on OPH's experience in responding to the ongoing pandemic and lessons learned to-date with respect to same.

To engage with the general public, Ottawa Public Health commissioned EKOS Research Associates Inc. in April to conduct a series of population level surveys. This quantitative data is collected from a randomized online sample of residents that is representative of the Ottawa population. This research is being conducted on an ongoing basis to assess behavior uptake for protecting against the spread of COVID-19 and the societal impacts as the pandemic evolves.

LEGAL IMPLICATIONS

There are no legal impediments to approving the recommendations outlined in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk 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.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

This report has some impact on all five (5) of the strategic goals outlined in Ottawa Public Health's Strategic Plan (Drive Innovative Approaches to Mental Health and Substance Use; Healthy Communities by Design; Streamlining Through Digitization; A Healthy OPH Workforce and Workplace; and Continuously Improve our Core Work to Maximize Impact) as well as on the three (3) transformational initiatives (Community and Client Engagement; Ontario Health Teams; and Public Health Modernization).

SUPPORTING DOCUMENTATION

Document 1: "Public health system evaluation and lessons learned from the first peak of COVID-19", evaluation report prepared on behalf of the Council of Ontario Medical Officers of Health (COMOH)

DISPOSITION

Following the Board of Health's approval of this report, Ottawa Public Health staff will take the necessary steps to implement the report recommendations.

¹ <https://news.ontario.ca/opo/en/2020/04/ontario-provides-full-transparency-by-releasing-covid-19-modelling.html>