

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2021-OPH-KPQ-0001**

**SUBJECT: COVID-19 PANDEMIC RESPONSE – LOOKING AHEAD AND BUILDING  
BACK BETTER**

**OBJET: RÉPONSE À LA PANDÉMIE DE COVID-19 – PRÉPARER L'AVENIR ET  
MIEUX RECONSTRUIRE**

## **REPORT RECOMMENDATIONS**

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

- 1. Receive, for information, the lessons learned to date from the COVID-19 pandemic response, as outlined in this report;**
- 2. Approve Ottawa Public Health’s recommendations for strengthening Ontario’s public health and health care sectors, based on lessons learned from the pandemic response and as described in this report; and**
- 3. Direct the Chair of the Board of Health to write to the Premier of Ontario to share these recommendations and request they be considered to form part of the Province’s policy and/or regulatory framework going forward.**

## **RECOMMANDATIONS DU RAPPORT**

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

- 1. prenne connaissance des leçons apprises durant la pandémie qui sont décrites dans ce rapport;**
- 2. approuve les recommandations de Santé publique Ottawa visant l’amélioration des secteurs des soins de santé et de la santé publique à la lumière des leçons apprises durant la pandémie qui sont décrites dans ce rapport;**
- 3. demande au président du Conseil de santé de rédiger une lettre au premier ministre de l’Ontario afin de lui transmettre ces recommandations et lui demander qu’elles fassent partie de la politique provinciale ou du cadre réglementaire à venir.**

## **EXECUTIVE SUMMARY**

The pandemic has shone a light on gaps in how Ontario’s public health, health care and social support systems function. Though improvements have been made over the course of the pandemic response, this report outlines recommendations aimed at addressing ongoing systemic issues, with the objective of strengthening the public health, health care and social support sectors across Ottawa and Ontario. High impact areas for action include: the economy, long-term care, chronic disease & injury prevention, and mental health and substance use, whereas strengthening health

systems will rely heavily on technology, partnerships, communications as well as readiness and sustainability.

Protecting employment levels promotes the health of the population and health is essential to protecting the economy. As such, OPH has worked with businesses to support the implementation of infection control practices in workplaces to keep virus transmission as low as possible in workplaces and in the community.

The COVID-19 pandemic has underlined that a healthy population and a healthy **economy** go hand in hand and that differences in earning power and job security directly impact individual, family and community health. Some of Ottawa's essential workers are precariously employed, limiting their ability to stay home when ill. Employees attending work while sick can have a ripple effect at the workplace, including transmitting infectious diseases, increasing their risk of injury and decreasing productivity, which can ultimately lead to increased costs to employers.

Based on lessons learned during the pandemic, OPH is putting forward two (2) recommendations aimed at: ensuring businesses understand risks and requirements for their workplaces; and providing working conditions to support workers in being able to stay home when sick.

The pandemic has had a devastating impact on Ontario's **Long-Term Care Homes** (LTCHs). OPH has worked with partners on processes to strengthen and streamline supports and responses to LTCHs, including but not limited to, weekly cross-agency meetings, ongoing communications with facilities, preventative visits and phone calls, and daily reporting on outbreak status.

Those LTCHs that have successfully managed outbreaks have key factors critical to their success – the ability to cohort or isolate positive cases on-site, access to single rooms for residents, sound staffing practices, 24/7 IPAC oversight and accountability, and staff confidence in their leadership's ability to manage outbreaks.

Based on lessons learned from the pandemic, OPH is putting forward four (4) recommendations aimed at: providing clarity and accountability with respect to the roles and responsibilities of LTCHs and the various agencies that support them; improving wages, benefits and employment standards for the LTC workforce; ensuring adequate and appropriate staffing levels and staff mix based on facility needs; and ensuring 24/7 IPAC oversight and accountability in LTCHs.

**Chronic disease and injury prevention** is a core function of public health. However, this work was greatly reduced during the pandemic due to staff redeployment. Further, there has been a decline in preventive screening and monitoring of chronic diseases during the pandemic, while behaviours that contribute to the development of chronic diseases have worsened. Lastly, the past decade has seen a renewed recognition of the importance of planning for healthy communities in order to address chronic diseases, injuries, and climate change. The pandemic has also amplified the impacts of poorly designed neighbourhoods on health outcomes.

The pandemic response has demonstrated public health's ability to implement measures quickly and effectively in order to change social and physical environments to improve population health. Based on lessons learned, OPH has four (4) recommendations to rebuild the work of chronic disease and injury prevention and ultimately reduce health care costs by reducing the greatest drivers of healthcare spending. Specifically, OPH is recommending: standardizing the collection and reporting of disaggregated socio-demographic data; directing interventions to where they will have the greatest impact, with investments in neighbourhood-level interventions; strengthening the Ontario Public Health Standards (OPHS) to ensure that local public health units have goals and shared accountability for the reduction of chronic disease and risk factors; and promoting a *Health in All Policies* approach.

The pandemic has had a significant impact on residents' **mental health and substance use**. Recognizing this, OPH has increased community collaboration with partners who offer mental health and substance use services and continues to increase collaborations with internal partners on various initiatives. Further, OPH's Public Health Nurses working within schools consult and collaborate with community partners to support the mental health of children, youth and educators within schools in various ways. OPH remains focused on mental health promotion, keeping people resilient and well, and suicide prevention, including through the work of school health nurses supporting children, youth and families.

Given the information and data from community and partners and the lessons learned from the pandemic, OPH is recommending various measures to increase the availability and access to mental health resources and supports, including: expanding OHIP coverage to include a variety of mental health and substance use practitioners; expanding eligibility criteria for the Ontario Naloxone Program-Expanded Access program; and increasing access to and availability of culturally appropriate mental health and substance use programs and services.

In March 2020, the Council of Ontario Medical Officers of Health (COMOH) responded to the Government of Ontario's consultation on public health modernization with recommendations on the **technology** required to support efficient and effective health information management and service delivery. Since then, the pandemic has underlined the need for and importance of technology investments in the public health sector. In particular, the need for new technologies to better support surveillance, case management, contact tracing and outbreak investigations.

Based on lessons learned from the pandemic response to date, OPH is endorsing the COMOH recommendations and supporting a provincial approach to technology investment to better meet provincial reporting requirements, support local public health units' operational requirements and facilitate integration with the broader health care sector.

**Partnerships** have been instrumental to OPH's successes throughout the pandemic response, including but not limited to, its relationship with the City of Ottawa, collaborations with various community partners, work with local hospitals, and engagement with neighbouring public health units.

Based on lessons learned from the pandemic response, OPH is re-iterating the importance of its relationship with the City and the value of ensuring public health is an integral part of Ontario Health Teams and recommending increased collaboration between local health units.

The pandemic has demonstrated the need for regional/local adaptations of public health messaging to ensure residents and partners see and understand how the pandemic affects them and their community. Clear, engaging and timely **communications** have contributed to behaviour change and adherence to public health measures throughout the pandemic response. OPH's approach has focused on honesty, empathy, relatability and respect while injecting humour and recommending actions residents could take to restore a sense of control in an ever-evolving situation. OPH has also made efforts to continually engage residents and partners through social media, Engage Ottawa, and population level surveys. Feedback and data gathered through these engagements have provided valuable information about residents' perceptions and helped inform the local response and communication strategies as the situation evolved. Internal communications have also been key to ensuring employees had the information and resources they needed to do their work and that they felt engaged and supported.

Based on lessons learned, OPH is recommending that, in the event of future pandemic or public health crises, local public health units be provided technical briefings in

advance of announcements to ensure messaging is clear and concise, that the Province develop a provincial communications committee to help coordinate communications, and that public-facing communication be recognized as a key function of local public health units.

### **Readiness and Sustainability:**

To respond to the pandemic and continue to meet the needs of Ottawa's population, OPH significantly and rapidly increased its staffing complement in areas such as, but not limited to: case management and contact tracing, surveillance and reporting, Infection Prevention and Control (IPAC) and outbreak management, school health supports, government and stakeholder relations and communications. The volume of work and length of the pandemic response raise concerns about capacity and sustainability.

Based on lessons learned, OPH is recommending that the Government of Ontario build readiness and resiliency by: enhancing Public Health Ontario's role to provide expertise and minimize duplication; ensure local public health units can retain key workforce levels for surge capacity and for work on mental health and substance use in schools; invest in ongoing training and development of the local public health workforce; and invest in resources to support workers' mental health during sustained crises.

### **RÉSUMÉ**

La pandémie a mis en lumière des lacunes dans les systèmes de services sociaux, de soins de santé et de santé publique de l'Ontario. Bien que des améliorations aient été apportées au fil de la réponse à la pandémie, ce rapport présente des recommandations visant à régler des problèmes systémiques persistants dans le but d'améliorer les secteurs des services sociaux, des soins de santé et de santé publique à Ottawa et à l'échelle provinciale. Les secteurs d'intervention prioritaires sont les suivants : l'économie, les soins de longue durée, la prévention des maladies chroniques et des blessures, la santé mentale et la consommation de substances. Par ailleurs, l'amélioration des systèmes de santé reposera largement sur la technologie, les partenariats, les communications ainsi que la préparation et la durabilité.

Protéger les taux d'emploi est bénéfique pour la santé de la population et la santé est essentielle pour protéger l'économie. C'est pourquoi Santé publique Ottawa a travaillé de concert avec des entreprises pour favoriser l'instauration de mesures de contrôle des infections sur les lieux de travail afin de limiter autant que possible la transmission de virus dans les lieux de travail et la collectivité.

La pandémie de COVID-19 a souligné qu'une population en santé et une **économie** en santé vont de pair et que les différences en matière de possibilités de revenu et de sécurité d'emploi ont une incidence directe sur la santé des personnes, des familles et des collectivités. Certains des travailleurs essentiels d'Ottawa ont des emplois précaires, ce qui limite leur capacité à rester à la maison quand ils sont malades. La présence d'employés malades au travail peut avoir un effet d'entraînement, incluant la transmission de maladies infectieuses, l'augmentation des risques de blessures et la baisse de la productivité, ce qui peut finalement entraîner une augmentation des coûts pour les employeurs.

À la lumière des leçons apprises durant la pandémie, Santé publique Ottawa soumet deux recommandations visant à faire en sorte que les entreprises comprennent les risques et les exigences de leurs milieux de travail et offrent des conditions de travail permettant aux employés de s'absenter en cas de maladie.

La pandémie a eu des répercussions catastrophiques pour les foyers de soins de longue durée (FSLD). Santé publique Ottawa a collaboré avec des partenaires pour trouver des moyens de rationaliser les services et les interventions pour les FSLD, incluant des réunions intersectorielles hebdomadaires, des communications continues avec les établissements, des visites et des appels de prévention ainsi que des rapports quotidiens sur l'état des éclosions.

Les FSLD qui ont géré efficacement les éclosions doivent leur réussite à d'importants facteurs, notamment la capacité de former des cohortes ou d'isoler les cas positifs sur place, des chambres individuelles pour les résidents, des pratiques de dotation en personnel judicieuses, une surveillance et une responsabilisation en tout temps à l'égard de la prévention et du contrôle des infections et enfin la confiance du personnel dans la capacité des dirigeants de gérer les éclosions.

À la lumière des leçons apprises durant la pandémie, SPO soumet quatre recommandations visant à : apporter clarté et redevabilité en ce qui a trait aux rôles et aux responsabilités des FSLD et des divers organismes qui les soutiennent; améliorer les salaires, les avantages sociaux et les normes d'emploi pour le personnel des FSLD; assurer des niveaux adéquats d'effectifs et de diversité du personnel selon les besoins de l'établissement; et assurer une surveillance et une redevabilité en tout temps à l'égard de la prévention et du contrôle des infections dans les FSLD.

La **prévention des maladies chroniques et des blessures** est une fonction importante de la santé publique, mais ce travail a été grandement réduit durant la pandémie en raison du redéploiement du personnel. De plus, il y a eu une baisse des

activités de prévention et de dépistage des maladies chroniques, alors que nous assistions parallèlement à une hausse des comportements qui contribuent au développement de ces maladies. Enfin, nous avons observé au cours de la dernière décennie une reconnaissance renouvelée de l'importance de la planification pour les collectivités en santé, de façon à pouvoir faire face aux problèmes liés aux maladies chroniques, aux blessures et aux changements climatiques. La pandémie a aussi amplifié les répercussions de quartiers mal conçus sur les résultats en santé.

La réponse à la pandémie a révélé la capacité de la santé publique à mettre en œuvre rapidement et efficacement des mesures pour modifier les environnements physiques et sociaux dans le but d'améliorer la santé de la population. D'après les leçons apprises, SPO formule quatre recommandations pour revoir la prévention des maladies chroniques et des blessures et ultimement, diminuer les dépenses en santé en réduisant la morbidité. Plus précisément, SPO recommande ce qui suit : normaliser la collecte et la déclaration de données sociodémographiques désagrégées; réduire les inégalités qui affectent les résultats de santé grâce à des investissements à l'échelle des quartiers; renforcer les Normes de santé publique de l'Ontario pour veiller à ce que les unités locales de santé publique aient des objectifs et une responsabilité partagée pour la réduction des maladies chroniques et des facteurs de risque; et promouvoir une approche intégrant la santé dans toutes les politiques (*Health in All Policies*, en anglais seulement).

La pandémie a eu une incidence significative sur la **santé mentale et la consommation de substances** des résidents. Reconnaisant cela, Santé publique Ottawa a renforcé la collaboration de la communauté avec des partenaires qui offrent des services en matière de santé mentale et de toxicomanie et elle continue d'accroître ses collaborations avec des partenaires internes pour la réalisation de diverses initiatives. En outre, les infirmières de santé publique de SPO travaillant dans les écoles consultent et collaborent avec des partenaires communautaires pour soutenir la santé mentale des enfants, des jeunes et des éducateurs dans les écoles de diverses manières. SPO continue de se concentrer sur la promotion de la santé mentale, le maintien de la résilience et de la santé des personnes, et la prévention du suicide, notamment grâce au travail des infirmières de santé scolaire qui soutiennent les enfants, les jeunes et les familles.

Compte tenu des renseignements et des données provenant de ses partenaires et de la collectivité, ainsi que des leçons apprises durant la pandémie, SPO recommande différentes mesures en matière de disponibilité et d'accessibilité des soutiens et des ressources en santé mentale, notamment : élargir la couverture de l'Assurance-santé

de l'Ontario pour inclure un éventail d'intervenants en santé mentale et en toxicomanie; assouplir les critères d'admissibilité au Programme ontarien élargi de distribution de naloxone; favoriser l'accès et la disponibilité de services et de programmes de santé mentale et de toxicomanie adaptés sur le plan culturel.

En mars 2020, en réponse à la consultation publique du gouvernement provincial sur la modernisation de la santé publique, le Conseil des médecins hygiénistes de l'Ontario a formulé des recommandations sur la **technologie** requise pour favoriser l'efficacité et l'efficience en matière de gestion des renseignements de santé et de prestation de services. Depuis lors, la pandémie a mis en évidence l'importance et la nécessité des investissements en technologie dans le secteur de la santé publique. Plus précisément, la nécessité de recourir aux nouvelles technologies pour mieux soutenir la surveillance, la gestion de cas, la recherche de contacts et les enquêtes sur les éclosions.

En se fondant sur les leçons apprises à ce jour durant la pandémie, SPO appuie les recommandations du Conseil des médecins hygiénistes de l'Ontario et soutient une approche provinciale en matière d'investissement technologique afin de mieux répondre aux exigences provinciales en matière de rapports, de soutenir les besoins opérationnels des unités locales de santé publique et de faciliter l'intégration avec le secteur plus large des soins de santé.

Les **partenariats** ont joué un rôle de premier plan dans les réussites de SPO tout au long de la réponse à la pandémie, y compris entre autres sa relation avec la Ville d'Ottawa, ses collaborations avec différents partenaires communautaires, son travail avec les hôpitaux locaux et son engagement envers les bureaux de santé publique avoisinants.

À la lumière des leçons apprises durant la réponse à la pandémie, SPO réitère l'importance de sa relation avec la Ville d'Ottawa et la nécessité que la santé publique fasse partie intégrante des équipes de Santé Ontario, et recommande une plus grande collaboration entre les bureaux de santé locaux.

La pandémie a révélé le besoin d'adapter le message de la santé publique selon les localités et les régions pour s'assurer que les résidents et les partenaires voient et comprennent comment la pandémie les affecte eux et leurs communautés. Des **communications** claires, intéressantes et opportunes ont contribué à modifier les comportements et à favoriser l'observance des mesures de santé publique tout au long de la réponse à la pandémie. L'approche de SPOa a privilégié l'honnêteté, l'empathie, la pertinence et le respect, tout en injectant un peu d'humour et en proposant des gestes que les résidents pouvaient poser pour retrouver un sentiment de contrôle dans

une situation en constante évolution. SPO s'est aussi efforcée de rester continuellement en contact avec les résidents et les partenaires par l'entremise des médias sociaux, de Participons Ottawa ainsi que de sondages auprès de la population. La rétroaction et les données ainsi recueillies ont fourni de précieux renseignements sur les perceptions des résidents et contribué à orienter la réponse et les stratégies de communication locales à mesure que la situation évoluait. Les communications internes ont aussi joué un rôle important pour faire en sorte que les employés disposent de l'information et des ressources nécessaires pour accomplir leur travail tout en se sentant engagés et appuyés.

En se fondant sur les leçons apprises, SPO recommande que lors de pandémies ou de crises de santé publique futures, les bureaux locaux de santé publique assistent à des séances d'information technique avant les annonces pour s'assurer de communiquer un message clair et concis, que le gouvernement provincial mette sur pied un comité provincial de communication pour faciliter la coordination des communications et que les communications avec la population soient reconnues comme une fonction essentielle des bureaux de santé publique locaux.

### **Préparation et durabilité**

Pour répondre à la pandémie et continuer de satisfaire aux besoins de la population d'Ottawa, SPO a augmenté considérablement et rapidement son complément d'effectifs dans différents secteurs, notamment : gestion de cas et recherche de contacts, surveillance et signalement, contrôle et prévention des infections (PCI) et gestion des éclosions, soutien en santé aux établissements scolaires, relations avec les gouvernements et les intervenants ainsi que communications. Le volume de travail et la durée de la réponse à la pandémie suscitent néanmoins des inquiétudes en matière de capacité et de durabilité.

D'après les leçons apprises, SPO recommande que le gouvernement ontarien améliore la préparation et la résilience en renforçant le rôle de Santé publique Ontario pour fournir une expertise et minimiser les doubles emplois, en veillant à ce que les bureaux de santé publique locaux puissent maintenir des niveaux d'effectifs clés pour assurer une capacité d'accélération des activités et pour travailler en santé mentale et toxicomanie dans les écoles, en investissant dans le perfectionnement et la formation continus du personnel local en santé publique et en investissant dans des ressources pour soutenir la santé mentale des travailleurs en période de crise.

## **BACKGROUND**

Ottawa Public Health (OPH) has been monitoring the novel coronavirus, now known as COVID-19, since early January 2020, responding to the pandemic with an Incident Management System (IMS) initiated on January 27, 2020 and embedding the response into our strategy and core operations since September 21, 2020.

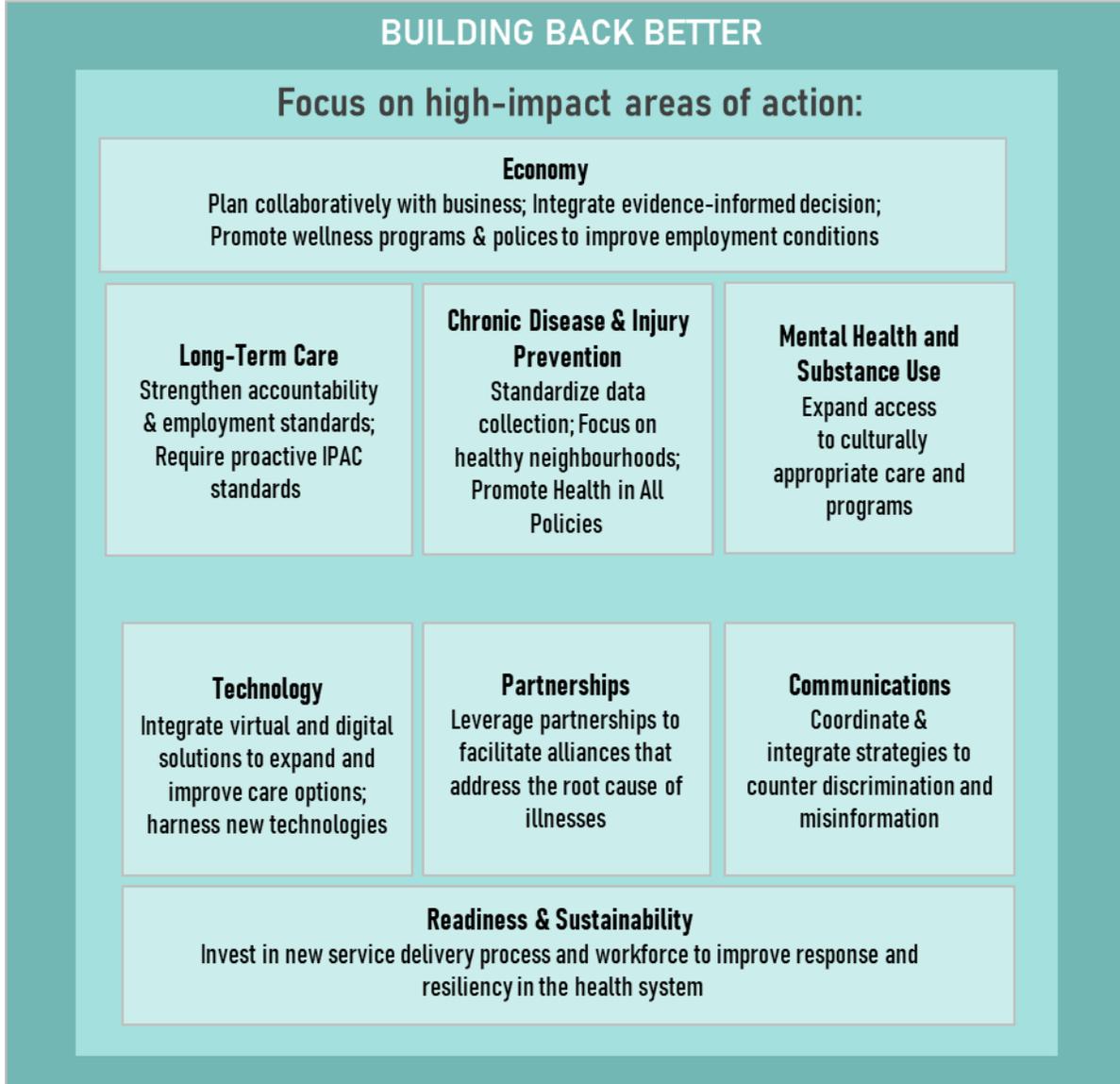
Throughout the pandemic, the Board of Health has received regular verbal updates from Ottawa's Medical Officer of Health and, at its meeting of September 21, 2020, considered a written report titled [Update on COVID-19 and Next Steps](#) which, among other things, noted that some communities have been disproportionately affected by the pandemic.

At its meeting of November 30, 2020, the Board of Health considered a subsequent written report titled [Update and Next Steps on COVID-19 Response](#) that highlighted efforts to address the needs of populations at higher risk and other harms to health arising from the pandemic.

OPH's experiences during the COVID-19 pandemic have demonstrated that an independent local health authority can effectively manage this public health emergency while leveraging strong partnerships and community knowledge to adapt direction coordinated at the provincial level. Experience and technical training in public health emergencies and health protection prepared OPH to respond, building on existing pandemic preparedness plans. Public health measures, implemented at a local level, prevented illnesses and deaths that would have otherwise overwhelmed our health care system and, as seen in other jurisdictions, public health measures continue to be required to support the health care system's functioning and to prevent severe outcomes in populations at higher risk.

Further, the pandemic has shone a light on gaps in how Ontario's public health, health care and social support systems function, putting people at risk for poor health. Improvements to close these gaps have been made over the course of the pandemic response, and this report outlines recommendations aimed at addressing ongoing systemic issues, with the objective of strengthening the public health, health care and social support sectors across Ottawa and the Province. These recommendations are based on initial reflections and key lessons learned by OPH while responding to the pandemic so far. They are not an exhaustive list and more recommendations are likely to follow.

In reviewing the lessons learned from the pandemic and preparing this report, OPH identified one (1) overarching theme - Building Back Better - as well as four (4) high impact areas for action, and four (4) themes for strengthening health systems, as depicted below.



**DISCUSSION**

Lessons learned from the pandemic can help Ontario’s public health and health care sectors build back better to make gains in high-impact areas of action and strengthen health systems to ensure health for all. High impact areas of action include: the economy; long-term care; chronic disease & injury prevention; and mental health and substance use. Strengthening health systems will rely heavily on: technology;

partnerships; communications; as well as readiness and sustainability. Each of these areas is discussed in greater detail below, including lessons learned and recommendations going forward. While OPH strived to minimize duplication, categories are not mutually exclusive, but highly inter-dependent. Some overlap of concepts occurs.

### **Economy:**

The COVID-19 pandemic has underlined that a healthy population and a healthy economy go hand in hand. In order to have a healthy economy, businesses need people - employees and patrons. At the same time, in order to fully participate in economic activity, people need to be healthy and feel safe going to work and frequenting local businesses and other community settings. Differences in earning power, type of employment, employment benefits, and job security directly impact individual, family and community health.

Adequate income is required to meet the basic conditions of health, such as housing and food. Further, COVID-19 has highlighted the health and safety-related impacts of precarious (part-time, temporary) employment, where the lack of job security and paid sick leave can have serious impacts on health. These employees may work multiple jobs and at times have to choose between their financial security or going to work sick to support themselves and their families. Employees attending work while sick can have a ripple effect at the workplace, including transmitting infectious diseases, increasing their risk of injury or not being as productive when present at work but ill, and causing costly staff absenteeism and outbreaks.

For example, Personal Support Workers (PSWs) working on the front lines in long-term care and home care receive relatively low pay and, in many instances, few benefits, and often work across different organizations. Reflecting PSWs' income level, OPH has encountered PSWs living with their families in shelter conditions such that both their living and working conditions create an increased risk of exposure to COVID-19, as well as an opportunity for spread from one congregate setting to another. In the absence of benefits, workers have to choose between feeding their families or going to work sick, leading to potential further transmission. Similar scenarios have been observed with residents of shelters and other congregate living arrangements employed in various front-line settings such as retail, fast-food and call centres.

The COVID-19 pandemic has also demonstrated the benefits and need for workplace wellness programs, which include workplace supports that enable employees to be safer in their workplace. Workplace wellness programs that expand beyond paid sick

leave and include mental health and stress management programs, implemented on individual and organizational levels, have shown an economic return on investment<sup>1</sup>. For every \$1 spent on mental health and wellness, \$9 is saved in decreased absenteeism<sup>2</sup>. As well, when businesses adopt policies and programs to address psychological health and safety, they incur between 15% to 33% fewer costs related to psychological health issues<sup>3</sup>. These programs can have a significant positive economic impact as mental health disability claims account for close to 30% of both short- and long-term disability claims and are rated as one of the top three reasons for disability claims for over 80% of employers in Canada<sup>4,5</sup>. The resulting cost is approximately \$20 billion annually, as it relates directly to workplace losses such as disability claims, lost productivity as well as liability claims for harassment and bullying<sup>6,7</sup>.

Throughout the pandemic, OPH has worked with various businesses and other sectors to support the implementation of infection control practices in workplaces to allow for ongoing participation in employment by keeping the virus as low as possible in the workplace and in the community. While social interactions have been a major driver of local transmission, OPH's experience has been that workers tend to lower their guard with colleagues during breaks and meals, leading to opportunities for workplace transmission. This was reinforced with employers over the course of the pandemic.

Protecting employment levels is good for the health of the population and health is essential to protecting the economy. Recognizing the inter-connections between population health and economic health, OPH engaged with the local business community to inform public health resources and policies and to ensure that businesses had the guidance they needed to operate as safely as possible during the evolving nature of the COVID pandemic. OPH has worked with the Mayor's Economic Partners' Task Force, the Ottawa Coalition of BIAs, the Ottawa Board of Trade, major retailers, sports associations, small business advocates, the construction sector and others to understand their concerns and to provide the information and resources they required during these challenging times. Lastly, OPH has engaged with local businesses in health promotion campaigns to encourage safer practices in workplaces and businesses.

Some of the main challenges encountered during this past year of pandemic response included:

- Local public health units and local enforcement agencies finding out about new restrictions and requirements impacting local businesses/sectors at the same time as the general public and fielding many inquiries on guidance, expectations

and enforcement while still awaiting the corresponding regulations or directions. More comprehensive and timely central guidance would avoid the need for locally developed resources for multiple settings by individual public health units;

- A perception that restrictions and requirements were either inconsistent, contradictory, or not evidence-based; and
- The fact that many workers do not have paid sick time or stable, full-time, employment posed challenges in terms of some workers facing a choice between staying home when sick and having enough income to cover essential costs, such as for food. Health authorities and businesses were faced with the transmission consequences of workers with symptoms going to work and employers not consistently actively screening out such workers.

As a result of engagements with the business community and the lessons learned during the past year of pandemic response, OPH recommends that the Government of Ontario:

- **Ensure that decisions affecting workplaces and businesses are evidence-informed and accompanied by clear rationale** so that workplaces and businesses understand risks and requirements and why their business/sector is affected when others may not be; and
- **Work with other levels of government and the business sector to address employment and employment conditions so that workers are supported and safer** in their workplace **and have the ability to stay home when sick** to reduce the potential for workplace transmission.

### **Long-Term Care:**

Ontario's Long-Term Care Homes (LTCHs) are the subject of different reviews, given how devastating the impact of COVID-19 has been on residents and workers in many of these settings. OPH's role in supporting LTCHs is to support the health and safety of residents and staff by providing Infection Prevention and Control (IPAC) education and outbreak management support to reduce the burden of communicable diseases and other infectious diseases of public health significance.

From March to December of 2020, OPH investigated 78 COVID-19 outbreaks in 26 of Ottawa's 28 LTCHs, with a total of 1,540 individuals testing positive (634 staff and 906 residents). During this same period, there were 282 deaths associated with outbreaks in LTCHs in Ottawa, including two (2) staff deaths.

The complexity in the governance, accountability and oversight approaches for LTCHs and the agencies that support them includes provincial, regional and municipal organizations, which created challenges when mobilizing emergency response efforts.

Building on lessons learned from COVID-19 outbreaks in the spring of 2020, and using a continuous improvement approach, OPH has worked with partners on processes to strengthen and streamline supports and responses, including weekly meetings across agencies to address issues and ensure collaboration, ongoing communications with facilities, preventative visits and phone calls to review IPAC practices, and daily reporting on outbreak status. Further, in situations where OPH has identified deficiencies and/or had concerns about compliance, the health unit issued letters of expectation (LOE), which outlined the noted deficiencies and timelines for compliance. In reviewing COVID-19 outbreaks during the first wave versus those in the second wave, data demonstrates that despite a higher number of LTCH outbreaks being declared in the latter, overall morbidity and mortality has been lower. Wave 2 outbreaks have involved fewer cases and fewer deaths, and the average outbreak duration has been shorter.

LTCHs that have successfully managed outbreaks are observed to have key factors in common critical to their success – the ability to cohort or isolate positive cases on-site, access to single rooms for residents, sound staffing practices, and 24/7 IPAC oversight and accountability. Additionally, LTCH staff's confidence in their leadership was found to be an important factor in successfully managing outbreaks.

It is also worth noting that communities at higher risk for COVID-19 infection, lower income and racialized communities, often newcomers with more crowded housing conditions, include members of the LTCH front-line work force. In order to decrease importation of COVID-19 into LTCHs, community prevalence in higher risk communities must be addressed with tailored approaches, including addressing affordable housing.

Finally, as the COVID-19 vaccination campaign was implemented in LTCHs, OPH noted a significant variability in vaccine culture and hesitancy amongst LTCHs. This is similar to what has been seen in influenza immunization campaigns. Promoting a culture of immunization would improve vaccination rates of LTCH staff, thereby reducing LTCH residents' morbidity and mortality from vaccine-preventable diseases.

Based on the lessons learned from working with and supporting LTCHs during the past year, OPH is recommending that the Government of Ontario:

- **Review governance structures and accountability measures related to LTCHs, as well as those of the provincial, regional and municipal/local agencies that work with and support them, to ensure clarity with respect to roles, responsibilities and accountability** regarding the mobilization of resources (such as staffing and emergency help), the procurement and management of personal protective equipment (PPE), and IPAC oversight within homes.
- **Investigate ways to standardize and incentivize wages, benefits and employment conditions for health care workers in LTCHs** to address issues with recruitment and retention of front-line LTCH employees, in order to maintain the staffing required for care and IPAC practices.
- **Examine and define appropriate staffing levels for the various types of positions among front-line LTC workers so that the mix of positions and staffing levels reflect the individual facility's needs, during every shift, and are based on residents' acuity and complexity of care.**
- **Require each home to hire, train, and retain at least one (1) in-house IPAC expert and to have a comprehensive IPAC/outbreak plan in place with the means to implement it.**

### **Chronic Disease & Injury Prevention:**

In 2015, chronic diseases represented 9 of the top 10 leading causes of death in Ottawa, including cardiovascular diseases, dementia, Alzheimer's, cancer, chronic lower respiratory diseases and diabetes<sup>8</sup>. Not only do chronic diseases reduce quality and length of life, they are also expensive to treat, with direct health care costs estimated at \$10.5 billion per year in Ontario.

As with communicable diseases like COVID-19, prevention of illness is more desirable and more cost effective than treatment. Many chronic diseases are caused by a short-list of risk behaviors: tobacco smoking, alcohol consumption, physical inactivity and unhealthy eating. Specifically, the Institute for Clinical Evaluative Sciences estimated that 22% of the Ontario's spending on health care was attributable to those four risk factors, which totaled \$90 billion in health care costs, including hospital care, drugs and community care, between 2004 and 2013. Further, social determinants of health such as gender, income, food insecurity, race and ethnicity, occupation, Indigeneity, homelessness and incarceration play an important role in risk of chronic disease and injury. The pandemic has amplified and brought into sharp relief the need to direct

health services to the populations where they can have the greatest impact. The precariousness of financial and food security that affect chronic disease have been seen disproportionately in newcomer and racialized populations.

A core function of public health relates to chronic disease and injury prevention, though this work was greatly reduced during the pandemic due to staff being deployed to COVID response activities like case and contact management. Further, there has been a decline in preventive screening and monitoring of chronic diseases during the pandemic<sup>9</sup>. However, behaviours that contribute to the development of chronic diseases, such as insufficient sleep, physical inactivity and alcohol use, have worsened, exacerbated by social isolation<sup>10</sup>. As a result, it is anticipated that as the pandemic subsides, there will be an urgent need to focus on the public health work of preventing chronic illness.

Lastly, the past decade has seen a renewed recognition of the importance of planning for healthy communities in order to address chronic diseases, injuries, and climate change. The pandemic has also amplified the impacts of poorly designed neighbourhoods on health outcomes. For example, the requirement to stay home and within one's own neighbourhood during the pandemic highlighted the importance of living in communities where a healthy food supply and recreational spaces are readily accessible and highlighted the importance of integrating health into the planning of built environments. Those factors, which are protective of chronic diseases, injuries and climate change impacts, are more important than ever to strengthen as we build back from the pandemic. The rise in sedentary behavior and decline in mental health due to lockdowns and working from home will worsen morbidity and mortality from chronic diseases unless we make the healthier choices easier through rethinking and redesigning our built environment. This preventative work will have significant fiscal and societal benefits, and public health recommendations for a healthy built environment will provide the foundation for more pandemic-resilient cities. OPH has been successful in advancing healthy city planning through working with the City's Planning, Infrastructure and Economic Development (PIED) department to integrate health and resiliency into the City's new draft Official Plan.

The pandemic response has demonstrated OPH's ability to implement measures quickly and effectively in order to change social and physical environments to improve population health. OPH has implemented new approaches to work more directly with communities at higher risk for poor health. These strengthened approaches to community engagement can be leveraged once the pandemic is over to pivot public health's attention to preventing chronic disease and injuries in priority populations.

Going forward, OPH will apply the lessons learned from the policy-making process and community development during the COVID response and seek to leverage partnerships to develop new strategies for behavioural change and supportive environments to reduce the burden of chronic disease and injuries. For example, the close working relationship that OPH and the Ottawa Health Team-Équipe Santé Ottawa (OHT-ESO) developed during COVID-19 to provide wrap-around supports to those who were disproportionately impacted by COVID-19 and unable to access testing or couldn't afford to self-isolate could be put to use by supporting health promotion and neighbourhood-level engagement efforts to reduce the burden of chronic diseases and injuries in priority populations.

To further reduce the economic burden of chronic disease on our health care system, a provincial *Health in All Policies* approach should be adopted, as recommended by Ontario Auditor General in 2017. This would include systematically integrating consideration of the health and social implications of policies developed by the Ontario government — resulting in improved population health and minimized social and health-related harms and costs. This approach is required as the drivers of health outcomes are beyond the reach of the health care sector and include, but are not limited to, land use planning, community design and affordable housing. In addition, as demonstrated throughout the COVID pandemic, improving health outcomes and addressing health inequities is complex and requires multiple sectors working together. Implementing a *Health in All Policies* approach at the provincial level would facilitate multiple sectors working together to improve Ontarians' health, ultimately resulting in economic growth, increased productivity and prosperity, and reduced health care and social services expenses.

In order to build on some of the successes described above, rebuild the work of chronic disease and injury prevention, and ultimately reduce health care spending by reducing morbidity, OPH is recommending that the Government of Ontario:

- **Standardize the collection and reporting of disaggregated socio-demographic data across the public health and health care sectors to prioritize public health action and direct resources to where they will have the greatest impact in communities disproportionately affected by chronic disease and injury;**
- **Promote improved health where most needed by continuing and building upon the investment in neighbourhood-level interventions and partnerships with primary health care agencies collaborating in Ontario**

**Health Teams, such as Community Health Centres (CHCs) in the Ottawa Health Team-Équipe Santé Ottawa (OHT-ESO);**

- **Strengthen chronic disease and injury prevention in the Ontario Public Health Standards to include population level goals, performance measures and shared accountability that takes into consideration the whole health care system working together to reduce chronic disease and risk factors; and**
- **Adopt a provincial *Health in All Policies* approach in order to improve the population's health and well-being, including policies relating to land-use planning, community design and affordable housing. This, in turn, would promote economic growth, productivity and prosperity, and reduce health care and social services expenses.**

#### **Mental Health and Substance Use:**

In May, June and October of 2020, to inform the COVID-19 pandemic response, OPH conducted population-level surveys on the status of mental health in Ottawa and found that residents were reporting worsened mental health and emotional well-being, loneliness and weaker community connectedness. These surveys also showed that some groups have been and continue to be more affected or are faring worse than others. Those include women, younger adults (<45 years), parents of young children, people with disability, low income, those working with regular public interactions, people identifying as racialized or a visible minority, people not born in Canada and people identifying as LGBTQ2S+. Further, a poll conducted on behalf of the Canadian Centre on Substance Use and Addiction (CCSA) revealed an increase in alcohol consumption. OPH's partners working in substance use treatment and recovery have witnessed an increase of substance use in their clients during the pandemic, and data from first responders and hospitals has shown increasing rates of overdose and overdose-related deaths.

Also notable, Counselling Connect, an Ottawa partnership of community mental health and substance use service providers, saw a 20% increase in service demand in the fall of 2020, Ottawa's local crisis line service has seen a rise in new callers and severity of calls, and the National Suicide Prevention Line has seen a 200% rise in calls. Despite these increases, local data has shown that 30% of those wanting mental health supports do not know where to go, and this number increases to 40% for racialized and low-income communities. OPH's 2019 African, Caribbean and Black (ACB) Mental Health Research Study found that 48% of ACB populations experienced prejudice or

unfair treatment over the past 12 months, and in working with members of the ACB community and ACB partner agencies, they have shared that this prejudice and unfair treatment has continued through the pandemic. Racism and discrimination are detrimental to psychological health and are directly associated with poor mental health outcomes. Addressing these obstacles is critical to improving the mental health of Indigenous, Black and Racialized communities. The impact of these risk factors can be mitigated by improving interactions with health care providers through access to culturally appropriate services.

Data from OPH's community and hospital partners also highlights significant concerns and elevated needs and complexity for children's and youth's mental health and substance use. Crisis calls for children and youth are up 30-40% in Ottawa, and the Youth Services Bureau is seeing a doubling of suicidal youth and family calls. Demand for community and hospital mental health services for children and youth has increased across the region, most dramatically highlighted by CHEO's Eating Disorder Program seeing a surge in cases since the beginning of the pandemic, with admissions up 63% from the same period last year.

Schools and the school community have proven to be important protective factors for children and family's mental health during this pandemic. OPH's Public Health Nurses working within schools consult and collaborate with community partners to support the mental health of children, youth and educators within schools in various ways. This includes development and delivery of early years programming and resources to enhance and build coping strategies and resilience, reduce stigma and early interventions to connect students to further support within the school or through community services and programs to address mental health and substance use needs.

Further, the work environment has changed since the beginning of the pandemic, with many employees working virtually while others physically go into work for essential jobs. Regardless of where people are working, the workforce change has brought new challenges, including risks to physical and mental health. To address some of these concerns, OPH recommends that employers offer paid sick leave, which will have an impact on mental health and reduce the spread of COVID-19, as discussed in other sections of this report. OPH also recommends that employers review their benefits packages and, whenever possible, increase the supports available, specifically regarding Employee Assistance Programs (EAP) and mental health supports. Regardless of whether an employer has an EAP program, employers should actively offer information on mental health supports that are available to employees in the community.

The above-referenced data are evidence that people's coping strategies are being challenged in significant ways and that a large proportion of the population is unaware of or unable to access mental health supports when needed.

Recognizing the pandemic's ongoing impacts on residents' mental health and substance use, OPH has increased community collaboration with partners who offer mental health and substance use services and continues to increase collaborations with internal partners on various initiatives. For example, OPH has:

- Supported the development of virtual counselling and crisis services available at no cost to the clients
- Developed mental health and help-seeking campaigns and resources in collaboration with the Royal Ottawa, The Distress Centre of Ottawa, Youth Services Bureau, Walk-in Counselling Clinic, CHEO, Kids Come First
- Adapted delivery of harm reduction services, and safer supply services, in collaboration with Ottawa Inner City Health, Pathways to Recovery, Recovery Care, Respect RX Pharmacy, Somerset West CHC, and Sandy Hill CHC, in order to provide and maintain program delivery
- Continued to advance work within the Ottawa Community Action Plan (OCAP), with a focus on reducing harms associated with opioids
- Developed multilingual mental health resources and training workshops in partnership with the Ottawa Newcomer Health Centre
- Received training and education from experts at the Community Addictions Peer Support Association in stigma and person-first language to increase OPH's capacity to support resident wellness and reduce stigma and harms from substance use in the community
- Developed and implemented a suicide prevention campaign, "One Good Thing", in partnership with Suicide Prevention Ottawa, to promote the importance of resilience, share stories of hope from people with lived and living experience, and highlight the supports and services available in the community
- Developed and disseminated the *Managing Through COVID-19 Employer's Guide* to support the psychological health and safety of workplaces

- Partnered with Workplace Safety and Prevention Services to provide a training workshop *Protecting the MH of Employees During COVID-19*

Given the information and data from the community and partners, and lessons learned from the pandemic, OPH is recommending that the Government of Ontario:

- **Expand OHIP coverage to include a variety of mental health and substance use care practitioners, working in collaboration with partners in community health, which would ensure broader availability and accessibility of evidence-based services;**
- **Expand current eligibility criteria of the Ontario Naloxone Program- Expanded Access program, allowing more organizations to distribute naloxone kits in order to reduce barriers and delays in accessing this life-saving intervention; and**
- **Increase access to and availability of culturally appropriate mental health and substance use programs and services through promoting equitable representation in service providers and the adoption of anti-discriminatory and anti-racism policies, and by requiring cultural sensitivity training for all health care providers.**

### **Technology:**

In March 2020, in response to the Government of Ontario's consultation on public health modernization, the Council of Ontario Medical Officers of Health (COMOH) made a submission and provided recommendations on the technology required to support efficient and effective health information management and service delivery. Specifically, COMOH recommended that the Province:

- Lead and resource the development and implementation of a province-wide digital public health strategy, together with the input of public health units.
- Strategically invest in the deployment of common digital services and interoperable applications across all pertinent areas of the public health sector.
- Prioritize the development of common data standards and terminology and deploy interoperable systems to realize the full benefits and return on investment of digital connectivity, such as integration of public health data with the provincial Electronic Health Record, OLIS and iPHIS, primary care EMR with the DHIR, workflow efficiencies and improved data quality.

- Enact legislative and policy changes in digital health that support the digital priorities and approaches of local public health agencies.

On the heels of the above-referenced submission by COMO, the pandemic underlined the need for and importance of these technology investments in the public health sector. In particular, the need for new technologies to better support surveillance, case management, contact tracing and outbreak investigations.

Based on the technology lessons learned from the pandemic response to date, OPH is taking this opportunity to **endorse the COMO recommendations** outlined above, which continue to be pertinent. Virtual and digital solutions can be effective in expanding care options; providing increased support for clients, families and caregivers; and enabling the workforce. As such, these must be enhanced or developed. Where applicable, these systems should also facilitate the collection of socio-demographic data as there is strong evidence that race and social determinants of health impact health outcomes and access to care and services.

**OPH is highly supportive of a provincial approach to technology investment to better meet provincial reporting requirements, support local public health units' operational requirements and facilitate integration with hospitals and other partner organizations comprising the broader electronic health record in Ontario.**

Recent provincial technology initiatives to support COVID-19 include:

- COVID Case and Contact Management (CCM) reporting system: a new cloud-based provincial case and contact management technology solution that will phase out the multiple tools being used across the province and replace the provincial communicable disease database (iPHIS) for COVID-19 reporting.
- Contact+: a provincial online service for those who test positive for COVID-19 to self report their close contact information to local public health units.
- COVax: a new cloud-based provincial tool to centrally manage COVID-19 vaccine distribution, clinical administration, documentation and reporting.

### **Partnerships:**

The unprecedented nature of the pandemic has provoked a similarly unprecedented level of collaboration, reinforcing existing partnerships and creating opportunities for new ones. Partnerships have been instrumental to OPH's successes throughout the pandemic response.

As previously reported, OPH's relationship with the City of Ottawa facilitated initiatives with municipal partners, including the redeployment of city staff and infrastructure to the COVID-19 response, implementation of a temporary mandatory mask use bylaw, 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. Collaboration with community partners facilitated the development and implementation of a number of programs and services to address rising concerns about mental health and substance use in the community throughout the pandemic, as noted above. In collaboration with the Ottawa Health Team – Équipe Santé Ottawa (OHT-ESO), OPH established a referral process to better assist individuals requiring additional support to isolate and/or to access testing, as well as other services, including shelter and housing, food, and mental health supports. OPH also strengthened its partnerships with local hospitals by forming a multi-agency COVID-19 Testing Taskforce, where OPH's surveillance and data helped guide Ottawa's testing strategy, as well as supporting the extension and reorientation of the COVID-19 vaccination program into the community. These are just a few examples of the value and impact of multi-sector partnerships and collaboration throughout the pandemic response.

OPH established a Community Operations service area to work alongside community partners on understanding and responding to the needs of neighbourhoods and populations at higher risk for COVID-19 transmission. Working closely with the OHT-ESO COVID 19 Community Response, this team leveraged key partnerships to promote COVID Wise practices, assess and address barriers to accessing testing or isolation and adhering to public health guidance. Some of the partners included Community Health and Resource Centres, Ottawa Local Immigration Partnership, Ottawa Community Housing, Boys and Girls Club of Ottawa, other Community Service Agencies, Business Improvement Areas and Associations, elected officials, community leaders and other City of Ottawa departments.

Throughout the pandemic, OPH has also been working closely and meeting regularly with neighbouring public health units to coordinate actions and ensure consistency in messaging, recognizing that jurisdictional boundaries are administrative and do not necessarily reflect the natural ebb and flow of residents within a jurisdiction (or beyond) nor the communities in which they live, work, play and raise their families.

Based on lessons learned from the pandemic response, and as the Province resumes its pre-pandemic discussions on strengthening the public health system, OPH recommends:

- **That Ottawa Public Health continue its current relationship with the City of Ottawa**, which has proven invaluable to Ottawa's success in responding to the pandemic;
- **That local health units be supported to be an integral part of Ontario Health Teams to ensure that public health expertise guides prevention, promotion and protection efforts to improve the populations' health;** and
- **That there be increased regional collaboration between local public health units to facilitate and improve local action, share best practices, address cross-jurisdictional issues, share communications products and address coverage of key positions and functions.**

### **Communication:**

Public health's ability to provide credible information has been challenged by competing voices throughout the pandemic response. The pandemic has also demonstrated the need for regional/local adaptations of public health messaging to ensure that residents and partners see and understand how the pandemic affects them and their community. As an example, the ongoing communication of local data and trends, including real world contact tracing infographics to demonstrate how easily and quickly the virus spreads throughout the community, have given residents a better understanding of why public health measures were necessary to reduce transmission.

Clear, engaging and timely communications have contributed to behaviour change and adherence to public health measures throughout the pandemic response. OPH's approach has focused on honesty, empathy, relatability and respect while injecting humour and recommending actions residents could take to restore a sense of control in an ever-evolving situation. Further, to ensure its messages were communicated broadly and effectively and in multiple languages, OPH used various platforms to reach the population, including its own website and social media accounts, mainstream media, elected officials, partners and stakeholders, as well as more traditional methods such as radio ads, flyers, door hangers, posters and more.

Demonstrating the value and importance of local communications and messaging in the midst of a global pandemic where directives and guidance are coming from multiple levels of government, OPH's Contact Centre responded to more than 110,000 phone inquiries and 8,000 emails in 2020. During the same period, OPH fielded over 2700 media requests, compared to 727 media requests in 2019. In 2020, OPH participated in 80 media availabilities and participated in over 275 media interviews. OPH's website

had more than 11.7 million visits in 2020, compared to just over 920,000 in 2019. With respect to social media engagement in 2020, OPH's English Twitter account (@ottawahealth) passed the 100,000-follower milestone. Between the English (EN) and French (FR) OPH Twitter accounts, 2020 brought over 41,700 new followers, over 930,000 profile visits and 78,500 mentions. Similarly, OPH's Facebook accounts gained over 24,200 followers collectively and engaged with over a million users. In addition to OPH's existing Parenting in Ottawa/Être Parent à Ottawa Facebook page, and The Link Ottawa/Le Lien Ottawa Instagram accounts (for youth and young adults), OPH also launched two new channels in 2020: Aging Well in Ottawa/Bien Vieillir à Ottawa – Facebook pages focused on the needs of older adults in Ottawa – and a TikTok account for the Link Ottawa – to keep up with the changing demographics and needs of youth and young adults.

OPH has also made efforts to continually engage residents and partners throughout the pandemic via its social media platforms, Engage Ottawa, as well as population level surveys. Feedback and data gathered through these engagements have provided valuable information about residents' perceptions of the pandemic, of its impact on society and of public health measures to prevent transmission. This helped inform OPH's response as well as its communication strategies as the situation evolved.

Internal communications have also been key to ensuring employees had the information and resources they needed to do their work and that they felt engaged and supported during what is likely to be the most challenging experience of their professional lives.

Some of the challenges encountered during this past year of pandemic response included:

- COVID-19 data is reported based on the place of residence of individuals who test positive. This does not necessarily reflect where the disease was contracted nor residents' movements within and beyond Ottawa's boundaries. This presented a challenge in communicating data while continuing to impress upon residents, workplaces and elected officials that COVID-19 was (and is) ever-present in the community and that protective measures continue to be needed.
- There were instances where residents and/or workplaces expressed confusion and frustration over what they perceived as conflicting guidance and messaging from the various levels of public health agencies, which can erode credibility.

Based on its experience of the past year, OPH is recommending:

- **That going forward, and in the event of any future pandemic or public health crises, that local public health units be provided technical briefings in advance of announcements, to ensure messaging is clear and concise for a successful communication roll-out;**
- **That the Province develop a provincial communications committee or response team to help coordinate communications within regions to promote the creation of content once and in a timely fashion that can be disseminated for local adaptation; and**
- **That public-facing communication be recognized as a key function of local public health units and that local health units be supported with provincial tools and resources to inform communications, such as population-level polling and behavioural insights for their jurisdictions.**

### **Readiness and Sustainability:**

From the onset of the pandemic, OPH has been monitoring the situation closely, both locally and in other jurisdictions, and regularly updating guidance and protocols based on the most up-to-date scientific evidence, the latest data and expert opinion. OPH has followed the lead of the Ontario Ministry of Health, Public Health Ontario and the Public Health Agency of Canada in responding to COVID-19, with a focus on keeping the people of Ottawa well.

Given the speed and volume of new information and the ever-evolving situation, and in order to continue to meet the needs of Ottawa's population, OPH significantly and rapidly increased its staffing complement in areas such as, but not limited to: case management and contact tracing, surveillance and reporting, Infection Prevention and Control (IPAC) and outbreak management, school health supports, government and stakeholder relations and communications. The volume of work, long hours worked, length of the pandemic response and difficulty in taking time off have raised concerns about capacity and sustainability. The prospect of the largest vaccination effort in Canadian history, the ever-present risk of a resurgence and increasing complexity of case management and contact tracing add to these concerns.

Further, the pandemic exposed the harms of emphasizing acute care system capacity without also focusing on prevention and screening and on protecting higher-risk populations. Based on the lessons learned from the past year of pandemic response, OPH is recommending that the Government of Ontario build readiness and resiliency in the public health sector by investing resources in the following areas:

- **Enhance Public Health Ontario’s role as an independent research and knowledge synthesis and exchange hub to provide scientific, technical, epidemiological and research and laboratory support to local public health units and minimize duplication;**
- **Ensure local public health units can retain key workforce levels in order to continue delivering specific core public health functions and provide capacity for surge responses. For example, the school health nurses hired during COVID-19 should be retained and redirected to address mental health and substance use in schools;**
- **Invest in ongoing training and development of local public health workforces, including IPAC Certification in Infection Control (CIC) education and training; and**
- **Invest in resources to support the mental health of workers in the public health and health care sectors as well as other first responders during sustained crises.**

## **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, social service organizations as well as local school boards and post-secondary institutions; the local business community, and other local public health units in neighbouring jurisdictions and across the province. As such, public consultation was not undertaken in the preparation of this report.

## **LEGAL IMPLICATIONS**

There are no legal impediments to receiving the update on lessons learned from the pandemic, as outlined in this report, and in approving recommendations 2 and 3 of this report.

**RISK MANAGEMENT IMPLICATIONS**

There are no risk management 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 aligns with all aspects of Ottawa Public Health's 2019-2022 Strategic Plan.

**DISPOSITION**

Following Board approval of this report, the Board Secretary will assist the Chair in preparing a letter to the Premier of Ontario, as referenced in recommendation 3.

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