

# 2020-21 Annual Report

Public Health Ontario



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# Message from the Board of Directors

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On behalf of Public Health Ontario's (PHO) Board of Directors, I am pleased to present PHO's 2020-21 Annual Report. The report provides a high-level description of our key services and activities over the year that fulfilled our mandate and supported government priorities; a status report on key deliverables; and a year-end view of our financial performance.

PHO provides scientific and technical evidence, expert guidance and centralized resources to partners and clients – government, public health, hospitals and other health care facilities, community laboratories, frontline health workers and researchers – to enable informed decisions and actions, and to anticipate and respond to emerging public health issues.

With a presence throughout the province, PHO monitors, prepares for, detects and responds to infectious disease outbreaks and other public health threats. As the public health laboratory for the province we perform millions of high quality tests each year, ensuring accurate and timely diagnoses and supporting clinical and public health action. We generate evidence to better understand and address public health issues such as environmental hazards, the risk and spread of infections, chronic diseases, food safety, and substance use. We study and evaluate what makes people healthy and how we can help the people of Ontario live healthier lives.

The importance of our work has never been more apparent than with the emergence and evolution of the global COVID-19 pandemic. The COVID-19 pandemic has required an unprecedented level of activity and coordination amongst public health and health service sector partners to respond to and mitigate the impacts of this public health emergency. PHO's contributions have been integral to Ontario's response efforts.

PHO's laboratory has been the largest single contributor to COVID-19 diagnostic testing in the province, performing over 3.37 million tests this year. We have also validated new testing methodologies and provided key support to the provincial network of laboratories performing COVID-19 testing across Ontario. Our innovations and leadership in genomics have advanced surveillance and the response to emerging variants of concern.

For the public health response to the COVID-19 pandemic, we have been working tirelessly to provide scientific guidance to partners at the provincial and local level on case management, contact follow up, infection prevention, disease control, and surveillance based on public health research from around the world and our incredible depth of expertise – to ensure that Ontario's response is informed by the best science, conducted by its brightest minds.

PHO is committed to the responsible stewardship of resources entrusted to us. On behalf of the Board of Directors, I want to thank the leadership team and staff for their dedication to the continued delivery of high quality, timely and relevant programs, products, services and resources to our clients. I am proud

of PHO's achievements during this challenging year and we look forward to continuing to make a vital contribution to the health of the people of Ontario.

I would also like to thank our partners at the Government of Ontario for their ongoing support.

A handwritten signature in black ink, appearing to read 'Linda Rothstein', with a long, sweeping underline.

Linda Rothstein

Chair, PHO Board

# Organizational Overview

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Public Health Ontario (PHO) exists to keep Ontarians safe and healthy. With our partners in government, public health and health care, we prevent illness and improve health. We provide the scientific evidence and technical advice to guide policy and practice for a healthier Ontario. We operate the provincial public health laboratory service, performing millions of tests for front-line health care workers and public health units. We focus on public health emergencies and outbreaks, infectious diseases, environmental hazards, health promotion and disease prevention programs, infection prevention and control, and health information. We educate health professionals with practical applications of public health principles, the latest research, and innovative approaches to practice.

As set forth in legislation, the Ontario Agency for Health Protection and Promotion Act, 2007, we focus on:

- providing scientific and technical advice and support
- delivering public health laboratory services
- advancing and disseminating knowledge, best practices, and research
- serving as a model to bridge infection control and occupational health and safety
- informing and contributing to policy development processes
- enhancing data development, collection, use, analysis and disclosure
- providing education and professional development
- undertaking public health research
- providing advice and operational support in emergency or outbreak situations with health implications

Our primary clients are:

- Ontario's Chief Medical Officer of Health
- The Ministry of Health, the Ministry of Long-Term Care and other ministries
- Public health units
- Health system providers and organizations across the continuum of care

In addition to these clients, PHO's partners for health can also include academic, research, not for-profit, community-based and private sector organizations and government agencies—working across sectors—that contribute to Ontarians achieving the best health possible.

**Vision** Internationally recognized evidence, knowledge and action for a healthier Ontario.

**Mission** We enable informed decisions and actions that protect and promote health and contribute to reducing health inequities.

**Mandate** We provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors.

# Delivering on Our Mandate

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PHO is committed to fulfilling our mandate to enhance the protection and promotion of the health of Ontarians and to contribute to efforts to reduce health inequalities. We provide scientific and technical evidence, expert guidance and centralized resources to partners and clients – government, public health, hospitals and other health care facilities, community laboratories, frontline health workers and researchers – to enable informed decisions and actions and to anticipate and respond to emerging public health issues. We operate the provincial public health laboratory service, undertaking important tests for clinicians in primary care and hospitals, as well as for public health units. Given the unprecedented and far-reaching impact of COVID-19, the pandemic has been PHO’s primary focus during the 2020-21 fiscal year.

## Realigning PHO’s Work and Workplaces to the COVID-19 Pandemic

PHO’s day-to-day operational initiatives were impacted by the need to dedicate considerable resources to Ontario’s COVID-19 pandemic response. We implemented an agile organizational response structure to support our work and ensure our contributions are coordinated and effective – a structure that provides clear accountability and reporting relationships, oversight, and appropriate allocation of resources to complete the work. Many staff were redeployed internally to focus efforts on the COVID-19 response, or took on new responsibilities so that others could focus their attention on COVID-19. One-time COVID-19 extraordinary funding from the Ministry of Health enabled us to hire additional temporary staff to meet the increased demands on our resources during the pandemic. Due to the extensive demands on PHO for COVID-19-related work and our clients’ focus on pandemic response, initiatives addressing other topics were deferred.

Like many workplaces, PHO took action to prevent the spread of COVID-19 by having all staff work remotely, except those who work in our laboratory or are otherwise required on site. This has necessitated the flexibility of our staff, as we adapted to the evolving circumstances.

Our employees have shown exceptional commitment and professionalism throughout the pandemic. During this challenging period, PHO has pursued practices to ensure our staff feel connected and to protect and support the health, safety, and wellness of PHO employees. We recognized their contributions with a week of activities marking the one-year milestone of our pandemic response work.

## Providing Public Health and Laboratory Leadership for Ontario's Response to the COVID-19 Pandemic

Throughout 2020-21, PHO provided necessary scientific and technical leadership and support to our clients and stakeholders working at provincial and local levels and with partners in other jurisdictions to respond to and mitigate the impacts of the COVID-19 pandemic. PHO's roles in this public health emergency are at the nexus of two domains: public health response and laboratory response.

PHO is part of Ontario's formal pandemic response structure, including as contributors to the province's Health Coordination Table and several of its committees. In partnership with the Dalla Lana School of Public Health at the University of Toronto, PHO co-chairs the Ontario COVID-19 Science Advisory Table, which brings together researchers and public health professionals, including representation from PHO experts in public health, epidemiology and microbiology. The Science Advisory Table has played a central role in providing modelling predictions and consolidated scientific advice applied in the Ontario context to the Health Coordination Table to inform the province's approach to the pandemic.

PHO's scientists and public health leaders also provide expertise to inform the federal pandemic response through our involvement on Federal Technical Advisory Committee, the COVID-19 Immunity Taskforce and the Canadian Public Health Laboratory Network.

PHO has facilitated the implementation of improved health data platforms and supported stakeholders in managing complex outbreaks and collecting and applying surveillance data to control the spread of COVID-19 in multiple settings and across the lifespan. To effectively support the COVID-19 pandemic response, including in sectors outside of our traditional focus areas, PHO has strengthened relationships with Ontario Health, the Ministry of Education and the Ministry of Long-Term Care.

PHO's leadership in laboratory testing was instrumental in establishing the COVID-19 Provincial Diagnostic Network. With our expertise in laboratory science and operations we have supported partner laboratories across Ontario and our laboratories were able to quickly ramp up to perform thousands of molecular tests daily. In the latter part of the year, PHO spearheaded work in genomics to respond to viral variants with clinical and public health implications, taking a leadership role in the development and launch of the Ontario COVID-19 Genomics Network. We will expand on these contributions later in the report.

The COVID-19 pandemic has presented many challenges, throughout which PHO has maintained its unwavering commitment to scientific excellence.

## Laboratory and Public Health Response

PHO performs COVID-19 laboratory testing and surveillance to provide the data necessary to monitor and inform the response to the outbreak and support appropriate clinical care for patients. PHO's laboratory was one of the first within North America to conduct diagnostic testing for COVID-19. In 2020-21 PHO also:

- Developed and validated diagnostic testing methodologies, including molecular screening and next generation sequencing of COVID-19 specimens to identify and track the spread of Variants of Concern (VOC);
- Provided testing guidance for health care providers and worked with other provincial laboratories and the National Microbiology Laboratory to improve testing methodologies;
- Contributed scientific advice and supported the ongoing operations of the COVID-19 Provincial Diagnostic Network; and
- Scaled up testing capacity to perform up to 30% of the COVID-19 testing in the province.

Analyzing current data, including testing data from the COVID-19 Provincial Diagnostic Network, and drawing on public health research from around the world, PHO provides support to local and provincial level partners on case management, contact follow up, infection prevention and control, and surveillance.

To support our partners working at the local level, PHO:

- Monitors emerging information, synthesizes evidence and applies expertise to enable timely situational updates and public health advice;
- Works with the Ministry of Health to develop a variety of resources, including guidance for professionals working in various sectors and settings;
- Creates guidance for effective surveillance and review of epidemiological data;
- Provides field support for complex outbreaks and infection prevention and control measures, including in long-term care homes and congregate settings; and
- Partners with scientists and organizations in the academic sector on COVID-19 research.

## PHO'S LABORATORY TESTING AND CAPACITY TO MEET PANDEMIC LABORATORY DEMANDS

Diagnostic testing for COVID-19 not only determines appropriate clinical care for the individuals who are tested, it also helps to monitor the course of the outbreak, inform public health activities and policy measures to control the spread of the virus and mitigate the impact of the outbreak on households, communities, and the province. In Ontario, most COVID-19 diagnostic testing is conducted using



polymerase chain reaction (PCR) to make copies of part of the genetic material in the sample and then check to see if the sample's genetic material matches COVID-19. PHO has performed nearly 30% of the more than 12 million COVID-19 PCR tests completed in the province since the beginning of the pandemic, including over 3.37 million diagnostic tests in 2020-21. Our laboratory also serves as a reference laboratory, validating new testing methodologies and supporting other laboratories across Ontario coming on line with testing.

In spring 2020, with the increasing number of COVID-19 cases and the important role that diagnostic testing plays in pandemic response activities, there was pronounced need to enhance Ontario's laboratory testing capacity. With the support from funding from the Ministry of Health, PHO advanced quickly in this area, procuring necessary equipment and launching a high volume recruitment initiative to ramp up capacity for diagnostic PCR testing for COVID-19. Within six months, we hired over 500 temporary staff, nearly doubling our laboratory workforce. The increases in personnel and equipment enabled PHO to increase COVID-19 diagnostic testing capacity from approximately 9,500 tests per day to 30,000 tests per day by February 2021 to ensure we continue to perform 30% of the testing in the province. With this increased capacity, our laboratory turnaround times for COVID-19 testing are well under the 24-hour target set by the COVID-19 Provincial Diagnostic Network.

To support the increased demand for COVID-19 testing by our laboratories in the context of a shortage of trained medical laboratory technologists in the province, PHO worked with regulatory colleges to create a new role of laboratory technicians, a key position to extend PHO's laboratory capacity. Other laboratories in Ontario have built on PHO's success and also integrated this new position. In addition to new laboratory technicians, we have onboarded medical laboratory technologists, laboratory attendants, and data entry operators in our laboratories, fulfilling key roles to meet the needs for COVID-19 testing.

To meet the demand for diagnostic testing, PHO expanded COVID-19 PCR testing from our Toronto, Ottawa, Hamilton, Kingston and London laboratories to Thunder Bay and London. In the midst of the pandemic, PHO relocated our London laboratory to a new facility without any reduction in performance of COVID-19 testing or other laboratory services. This long-awaited London laboratory is part of PHO's commitment to meeting the needs and capacity of Ontario's public health system, including through performing COVID-19 testing at this location to respond to regional testing needs. PHO improved laboratory turnaround times by implementing technological advancements to speed up reporting of test results. Working with Toyota Canada, we reduced transportation times for specimens collected in more remote locations, resulting in a 10% improvement from the time of sample collection to the release of test results.

## **ADVANCING TESTING METHODOLOGIES**

PHO works with key experts and stakeholders to monitor laboratory testing and pursue laboratory advancements to make sure COVID-19 testing in the province continues to adapt to the needs of this evolving public health emergency. During the past year, PHO worked with the provincial network on the validation of rapid testing and investigated and validated the use of various types of swabs, reagents and testing platforms. PHO also validated a methodology to detect COVID-19 in saliva. Prior to the

launch of saliva as a specimen type for PCR testing in October 2020, a nasopharyngeal swab was the primary collection method being used at COVID-19 assessment centres in the province. Saliva specimen collection is less invasive and patients are usually able to collect a saliva specimen themselves. With this method, testing centres require fewer health care workers to operate and the potential exposure of health care workers to ill patients is reduced.

PHO's innovations in genomics are described later in this report.

## **SUPPORTING ENHANCED CASE & CONTACT MANAGEMENT**

There have been unprecedented demands on many local public health units to ensure COVID-19 cases and their contacts were being monitored and supported. PHO provided surge capacity for COVID-19 contact tracing and/or data entry support to 30 of the 34 public health units in the province. For this program, PHO engaged and provided training and technical support for over 1,300 people – including approximately 500 employees from several departments within the federal government, more than 90 staff from across PHO and volunteers. Over 500,000 contact tracing calls were made in 2020-21 as part of the initiative.

Collecting accurate and timely data on COVID-19 cases remains essential to tracking the virus and supporting appropriate response and public health measures to control the outbreak. In July 2020, the province began developing a new Case and Contact Management (CCM) application system to replace the integrated Public Health Information System (iPHIS) for the management of COVID-19 cases, contacts, and reporting. PHO's subject matter experts helped develop and test the CCM application, specifically in the areas of provincial reporting, data standards and best practices, and contact tracing. PHO also supported public health units in their implementation of the new system. CCM enables more efficient reporting by public health units and less manual data entry, freeing up public health unit resources for other COVID-19-related work. CCM also increases the effectiveness of PHO's contact tracing initiative, as it enables quicker and more efficient scalability and the ability to share information between partners more effectively to respond to surges in COVID-19. In addition, the switch to the CCM system enabled the integration of additional social/economic risk factors and sex and gender fields, addressing a data need identified by public health units. As of March 31, 2021, all 34 public health units across the province had implemented this new system.

## **INFECTION PREVENTION AND CONTROL GUIDANCE AND RISK ASSESSMENTS**

PHO worked closely with provincial partners to address concerns in long-term care and retirement homes. PHO created a checklist to guide inspections, conducted 165 on-site or virtual assessments and provided infection prevention and control training to staff from these institutions. We also trained more than 325 inspectors from the Ministry of Long-Term Care to provide infection prevention and control inspections in the field and initiated training for other medical professionals so that they could provide infection prevention and control coaching in lower risk long-term care settings through the IPAC Extenders program.

Based on data collected from the assessments and trainings PHO completed in the first half of the year, we created new resources and education offerings focusing on identified needs, including cohorting of

residents and staff, physical distancing, personal protective equipment (PPE) use, environmental cleaning and outbreak management. In support of the Ontario Health IPAC Hubs created this year, we coordinated Community of Practice events for IPAC Hubs in many regions, leveraging our successful model of partnership building and knowledge exchange to improve infection prevention and control practice.

## LEADING DATA ANALYSIS TO SUPPORT DECISION-MAKING

PHO's data and analyses help the provincial government, local public health units and other stakeholders to understand the scope of the COVID-19 outbreak, support populations that are disproportionately affected, and inform Ontario's collective response.

In April 2020, PHO began publishing [daily epidemiologic summaries](#) that contain provincial and regional data on confirmed COVID-19 cases, including trends of cases since the outbreak began, geography, exposure and severity. Early in the year we also launched the online [Ontario COVID-19 Data Tool](#), an accessible and interactive epidemiological summary of COVID-19 activity in Ontario over time, and introduced a [weekly epidemiological report](#) that analyzes data to provide insight into key areas of interest for the provincial COVID-19 response. These enhanced epidemiological products provide key data and analysis on cases over time, characteristics of cases, deaths, exposure, sub-populations of interest, geography, and outbreaks.

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Of PHO's enhanced epidemiological summaries, the following have been downloaded the most:

- [COVID-19 and severe outcomes in Ontario](#)
- [COVID-19 case fatality, case identification and attack rates in Ontario](#)
- [COVID-19 in long-term care home residents in Ontario](#)
- [COVID-19 in Ontario – A focus on diversity](#)
- [Regional incidence and time to case notification in Ontario](#)
- [Trends of COVID-19 incidence in Ontario](#)

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Data on laboratory testing, including specimens submitted, test results and positivity rates, are crucial in the context of the pandemic, providing insight to inform public health measures and clinical care. The Ontario Laboratory Information System (OLIS) is a provincial-wide database that gives health care providers access to lab test orders and results from hospitals, community labs and public health labs. PHO worked with Ontario Health to standardize data structure and submissions on COVID-19 testing data within OLIS, enhancing reporting of clinical results and facilitating provincial surveillance activities. PHO also enhanced laboratory data systems and electronic intake mechanisms to improve the timeliness and quality of reported results for samples tested at PHO.

PHO also created a data linkage between the COVID-19 vaccine registry in Ontario (COVaxON) and the Case and Contact Management (CCM) system datasets to identify and describe COVID-19 cases that occur after individuals have been vaccinated. PHO uses this linkage to report on [COVID-19 cases following vaccination](#) and monitor disease trends over time. Analyses of these data can increase our

understanding of the effectiveness of COVID-19 vaccination for preventing cases and mitigating the severity of illness and have important implications for planning appropriate public health measures.

## COVID-19 VARIANTS OF CONCERN (VOC)

Beginning in the fall of 2020, there was increased attention in Canada and globally on variants of COVID-19, especially with identification and surveillance of the B.1.1.7 (Alpha) variant in the United Kingdom. While genetic mutations are a normal occurrence with viruses, some mutations may be associated with serious public health and clinical implications. Viral variants for which there is evidence that the mutation(s) affect one or more of transmissibility (spread), virulence (severity of disease), vaccine and/or medication effectiveness, or diagnostic testing are classified as variants of concern (VOCs). PHO's genomics capacity and expertise positioned us to be the first laboratory to confirm the Alpha VOC in North America on December 26, 2020. In January 2021, PHO developed laboratory methods for screening for key mutations associated with VOCs. In February, Ontario was the first jurisdiction in North America to begin screening all eligible positive COVID-19 test samples to provide rapid tools to understand the potential for increased transmissibility and/or for causing more severe illness.

In the context of growing concern about emergence and spread of VOCs, PHO was identified as the lead to coordinate Ontario's variant testing and genomic sequencing efforts. Accordingly, PHO expanded our in-house laboratory science activities and operations in the area of genomics, with funding support from the Ministry of Health. In collaboration with Ontario Health and the Provincial COVID-19 Diagnostic Testing Network, PHO established a provincial COVID-19 Genomics Network (OCGN) and is leading the coordination of provincial genomic sequencing efforts with government, health, public health and other partners. As an organization that bridges expertise across laboratory and public health response, PHO is uniquely situated to spearhead the surveillance for VOCs in Ontario.

To inform public health response at provincial and local levels, PHO develops [several data visualization](#) and [epidemiology reports](#), updated weekly, that summarize genomics data and provides information on current VOCs in Ontario as well as information on other variants. PHO supported the development and dissemination of interim guidance for case and contact management for VOCs, the [Provincial Infectious Diseases Advisory Committee Interim \(PIDAC\) Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings](#), and the updated COVID-19 case definition to consider VOCs and reinfection. PHO hosted two [Grand Rounds](#) sessions to educate health professionals on the role of VOCs in the COVID-19 pandemic, the methods used to screen and test for VOCs, and the recommended infection prevention and control measures to use with VOCs.

PHO's scientific and technical expertise has supported the response to VOC-specific case and outbreak situations, such as one that occurred in an apartment complex in North Bay and another in a long-term care home in Barrie. During these outbreaks, we conducted a rapid review of public health measures for the Alpha variant and had multiple consultations with the respective health units on evidence-informed options for enhanced case, contact, and outbreak measures. PHO provided coordinated and timely support and advice on outbreak management, resident testing, IPAC measures, laboratory investigation, and environmental investigation. In conjunction with the National Collaborating Centre for

Environmental Health, we developed a review of outbreaks in multi-unit residences and strategies for investigation.

With our laboratory and academic partners, such as the ONCoV Genomics Rapid Response Coalition, the Ontario COVID-19 Science Advisory Table, the Canadian Public Health Laboratory Network and the National Microbiology Laboratory, PHO is advancing the science and surveillance on genetic variations – work that will be increasingly important to inform changes in virus spread, laboratory testing methods and public health actions.

## VACCINE PROGRAM SURVEILLANCE

PHO is responsible for provincial COVID-19 vaccine safety surveillance activities. This includes supporting public health units, summarizing [Ontario adverse event following immunization \(AEFI\)](#) data in a weekly report, reporting to the Public Health Agency of Canada’s national AEFI system, and participating in a national vaccine safety network to monitor safety, identify signals and respond through specific actions (e.g., enhanced monitoring following the AstraZeneca vaccine safety signal). PHO monitors and reports on [COVID-19 vaccine uptake](#) and reviews trends in coverage over time. To support local public health units, PHO has developed resources to facilitate reporting of AEFIs within the Case and Contact Management system (CCM) and has responded to scientific and technical questions on the use of COVID-19 vaccines and the management of AEFIs. Additionally, PHO provides content and review for vaccine program materials published by the Ministry of Health.

## EXPLORING THE INTERSECTIONS BETWEEN COVID-19 AND OTHER HEALTH THREATS

Our experts in chronic diseases and health equity examine impacts on health at the intersections of COVID-19 and other public health issues. As one key example, we developed the [Occupational Exposure to COVID-19 Risk Tool](#), an open source interactive data visualization platform that explores the burden of exposure to COVID-19 risk in Canadian workers. The tool provides data on the sociodemographic breakdown and distribution of job characteristics across occupations and industries (e.g., physical proximity to others and frequency of exposure to infectious disease) in Canadian provinces and health regions and can be used to inform the design of equitable policy and intervention strategies to mitigate inequities in occupational exposure to COVID-19 risk. In Ontario, through a specific request from the Ontario Vaccination Task Force, the tool has been applied for the development of Ontario’s COVID-19 response and vaccine distribution plan by providing industry-specific data across important policy stratifiers (e.g., essential work designation, ability to work from home) at the both the provincial and public health unit levels. The tool is also cited in the Ministry of Health’s *COVID-19: Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination*.

COVID-19 infection has taken a disproportionate toll on older adults and residents of disadvantaged and racialized urban neighbourhoods throughout Ontario. Through our role with COVID-19 Science Advisory Table, PHO supported the creation of a science brief, [A Strategy for the Mass Distribution of COVID-19 Vaccines in Ontario Based on Age and Neighbourhood](#). Prioritizing and implementing vaccine distribution for Ontarians based on both age and neighbourhood of residence maximizes the prevention

of deaths and long-term morbidity and best maintains health care system capacity by reducing hospitalizations and ICU admissions due to COVID-19 as compared with a strategy that prioritizes vaccination based on age alone. This strategy was adopted and implemented by the province and has been shown to decrease inequity gradients in vaccination coverage.

In June 2020, we published a [commentary](#) in Canadian Journal of Public Health providing an evidence-informed discussion about the considerations and impacts of regulatory measures controlling alcohol access during a public health emergency. Building on the interest from the commentary, we are now leading research that tracks shifts in alcohol and cannabis policies across Canada during COVID-19 and linking these data with per capita alcohol and cannabis retail sales data to examine associations between jurisdictional approaches to drug control and changes in sales.

PHO released two Rapid Reviews on substance-use related harms during COVID-19. [One review](#) examined substance use-related harms and risk factors for increased harms – with implications for measures to reduce risks of substance use-related and other negative health outcomes during COVID-19. The [subsequent review](#) explored adaptation of strategies during COVID-19 to mitigate risk of substance-use related harms, emphasizing the continuing need for harm reduction and treatment services for people who use drugs. We also partnered with the Ontario Drug Policy Research Network (ODPRN) and the Office of the Chief Coroner (OCC) to publish an [opioid mortality surveillance report](#), released in November 2020, regularly update our [Interactive Opioid Tool](#), and continue to work with our partners on innovative and community-engaged approaches to presenting data on other substance-related deaths.

PHO was part of a team of public health professionals tasked with examining the unintended consequences of COVID-19 community-based public health measures on various populations. PHO led the investigation into the impact of these measures on children and families, producing two [Rapid Reviews](#). This work was shared with multiple networks and presented at the Healthy Growth and Development Evidence Network and the Sick Kids Social Paediatrics Interest Group. To inform preparations for return-to-school in the fall, PHO published a report that promoted approaches and activities in schools through which children who had experienced trauma during the pandemic could feel safe and receive support.

## Responding to the Needs of our Stakeholders

### TECHNICAL ADVICE AND SUPPORTS

To support clients as they took on responsibilities related to the pandemic, PHO shifted priorities from routine programmatic work to respond to clients' emerging needs, addressing more than 4,800 requests for support from key stakeholders relating to COVID-19 during the year. The majority of these requests came from the Ministry of Health and public health units and involved the work of PHO staff to deliver scientific and technical consultation, review clients' documents, support surveillance activities and develop new knowledge products.



To provide public health units with access to the most up-to-date information in one place, PHO introduced a weekly Resources and Questions from the Field email sent out jointly with the Ministry of Health. This email has provided answers to the questions received from the field in the previous week, as well as our updated list of available resources.

## **TRAINING AND CONTINUING EDUCATION PROGRAMS FOR PUBLIC HEALTH PROFESSIONALS, HEALTH CARE PROVIDERS, SCIENTIST AND POLICYMAKERS**

Throughout a typical year, we provide dynamic training and continuing education programs for public health professionals, health care providers, scientists and policymakers in various formats including in-person, webinars, and online learning. Early in the COVID-19 pandemic, we placed a temporary suspension on our formal Continuing Medical Education (CME) accredited education sessions (Rounds, Microbiology Rounds, and Journal Club), to pivot to new approaches to safely provide relevant and valuable educational offerings to clients and stakeholders. During the suspension, PHO responded to the sector's emerging COVID-19 training needs by adapting our offerings to deliver 57 educational webinars that reached over 10,500 participants. These webinars, presented primarily by Infection Prevention and Control experts, focused on personal protective equipment; environmental cleaning; and cohorting for long-term care, retirement homes, and congregate living settings. PHO's formal Rounds programming resumed virtually in September 2020. We hosted 18 Rounds sessions and three Occupational and Environmental Health Seminars throughout the remainder of the year, reaching over 6,000 participants.

Our [online learning modules](#), available to stakeholders on demand, are one of the most frequently accessed type of resource on PHO's website. In 2020-21, there were over 398,000 course completions of our online learning modules, a 200% increase from 196,000 in 2019-20. In September 2020, we launched online training modules to address specific [infection prevention and control concerns in long-term care and retirement homes](#) for clinical staff, non-clinical staff, family members and caregivers, as well as inspectors. Since the launch, the training has been accessed over 10,000 times.

## **KNOWLEDGE PRODUCTS**

Developing knowledge products for our stakeholders has been a fundamental PHO contribution to the provincial COVID-19 response. In response to client requests, PHO produced 1,427 knowledge products in 2020-21 compared to 148 in 2019-20, representing an almost ten-fold increase.

Driven by demand for COVID-19 resources and testing resources, our website has seen an unprecedented numbers of hits in 2020-21. We had over 12.8 million visitors to our website, of which 9 million were unique, compared to 3.2 million visitors the previous year. Our [Laboratory Services Test Results page](#), the [Ontario COVID-19 Data Tool](#) described previously, and our [main COVID-19 page](#) are the most viewed pages. In 2020-21, our products were downloaded over 1.57 million times compared to 400,000 times in 2019-20. PHO's [Ontario COVID-19 Data Tool](#) was viewed almost 2.8 million times.

Leveraging emerging technology and innovative digital products and tools, we continue to explore ways to share information with our clients and stakeholders to enable them to make evidence-informed decisions. By putting more meaningful, relevant, and timely information in the hands of our clients and

stakeholders, we enable individuals, organizations, communities, and governments to take effective, efficient, and informed action to improve disease prevention, detection, management, and control.

## **SUPPORT FOR LABORATORY CLIENTS**

The critical role and high volumes of COVID-19 diagnostic testing required for the provincial pandemic response has been reflected in unprecedented demand for support for health professionals accessing testing and information on testing from PHO's laboratories. We have produced guidance and training resources to facilitate and advance COVID-19 testing, including COVID-specific Test Information Sheets and requisition forms, Lababstracts, a guide and webinar for clinicians on how to complete the COVID-19 Test Requisition, and instructional resources on sample collection.

PHO's laboratory customer service centre, primarily serving clinicians accessing laboratory testing for their patients, completed nearly 120,000 requests for data or scientific and technical support from clients and stakeholders. PHO's customer service representatives responded to inquiries relating to laboratory results, clinical interpretation of results, general laboratory requests, setting up clients in our database and specimen routing. To respond to the demand and allow prompt response to urgent questions, we implemented an incoming call menu that provides information on common questions about laboratory testing. Many callers' needs are met by the recorded information and they do not require individualized assistance.

## **PUBLIC RESOURCES**

To support our partners who provide direct services to the public, we launched a [Multilingual COVID-19 Resources page](#) with factsheets available in over 20 languages that explain various terms, prevention measures, and information about COVID-19 in a format that is highly accessible to the general public. Public health units refer clients to these resources and they are referenced on the Ministry of Health's COVID-19 website. In 2020-21, the [Multilingual COVID-19 Resources page](#) was accessed over 547,000 times.

Responding to the heightened profile of and interest in laboratory testing, we created resources for a broad range of stakeholders on the work of the laboratory, how testing is performed, the role of testing in the pandemic response, and about viral mutation and variants of interest and concern.

## **PUBLIC AND MEDIA INQUIRIES**

PHO received and responded to over 13,000 inquiries in 2020-21. Besides representing an increase in the number of inquiries, the types of stakeholders writing to PHO was broader than in past years. We received many inquiries from the general public, non-profit and private sector employers, and professional colleges and associations – individuals and groups who do not typically contact PHO directly. Inquiries were about various topics including: workplace concerns, infection prevention and control advice, travel advice, testing locations, accessing test results, vaccine guidance, school concerns, employers seeking guidance and volunteer offers. We also received over 1,800 media requests, a substantial increase compared to previous years.



## Maintaining Critical Non-Pandemic Work

The need to monitor, protect and promote the health of Ontarians is as strong as ever. Throughout this year, despite needing to divert resources to COVID-19, PHO has maintained many key aspects of our core, non-pandemic work, as reflected in the [“Report on 2020-21 deliverables and performance”](#) section below.

As the public health laboratory for the province, we continue to perform essential laboratory testing (tuberculosis, sexually transmitted infections, etc.), ensuring accurate and timely diagnoses to support clinical and public health action. We continue to study, generate evidence, and evaluate the health impacts of environmental hazards, chronic diseases, food safety, and substance use to help Ontarians live healthier lives. We support our clients and stakeholders across Ontario in their work outside of the COVID-19 response. For example, we partnered with Cancer Care Ontario on a report about alcohol- and tobacco-related mortality.

PHO has continued to provide scientific and technical advice and support to public health units’ vector-borne disease surveillance programs. To enable ongoing Lyme disease surveillance in the context of safety measures for and restrictions due to the COVID-19 pandemic, PHO supported the use of the [eTick](#) program developed by Bishop University. Members of the public submit pictures and quickly identify ticks on [eTick](#); public health units then use these data to prioritize areas for active tick surveillance (tick dragging) to confirm the establishment of blacklegged ticks in new locations. Two newly identified estimated risk areas, one of which was the first risk area identified in that region, were included on PHO’s [Ontario Lyme Disease Map 2021: Estimated Risk Areas](#). This map is used to educate public health, health care professionals and the public on the establishment of blacklegged ticks and to assist with case investigations and general education about ticks and Lyme disease risk.

PHO’s Snapshots is a collection of interactive map-based dashboards which permit health units to apply local data in their planning for programs and service delivery. This year PHO released two new Snapshots: one on [incidence and prevalence of chronic disease](#) (including asthma, chronic obstructive pulmonary disease, diabetes, and hypertension) and one on [stimulant harms](#) that includes indicators on mortality from various stimulant drugs (e.g., methamphetamines, cocaine).

PHO also completed extensive consultations and analysis to review the province’s Environmental Health Task Force report recommendations on addressing the health care concerns of Ontarians affected by Myalgic Encephalomyelitis/Chronic Fatigue Syndrome, Fibromyalgia and Environmental Sensitivities/Multiple Chemical Sensitivity. Our report includes an assessment of the Task Force’s recommendations and identifies solutions that would directly benefit Ontarians with these diagnoses and will be released early in 2021-22.

## Looking Ahead

This year PHO released a refreshed [Strategic Plan 2020-2023](#) that will support the organization in its commitment to protecting and promoting the health of Ontarians and reducing inequities in health, through our regular work and throughout public health emergencies including COVID-19. The new

Strategic Plan maintains the mission, vision, mandate, and values articulated in our 2014-2019 strategic plan and extends PHO's five strategic directions with renewed goals for each. Important updates within the 2020-2023 Strategic Plan include specific goals related to COVID-19 response and recovery and public health modernization; commitments to further advance laboratory data, science and practice, including genomics; a renewed focus on work to address health inequities and pursue opportunities for meaningful engagement with Indigenous communities and organizations; and commitments to enhance diversity and inclusion at PHO.

As the pandemic and the response to the pandemic evolve, PHO will continue to support the province and our clients, providing products and services to meet the needs of our stakeholders. PHO will contribute to the next stages of response to and recovery from COVID-19 as the dynamics of the outbreak change in the context of increased vaccination rates and the implementation of province's reopening roadmap. Moving forward, we will leverage COVID-19 pandemic response learnings to advance approaches to emergency preparedness for future public health threats. As Ontario moves from pandemic response to recovery, we look forward to resuming our focus on the full range of public health issues that affect Ontarians.

# Report on 2020-21 deliverables and performance

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The performance of public health organizations, such as PHO, is often challenging to describe using quantitative methods alone. Measuring the desired outcomes of our work – protecting the health and safety of the people of Ontario, and helping the people of Ontario improve their health – is particularly challenging. With so many factors contributing to the health and safety of the people of Ontario, such as health services, housing, transportation and education, we recognize that the responsibility for results extends far beyond the direct control of PHO.

On the pages that follow, we have analyzed our operational performance with a focus on operational results, including our performance against targets established in our Annual Business Plan (ABP) and applicable industry standards.

It is important to note that the COVID-19 pandemic was not anticipated at the time of writing the 2020-23 ABP. However, given the nature of PHO's work, we are always mindful of the possibility of a major emergency or exigent circumstance. Accordingly, the following paragraph was included in the 2020-23 ABP:

*“In considering the priority initiatives and core activities as outlined, it is important to note that since PHO plays a key role in public health incident and emergency response, flexibility is essential. In the event of a major emergency or exigent circumstance, we will, if deemed appropriate following consultation with the Chief Medical Officer of Health, delay or defer certain activities, products or services in order to dedicate appropriate expertise and attention to supporting the MOH, Chief Medical Officer of Health, public health units and other partners as the emerging circumstance may require.”*

Recognizing the extent and duration of PHO's involvement in Ontario's COVID-19 response, our ability to deliver on some of our ABP priority initiatives for 2020-21 has been impacted. All deferrals of priority initiatives at year end are the result of the COVID-19 pandemic. Timelines have changed primarily due to the redeployment of PHO employees for pandemic response work or the capacity constraints of our clients.

PHO continues to explore new approaches to performance measurement that will bring additional impact, value and outcome considerations into our performance measurement and reporting. In keeping with the requirements outlined in *Agencies and Appointments Directive and the Guide to Developing Annual Reports for Provincial Agencies*, we continue to consider additional outcome-based performance measures, but have not advanced this work substantively this year due to our focus on requirements related to the COVID-19 pandemic.

## Status of 2020-23 Annual Business Plan Priority Initiatives for Principal Program Areas, as of March 31, 2021

### Public Health Ontario Laboratory

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Continue to work closely with MOH to modernize and optimize quality, value and efficiencies in the laboratory and public health system		✓	
Continue to develop improved models for service delivery optimization, value/utilization, and efficiency in using data and informatics tools.		✓	
Expand and augment capacity for public health microbial genomics and bioinformatics to ensure timely public health laboratory testing that supports rapid outbreak detection and response, and enhance capacity for the clinical testing and surveillance of antimicrobial resistance threats in Ontario.		✓	
Enhance our ability to provide early identification and track emerging pathogens through pathogen preparedness, innovations in test methods and enhanced laboratory surveillance capacity.		✓	
Explore alternate laboratory technologies and methods for the identification and characterization of pathogens of public health and priority, including molecular testing, genomics, dried blood spot testing, point of care, and alternate sites of test delivery to improve clinical and public health response.		✓	
Collaborate with other governmental, scientific and public health organizations such as the MOH, public health units and clinical and laboratory partners, the Ontario HIV Epidemiology and Surveillance Initiative (OHESI), the Vector Institute, to develop integrated data and capacity to respond to public health priorities, including HIV, hepatitis C, Lyme, Influenza and emerging threats.		✓	

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Modernize laboratory test ordering and reporting by advancing the PHO Laboratory Information System to enable acceptance of electronic orders from clients/providers across Ontario and enhance direct electronic reporting of test results from the PHO laboratory.		✓	
Continue to advance and offer education, capacity building and tools for public health and reference microbiology for the province.		✓	
Complete the relocation of London laboratory to PHO's new Southwest Ontario hub.	✓		
Continue to prepare for the Toronto-based Operational support Facility/Biorepository and associated decommissioning of the Resources Road facility.		✓	

## Communicable Disease, Emergency Preparedness and Response (CDEPR)

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Enhance provincial immunization coverage and safety surveillance resources, tools and methods to support the evolving needs of public health and health system stakeholders to inform the ongoing monitoring and evaluation of immunization programs in Ontario.	✓		
Provide enhanced surveillance for new tick and mosquito vectors entering Ontario, including training for public health units to monitor for new and emerging vector-borne diseases.			✓
Adapt enteric surveillance and recommended case management in response to changing laboratory methods in Ontario, such as culture-independent diagnostic testing and whole genome sequencing, and provide further guidance to health units as needed.		✓	
Continue to develop analytical approaches to improve our understanding of the factors that put Ontarians at risk for multiple communicable diseases, referred to as syndemics.			✓
Conduct influenza surveillance and develop supporting resources, tools and methods that are timely and support and inform provincial response activities.	✓		
Continue to collaborate within PHO and with the MOH, Ontario HIV Treatment Network (OHTN) and Public Health Agency of Canada to support routine and enhanced HIV surveillance and analysis for the province.			✓
Support capacity-building in the sector for public health emergency preparedness.		✓	

## Infection Prevention and Control (IPAC)

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Continue to increase capabilities of clients and stakeholders to respond to infection prevention and control challenges through the application of knowledge translation and implementation science, such as disseminating best practice documents through established networks and communities of practice, and consultation with frontline stakeholders.	✓		
Assess antimicrobial usage and outcomes in long-term and community care settings and develop an implementation approach to support health care organizations to meet current antimicrobial stewardship standards.			✓
Continue to support Ontario's antimicrobial resistance strategy in collaboration with the Ministry of Health, provincial and federal partners.			✓
Support surveillance of antimicrobial use, antimicrobial resistance and health care associated infections in Ontario hospitals (e.g. Carbapenemase producing Enterobacteriaceae, <i>Clostridium difficile</i> ), in collaboration with provincial partners and hospitals.			✓
Develop and implement an approach to support the sustainability and uptake of the provincial Urinary Tract Infection Program in long term care homes in Ontario.			✓
Develop and support implementation of an updated hand hygiene program, based on PIDAC-IPC updated best practice document and stakeholder consultation.			✓
Disseminate and foster implementation and application of the best practice document on the prevention of occupational dermatitis through targeted consultations with front line stakeholders and professional associations.			✓
With PIDAC-IPC, complete the development and release of the best practice document on infection prevention and control in hemodialysis settings.			✓

**Environmental and Occupational Health (EOH)**

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Continue to identify opportunities to expand and enhance environmental health tracking and monitoring and support local response.		✓	
Disseminate and foster implementation and application of the best practice document on the prevention of occupational dermatitis through targeted consultations with front line stakeholders and professional associations.			✓



## Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Provide scientific and technical advice and support to the Chief Medical Officer of Health, MOH, public health units and other stakeholders related to the provincial opioid response, cannabis legalization and nicotine addiction (smoking and vaping).	✓		
Continue to respond to new directions signalled by the 2017 provincial audit of chronic disease prevention and health promotion.	✓		
Transmit and disseminate the evaluation results of the Healthy Kids Community Challenge (HKCC).			✓
Continue to partner and engage in the generation of Indigenous specific health data, as requested.	✓		

## Knowledge Exchange

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Explore opportunities to re-design PHO's LDCP and SLSP programs to support public health modernization and the anticipated regional public health entities.			✓

## Informatics

Priority Initiatives	Complete	Multi-Year On-Track	Deferred <sup>1</sup>
Support public health modernization by providing centralized resources for data and information management, population health assessment and surveillance.			✓
Identify and assess for use in public health, methodologies and tools/applications in the fields of data science and artificial intelligence. Seek out opportunities to partner with leaders in these fields, where applicable.			✓

<sup>1</sup>All deferrals of priority initiatives at year end are the result of the COVID-19 pandemic. Timelines have changed primarily due to the redeployment of PHO employees for pandemic response work or the capacity constraints of our clients.

## 2020-23 Annual Business Plan Volumetric Commitments

This table shows the core activities for which PHO has established annual volume targets for 2020-21.

Where applicable, specific topics of focus are guided over the course of the year by the priorities established based on requests from the Chief Medical Officer of Health, ministries, and other clients, and our analysis of emerging issues and work plans. 2020-21 required greater organizational flexibility than in most years, as PHO adjusted activities to respond to the needs of the public health and broader health sector as the COVID-19 pandemic evolved.

All annual targets and parameters for measuring the activities and services were established prior to the COVID-19 pandemic. Given the dynamics of the pandemic, PHO did not have enough information to meaningfully adjust the volume targets or definitions of these measures during the course of the year. While not included in our established annual volume targets, we have included additional measures specific to COVID-19 testing activities in the table below.

### Volume Targets for Core Activities

Core Activities/Services	Annual Target	2020-21 Actual
<b>Generating evidence and knowledge:</b>		
Number of laboratory tests performed  <i>PHO provides laboratory testing services and expertise to Ontario's public health units and to clinicians in primary care, hospitals and long-term care facilities. Public health action, such as the identification of outbreaks and tracking of disease trends; and clinical decision-making, such as the diagnosis of health conditions, depend on accurate and laboratory test results.</i>	6.6 million	Total: 8.15 million <sup>2</sup>  Non COVID-19 Tests: 4,637,256  COVID-19 Tests: 3,511,997 <sup>3</sup>

<sup>2</sup> The annual target for laboratory tests was established before the COVID-19 pandemic.

<sup>3</sup> In addition to 3,379,413 million COVID-19 diagnostic PCR tests, this also includes serology (45,231) and testing for VOCs (87,353).

Core Activities/Services	Annual Target	2020-21 Actual
<p>Percentage of laboratory tests completed within target turnaround time<sup>4</sup></p> <p><i>Timely laboratory testing enables faster public health action that can prevent localized health events from becoming regional or global threats, and enables faster clinical decision-making that can result in earlier treatment of health conditions and better health outcomes.</i></p>	90%	98.23%
<p>Percentage of routine surveillance reports and tools published within the established reporting cycle timelines</p> <p><i>Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation and evaluation of public health practice. Timely publication of surveillance reports enables evidence-based decision making and informs public health action for PHO clients and stakeholders.</i></p>	90%	100%
<p>Number of knowledge products published on PHO's website</p> <p><i>PHO's knowledge products contain information and evidence that help clients and stakeholders in their decision making and guide practice. Types of products include literature reviews; fact sheets; and reports such as population health assessments, risk assessments, environmental scans, and evaluation reports, as well as routine and ad-hoc surveillance reports.</i></p>	150	1,028
<p>Number of articles published in peer-reviewed journals relevant to public health</p> <p><i>Publications in peer-reviewed journals relevant to public health contribute new evidence and knowledge to the field of public health and beyond. Articles published in these journals indicate high quality, reflecting standards of rigour, originality, and other quality assessment criteria.</i></p>	130	175
<b>Disseminating evidence and knowledge:</b>		
<p>Number of visits (unique &amp; total) to PHO's online centralized data and analytics tools</p> <p><i>Access to reliable, meaningful and relevant public health data and information is the basis of public health action and decision-making. PHO's centralized data tools make public health data more accessible to clients and stakeholders. Our tools allow users to customize data to understand local and provincial needs, as well as to inform evaluation for program improvement and policy decisions.</i></p>	Baseline being determined	<p><b>Unique – 2,572,547</b></p> <p><b>Total – 2,891,257</b></p>
<p>Number of self-directed online learning courses completed by external clients and stakeholders</p> <p><i>Leveraging digital technology, self-directed online learning efficiently delivers educational programs province-wide to support the development of a critical mass of competent public health practitioners in Ontario. Courses can be accessed from anywhere at any time.</i></p>	Baseline being determined	398,853

<sup>4</sup> This measure corresponds to Indicator 3.4.1 in PHO's performance scorecard and includes the following laboratory tests for which the target was set: serology (Hepatitis A serology), molecular (Hepatitis C Viral Load) and culture based (Neisseria gonorrhoeae culture).

Core Activities/Services	Annual Target	2020-21 Actual
<p>Number of professional development sessions offered to external clients and stakeholders</p> <p><i>Continuing professional development, including rounds, seminars, conferences and workshops, enables public health practitioners to continue to safely and effectively contribute to the field of public health. These sessions, delivered in-person and remotely via webinar, are a central component of the continuing professional development activities in Ontario's public health units and professional groups, bringing partners together to share knowledge on public health issues of importance. This measure does not include self-directed learning products such as online learning modules.</i></p>	80	21 <sup>5</sup>
<p>Percentage of professional development sessions achieving a client/stakeholder rating of at least 3.5 out of 5</p> <p><i>PHO aims to provide high quality professional development sessions for clients and stakeholders to build skills, capacity and competencies in Ontario's health workforce to face tomorrow's public health issues. Participant evaluations provide feedback on how effectively these sessions achieved their educational objectives, their quality, relevance and ability to meet the needs of the target audience.</i></p>	90%	100% <sup>5</sup>
<b>Responding to the needs of clients and stakeholders:</b>		
<p>Percentage of multi-jurisdictional outbreaks relating to diseases of public health significance that are assessed by PHO for further investigation within one business day<sup>6</sup> of PHO being notified</p> <p><i>PHO plays a central, coordinating role to ensure collaboration and communication with stakeholders for outbreaks relating to diseases of public health significance that are distributed across jurisdictional boundaries. Ensuring timely response to outbreaks is critically important to effectively control the outbreak so more people do not get sick, mitigate risks and prevent similar outbreaks from happening in the future.</i></p>	80%	100%
<p>Percentage of infection prevention and control lapses in community settings that are assessed by PHO for further investigation within one business day of PHO being notified</p> <p><i>PHO supports public health units investigating infection prevention and control lapses in community settings such as clinics, clinical office practices, family health teams, community health and personal services settings. Ensuring timely response to lapses is critically important to effectively mitigate possible infectious disease transmission to patients, clients or health care workers and prevent similar lapses from happening in the future.</i></p>	80%	100%

<sup>5</sup> Due to COVID-19, formal Continuing Medical Education (CME) accredited education sessions (Rounds, Microbiology Rounds and Journal Club – sessions that this indicator captures) were suspended in Q1. These measures reflect that these activities were resumed towards the end of Q2. It should also be noted that the 57 COVID-19 webinars we offered to over 10,500 participants are not captured due to the definition of this measure.

<sup>6</sup>For a subset of diseases requiring urgent public health action, follow up is within 24 hours of PHO being notified.

Core Activities/Services	Annual Target	2020-21 Actual
<p>Number of scientific and technical support activities and data requests completed in response to clients and stakeholders</p> <p><i>These activities support our clients and stakeholders, such as the Chief Medical Officer of Health, the Ministry of Health, the Public Health Agency of Canada, local public health units and health care providers, in their work to safeguard the health of Ontarians, plan and deliver public health programs and services, and provide advice on public health matters. These activities also include scientific and technical support relating to laboratory testing services and results interpretation. The situational context influences the number of requests made by clients and stakeholders, and is impacted by factors such as seasonal increases in disease activities, emerging issues, outbreaks, health emergencies and heightened interest by the public or other stakeholders.</i></p>	<p><i>Baseline being determined</i></p>	<p><b>Response to client and stakeholder requests – 6,244</b></p> <p><b>Laboratory Customer Service Centre support – 119,663</b></p>

# PHO Quarterly Performance Scorecard: 2020-21 Year-End View

The Scorecard summarizes PHO's performance related to its mandate and the five strategic directions of our *2014-19 Strategic Plan: Evidence, knowledge and action for a healthier Ontario*. Using traditional quantitative methods, it provides an assessment of PHO's performance in relation to a defined set of indicators and associated performance measures chosen because they are expected to be dynamic on a quarterly basis. A brief overview of each indicator and its associated measures is also provided.

	Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	
SD 2 Accelerate integrated population health monitoring	<b>2.1 Use of web-based Query tools</b>									
	2.1.1 Number of unique visits to the Infectious Diseases Query tool	Descriptive	N/Ap	245	N/Ap	241	285	225	228	
	2.1.2 Number of unique visits to the Sexually Transmitted Infections Query tool	Descriptive	N/Ap	64	N/Ap	41	98	42	74	
	<b>2.2 Use of web-based Snapshots tool</b>									
	2.2.1 Number of indicators available	Descriptive	N/Ap	246	N/Ap	240	248	248	248	
	2.2.2 Percentage of indicators current within 6 months of data release	Directional	≥ 80%	100%	●	100%	100%	100%	100%	
	2.2.3 Number of unique visits by external users	Descriptive	N/Ap	6,635	N/Ap	5,267	5,503	8,406	7,363	
	<b>2.3 Availability of laboratory information systems</b>									
	2.3.1 Laboratory Information System (LIS) uptime	Service Standard	99.5%	98.5%	⊖	100%	99.8%	94.8%	99.2%	
	SD 3 Enable policy, program and practice action	<b>3.1 Responsiveness to client requests</b>								
3.1.1 Number of knowledge products completed as a result of client requests		Descriptive	N/Ap	357	N/Ap	396	328	351	352	
3.1.2 Number of scientific and technical support activities completed as a result of a client request		Descriptive	N/Ap	1,221	N/Ap	2,032	882	1,005	965	
<b>3.2 Responsiveness to urgent client requests</b>										
3.2.1 Number of urgent client requests completed		Descriptive	N/Ap	158	N/Ap	413	66	85	66	
<b>3.3 Responsiveness to clients – Timeliness</b>										
3.3.1 Percentage of knowledge products completed within target turnaround time		Directional	95%	98.4%	●	99.2%	98.8%	97.7%	97.7%	
3.3.2 Percentage of scientific and technical support activities completed within target turnaround time		Directional	95%	98.7%	●	99.4%	98.4%	98.9%	98.2%	
<b>3.4 Laboratory performance</b>										
3.4.1 Percentage of laboratory tests completed within target turnaround time		Directional	90%	98.2%	●	99.2%	96.1%	97.6%	99.9%	
<b>3.5 Website usage</b>										
3.5.1 Number of visits by external users		Directional	160K	3.21M	●	2.40M	3.64M	3.34M	3.44M	
3.5.2 Number of product downloads by external users		Directional	50K	394K	●	405K	456K	411K	302K	
3.5.3 Number of unique visits by external users		Directional	100K	2.25M	●	1.62M	2.31M	2.11M	2.97M	
<b>3.6 Client education</b>										
3.6.1 Number of education sessions offered to external clients	Directional	20	5	⊗	0	3	8	10		
<b>3.7 Client satisfaction with educational sessions</b>										
3.7.1 Percentage of client education sessions achieving a client rating of at least 3.5 out of 5	Directional	90%	100%	●	- <sup>3</sup>	100%	100%	100%		
<b>3.8 Student placements</b>										
3.8.1 Number of new student placements	Directional	31 <sup>4</sup>	12	⊗	8	14	15	11		



	Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
SD 4 Advance public health evidence and knowledge	<b>3.9 Laboratory testing volumes</b>								
	3.9.1 Number of laboratory tests performed	Directional	1.65M	2.01M	●	1.36M	2.00M <sup>5</sup>	2.35M	2.44M
	<b>4.1 Staff publishing</b>								
	4.1.1 Number of articles published in peer-reviewed journals relevant to public health	Directional	32 – 35	44	●	47	40	32	56
	<b>4.2 Knowledge dissemination</b>								
	4.2.1 Percentage of peer-reviewed articles published in priority journals	Directional	75%	68.6%	⊗	68.1%	77.5%	62.5%	66.1%
	<b>4.3 Third party funding</b>								
	4.3.1 Dollar value of funding awarded to PHO researchers from third-party funding agencies	Directional	> \$400K	\$539K	●	\$422K	\$560K	\$577K	\$597K
	<b>4.4 Media mentions</b>								
	4.4.1 Number of media mentions <sup>6</sup>	Descriptive	N/Ap	N/Ap	N/Ap	-	-	-	-
SD 5 Engage our great people and exceptional teams in building a stronger PHO	<b>5.1 Recruitment efficiency</b>								
	5.1.1 Average number of days to fill permanent and temporary staff positions	Directional	60	31	●	42	22 <sup>7</sup>	20 <sup>7</sup>	38 <sup>7</sup>
	<b>5.2 Employee absenteeism</b>								
	5.2.1 Average number of paid sick days per employee	Industry Standard	2	1.8	⊖	1.9	2.1	2.0	1.23
	<b>5.3 Staff turnover</b>								
5.3.1 Voluntary and involuntary permanent employee turnover rate	Descriptive	N/Ap	1.42	N/Ap	1.07	1.32	1.41	1.88	
SD 1 Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals.	<b>5.4 Laboratories staff credentials and certification</b>								
	5.4.1 Percentage of medical and clinical microbiologists and medical laboratory technologists with credentials/certification in place <sup>8</sup>	Industry Standard	100%	100%	●	N/Ap	100%	N/Ap	100%
Organizational foundations and enablers	<b>6.1 Financial performance</b>								
	6.1.1 Percent variance between actual and budgeted expenses <sup>9</sup>	Directional	± 1.5%	N/Ap	● <sup>10</sup>	-52.3% over spent	-50.7% over spent	0%	0%
	<b>6.2 Complaints</b>								
	6.2.1 Number of complaints about PHO services or products	Directional	≤ 7	8.5	⊖	2	6	13	13
	<b>6.3 Availability of enterprise technology systems</b>								
	6.3.1 General IT infrastructure uptime	Service Agreement	99.5%	99.6%	●	100%	99.17% <sup>11</sup>	100%	99.1%
<b>6.4 Laboratories external quality assessment</b>									
6.4.1 Overall annual average score on the Institute for Quality Management in Healthcare (IQMH) Clinical Proficiency Testing <sup>8</sup>	Industry Standard	> 90%	99.3%	●	N/Ap	98.7%	N/Ap	99.8%	
6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA) Z-score <sup>8</sup>	Industry Standard	> 70%	91.7%	●	N/Ap	93.2%	N/Ap	90.2%	

**Legend**

- Target met or exceeded ●
- Target somewhat missed ⊖
- Target significantly missed ⊗
- Not applicable N/Ap
- Not available N/Av

**Notes:**

- <sup>1</sup>Quarterly averages are calculated based on the full year's underlying data.
- <sup>2</sup>Annual status is based on the quarterly average value for each measure.
- <sup>3</sup>Given there were no education sessions offered, there were no evaluations.
- <sup>4</sup>This target is based on the average number of student placements in the previous year.
- <sup>5</sup>The test volumes for 2020-21 Q2 was amended from 1.99 to 2.00. COVID-19 Whole Genome Sequencing and Hamilton COVID-19 PCR testing using the Abbott platform was added after the 2020-21 Q2 data was reported to the Planning Office.

<sup>6</sup>PHO's media monitoring service was cancelled due to government-directed expenditure constraints, as a result, the numbers for this measure are not available.

<sup>7</sup>Figures include impact from Laboratory High Volume Recruitment (HVR) initiative. The hiring process continues to bring in new employees as we work towards the HVR target of 500 new hires.

<sup>8</sup>Indicators 5.4 and 6.4 are not dynamic on a quarterly basis as other indicators and therefore are only reported twice a year.

<sup>9</sup>Overspending is primarily driven by expenditures related to COVID-19 testing, with no corresponding offset in approved funding. Confirmation of funding was received in Q3.

<sup>10</sup>Annual status is based on the Q4 year-to-date result.

<sup>11</sup>The target measure was not met due to an outage at a 3rd party hosting facility. The outage caused a 12-hour outage during which PHO did not have access to Skype for business. The outage was a result of change executed by the TELCO provider TELUS.

## Description of current measures

**2.1.1 Number of unique visits to the Infectious Diseases Query tool and 2.1.2** Number of unique visits to the STI Query tool count the total number of visits and number of people accessing these web-based dynamic data exploration tools that allow users to drill down and explore record-level data by public health unit and other demographics to improve the management of infectious diseases in Ontario.

**2.2.1 Number of indicators available in Snapshot; 2.2.2 Percent of indicators current within 6 months of release of information** are measures of the amount of content and currentness of these key population health indicators used to visualize trends in a web-based, interactive dashboard format. Indicators are refreshed regularly as new or updated data becomes available and new indicators are added as needed and data are available. **2.2.3** Number of unique visits to the Snapshot tool by external users counts the number of unique users accessing this material in a 3 month time period.

**2.3.1 Laboratory information system (LIS) uptime** is a measure of availability of the LIS, which is crucial to operations at the PHO laboratories. Service is provided under contract with the provincial government's service provider.

**3.1.1 Number of knowledge products completed as a result of client requests and 3.1.2 Number of scientific and technical support activities completed as a result of client requests** together provide a count of the number of knowledge activities completed by PHO staff as a result of a client request. Types of activities include literature reviews, statistical and technical reports, clinical guidelines, best practice and guidance documents, and scientific and technical support such as consultations and fact checking.

**3.2.1 Number of urgent client requests completed** includes requests that PHO needs to respond to within 24 hours. This is a subset of 3.1.1 and 3.1.2.

**3.3.1 Percentage of knowledge products completed within target turnaround time and 3.3.2 Percentage of scientific and technical support activities completed within target turnaround time** indicates the percentage of knowledge activities completed within the requested timelines.

**3.4.1 Percentage of laboratory test completed within target turnaround** indicates the percentage of laboratory tests completed within the industry standard turnaround time for each test.

**3.5.1 Number of website visits by external users and 3.5.2 Number of product downloads by external users** indicates the number times external users access PHO's external website and/or download material from the website. **3.5.3 Number of unique visits by external users** is the number of unique visitors to the website within a three-month period.

**3.6.1 Number of education sessions offered to external clients** tracks the number of PHO Rounds, educational series, operational or procedural training and workshops offered to external clients or groups of five or more.

**3.7.1 Percentage of client education sessions achieving a client rating of at least 3.5 out of 5** reflects the number of education sessions where the average evaluation score by participants met or exceeded 3.5 out of 5 divided by the total number of sessions offered.

**3.8.1 Number of new student placements at PHO** counts the number of student placements at PHO and includes medical residents, masters, doctoral and laboratory technologist students.

**3.9.1 Number of laboratory tests captures the total number of tests** performed at the PHO laboratories, excluding tests performed for research purposes.

**4.1.1 Number of articles published in peer-reviewed journals** counts the total number of articles written by PHO staff members as part of their work at PHO that are published in a peer-reviewed journal or a journal edited by an expert editorial board and/or affiliated with an authoritative organization.

**4.2.1 Proportion of peer-reviewed articles published in priority journals** captures the proportion of journals in measure 4.1.1 that are published in journals that are priority journals internationally and/or for Ontario's public health community. This indicator helps to ascertain the degree to which PHO research is entering the base of public health evidence and knowledge.

**4.3.1 Dollar value of funding awarded to PHO researchers from third-party funders** shows the amount of third-party funding that has been awarded to PHO, distributed over the length of the grants.

**4.4.1 Number of media mentions of PHO counts the number of times PHO**, its staff, products, services or research are cited in popular media, excluding social media.

**5.1.1 Average number of days to fill permanent and temporary staff positions** shows the average number of calendar days it takes to fill a position from the date the position was posted to the date PHO received a signed employment agreement.

**5.2.1 Average number of sick days per employee** shows the average number of paid sick days for full-time and part-time employees.

**5.3.1 Voluntary and involuntary permanent employee turnover rate** shows the percentage of permanent employees who leave the organization (excluding retirements) related to the total number of permanent employees.

**5.4.1. Percentage of medical and clinical microbiologist and medical laboratory technologist credentials/certifications in place** measures the proportion of medical microbiologist staff registered in good standing with the College of Physicians and Surgeons of Ontario and the proportion of medical laboratory technologist staff registered in good standing with the College of Medical Laboratory Technologists of Ontario.

**6.1.1 Percent variance between actual and budgeted expenses** indicates PHO's level of actual expenses relative to budgeted expenses and is reflective of PHO's financial position relative to its budget.

**6.2.1 Number of complaints about PHO services or products** is a count of the number of external complaints related to PHO products or services.

**6.3.1 Technology infrastructure uptime** is the percentage of time the general IT infrastructure including key systems such as Finance, SharePoint, Email and Microsoft Lync are up and running.

**6.4.1 Overall annual score on Quality Management Program – Laboratory Services (QMP-LS) testing program and 6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA Z-score)** measure the percentage of proficiency testing specimens, provided by proficiency testing programs QMP-LS (for clinical tests) and CALA (for environmental tests), that meet acceptance criteria.

# Risk Events and Other Significant Factors Impacting Results Achieved

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Given the unprecedented nature of COVID-19 and the exponential escalation of PHO's activities to support Ontario's COVID-19 response, some activities, products and services have been delayed or deferred in order to dedicate appropriate expertise and attention to supporting the Ministry of Health, Chief Medical Officer of Health, public health units and other health system partners.

The footnotes included in the previous section identify the instances where these factors and events impacted PHO's ability to deliver on specific annual business plan targets and performance measures.

## Financial Performance

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PHO acknowledges the funding received from the Ministry of Health and has managed its resources in a prudent and careful manner. PHO ended the year in a balanced operating position and has fully utilized all operating funding received from the ministry in respect of the 2020-21 fiscal year. With respect to the \$272.622 million of operating funding received from the ministry, \$120.857 million was for COVID-19 related expenditures, \$148.620 million was used to cover annual operating expenses, with the balance of \$3.145 million used to cover expenditures on minor equipment and other assets in support of PHO's base operations.

Funds provided by the Ministry of Health have allowed PHO to monitor, detect, and contain COVID-19 within the province, further develop its programs and advance various initiatives. PHO also receives revenue from third parties which is reflected in the audited financial statements as other grants revenue. As in prior years reported expenses include expenditures equivalent to other grants revenue (with these expenditures funded exclusively from the revenue received from third parties).

## Management Responsibility Report

PHO management is responsible for preparing the accompanying financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations as established by the Public Sector Accounting Board (PSAB) of the Chartered Professional Accountants of Canada (CPA).

In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

PHO maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with PHO policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit & Finance Standing Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Ernst & Young LLP has full and free access to the Audit & Finance Standing Committee.

Management acknowledges its responsibility to provide financial information that is representative of PHO operations, is consistent and reliable, and is relevant for the informed evaluation of PHO activities.



Cathy Campos,  
CPA, CA Chief Financial Officer



Colleen Geiger  
President and Chief Executive Officer (Acting);  
Chief, Strategy, Stakeholder Relations, Research,  
Information and Knowledge (SSR & RIK)

# Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Financial statements

March 31, 2021





# Independent auditor's report

To the Board of Directors of  
**Ontario Agency for Health Protection and Promotion**

## Opinion

We have audited the financial statements of **Ontario Agency for Health Protection and Promotion** [operating as Public Health Ontario] ["OAHPP"], which comprise the statement of financial position as at March 31, 2021, and the statement of operations and changes in net assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of OAHPP as at March 31, 2021, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

## Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of OAHPP in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Other information

Management is responsible for the other information. The other information comprises the information included in the Annual Report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information, and in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

We obtained the Annual Report prior to the date of this auditor's report. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing OAHPP's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate OAHPP or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing OAHPP's financial reporting process.

### **Auditor’s responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OAHPP’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on OAHPP’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause OAHPP to cease to continue as a going concern.
- Evaluate the overall presentation, structure, and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

### **Report on other legal and regulatory requirements**

As required by the *Corporations Act* (Ontario), we report that, in our opinion, Canadian public sector accounting standards have been applied on a basis consistent with that of the preceding year.

Toronto, Canada  
January 27, 2022

*Ernst & Young LLP*

Chartered Professional Accountants  
Licensed Public Accountants



**Ontario Agency for Health Protection and Promotion**  
 [operating as Public Health Ontario]

**Statement of financial position**  
 [in thousands of dollars]

As at March 31

	2021	2020
	\$	\$
<b>Assets</b>		
<b>Current</b>		
Cash	79,936	22,132
Accounts receivable <i>[note 3]</i>	5,591	6,482
Prepaid expenses <i>[notes 3 and 12[e]]</i>	1,171	11,127
<b>Total current assets</b>	<b>86,698</b>	39,741
Restricted cash <i>[note 4]</i>	5,651	8,130
Capital assets, net <i>[note 5]</i>	110,777	88,904
	<b>203,126</b>	136,775
<b>Liabilities and net assets</b>		
<b>Current</b>		
Accounts payable and accrued liabilities <i>[note 13]</i>	76,822	31,482
<b>Total current liabilities</b>	<b>76,822</b>	31,482
Deferred capital asset contributions <i>[note 6]</i>	113,292	93,190
Deferred contributions <i>[note 7]</i>	3,241	2,363
Accrued benefit liability <i>[note 8]</i>	2,324	2,842
Deferred rent liability	6,311	5,749
Other liabilities	1,136	1,149
<b>Total liabilities</b>	<b>203,126</b>	136,775
Commitments and contingencies <i>[note 12]</i>		
<b>Net assets</b>	<b>—</b>	—
	<b>203,126</b>	136,775

See accompanying notes

On behalf of the Board:



Director

**Ontario Agency for Health Protection and Promotion**  
 [operating as Public Health Ontario]

**Statement of operations and changes in net assets**  
 [in thousands of dollars]

Year ended March 31

	2021	2020
	\$	\$
<b>Revenue</b>		
Ministry of Health <i>[note 13]</i>	250,480	156,151
Amortization of deferred capital asset contributions <i>[note 6]</i>	7,428	5,464
Other grants	1,377	2,207
Miscellaneous recoveries	1,326	946
	<b>260,611</b>	<b>164,768</b>
<b>Expenses</b> <i>[notes 8 and 10]</i>		
Public health laboratory program <i>[notes 3, 10 and 13]</i>	199,562	108,399
Science and public health programs	36,597	37,757
General and administration <i>[notes 9 and 10]</i>	17,024	13,148
Amortization of capital assets	7,428	5,464
	<b>260,611</b>	<b>164,768</b>
<b>Excess of revenue over expenses for the year</b>	—	—
Net assets, beginning of year	—	—
<b>Net assets, end of year</b>	<b>—</b>	<b>—</b>

See accompanying notes

**Ontario Agency for Health Protection and Promotion**  
[operating as Public Health Ontario]

**Statement of cash flows**  
[in thousands of dollars]

Year ended March 31

	<b>2021</b>	<b>2020</b>
	\$	\$
<b>Operating activities</b>		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not involving cash		
Employee benefit expense	87	98
Amortization of deferred capital asset contributions	(7,428)	(5,464)
Amortization of capital assets	7,428	5,464
	<u>87</u>	<u>98</u>
Changes in non-cash working balances related to operations		
Decrease in accounts receivable <i>[note 11]</i>	936	2,626
Decrease (increase) in prepaid expenses	9,956	(9,985)
Increase in accounts payable and accrued liabilities <i>[note 11]</i>	44,448	2,131
Increase (decrease) in deferred contributions	878	(80)
Increase in deferred rent liability	562	562
Increase (decrease) in other liabilities	(13)	76
Net change in accrued benefit liability	(605)	(283)
<b>Cash provided by (used in) operating activities</b>	<u>56,249</u>	<u>(4,855)</u>
<b>Capital activities</b>		
Net acquisition of capital assets <i>[note 11]</i>	(28,407)	(14,082)
<b>Cash used in capital activities</b>	<u>(28,407)</u>	<u>(14,082)</u>
<b>Financing activities</b>		
Contributions for capital asset purchases <i>[note 11]</i>	27,482	14,813
Decrease in restricted cash	2,479	715
<b>Cash provided by financing activities</b>	<u>29,961</u>	<u>15,528</u>
<b>Net increase (decrease) in cash during the year</b>	<b>57,803</b>	<b>(3,409)</b>
Cash, beginning of year	<u>22,132</u>	<u>25,541</u>
<b>Cash, end of year</b>	<u><b>79,935</b></u>	<u><b>22,132</b></u>

See accompanying notes

**Ontario Agency for Health Protection and Promotion**  
[operating as Public Health Ontario]

**Notes to financial statements**  
[in thousands of dollars]

March 31, 2021

**1. Description of the organization**

Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario] ["OAHPP"] was established under the *Ontario Agency for Health Protection and Promotion Act, 2007* as a corporation without share capital. OAHPP's mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the *Ontario Agency for Health Protection and Promotion Act, 2007*, OAHPP is primarily funded by the Province of Ontario.

OAHPP, as an agency of the Crown, is exempt from income taxes.

**2. Summary of significant accounting policies**

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector ["PS"] Accounting Board of the Chartered Professional Accountants of Canada. OAHPP has elected to follow PS 4200-4270 in the *CPA Canada Public Sector Accounting Handbook*.

**Revenue recognition**

Contributions are recorded in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are recorded as deferred contributions or deferred capital contributions when initially recorded in the accounts and recognized as revenue in the period in which the related expenses are incurred.

**Capital assets**

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value at the date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5–30 years
Other equipment	5–10 years
Furniture	5–20 years
Leasehold improvements	Over the term of the lease

**Inventory and other supplies held for consumption**

Inventory and other supplies held for consumption are expensed when acquired.

**Notes to financial statements**  
[in thousands of dollars]

March 31, 2021

**Employee future benefits**

Contributions to multi-employer, defined benefit pension plans are expensed on an accrual basis.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of 10 years for the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

**Allocation of expenses**

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are not allocated.

**Contributed materials and services**

Contributed materials and services are not recorded in the financial statements.

**Financial instruments**

Financial instruments, including accounts receivable and accounts payable and accrued liabilities, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

**Use of estimates**

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Significant estimates and assumptions used in these financial statements require the exercise of judgment and are used for, but not limited to, salary and benefit accruals, employee future benefit plans [severance credits] and the estimated useful lives of capital assets. Actual results could differ from these estimates.

**3. Accounts receivable**

Accounts receivable consist of the following:

	2021	2020
	\$	\$
Ministry of Health	782	4,855
Harmonized Sales Tax	3,392	1,104
Other	1,417	523
	<b>5,591</b>	<b>6,482</b>

**Ontario Agency for Health Protection and Promotion**  
[operating as Public Health Ontario]

**Notes to financial statements**  
[in thousands of dollars]

March 31, 2021

During the year, OAHPP incurred a loss of \$10,000 due to a vendor's inability to fulfill a prepaid supply contract. The ultimate collection of amounts owing from the vendor are uncertain and have been fully provided for through a provision against accounts receivable in the statement of financial position and public health laboratory expenses in the statement of operations and changes in net assets.

**4. Restricted cash**

[a] Restricted cash consists of the following:

	2021 \$	2020 \$
Ministry of Health	5,621	8,095
Other	30	35
	<b>5,651</b>	<b>8,130</b>

Restricted cash from the Ministry of Health ["MOH"] represents funding received in connection with the liability assumed by OAHPP in connection with severance credits [note 8[b]], other credits [primarily accrued vacation pay] related to employees who transferred to OAHPP [Ontario public health laboratories in 2008 and Public Health Architecture in 2011] and unspent cash pertaining to capital projects. Funds associated with severance and other credits are drawn down when transferred employees leave employment with OAHPP. Funds associated with capital projects are drawn down when capital assets are purchased.

[b] The continuity of MOH restricted cash is as follows:

	2021			
	Severance credits \$	Other credits \$	Capital projects \$	Total \$
<b>Restricted cash, beginning of year</b>	2,375	1,434	4,286	8,095
Amount received during the year	—	—	5,320	5,320
Interest earned [note 6]	16	8	20	44
Restricted cash drawdown [note 8[b]]	(605)	(122)	(7,111)	(7,838)
<b>Restricted cash, end of year</b>	<b>1,786</b>	<b>1,320</b>	<b>2,515</b>	<b>5,621</b>
	2020			
	Severance credits \$	Other credits \$	Capital projects \$	Total \$
<b>Restricted cash, beginning of year</b>	2,602	1,423	4,785	8,810
Amount received during the year	—	—	12,025	12,025
Interest earned [note 6]	56	30	100	186
Restricted cash drawdown [note 8[b]]	(283)	(19)	(12,624)	(12,926)
<b>Restricted cash, end of year</b>	<b>2,375</b>	<b>1,434</b>	<b>4,286</b>	<b>8,095</b>



**Ontario Agency for Health Protection and Promotion**  
 [operating as Public Health Ontario]

**Notes to financial statements**  
 [in thousands of dollars]

March 31, 2021

**5. Capital assets**

	<b>2021</b>		
	<b>Cost</b>	<b>Accumulated amortization</b>	<b>Net book Value</b>
	\$	\$	\$
Building service equipment	368	366	2
Other equipment	58,008	34,794	23,214
Furniture	3,966	3,853	113
Leasehold improvements	118,001	33,336	84,665
Construction in progress	2,783	—	2,783
	<b>183,126</b>	<b>72,349</b>	<b>110,777</b>

  

	<b>2020</b>		
	<b>Cost</b>	<b>Accumulated amortization</b>	<b>Net book value</b>
	\$	\$	\$
Building service equipment	369	362	7
Other equipment	37,288	32,199	5,089
Furniture	3,852	3,834	18
Leasehold improvements	96,654	28,889	67,765
Construction in progress	16,025	—	16,025
	<b>154,188</b>	<b>65,284</b>	<b>88,904</b>

**6. Deferred capital asset contributions**

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations and changes in net assets. The continuity of the deferred capital asset contributions balance is as follows:

	<b>2021</b>	<b>2020</b>
	\$	\$
<b>Deferred capital asset contributions, beginning of year</b>	<b>93,190</b>	83,841
Contributions for capital purposes	27,510	14,713
Interest earned on unspent contributions [note 4[b]]	20	100
Amortization of deferred capital asset contributions	<b>(7,428)</b>	(5,464)
Deferred capital asset contributions, end of year	<b>113,292</b>	93,190
Unspent deferred capital asset contributions [note 4[b]]	<b>(2,515)</b>	(4,286)
<b>Deferred capital asset contributions spent on capital assets</b>	<b>110,777</b>	88,904

Restricted cash includes \$2,515 [2020 – \$4,286] [note 4[b]] related to unspent deferred capital asset contributions.

**Notes to financial statements**  
 [in thousands of dollars]

March 31, 2021

**7. Deferred contributions**

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	2021	2020
	\$	\$
Severance credits	228	339
Sheela Basrur Centre [note 4[a]]	30	30
Third-party funds	2,983	1,994
	<b>3,241</b>	<b>2,363</b>

The continuity of deferred contributions is as follows:

	2021	2020
	\$	\$
<b>Deferred contributions, beginning of year</b>	<b>2,363</b>	2,443
Amounts received during the year	2,366	1,967
Amounts recognized as revenue during the year	<b>(1,488)</b>	<b>(2,047)</b>
<b>Deferred contributions, end of year</b>	<b>3,241</b>	<b>2,363</b>

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits [note 4[b]] and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the laboratories to OAHPP [note 8[b]].

[c] Deferred contributions for the Sheela Basrur Centre [the "Centre"] represent unspent funds held by OAHPP restricted for the Centre's outreach programs. In addition to these funds, \$312 [2020 – \$281] is held by the Toronto Foundation for the benefit of the Centre and its programs.

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

**8. Employee future benefit plans**

**[a] Multi-employer pension plans**

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ["OPSEU"] Pension Plan, the Healthcare of Ontario Pension Plan ["HOOPP"] or the Ontario Public Service Pension Plan ["PSPP"], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and PSPP during the year amounted to \$1,567 [2020 – \$1,709], \$4,496 [2020 – \$4,254] and \$514 [2020 – \$553], respectively, and are included in expenses in the statement of operations and changes in net assets.

The most recent valuation for financial reporting purposes completed by OPSEU as at December 31, 2020 disclosed net assets available for benefits of \$23.1 billion with pension obligations of \$20.7 billion, resulting in a surplus of \$2.4 billion.

**Ontario Agency for Health Protection and Promotion**  
 [operating as Public Health Ontario]

**Notes to financial statements**  
 [in thousands of dollars]

March 31, 2021

The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2020 disclosed net assets available for benefits of \$103.9 billion with pension obligations of \$79.8 billion, resulting in a surplus of \$24.1 billion.

The most recent valuation for financial reporting purposes completed by PSPP as at December 31, 2019 disclosed net assets available for benefits of \$15.4 billion with pension obligations of \$12.6 billion, resulting in a surplus of \$2.8 billion.

**[b] Severance credits**

OAHPP assumed the unfunded non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the transfer of employees from Ontario public health laboratories [in 2008] and Public Health Architecture [in 2011]. These defined benefit plans provide a lump-sum payment paid on retirement to certain employees related to years of service. The latest actuarial valuation for the non-pension defined benefit plans for the remaining eligible employees was performed as at March 31, 2021. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

Additional information on the benefit plans is as follows:

	<b>2021</b>	<b>2020</b>
	\$	\$
Accrued benefit obligation	<b>2,558</b>	3,118
Unamortized actuarial losses	<b>(234)</b>	(276)
<b>Accrued benefit liability, end of year</b>	<b>2,324</b>	2,842

The continuity of the accrued benefit liability as at March 31 is as follows:

	<b>2021</b>	<b>2020</b>
	\$	\$
<b>Accrued benefit liability, beginning of year</b>	<b>2,842</b>	3,027
Expense for the year	<b>87</b>	98
Contributions to cover benefits paid [note 4[b]]	<b>(605)</b>	(283)
<b>Accrued benefit liability, end of year</b>	<b>2,324</b>	2,842

**Ontario Agency for Health Protection and Promotion**  
 [operating as Public Health Ontario]

**Notes to financial statements**  
 [in thousands of dollars]

March 31, 2021

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expenses are as follows:

	<b>2021</b>	<b>2020</b>
	%	%
Accrued benefit obligation		
Discount rate	<b>2.40</b>	1.90
Rate of compensation increase	<b>2.25</b>	2.25
Rate of inflation	<b>2.00</b>	2.00
Expense		
Discount rate	<b>1.90</b>	2.30
Rate of compensation increase	<b>2.25</b>	2.25
Rate of inflation	<b>2.00</b>	2.00

**9. Directors' remuneration**

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2021, directors were paid \$6 [2020 – \$2].

**10. Related party transactions**

OAHPP is controlled by the Province of Ontario through the MOH and is therefore a related party to other organizations that are controlled by or subject to significant influence by the Province of Ontario. Transactions with these related parties are outlined below.

All related party transactions are measured at the exchange amount, which is the amount of consideration established and agreed by the related parties.

- [a] OAHPP has entered into transfer payment agreements with various related parties. Under these agreements, OAHPP makes payments to these parties once defined eligibility requirements have been met. Expenses for the year include transfer payments of \$515 [2020 – \$525], which are recorded in science and public health programs in the statement of operations and changes in net assets.
- [b] OAHPP incurred costs of \$17,042 [2020 – \$16,022] for the rental of office space and other facility-related expenses from Ontario Infrastructure and Lands Corporation, and information technology services and support costs of \$6,992 [2020 – \$7,762] from the Minister of Finance. These transactions are recorded in public health laboratory program, science and public health programs or general and administration expenses in the statement of operations and changes in net assets.
- [c] OAHPP incurred costs of \$851 [2020 – \$920] with various related parties for other contracted services, including legal and laboratory testing. These transactions are recorded in public health laboratory program, science and public health programs or general and administration expenses in the statement of operations and changes in net assets.

**Notes to financial statements**  
 [in thousands of dollars]

March 31, 2021

**11. Supplemental cash flow information**

The change in accounts payable and accrued liabilities is adjusted for capital assets received but not paid of \$1,310 as at March 31, 2021 [2020 – \$2,200].

The change in accounts receivable is adjusted for contributions for capital assets receivable but not received of \$782 as at March 31, 2021 [2020 – \$735].

**12. Commitments and contingencies**

[a] Under the Laboratories Transfer Agreement, MOH is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date, or that may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.

[b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada [“HIROC”]. HIROC is a pooling of the liability insurance risks of its members. Members of the pool pay annual deposit premiums that are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. As at March 31, 2021, no assessments have been received.

[c] OAHPP has committed future minimum annual payments related to premises as follows:

	\$
2022	17,928
2023	17,695
2024	17,507
2025	13,661
2026	13,249
Thereafter	189,962
	<u>270,002</u>

[d] As at March 31, 2021, OAHPP has contractual commitments totalling \$21,800 related to the London Lab project, of which \$ 20,998 [2020 – \$14,787] has been incurred to date.

[e] OAHPP has contractual commitments totalling \$146,200 related to the purchase of medical supplies. As at March 31, 2021, OAHPP has made deposits with suppliers totalling \$290 [2020 – \$10,000 *[note 3]*] for these supplies.

**Notes to financial statements**  
[in thousands of dollars]

March 31, 2021

**13. COVID-19**

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus ["COVID-19"] as a pandemic, which has resulted in a series of public health and emergency measures that have been put into place to combat the spread of the virus. COVID-19 mitigation measures significantly disrupted supply chains, economic activity and the daily lifestyle of every individual and emphasized public reliance on the continued and proper functioning of healthcare systems of which OAHPP is an integral and essential element. As a result of OAHPP's COVID-19 response efforts, implemented as early as January 2020, OAHPP is continuing to experience an increasing demand for its services.

To the extent that OAHPP has continued to incur COVID-19 related expenditures, the Province of Ontario has committed to reimbursing incremental costs incurred by OAHPP to monitor, detect, and contain COVID-19 within the province. OAHPP has recognized \$101,900 in operating expenses and \$18,900 on in equipment purchases totaling \$120,800 of COVID-19 related expenditures during the year. OAHPP has recognized a corresponding amount of revenue and deferred capital contributions, respectively, related to these expenditures. As at March 31, 2021, accounts payable and accrued liabilities include \$32,400 due to the Province of Ontario for surplus funding received for COVID-19 related expenditures.

# Board of Directors

As a board-governed provincial agency and in accordance with our legislation, PHO’s Board of Directors is appointed by the Lieutenant Governor in Council, on the basis of the following competencies:

- skills and expertise in the areas covered by the corporation’s objects, or in corporate governance
- expertise in public accounting or with related financial experience
- demonstrated interest or experience in health issues.

Name	Location	First Appointed	Current Term
John Garcia	Conestoga	October 22, 2014	October 22, 2020 – October 21, 2021
Linda Rothstein	Toronto	November 19, 2014	November 19, 2020 – November 18, 2021
Margaret Flynn	Brighton	November 13, 2019	November 13, 2019 – November 12, 2022
S. Ford Ralph	Stouffville	December 2, 2015	November 28, 2019 – November 27, 2022
Martina Dwyer	Ancaster	January 31, 2020	January 31, 2020 – January 30, 2023
Frank Davis	Toronto	February 27, 2020	February 27, 2020 – February 26, 2023
Isra Levy	Ottawa	May 13, 2020	May 13, 2021 – May 12, 2024

The total combined amount of remuneration for all appointees during the reporting period ending March 31, 2021 was \$1,596.95.

- Martina Dwyer: \$1,210.13
- Earl Nowgesic: \$386.82

The Board is focused on effective oversight of PHO’s operations and achievement of its mandate and strategic directions. Its ongoing commitment to governance excellence begins with the comprehensive orientation of new Board members, and includes ongoing governance education and training to assist all Directors in fulfilling their duties and obligations. All new Board members undertake the Treasury Board Secretariat’s governance training for public appointees.

**Public Health Ontario**

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