

# 2021-22 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 2021-22 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 public health threats, including infectious disease outbreaks. 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 in Ontario live healthier lives.

The evolution of the global COVID-19 pandemic continues to underscore of the importance of our work. The second year of the COVID-19 pandemic has continued to require an unprecedented level of activity, coordination and flexibility across the health sector to respond to and mitigate its impacts. PHO's contributions continue to be integral to Ontario's pandemic response efforts. In addition to providing critical guidance and support on testing, outbreak management and public health measures, PHO helped the province navigate new pandemic challenges, such as the vaccination effort and the emergence of several new variants.

We have continued to work 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 complement PHO's extensive in-house expertise, our external advisory committees and networks (e.g., Ontario Immunization Advisory Committee, Ontario COVID-19 Genomics Network and Ontario's Testing Strategy Expert Panel) bring even more expertise to the table – ensuring that the best science, conducted by its brightest minds is provided to inform Ontario's response. Despite the demands of COVID-19 response efforts, PHO has worked diligently to fulfill the expectations set out in our 2021-22 mandate letter. We have continued to support our clients and stakeholders across Ontario in their work beyond the pandemic response.

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 vital contributions to the health of the people in 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 'Helen Angus', with a stylized flourish at the end.

Helen Angus

Chair, PHO Board

# Organizational Overview

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PHO is a provincial crown agency that provides scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians. Our mandate is broad and includes infectious disease prevention and control, health promotion, chronic disease prevention and environmental health. Our organization carries out and supports activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation. We operate the provincial public health laboratory service, conducting critical clinical and reference testing for practitioners based in primary care and hospitals as well as for public health units. We serve as a hub linking public health practitioners, researchers and front line health care workers to the best scientific intelligence from around the world. We educate health professionals with practical applications of public health principles, the latest research, and innovative approaches to practice. In emergency circumstances, we provide scientific advice and support to local and provincial public health authorities.

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 the people of Ontario 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 the people in Ontario 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 and PHO's role in supporting Ontario's response, this report focuses on our COVID-19 response efforts, while also providing an overview on activities in other areas during fiscal year 2021-22.

The COVID-19 pandemic has required a heightened level of activity, coordination and flexibility among health sector partners to respond to and mitigate the impacts of the pandemic. PHO's day-to-day operational initiatives have been and continue to be impacted by the need to dedicate considerable resources to Ontario's COVID-19 pandemic response. Many of our staff have continued to be redeployed internally to focus efforts on the COVID-19 response, or taken 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 PHO to hire additional temporary staff to meet the increased demands of the pandemic. Our base budget supports 850 FTEs and the additional funding enabled us to hire an additional 500-600 FTEs on a temporary basis to meet increased demands.

Despite the demands of COVID-19 response efforts, PHO has been able to maintain most of our core work in 2021-22, and maintain support for our clients and stakeholders across Ontario in their work beyond COVID-19. We continue to study, evaluate and generate evidence to address issues such as environmental hazards, chronic diseases, food safety and substance use as well as undertake critical laboratory testing to help the people of Ontario live healthier lives. While the COVID-19 pandemic continues to present many challenges, PHO has maintained an unwavering commitment to scientific excellence.

## Providing public health and laboratory leadership for Ontario's response to the COVID-19 pandemic

Throughout 2021-22, PHO provided scientific and technical guidance 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. We recognize the wide-reaching impact of COVID-19 and the disproportionate health risks faced by marginalized groups, and the importance of applying a health equity lens to our work.

PHO's public health and laboratory leadership and expertise have been integral to Ontario's pandemic response and planning for recovery. This includes bringing together PHO's in-house experts and multi-disciplinary experts across the province in many of Ontario's advisory groups and networks, including

the Ontario COVID-19 Genomics Network, Ontario’s COVID-19 Testing Strategy Expert Panel, Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC), and Ontario Immunization Advisory Committee, all of which are hosted by PHO. Many of these are described in more detail later in this report.

Throughout 2021-22, PHO has continued to co-chair the Ontario COVID-19 Science Advisory Table, which assembles researchers and public health professionals, including representation from PHO experts in public health, epidemiology and microbiology. The Science Advisory Table plays a central role in providing modelling predictions and consolidated scientific advice applied in Ontario to inform the province’s approach to the pandemic. As the fiscal year came to an end, PHO prepared to transfer the hosting from the Dalla Lana School of Public Health at the University of Toronto, to PHO effective April 4, 2022. The transfer creates a permanent home for the Table and ensures it can continue its strong connections with the broader academic community.

PHO’s experts also help inform the federal pandemic response through our involvement on Federal technical advisory committees, the COVID-19 Immunity Taskforce, the Canadian Public Health Laboratory Network, and CanCoGen (Canadian COVID-19 Genomics Network), a pan Canadian Network.

## **LABORATORY AND PUBLIC HEALTH RESPONSE**

### **PHO’S LABORATORY TESTING**

Laboratory testing is an essential component of Ontario’s response to COVID-19, identifying infection in individuals and tracking where and how the virus is spreading. PHO acts as Ontario’s reference laboratory for COVID-19 testing, validating new test methods and providing expertise to inform the evolution of Ontario’s testing strategy. PHO also leads Ontario’s Testing Strategy Expert Panel, providing evidence-based recommendations to the Chief Medical Officer of Health that inform the evolution of provincial guidance for COVID-19 testing. As a member of Ontario’s COVID-19 Provincial Diagnostic Network, PHO provides scientific leadership to support a network of more than 70 hospital, academic and private laboratories across the province that perform COVID-19 diagnostic tests. In 2021-22, PHO performed over two million COVID-19 diagnostic tests and maintained surge capacity to conduct 30,000 tests a day.

As Ontario was facing an exponential increase in demand for testing with the Omicron surge in late 2021 (described in more detail later in this report) and there were concerns about supply shortages, a significant number of COVID-19 specimen collection kits in Ontario warehouses were either recently expired or close to expiry. PHO’s laboratory led validation process to ensure specimen collection kits and other diagnostic testing supplies would remain accurate and reliable past their expiration date. This enabled Ontario to leverage the existing inventory of nearly 2.5 million test kits and other testing supplies.

Automating and digitizing the process of laboratory test orders and results reporting has been a priority for Ontario’s long-term strategy for lab order entry, and a focus for PHO in recent years, even prior to the COVID-19 pandemic. The automated solution for test order entry and reporting significantly reduces potential for errors, streamlines data entry at the lab and provides faster results for patients. PHO collaborated with Ontario Health on the implementation of Mobile Order and Result Entry (M.O.R.E), a

new lab automation solution, to integrate and streamline ordering COVID-19 tests and reporting results. The system went live in August and PHO began receiving specimens via this solution in early September. While currently used for COVID-19 testing performed at assessment centres, it is anticipated that the M.O.R.E solution will expand to additional types of testing in the future.

### **LEVERAGING GENOMIC SEQUENCING TO IDENTIFY AND RESPOND TO VARIANTS OF CONCERN**

Genetic sequencing of the SARS-CoV-2 virus (the virus that causes COVID-19) allows us to learn more about the virus, including how it is spreading and changing. Viruses change over time leading to variants. PHO has been monitoring for COVID-19 variants by conducting whole genome sequencing (WGS) since the beginning of the pandemic. In 2021-22, PHO performed WGS on nearly 80,000 COVID-19 specimens.

PHO's leadership and innovation in genomics have advanced Ontario's ability to respond to emerging variants. PHO leads the Ontario COVID-19 Genomics Network, a network of five laboratories that conduct WGS to actively monitor for known and emerging COVID-19 variants circulating in the province. Surveillance of the relative growth rates of COVID-19 variants is necessary to ensure the continued suppression of COVID-19 in Ontario. In May 2021, PHO developed a surveillance strategy to identify the proportion of positive samples that should be sequenced and analyzed further. In implementing this strategy, the Ontario COVID-19 Genomics Network adopted a representative sampling approach for selecting specimens for WGS. This approach, aligned with international best practices, is a more efficient use of resources to monitor and better understand the burden of current variants of concern (VOCs) in Ontario and also allows us to identify and track future VOCs in a reliable, timely way.

In November 2021, the emergence of Omicron, a highly transmissible variant with a greater risk of reinfection than previous variants, required a significant shift in Ontario's pandemic response. PHO worked with partners across the provincial genomics network to rapidly develop and implement a screening test for all eligible COVID-19 positive samples to test for the presence of the Omicron variant. The screening test, implemented in December, provided more targeted and rapid identification of suspected Omicron cases, enabling PHO to prioritize those samples for WGS for confirmation.

Leveraging Ontario's new Health Data Platform (OHDP), PHO is advancing real-time population-based genomic surveillance. The OHDP infrastructure enables us to integrate WGS data from the five labs within the Ontario COVID-19 Genomics Network into a central provincial data repository of COVID-19 sequencing data. Aggregate results from the genomics program are shared on PHO's public website every week in the SARS-CoV-2 Whole Genome Sequencing in Ontario surveillance report. The report provides a comprehensive analysis of variants in Ontario by public health unit, outbreak status and hospitalizations/deaths, and includes data on variants of concern, variants of interest, and other variants being seen in the province. Over past year, the surveillance report has become increasingly comprehensive, integrating data from other sources including data from Ontario's Case and Contact Management application system and CoVaxON (the Ministry of Health's database for COVID-19 vaccination information).

### **LEADING DATA ANALYSIS AND EVIDENCE SYNTHESIS TO SUPPORT DECISION-MAKING**

PHO's data and analyses, including testing data from the COVID-19 Provincial Diagnostic Network and Ontario's COVID-19 Genomics Network, and synthesis of public health research and evidence from



around the world, have supported and informed public health decision making. Our data analyses and evidence syntheses are critical for 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. Throughout the pandemic we have continuously adapted our knowledge products due to data availability.

PHO's Ontario COVID-19 Data Tool is an accessible and interactive epidemiological summary of COVID-19 activity in Ontario over time. In the first half of 2021-22, we updated and expanded the data that are presented to include: COVID-19 cases with a VOC detected, VOC case counts, COVID-19 reproduction number and trends and COVID-19 vaccine uptake, coverage estimates and trends. Following changes in January 2022 to the province's guidance on testing, case, contact and outbreak management, we adapted our COVID-19 Data Tool to reflect changes with testing data availability. In 2021-22, the data tool was viewed more than two million times. PHO's daily and weekly epidemiologic summaries, and our other surveillance reports (e.g., confirmed cases following immunization) were also adapted to include data that we can accurately assess, analyze and report on. In 2021-22 we released a new report, COVID-19 Cases with Severe Outcomes, which is updated and published weekly. PHO will continue to support the Ministry of Health by closely monitoring available data to assess severity of hospitalized cases, morbidity, mortality, and impacts to high risk populations and settings in Ontario.

The body of evidence concerning COVID-19 transmission has continued to evolve throughout the pandemic. Understanding the dynamics of virus transmission is essential to inform efforts to mitigate and reduce the risk of virus spread. In February 2022, PHO released a synthesis that summarized the most recent evidence on COVID-19 transmission through short and long-range respiratory particles. The synthesis informed the understanding of a layered approach to mitigating transmission risk at the individual and population level including vaccination, self-isolation, masking, physical distancing, optimized ventilation, and hand hygiene.

Throughout 2021-22 PHO has provided up to date evidence and risk assessments on the potential impact of VOCs that have informed public health action.

- In August 2021, PHO published an evidence brief on the Delta variant and other VOCs and experiences with VOCs from other jurisdictions to inform a discussion of potential scenarios for the next stages of the pandemic in Ontario. This evidence was particularly important for public health decision making as the context and public health measures in Ontario continued to evolve in the fall and winter, including the resumption of in-person schooling, socializing and other activities moving indoors, the re-emergence of other respiratory viruses and the ongoing risk of new global VOCs.
- With the emergence of the Omicron variant, we published the first Omicron risk assessment at the end of November, summarizing available information and evidence on the Omicron VOC relevant to the risk of importation and transmission in Ontario.
- In January 2022 we released an enhanced epidemiological summary on early Omicron dynamics in Ontario and enhanced surveillance report comparing the severity of Omicron against Delta.
- In March 2022 we published a risk assessment for the Omicron BA.2 sub-variant.

As Ontario's testing strategy evolves, other data sources have been considered to inform the overall surveillance picture and understand the true presence of COVID-19 in communities across Ontario. In 2021-22, surveillance data from wastewater systems informed our COVID-19 surveillance. Ontario's wastewater surveillance initiative is coordinated by the Ministry of Environment, Conservation and Parks, and involves testing wastewater for the virus and monitoring changes over time. PHO continues to identify and assess potential sources of surveillance data to inform our understanding of COVID-19 transmission in Ontario.

## **ADVANCING THE PANDEMIC RESPONSE BY SUPPORTING ENHANCED CASE & CONTACT MANAGEMENT**

Case and contact management is an important component to controlling the spread of COVID-19, particularly in high risk settings. 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 has provided surge capacity for COVID-19 contact tracing and/or data entry support to 30 of the 34 public health units in the province. To provide this support, 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.

Collecting accurate and timely data on COVID-19 cases has contributed to tracking the virus and supporting appropriate response and public health measures to control the pandemic. In 2020-21, PHO supported the province with the development and implementation of a new Case and Contact Management (CCM) system for the management of COVID-19 cases, contacts, and reporting. CCM enables more efficient reporting by public health units and 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 2021-22 PHO collaborated with the Ministry of Health to make several enhancements to the CCM program to facilitate improved data collection. These changes include: separate fields on COVID-19 subtype to support more detailed variant reporting, COVaxON integration to retrieve and display client immunization details and a lab summary report to support the inter-jurisdictional notification process.

Following the province's changes in testing eligibility and case and contact management guidance in January 2022, PHO's Contact Tracing Initiative saw a significant reduction in numbers and was put on pause at the end of February. Despite the reduction in numbers, over 500,000 contact tracing calls were made in 2021-22. PHO evaluated the program in spring 2022, given the available capacity, to summarize lessons learned for the future and to ensure readiness if the initiative needs to be reinstated. We are also exploring other ways that the contact tracing initiative can support public health units with their case and contact management.

## **SUPPORTING PROVINCIAL COVID-19 VACCINATION ROLL-OUT**

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. PHO's provision of high quality and timely information and expert advice on vaccine safety signals were

instrumental in informing and supporting modifications to Ontario's COVID-19 vaccine program, specifically the discontinuation of AstraZeneca Vaxzevria/COVISHIELD vaccine as a first dose on May 11, 2021 and a preferential recommendation for Pfizer-BioNTech Comirnaty vaccine in individuals aged 18-24 years on September 29, 2021.

In June 2021, PHO issued an enhanced surveillance directive to public health units, asking for their prompt investigation and follow-up of any AEFI reports of myocarditis/pericarditis following mRNA vaccines and for same-day reporting to PHO. The timely collection of this information enabled PHO to provide information on this vaccine safety signal to a number of immunization committees in and outside of Canada, including Canada's National Advisory Committee on Immunization (NACI), the vaccine safety working group of the United States' Advisory Committee on Immunization Practices (ACIP) and the Joint Committee on Vaccination and Immunisation in the United Kingdom. PHO's analyses of this safety signal have been described in a NACI statement on the use of mRNA vaccines in adolescents, have been made publicly available on the PHO website and were influential in informing Ontario's preferential recommendation of the use of Pfizer-BioNTech Comirnaty vaccine for individuals aged 18-24 years old in September.

PHO also monitors and reports on COVID-19 vaccine uptake, reviews trends in coverage over time and continues to provide content for and review of vaccine program materials published by the Ministry of Health. Our surveillance reports on COVID-19 Vaccination Coverage in Ontario by Neighbourhood Diversity and Material Deprivation explores the relationship between neighbourhood-level trends in health equity and vaccination status. The report's findings improve our understanding of how COVID-19 vaccination levels vary across neighborhood-level socio-demographic characteristics in Ontario. The findings have informed the planning and equitable prioritization of public health and health system resources and interventions, including Ontario's approach to vaccine roll-out.

It is known that COVID-19 cases can occur following vaccination. When that does happen, there is clear evidence that vaccines reduce the severity of illness. To track confirmed COVID-19 cases following vaccination in Ontario, in May 2021, PHO launched a new bi-weekly enhanced epidemiological summary that links vaccine uptake data extracted from the Ministry of Health's COVaxON application to case data extracted from CCM. The report provides the first data on COVID-19 hospitalizations and deaths that breaks down outcomes by vaccination status and includes a significant part of the Omicron wave.

At the request of Ontario's Chief Medical Officer of Health (CMOH), in late summer 2021, PHO established the Ontario Immunization Advisory Committee. The external advisory committee, hosted by PHO, provides evidence-based advice on vaccines and immunization matters including vaccine program implementation in Ontario, priority populations, clinical guidance and vaccine safety and effectiveness. Since its first meeting in September, the Ontario Immunization Advisory Committee has made numerous recommendation statements at the request of the CMOH, which have been incorporated into Ontario's vaccine guidance.

## **SUPPORTING THE RETURN TO IN-PERSON LEARNING**

Through the summer of 2021, PHO supported our partners to prepare for Ontario students resuming in-person learning in September. In August, we reviewed and provided input on the province's guidance for in-person schooling for the upcoming academic year. In September, we released a new bi-weekly

epidemiological report on schools. We also updated our school resources to reflect evolving COVID-19 science and to align with the release of new provincial guidance.

We worked closely with Ontario Health to support an eight week COVID-19 take home testing pilot project in schools for fall 2021. PHO's laboratory validated the testing kits at all COVID-19 testing labs to ensure each lab could test the take-home test samples. PHO also worked with partners to prepare for the increased demand for testing and provided scientific leadership and guidance on the sample collection methods, associated resources, transport logistics, reporting pathways and communication processes. PHO periodically reported to Ontario Health and the Ministry of Education on metrics related to the pilot. In November, take-home test kits were made available to all publicly funded schools in Ontario. PHO continues to provide technical and scientific advice for school testing programs.

## **INTERSECTIONS BETWEEN COVID-19 AND OTHER HEALTH THREATS**

PHO's work beyond COVID-19 continues, but much has been reframed in the context of the pandemic. Our experts in chronic diseases and health equity have been focusing on the intersections of COVID-19 with other public health issues. While committed to our pandemic response efforts, we have also prioritized specific projects to understand these secondary impacts of the pandemic on population health outcomes and marginalized populations.

In 2021-22, we published resources on the unintended consequences and negative impacts of community based public health measures on children during COVID-19. In collaboration with the University of Waterloo, the COMPASS study looked at the health behaviours of Ontario secondary school students during Wave 1 of the COVID-19 pandemic. PHO continues to build on these themes and examine how the impacts of the pandemic have affected the people of Ontario. Understanding the unintended consequences of public health measures can be used to inform ongoing pandemic mitigation, response, as well as recovery.

The ongoing opioid crisis has been exacerbated by the COVID-19 pandemic. PHO continues to analyze data on opioid-related harms, applying a public health approach to substance use that includes a broad view of various health and social risk factors and diverse range of policy and clinical interventions. With our longstanding partners – the Ontario Drug Policy Research Network (ODPRN) and the Office of the Chief Coroner (OCC) – and the engagement of the ODPRN Lived Experience Advisory Group, we released a report examining the impact of the pandemic on opioid-related deaths in May 2021. Working with the same partners, a follow-up report was published in January 2022 on opioid-related deaths that occurred in Ontario during the pandemic, as well as prior prescription medication and healthcare use among those who died. The data show people who died from opioid overdose frequently interacted with the healthcare system in the week and month before death, which suggests potential opportunities to support those at risk of overdose.

Using the Occupational Exposure to COVID-19 Risk Tool developed by PHO, we are exploring how the intersections between race, gender and industry drive inequities for essential workers that increase COVID-19 risk, including working in close proximity, frequent exposure to the virus and the inability to work from home. This evidence could support the design of equitable public health measures to mitigate work-related COVID-19 risk during the current and future pandemics.

## Responding to the needs of our stakeholders

### **TECHNICAL ADVICE AND SUPPORT**

To support our clients' ongoing pandemic work, PHO responded to their emerging needs, addressing requests for support relating to COVID-19 from key stakeholders during the 2021-22 fiscal year. This includes our ongoing role to provide infection prevention and control (IPAC) consultation and outbreak support in various congregate care and other settings. 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.

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

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. In the pandemic context, we shifted to virtual delivery of our formal Continuing Medical Education (CME)-accredited education programs (Rounds, Microbiology Rounds, and Journal Club). Given the sector's limited capacity to present and attend sessions during the pandemic, we have adapted our approach to delivering continuing education sessions. In addition to Rounds, PHO also responded to the sector's emerging COVID-19 training needs by delivering 41 professional development opportunities including seminars, conferences and workshops, on a broad range of topics including contact tracing, COVID-19 in pregnancy, vaccine program surveillance, mass immunization programs, managing outbreaks in long-term care, genomics, health equity and lessons learned from outbreak response in shelters. Our professional development opportunities in 2021-22 reached nearly 20,000 participants.

Our online learning modules, available to stakeholders on demand, are one of the most frequently accessed types of resources on PHO's website. In 2021-22, there were over 250,000 course completions of our online learning modules.

PHO's annual collaboration with the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHa) to deliver The Ontario Public Health Convention (TOPHC) has not been delivered in-person during the pandemic for safety considerations. We have continued to host events virtually under the TOPHC banner with two virtual workshops in 2021-22, one on risk communications and one on Indigenous cultural safety, and two additional workshops are planned for spring 2022.

### **KNOWLEDGE PRODUCTS**

Developing knowledge products for our stakeholders has been an important PHO contribution to the provincial COVID-19 response. 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. In response to client needs, PHO published 1,015 knowledge products related to COVID-19 on our website in 2021-22. Our Multilingual COVID-19 Resources page, which was accessed over 150,000 times in 2021-22, has factsheets available in over 20

languages, in a format that is highly accessible to the general public, to support our partners who provide direct services to the public. In 2021-22 we released new factsheets on topics including how to care for a child who needs to self-isolate, when to self-isolate for household members, how to protect yourself from COVID-19, testing yourself for COVID-19 and masking.

Driven by demand for COVID-19 resources and testing resources, our website continued to have high numbers of hits, with more than 12 million visitors in 2021-22 and over 950,000 product downloads.

## Maintaining critical non-pandemic work

The need to monitor, protect and promote the health of the people in Ontario is as strong as ever. Despite needing to divert resources to COVID-19, PHO has maintained many key aspects of our core, non-pandemic work. We continue to study, generate evidence and evaluate the health impacts of other infectious diseases, environmental hazards, chronic diseases, food safety and substance use to help the people in Ontario live healthier lives.

As the public health laboratory for the province, we continue to perform essential laboratory testing (e.g., tuberculosis, sexually transmitted infections, prenatal testing, etc.), ensuring accurate and timely diagnoses to support clinical and public health action. Demands for COVID-19 testing have meant that our laboratory test volume was very high in 2021-22. However, due to delays and deferrals within the broader healthcare system throughout the COVID-19 pandemic, our non-COVID laboratory test volume in 2021-22 (5.5 million tests) continued to be lower than our pre-pandemic volume. We have implemented improvements to interface with Ontario Health's Provincial Client Registry database within our laboratory information system, facilitating more reliable confirmation and download of patient information from the provincially-housed database, and enabling a more efficient workflow and minimizing rejections for result submissions due to patient information discrepancies. Our London site, opened in 2020-21, received its Public Health Agency of Canada license as a containment level 3 (CL3) laboratory in April, a requirement for handling human pathogens that may be transmitted via inhalation, that often have a low infectious dose to produce effects or that can cause serious or life-threatening disease (e.g., HIV, hepatitis B, yellow fever and rabies).

In 2021-22, PHO provided essential environmental health scientific support and technical expertise to public health units relating to a blastomycosis outbreak, multiple legionella investigations and multiple enteric outbreaks.

In the midst of our work related to Omicron, PHO began providing support for a blastomycosis outbreak in a community in northern Ontario. A state of emergency was declared after a number of community members presented at the local hospital with pneumonia-like symptoms. This was the largest known outbreak in North America to date involving blastomycosis -- a fungal infection that can lead to severe disease including deaths. PHO provided routine outbreak supports, including consultation on public health management and guidance, as well as consultation and support on testing and collecting samples. We have also assisted with connecting the local public health unit with Ontario Health and acute care partners.

PHO supported Ottawa Public Health and an acute care hospital on a *Legionella* issue in the building plumbing system after a hospital-acquired case of legionellosis was identified in September. PHO

assisted with the environmental risk assessment to identify the source of *Legionella*, consulted on immediate control methods to prevent further patient exposures, provided methods to remediate the hospital plumbing and provided guidance for ongoing building water system management. PHO also provided support to the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) on the Port Hope Area Initiative. The project, led by the Canadian Nuclear Laboratories, aims to clean up historic low-level radioactive waste and associated contaminants in the community of Port Hope. Currently, we are supporting HKPR with their review of the proposed management of arsenic in soil.

PHO was instrumental in leading multiple enteric outbreak investigations that led to timely public health action in 2021-22, with seven public health alerts issued related to *Listeria*, *E. coli*, *Salmonella* and *Norovirus* investigations. PHO participated in multiple national outbreak investigations including two that led to food product recalls. Provincially, PHO led five Ontario Outbreak Investigation Coordinating Committees; in two of the five, food product recalls were initiated as a result of PHO's work to identify the contaminated products implicated in the outbreaks. Given the pandemic context, PHO expedited outbreak investigations by conducting case interviews where local public health capacity was limited due to the pandemic response for enhanced case investigation and identified opportunities to enhance training on enteric outbreak investigations for front line public health staff.

## Looking ahead

As the pandemic evolves, PHO will continue to support the province and our clients, providing products and services to meet their needs. 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 the 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. Our genomics infrastructure created through COVID-19 can be leveraged and expanded to other pathogens, such as tuberculosis; to provide antibiotic susceptibility results to clinicians faster to inform clinical decision-making for the appropriate therapy; and to support public health units with outbreak investigations by providing more detailed information to link seemingly unrelated cases.

As Ontario moves from pandemic response to recovery, we look forward to re-focusing on the full range of opportunities to improve population health in Ontario. Our Strategic Plan will continue to support PHO in our commitment to protecting and promoting the health of the people in Ontario and reducing inequities in health, through our regular work and throughout public health emergencies, including COVID-19. Specific goals identified in the strategic plan 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 will be important priorities for PHO in 2022-23 and beyond.



# Report on 2021-22 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 quantified annual targets and outcome-focused measures established in our Annual Business Plan (ABP) and applicable industry standards. Throughout 2021-22 there has been heightened activity and increased output across PHO due to our involvement in provincial COVID-19 response and recovery work. The additional one-time COVID-19 funding provided to PHO from the Ministry of Health for COVID-19 laboratory testing and other initiatives has enabled us to scale up staffing and respond to the extraordinary demands. 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 2021-24 Annual Business Plan Priority Initiatives for Principal Program Areas, as of March 31, 2022

Our priority initiatives for 2021-22 were established through the development of our 2021-24 Annual Business Plan in fall 2020. The commitments made in our 2021-24 Annual Business Plan reflected and aligned with known government priorities and the expectations set forth in PHO's 2021-22 agency mandate letter, while preserving organizational capacity for ongoing COVID response and recovery work. Given our experience the previous year with the COVID-19 response, we recognized that a significant portion of our work for 2021-22 would continue to be related to COVID-19, and we scaled our Annual Business Plan commitments accordingly.

### Public Health Ontario Laboratory

Priority Initiatives	Complete	Multi-Year On-Track	Not completed within target timeframe
Continue to conduct PCR diagnostic testing for COVID-19, providing surge capacity to perform approximately 30% of the tests overseen by Ontario's COVID-19 Provincial Diagnostic Network.	✓		
Continue to work closely with MOH to modernize and optimize quality, impact, and innovation for public health laboratory services and public health system, including providing public health microbiology leadership and capacity for the COVID-19 pandemic.		✓	
Explore advanced and alternate laboratory technologies and methods for the identification and characterization of pathogens of public health 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.	✓		

Priority Initiatives	Complete	Multi-Year On-Track	Not completed within target timeframe
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 COVID-19, HIV, hepatitis C, Lyme, Influenza, and emerging threats.		✓	
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 public health threats in Ontario.	✓		
Continue to develop and contribute to improved models for service delivery optimization, value/utilization, and reporting using data and informatics tools.	✓		
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.		✓	
Advance the science and practice of pathogens of public health priority, including publications, communications, practical guidance, presentations and supportive tools.		✓	

## Health Protection (HP)

Priority Initiatives	Complete	Multi-Year On-Track	Not completed within target timeframe
Support the planning, coordination, and implementation of the new COVID-19 vaccination program in collaboration with the Ministry of Health, ensuring provincial immunization coverage and safety surveillance methods, resources, and tools are in place to effectively monitor and evaluate vaccination programs in Ontario.		✓	
Support COVID-19 disease control activities through the development of training, guidance, resources, and tools for effective and efficient follow-up of COVID-19 cases and contacts.	✓		
Conduct serosurveillance to better understand the impacts of COVID-19, the populations at risk, and to determine the effectiveness of the pandemic response.	✓		
Continue to conduct surveillance and timely analysis of COVID-19 and influenza epidemiological data to improve our understanding of the risks, impacts, and evolution of the pandemic.	✓		
Continue to strengthen stakeholder capacity for IPAC in congregate settings disproportionately impacted by COVID-19 (e.g., long-term care) through education and training resources, communities of practice, support to PHUs and other health system stakeholders for IPAC assessments, and consultations.	✓		
Support enteric outbreak investigations by adapting 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.		✓	

Priority Initiatives	Complete	Multi-Year On-Track	Not completed within target timeframe
Continue to strengthen the capabilities of clients and stakeholders to implement best practices in IPAC and public health based on science, evidence, and best practices. This includes providing scientific and technical advice to inform guidance documents and providing consultation to stakeholders on interpretation of guidance.	✓		
Contribute to antimicrobial stewardship strategies and promotion of current standards in Ontario and Canada by collaborating with relevant partners in the surveillance of antimicrobial resistant organisms, antimicrobial use in health care settings, and health-care associated infections.	✓		

## Environmental and Occupational Health (EOH)

Priority Initiatives	Complete	Multi-Year On-Track	Not completed within target timeframe
Contribute to PHO responses to public health unit and provincial government requests on COVID-19 related environmental issues, including ventilation, fomites, wastewater testing, and occupational health and safety.	✓		
Contribute to COVID-19 related knowledge products, such as indoor air quality and transmission in outdoor and other settings, by providing environmental and occupational health evidence and expertise.	✓		
Identify opportunities to expand and enhance environmental health tracking and monitoring on non-COVID environmental issues such as air quality.		✓	
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	Not completed within target timeframe
Respond to current and future COVID-19 priorities related to HPCDIP content areas (e.g., occupational risk of COVID exposure tool; unintended consequences of public health measures; COVID-19 related precautions during school-based oral health screening; impacts of COVID-19 on health equity).		✓	
Provide scientific and technical advice and support to the Chief Medical Officer of Health, the MOH, public health units, and other stakeholders related to alcohol consumption/alcohol policy, opioid related harms, cannabis legalization, nicotine addiction (smoking and vaping), oral health (e.g., the Ontario Seniors Dental Care Plan, Healthy Smiles Ontario), and other identified priority areas.		✓	
Develop and publish public health unit-level estimates of tobacco- and alcohol-attributable mortality and hospitalizations in partnership with Ontario Health (Cancer Care Ontario).			✓ <sup>1</sup>
Support and collaborate with our six Indigenous partner communities on knowledge exchange activities related to the evaluation of the Aboriginal Stream of the Healthy Kids Community Challenge.	✓		
Aligning with recommendations from the 2017 provincial audit of chronic disease prevention and health promotion, use networks established in key content and methodological areas to prioritize and coordinate public health unit support, service requests, and knowledge exchange.		✓	

<sup>1</sup> The timeline for this work has changed primarily due to the redeployment of PHO employees for COVID-19 pandemic response work. It is anticipated that the estimates will be published in Q2 of 2022-23.

## Knowledge Exchange

Priority Initiatives	Complete	Multi-Year On-Track	Not completed within target timeframe
<p>Evaluate and assess the strategy and approach for TOPHC post-2021 in light of the evolution of the public health landscape since its inception, including the impacts of COVID-19 pandemic and the accelerated shift to virtual learning.</p>		✓	
<p>Explore opportunities to broaden the scope and re-design PHO's LDCP program to support local public health, aligning with any future provincial public health modernization efforts. Initially, seek opportunities for the program to address any gaps and learnings identified through provincial and local COVID-19 response and recovery efforts.</p>		✓	

## Informatics

Priority Initiatives	Complete	Multi-Year On-Track	Not completed within target timeframe
Support the Ministry of Health in the development of, and transition to, the Case and Contact Management System (CCM) for COVID-19 reporting (including COVID-19 vaccine safety), and support the Ministry in groundwork for the full replacement of iPHIS with CCM.		✓ <sup>2</sup>	
Support public health modernization by providing centralized resources for data and information management, population health assessment, and surveillance.	✓		
Continue to 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>2</sup> The timeline of this project has been extended by the Ministry of Health due to the evolving pandemic response. The completion date is now anticipated for 2022-23.



# Quantified annual targets and outcome-focused measures

This table shows the core activities for which PHO has established quantified annual targets and outcome focused measures for 2021-22. 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. 2021-22 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.

The annual targets in the table below were established through the development of our 2021-24 Annual Business Plan in fall 2020. To reflect the extraordinary demands of COVID-19 response and recovery work and the additional support provided to PHO from the Ministry of Health for COVID-19 laboratory testing and other initiatives, we have included COVID-19-specific targets for laboratory testing and knowledge products for 2021-22. Other annual targets remain unchanged from pre-pandemic targets due to the uncertainty of the COVID-19 pandemic and PHO’s response efforts. While we expected 2021-22 would be a year of heightened activity due to PHO’s involvement in provincial COVID-19 response and recovery initiatives, we could not fully anticipate how we would balance increasing outputs in some areas while deferring other work to respond to public health and health service sectors’ capacity and priorities. We will establish accurate baseline performance targets once our COVID-19 response efforts cease.

Core Activities/Services	Annual Target	2021-22 Actual
<b>Generating evidence and knowledge:</b>		
<p><b>Number of laboratory tests performed</b></p> <p><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></p> <p><i>As the provincial reference laboratory, PHO performs diagnostic PCR testing for COVID-19 to meet provincial testing demand, including provision for surge for up to 30,000 tests per day.</i></p>	<p>6.6 million Non-COVID-19 tests</p> <p>10.95 million COVID-19 tests</p>	<p>5,518,068 <sup>3</sup> Non-COVID-19 tests</p> <p>2,171,288 COVID-19 tests</p>

<sup>3</sup> The actual number of non-COVID-19 laboratory tests for 2021-22 was lower than our pre-pandemic annual target due to delays and deferrals within the broader healthcare system and decreased demand for laboratory testing.

Core Activities/Services	Annual Target	2021-22 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%	97.72%
<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>	<p>125 non-COVID-19-related</p> <p>450 COVID-19-related</p>	<p>32 non-COVID-19 related</p> <p>1,015 COVID-19 related</p>
<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	198

<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	2021-22 Actual
<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>	<p><i>Baseline under development</i></p>	<p>1,951,426 Unique visits</p> <p>2,135,851 Total visits</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>	<p><i>Baseline under development</i></p>	<p>260,097</p>
<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>	<p>80</p>	<p>70</p>
<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>	<p>90%</p>	<p>100%</p>

Core Activities/Services	Annual Target	2021-22 Actual
<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>5</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%	96.88%
<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%
<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>	Baseline under development	<p>3,974 Responses to client and stakeholder requests</p> <p>105,687 Laboratory Customer Service Centre support</p>

<sup>5</sup>For a subset of diseases requiring urgent public health action, follow up is within 24 hours of PHO being notified.

## PHO Quarterly Performance Scorecard: 2021-22 Year-End View

The Scorecard summarizes PHO’s performance related to its mandate and the five strategic directions of our *2020-23 Strategic Plan*. 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.

### How to read the scorecard:

Our performance indicators are tied to each of the five strategic directions of our *2020-2023 Strategic Plan*.

Strategic Direction 1 – *Provide scientific and technical expertise to strengthen Ontario’s public health sector and support the achievement of its goals* is linked to all performance indicators.

Strategic Direction 2 – *Accelerate integrated population health monitoring* is linked to performance indicators 2.1 through 2.3.

Strategic Direction 3 – *Enable policy, program and practice action* is linked to performance indicators 3.1 through 3.9.

Strategic Direction 4 – *Advance public health evidence and knowledge* is linked to performance indicators 4.1 through 4.4.

Strategic Direction 5 – *Engage our great people and exceptional teams in building a stronger PHO* is linked to performance indicators 5.1 through 5.4.

Performance indicators 6.1 through 6.4 are organizational foundations and enablers.

### Legend

Status Key: Met (M), Missed Somewhat (MS), Missed Significantly (Missed)

Other: Not Applicable (N/Ap), Not Available (N/Av)

Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
<b>2.1 Use of web-based Query tools – Strategic Direction 2 – Accelerate integrated population health monitoring</b>								
2.1.1 Number of unique visits to the Infectious Diseases Query tool	Descriptive	N/Ap	340	N/Ap	251	405	325	379

Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
2.1.2 Number of unique visits to the Sexually Transmitted Infections Query tool	Descriptive	N/Ap	86	N/Ap	61	132	39	113
<b>2.2 Use of web-based Snapshots tool – Strategic Direction 2 – Accelerate integrated population health monitoring</b>								
2.2.1 Number of indicators available	Descriptive	N/Ap	255	N/Ap	248	249	260	264
2.2.2 Percentage of indicators current within 6 months of data release	Directional	≥ 80%	100%	M	100%	100%	100%	100%
2.2.3 Number of unique visits by external users	Descriptive	N/Ap	6,503	N/Ap	5,504	4,494	6,601	9,416
<b>2.3 Availability of laboratory information systems – Strategic Direction 2 – Accelerate integrated population health monitoring</b>								
2.3.1 Laboratory Information System (LIS) uptime	Service Standard	99.5%	99.2%	MS	99.9%	97.5%	99.5%	100%
<b>3.1 Responsiveness to client requests – Strategic Direction 3 – Enable policy, program and practice</b>								
3.1.1 Number of knowledge products completed as a result of client requests	Descriptive	N/Ap	422	N/Ap	508	478	450	254
3.1.2 Number of scientific and technical support activities completed as a result of a client request	Descriptive	N/Ap	618	N/Ap	811	529	595	544
<b>3.2 Responsiveness to urgent client requests – Strategic Direction 3 – Enable policy, program and practice</b>								
3.2.1 Number of urgent client requests completed	Descriptive	N/Ap	88	N/Ap	101	64	113	49

Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
<b>3.3 Responsiveness to clients – Timeliness – Strategic Direction 3 – Enable policy, program and practice</b>								
3.3.1 Percentage of knowledge products completed within target turnaround time	Directional	95%	97.5%	M	96.9%	98.1%	97.6%	97.6%
3.3.2 Percentage of scientific and technical support activities completed within target turnaround time	Directional	95%	96.6%	M	96.9%	96.6%	97.0%	96.0%
<b>3.4 Laboratory performance – Strategic Direction 3 – Enable policy, program and practice</b>								
3.4.1 Percentage of laboratory tests completed within target turnaround time	Directional	90%	97.7%	M	99.8%	99.9%	96.6%	94.6%
<b>3.5 Website usage – Strategic Direction 3 – Enable policy, program and practice</b>								
3.5.1 Number of visits by external users	Directional	160K	3.06M	M	3.32M	2.67M	3.19M	3.07M
3.5.2 Number of product downloads by external users	Directional	50K	238K	M	304K	225K	235K	188K
3.5.3 Number of unique visits by external users	Directional	100K	2.45K	M	2.23M	2.25M	2.72M	2.63K
<b>3.6 Client education – Strategic Direction 3 – Enable policy, program and practice</b>								
3.6.1 Number of education sessions offered to external clients <sup>3</sup>	Directional	20	7.3	Missed	8	12	5	4
<b>3.7 Client satisfaction with educational sessions – Strategic Direction 3 – Enable policy, program and practice</b>								
3.7.1 Percentage of client education sessions	Directional	90%	100%	M	100%	100%	100%	100%

Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
achieving a client rating of at least 3.5 out of 5								
<b>3.8 Student placements – Strategic Direction 3 – Enable policy, program and practice</b>								
3.8.1 Number of new student placements	Directional	12 <sup>4</sup>	10	MS	10	13	13	12
<b>3.9 Laboratory testing volumes – Strategic Direction 3 – Enable policy, program and practice</b>								
3.9.1 Number of laboratory tests performed	Directional	1.65M	1.91M	M	2.20M	1.73M	2.03M	1.73M
<b>4.1 Staff publishing – Strategic Direction 4 – Advance public health evidence and knowledge</b>								
4.1.1 Number of articles published in peer-reviewed journals relevant to public health	Directional	32 – 35	50	M	48	53	40	57
<b>4.2 Knowledge dissemination – Strategic Direction 4 – Advance public health evidence and knowledge</b>								
4.2.1 Percentage of peer-reviewed articles published in priority journals	Directional	75%	65.7%	MS	56.3%	71.7%	70.0%	64.9%
<b>4.3 Third party funding – Strategic Direction 4 – Advance public health evidence and knowledge</b>								
4.3.1 Dollar value of funding awarded to PHO researchers from third-party funding agencies	Directional	> \$400K	\$615K	M	\$504K	\$505K	\$726K	\$727K
<b>4.4 Media mentions – Strategic Direction 4 – Advance public health evidence and knowledge</b>								
4.4.1 Number of media mentions <sup>5</sup>	Descriptive	N/Av	N/Av	N/Av	N/Av	N/Av	N/Av	N/Av
<b>5.1 Recruitment efficiency – Strategic Direction 5 – Engage our great people and exceptional teams in building a stronger PHO</b>								



Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
5.1.1 Average number of days to fill permanent and temporary staff positions	Directional	60	47.5	M	67	51	39	33
<b>5.2 Employee absenteeism</b> – <i>Strategic Direction 5 – Engage our great people and exceptional teams in building a stronger PHO</i>								
5.2.1 Average number of paid sick days per employee	Industry Standard	2	2.06	MS	1.85	2.1	2.1	2.2
<b>5.3 Staff turnover</b> – <i>Strategic Direction 5 – Engage our great people and exceptional teams in building a stronger PHO</i>								
5.3.1 Voluntary and involuntary permanent employee turnover rate	Descriptive	N/Ap	1.86	N/Ap	2.12	1.75	1.75	1.82
<b>5.4 Laboratories staff credentials and certification</b> – <i>Strategic Direction 5 – Engage our great people and exceptional teams in building a stronger PHO</i>								
5.4.1 Percentage of medical and clinical microbiologists and medical laboratory technologists with credentials/certification in place <sup>6</sup>	Industry Standard	100%	100%	M	N/Ap	100%	N/Ap	100%
<b>6.1 Financial performance</b> – <i>Organizational foundation and enabler</i>								
6.1.1 Percent variance between actual and budgeted expenses	Directional	± 1.5%	N/Ap	M <sup>7</sup>	-72.9%	-55.0%	0.0%	0.0%
<b>6.2 Complaints</b> – <i>Organizational foundation and enabler</i>								
6.2.1 Number of complaints about PHO services or products	Directional	≤ 7	8	MS	9	5	12	6
<b>6.3 Availability of enterprise technology systems</b> – <i>Organizational foundation and enabler</i>								
6.3.1 General IT infrastructure uptime	Service Agreement	99.5%	99.2%	MS	100%	97.5%	99.5%	100%

Indicator	Type	Quarterly Target	Quarterly Average <sup>1</sup>	Annual Status <sup>2</sup>	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
<b>6.4 Laboratories external quality assessment – Organizational foundation and enabler</b>								
6.4.1 Overall annual average score on the Institute for Quality Management in Healthcare (IQMH) Clinical Proficiency Testing <sup>6</sup>	Industry Standard	> 90%	99.7%	M	N/Ap	99.9%	N/Ap	99.6%
6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA) Z-score <sup>6</sup>	Industry Standard	> 70%	90.6%	M	N/Ap	90.4%	N/Ap	90.9%

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> This measure only includes PHO Rounds and Microbiology Rounds. Given the sector's limited capacity to present and attend sessions during the pandemic, we have adapted our approach to delivering Rounds by presenting fewer sessions while increasing access to a larger number of participants for each session and posting recordings of presentations for those unable to attend at the scheduled time. The total number of professional development sessions offered to external clients and stakeholders in 2021-22 was 70 (see page 31).

<sup>4</sup> This target is based on the average number of student placements in the previous year.

<sup>5</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>6</sup> Indicators 5.4 and 6.4 are not dynamic on a quarterly basis and therefore are only reported twice a year.

<sup>7</sup> Annual status is based on Q4 year-to-date result.

## 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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The ongoing impact of COVID-19 has continued to be our priority focus throughout this year and has required continuing realignment of PHO's activities to support Ontario's COVID-19 response and recovery preparations. Accordingly, 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 commitments 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 2021-22 fiscal year. With respect to the \$256.8 million of operating funding received from the ministry, \$102.9 million was for COVID-19 related expenditures, \$151.3 million was used to cover annual operating expenses, with the balance of \$2.6 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, 2022





# Independent auditor's report

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

## Report on the audit of the financial statements

### 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, 2022, 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, 2022, 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.

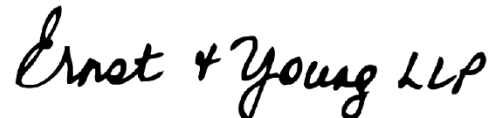
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- 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.



Chartered Professional Accountants  
Licensed Public Accountants

Toronto, Canada  
June 21, 2022

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

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

As at March 31

	<b>2022</b>	<b>2021</b>
	\$	\$
<b>Assets</b>		
<b>Current</b>		
Cash	134,553	79,936
Accounts receivable <i>[note 3]</i>	3,625	5,591
Prepaid expenses <i>[note 3]</i>	1,738	1,171
<b>Total current assets</b>	<b>139,916</b>	<b>86,698</b>
Restricted cash <i>[notes 4 and 6]</i>	4,667	5,651
Capital assets, net <i>[note 5]</i>	103,563	110,777
	<b>248,146</b>	<b>203,126</b>
<b>Liabilities and net assets</b>		
<b>Current</b>		
Accounts payable and accrued liabilities <i>[note 13]</i>	129,125	76,822
<b>Total current liabilities</b>	<b>129,125</b>	<b>76,822</b>
Deferred capital asset contributions <i>[note 6]</i>	105,848	113,292
Deferred contributions <i>[note 7]</i>	3,267	3,241
Accrued benefit liability <i>[note 8]</i>	1,943	2,324
Deferred rent liability	6,875	6,311
Other liabilities	1,088	1,136
<b>Total liabilities</b>	<b>248,146</b>	<b>203,126</b>
Commitments and contingencies <i>[note 12]</i>		
<b>Net assets</b>	<b>—</b>	<b>—</b>
	<b>248,146</b>	<b>203,126</b>

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

	<b>2022</b>	<b>2021</b>
	\$	\$
<b>Revenue</b>		
Ministry of Health <i>[note 13]</i>	<b>252,612</b>	250,480
Amortization of deferred capital asset contributions <i>[note 6]</i>	<b>11,655</b>	7,428
Other grants	<b>1,867</b>	1,377
Miscellaneous recoveries	<b>1,897</b>	1,326
	<b>268,031</b>	260,611
<b>Expenses <i>[note 8]</i></b>		
Public health laboratory program <i>[notes 10 and 13]</i>	<b>198,741</b>	199,562
Science and public health programs <i>[note 10]</i>	<b>38,537</b>	36,597
General and administration <i>[notes 9 and 10]</i>	<b>19,098</b>	17,024
Amortization of capital assets	<b>11,655</b>	7,428
	<b>268,031</b>	260,611
<b>Excess of revenue over expenses for the year</b>	<b>—</b>	<b>—</b>
Net assets, beginning of year	<b>—</b>	<b>—</b>
<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

	2022	2021
	\$	\$
<b>Operating activities</b>		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not affecting cash		
Employee benefit expense	89	87
Amortization of deferred capital asset contributions	(11,655)	(7,428)
Amortization of capital assets	11,655	7,428
	<u>89</u>	<u>87</u>
Changes in non-cash working balances related to operations		
Decrease in accounts receivable <i>[note 11]</i>	1,972	936
Decrease (increase) in prepaid expenses	(567)	9,956
Increase in accounts payable and accrued liabilities <i>[note 11]</i>	51,393	44,448
Increase in deferred contributions	26	878
Increase in deferred rent liability	564	562
Decrease in other liabilities	(48)	(13)
Net change in accrued benefit liability	(470)	(605)
<b>Cash provided by operating activities</b>	<u>52,959</u>	<u>56,249</u>
<b>Capital activities</b>		
Net acquisition of capital assets <i>[note 11]</i>	(3,531)	(28,407)
<b>Cash used in capital activities</b>	<u>(3,531)</u>	<u>(28,407)</u>
<b>Financing activities</b>		
Contributions for capital asset purchases <i>[note 11]</i>	4,205	27,482
Decrease in restricted cash	984	2,480
<b>Cash provided by financing activities</b>	<u>5,189</u>	<u>29,962</u>
<b>Net increase in cash during the year</b>	<u>54,617</u>	<u>57,804</u>
Cash, beginning of year	79,936	22,132
<b>Cash, end of year</b>	<u>134,553</u>	<u>79,936</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, 2022

**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 as 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, 2022

**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 as 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.

**Future changes in accounting policies**

Effective for the fiscal year beginning on April 1, 2022, OAHPP will be required to follow the *Public Sector Accounting Handbook*, Section PS 3280, Asset Retirement Obligations. OAHPP will adopt the new standards in its fiscal 2023 financial statements.

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

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

March 31, 2022

**3. Accounts receivable**

Accounts receivable consist of the following:

	2022	2021
	\$	\$
Ministry of Health	789	782
Harmonized Sales Tax	1,479	3,392
Other	1,357	1,417
	<b>3,625</b>	<b>5,591</b>

**4. Restricted cash**

[a] Restricted cash consists of the following:

	2022	2021
	\$	\$
Ministry of Health	4,637	5,621
Other	30	30
	<b>4,667</b>	<b>5,651</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:

	2022			
	Severance credits	Other credits	Capital projects	Total
	\$	\$	\$	\$
<b>Restricted cash, beginning of year</b>	1,786	1,320	2,515	5,621
Interest earned [note 6]	11	8	14	33
Restricted cash drawdown [note 8[b]]	(469)	(304)	(244)	(1,017)
<b>Restricted cash, end of year</b>	<b>1,328</b>	<b>1,024</b>	<b>2,285</b>	<b>4,637</b>



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

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

March 31, 2022

	<b>2021</b>			
	<b>Severance credits</b>	<b>Other credits</b>	<b>Capital projects</b>	<b>Total</b>
	\$	\$	\$	\$
<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>

**5. Capital assets**

Capital assets consist of the following:

	<b>2022</b>		
	<b>Cost</b>	<b>Accumulated amortization</b>	<b>Net book Value</b>
	\$	\$	\$
Building service equipment	368	368	—
Other equipment	61,719	40,592	21,127
Furniture	4,022	3,879	143
Leasehold improvements	120,166	39,165	81,001
Construction in progress	1,292	—	1,292
	<b>187,567</b>	<b>84,004</b>	<b>103,563</b>

	<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>

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

March 31, 2022

**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:

	2022	2021
	\$	\$
<b>Deferred capital asset contributions, beginning of year</b>	<b>113,292</b>	93,190
Contributions for capital purposes	4,197	27,510
Interest earned on unspent contributions [note 4[b]]	14	20
Amortization of deferred capital asset contributions	<b>(11,655)</b>	(7,428)
Deferred capital asset contributions, end of year	<b>105,848</b>	113,292
Unspent deferred capital asset contributions [note 4[b]]	<b>(2,285)</b>	(2,515)
<b>Deferred capital asset contributions spent on capital assets</b>	<b>103,563</b>	110,777

Restricted cash includes \$2,285 [2021 – \$2,515] [note 4[b]] related to unspent deferred capital asset contributions.

**7. Deferred contributions**

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

	2022	2021
	\$	\$
Severance credits	117	228
Sheela Basrur Centre [note 4[a]]	30	30
Third-party funds	<b>3,120</b>	2,983
	<b>3,267</b>	3,241

The continuity of deferred contributions is as follows:

	2022	2021
	\$	\$
<b>Deferred contributions, beginning of year</b>	<b>3,241</b>	2,363
Amounts received during the year	<b>2,006</b>	2,366
Amounts recognized as revenue during the year	<b>(1,980)</b>	(1,488)
<b>Deferred contributions, end of year</b>	<b>3,267</b>	3,241

[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]].

## Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

### Notes to financial statements

[in thousands of dollars]

March 31, 2022

- [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, \$317 [2021 – \$312] 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 Pension Board [“OPB”], 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 OPB during the year amounted to \$1,353 [2021 – \$1,567], \$5,560 [2021 – \$4,496] and \$482 [2021 – \$514], 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, 2021 disclosed net assets available for benefits of \$25.9 billion with pension obligations of \$21.4 billion, resulting in a surplus of \$4.5 billion.

The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2021 disclosed net assets available for benefits of \$114.4 billion with pension obligations of \$85.9 billion, resulting in a surplus of \$28.5 billion.

The most recent valuation for financial reporting purposes completed by OPB as at December 31, 2021 disclosed net assets available for benefits of \$33.9 billion with pension obligations of \$34.7 billion, resulting in a deficit of \$0.8 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, 2022. 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.

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Additional information on the benefit plans is as follows:

	<b>2022</b>	<b>2021</b>
	\$	\$
Accrued benefit obligation	<b>1,988</b>	2,558
Unamortized actuarial losses	<b>(45)</b>	(234)
<b>Total accrued benefit liability</b>	<b>1,943</b>	2,324

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

	<b>2022</b>	<b>2021</b>
	\$	\$
<b>Accrued benefit liability, beginning of year</b>	<b>2,324</b>	2,842
Expense for the year	<b>88</b>	87
Contributions to cover benefits paid <i>[note 4[b]]</i>	<b>(469)</b>	(605)
<b>Accrued benefit liability, end of year</b>	<b>1,943</b>	2,324

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

	<b>2022</b>	<b>2021</b>
	%	%
Accrued benefit obligation		
Discount rate	<b>3.20</b>	2.40
Rate of compensation increase	<b>2.25</b>	2.25
Rate of inflation	<b>2.00</b>	2.00
Expense		
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

**9. Directors' remuneration**

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2022, directors were paid \$14 [2021 – \$6].

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#### 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 \$511 [2021 – \$515], which are recorded in science and public health programs in the statement of operations and changes in net assets.
- [b] OAHPP incurred costs of \$19,105 [2021 – \$17,042] 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 \$6,151 [2021 – \$6,992] 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 \$793 [2021 – \$851] 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.

#### 11. Supplemental cash flow information

The change in accounts payable and accrued liabilities is adjusted for capital assets received but not paid of \$400 as at March 31, 2022 [2021 – \$1,310].

The change in accounts receivable is adjusted for contributions for capital assets receivable but not received of \$789 as at March 31, 2022 [2021 – \$782].

#### 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, 2022, no assessments have been received.

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

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

	\$
2023	18,365
2024	17,982
2025	18,426
2026	15,253
2027	14,033
Thereafter	177,526
	<u>261,585</u>

[d] OAHPP has contractual commitments totalling \$122,700 related to the purchase of medical supplies.

**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 \$101,300 [2021 – \$101,900] in operating expenses and \$1,500 [2021 – \$18,900] on in equipment purchases totalling \$102,800 [2021 – \$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, 2022, accounts payable and accrued liabilities include \$95,700 [2021 – \$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
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
Terri McKinnon	Oro-Medonte	June 24, 2021	June 24, 2021 – June 23, 2024
Mark (Cat) Criger	Brampton	August 26, 2021	August 24, 2021 – August 23, 2024
Helen Angus	Toronto	October 7, 2021	October 7, 2021 – April 6, 2022 April 7, 2022 – April 6, 2025
Harpreet Bassi	Toronto	February 17, 2022	February 17, 2022 – February 16, 2025
Ian McKillop	Waterloo	February 17, 2022	February 17, 2022 – February 16, 2025
William Mackinnon	Toronto	February 17, 2022	February 17, 2022 – February 16, 2025
S. Ford Ralph	Stouffville	December 2, 2015	November 28, 2019 – November 27, 2022
Andy Smith	Toronto	February 17, 2022	February 17, 2022 – February 16, 2025

The total combined amount of remuneration for all appointees during the reporting period ending March 31, 2022 was \$13,635.00

- Mark (Cat) Criger - \$1,500.00
- Martina Dwyer - \$4,050.00
- Margaret Flynn - \$2,235.00
- John Garcia - \$3,300.00
- S. Ford Ralph - \$2,550.00

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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