

Public Health Ontario

2022-23 Annual Report



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Message from the Board of Directors

On behalf of Public Health Ontario's (PHO) Board of Directors, I am pleased to present PHO's 2022-23 Annual Report. The report provides a high-level description of our key services and activities over the course of 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 advice and evidence, expert guidance and centralized resources to our clients and partners to enable informed decisions and actions and to anticipate and respond to emerging public health issues and concerns. Our clients and partners include government, public health, hospitals and other health care facilities, community laboratories, frontline health workers and researchers.

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 and provide expert advice and guidance to better understand and address public health issues such as environmental hazards, the risk and spread of infections, chronic diseases, food safety, substance use and health inequities. We remain vigilant for current and emerging threats to the health of the people in Ontario and continue to study and evaluate what makes people healthy and how we can help people live healthier lives. We have worked diligently to fulfill the expectations set out in our 2022-23 agency mandate letter received from the Minister of Health.

PHO has remained dedicated to supporting the province's COVID-19 pandemic response and recovery over the past year. We worked tirelessly to provide scientific guidance to partners at the provincial and local level on COVID-19 infection prevention, disease control and surveillance as well as conducting critical testing and supporting outbreak management and public health measures based on our depth of expertise and public health research from around the world. Our innovations and leadership in the area of genomics have also advanced the surveillance of and response to emerging variants of concern, preparing us to apply our learnings in this area to other pathogens of public health concern in the future.

As the pandemic response continues to scale-down across the province, we are beginning to refocus on areas of our core work, while ensuring our readiness to rapidly detect and respond to infectious disease outbreaks and other public health threats in the future. Enhanced investments in PHO's operating programs are needed to ensure we are well positioned to "see around corners" and are prepared to respond to the next major public health emergency, while maintaining our ability to effectively deliver on our full scope of work.

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 in supporting the work of Ontario's public health and health sectors.

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 'H. Angus', with a stylized flourish at the end.

Helen Angus
Chair, PHO Board

Organizational Overview

PHO is a provincial crown agency that provides scientific and technical advice and support to those working across various sectors to protect and improve the health of the people in Ontario. 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 public health laboratory for the province, conducting critical clinical and reference testing for public health units and practitioners based in primary care and hospital settings. 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.

Consistent with our objects, as set out in 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 in 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

PHO is committed to fulfilling our mission to enhance the protection and promotion of the health of the people in Ontario and to contribute efforts towards reducing health inequities. We provide scientific and technical expertise and centralized resources to our clients and partners to enable informed decision-making and outcome-based actions and to support the detection of and response to emerging public health issues and threats. As the public health laboratory for the province, PHO provides clinical and environmental laboratory testing and related expert advice, services and research in support of the prevention and control of infectious diseases for our clients and partners in primary care and hospital settings as well as for public health units.

Throughout 2022-23, PHO provided scientific and technical support and expert advice to our clients and partners as part of a coordinated response to the COVID-19 pandemic. Over the course of the year, we were able to scale back pandemic response activities to align with the changing epidemiology of the COVID-19 virus in the province and the evolving needs of the public health and health sectors. Despite the ongoing demands of the pandemic, we continued to support local and provincial public health action for other diseases of public health significance and issues of public health importance, which includes conducting critical laboratory testing in the province. We continued to study, evaluate and generate evidence to address other public health issues such as environmental hazards, chronic diseases, food safety and substance use while applying an equity lens to all areas of our work. PHO's work relating to these domains is reflected throughout this report, including examples of how we have supported the achievement of government-wide priorities over the past year.

Description of Activities Carried Out Over the 2022-23 Fiscal Year

Achievements in Support of Government-Wide Priorities

As a provincial crown agency, PHO is expected to act in the best interest of the people in Ontario by being efficient, effective, transparent and providing value-for-money to the province. Highlights of PHO's achievements under each of the government-wide priorities for all board-governed agencies in Ontario are captured below.

Competitiveness, Sustainability and Expenditure Management – The funding PHO received from the Ministry of Health enabled us to monitor, detect and respond to the COVID-19 pandemic situation in the province, while continuing to deliver in other areas of our core work. This included our base funding in addition to the one-time COVID-19 extraordinary funding we received from the Ministry of Health. Throughout the year, we identified and pursued opportunities for efficiencies and savings by reducing discretionary spending in administration and occupancy costs, including exploring cost-effective alternatives for office space.

Risk Management – PHO continued to adhere to the requirements of the *Enterprise Risk Management Directive* to ensure effective and efficient risk management, which includes the identification, assessment and mitigation of risks, such as the COVID-19 pandemic and other emergency situations. For 2022-23, financial sustainability was identified as high risk for PHO. We were challenged to effectively support the COVID-19 pandemic recovery in addition to responding to the current and emerging needs of the public health sector. The one-time COVID-19 extraordinary funding from the province assisted in mitigating this risk; however, without increased base funding in the coming years, we anticipate that we will need to curtail or defer some activities due to financial constraints.

Transparency and Accountability – PHO continued to adhere to the requirements of the applicable government directives and policies, including the *Agencies and Appointments Directive*, to ensure transparency and accountability in reporting. This included the submission of PHO's 2023-24 – 2025-26 Annual Business Plan (ABP) and 2021-22 Annual Report to the Minister of Health and making corporate reports publicly available on the PHO website. In support of the Board of Directors role in PHO's governance and accountability, all new Board members, appointed by the Lieutenant Governor in Council, were required to participate in the Treasury Board Secretariat's governance training for public appointees.

Workforce Management – We have continued to take an adaptable and responsive approach to workforce management in support of the provincial response to the COVID-19 pandemic. As the pandemic evolved, staff assignments shifted to reflect the changing needs of our organization and the province. In spring 2022, we began a phased return to the office in a hybrid model for staff who were working from home since early on in the pandemic. Due to the unprecedented demands of the pandemic on our workforce, we also continued to focus on mitigating staff burnout and supporting staff wellness. This included the ongoing development and implementation of innovative strategies to promote employee mental health and wellbeing, including offering webinars facilitated by mental health experts; workplace mental health training for managers and leaders; promoting staff recognition and milestones; and providing enhanced support to staff experiencing burnout through PHO's wellness program and services.

Data Collection – PHO is a data-driven organization that supports and informs public health practice decision-making through data and information sharing using interactive digital tools and other knowledge products. An example of one of PHO's frequently accessed products is the COVID-19 Data Tool (described in more detail later in this report), which was first published in 2020 on the PHO website and we have continued to update it with new data and features. In fall 2022, the Information and Privacy Commissioner of Ontario (IPC) highlighted PHO's COVID-19 Data Tool as a notable submission to the IPC's Transparency Challenge, an initiative to showcase innovative projects that improve government transparency or use open data to improve the lives of the people in Ontario. Additional examples of our suite of interactive tools and knowledge products that support data sharing and reporting are provided throughout this report.

Digital Delivery and Customer Service – The exploration and implementation of digital methods for enhanced service delivery to our clients and partners has been another key area of focus for PHO. The PHO website continued to be our primary digital channel for sharing information and data with public health stakeholders, including interactive tools. PHO’s laboratory also carried out digital modernization advancements, including the successful implementation of the SMART initiative across all 11 PHO laboratory sites in May 2022. This system update modernizes the specimen testing and requisition process. It also enables our laboratory to be more responsive by providing updates to clients on where specimens are in the testing process. These foundational changes are essential in building electronic ordering solutions in the future at PHO, which will enable more efficient service delivery to our laboratory clients. PHO was also a critical partner in the enhancement of the Case and Contact Management (CCM) system for public health to enable the management and reporting of all adverse events following immunization in this new health information system. Using CCM for the management and surveillance reporting of adverse events following immunization supported our public health unit clients in simplifying their local business processes and enabling seamless vaccine safety surveillance and reporting for the province.

Diversity and Inclusion – PHO is committed to fostering and sustaining a diverse, equitable and accessible workplace that is inclusive and respectful. All PHO staff must comply with PHO’s policies that support a workplace that is free of discrimination and are expected to demonstrate our organization’s shared values as a part of their day-to-day work and interactions with one another as well as with our stakeholders. We continued to promote PHO’s culture of diversity and inclusion through learning and development opportunities and events for leaders and staff, including offering diversity and inclusion fundamentals training as well as inclusive leadership training within our leadership development program. We hosted several internal learning and engagement events to provide PHO staff with opportunities to learn about and increase awareness of Indigenous cultural safety and inclusion and the systemic effects of colonization, and all managers completed Indigenous cultural safety training. We maintained our commitment to ensure equity in employment at PHO, including equitable representation across PHO’s senior leadership team. Our goal is to create a diverse, inclusive workforce that reflects the communities that we serve and to ensure our services and communications are accessible to all.

Providing Public Health and Laboratory Leadership and Protecting the Health of the People in Ontario

PHO’s laboratory continued to play a critical role in Ontario’s response to the COVID-19 pandemic, including performing COVID-19 diagnostic testing and maintaining its surge capacity. While we completed substantially fewer COVID-19 tests than expected for the year due to the changing demands of the pandemic, with 658,135 tests completed compared to 4.9 million tests targeted, PHO’s laboratory maintained its readiness to support increased testing in the province as required. We also maintained our surge capacity to support up to 5,000 additional COVID-19 tests daily throughout the year. We continued to lead and support the work of Ontario’s COVID-19 Testing Strategy Expert Panel by providing evidence-based recommendations to the Chief Medical Officer of Health (CMOH). In addition,

as a member of Ontario's COVID-19 Provincial Diagnostic Network, we provided scientific leadership to support a network of more than 70 hospital, academic and private laboratories across the province that performed COVID-19 diagnostic tests.

PHO's laboratory also continued to monitor the emergence, spread and trajectory of COVID-19 variants by leveraging our expertise in genomics, while providing ongoing leadership to the Ontario COVID-19 Genomics Network, a network comprised of five laboratories that conduct whole genome sequencing for known and emerging COVID-19 variants. We recognize the benefits of adopting a genomics-based approach as it provides a high resolution understanding of outbreaks and their evolutionary pathway as well as additional information on pathogen characteristics. By leveraging our experience from sequencing COVID-19 variants, we expanded our genomics program to other pathogens, such as fungal pathogens and monkeypox virus.

In anticipation of the 2022-23 respiratory season, we focused on preparing for potential outbreaks and situations that involved COVID-19, influenza, respiratory syncytial virus and other respiratory viruses, in addition to adapting our resources to support integrated monitoring of respiratory virus activity in the province. This included modifying the [COVID-19 Data Tool](#) to include influenza activity indicators in fall 2022 and adding laboratory respiratory testing data to the [Respiratory Virus Overview in Ontario](#) surveillance report in December 2022. Looking forward to the next respiratory season, we plan to produce a new integrated respiratory tool, which will replace several of PHO's existing respiratory surveillance products, including those specific to COVID-19 reporting. The new tool is anticipated to launch at the start of the 2023-24 respiratory season.

PHO's public health and laboratory expertise have continued to be important contributors to Ontario's pandemic response and supporting the needs of the public health and health sectors. This included bringing together PHO's in-house experts and multi-disciplinary experts across the province in several of Ontario's advisory groups and networks, including Ontario's COVID-19 Testing Strategy Expert Panel, the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC), the Ontario Immunization Advisory Committee (OIAC) and the Ontario COVID-19 Genomics Network.

In 2022, PHO established the Ontario Public Health Emergencies Science Advisory Committee (OPHESAC), an external advisory committee whose mandate is to enhance provincial capacity to respond to a spectrum of public health emergencies with the best available evidence. OPHESAC builds on the successes and expertise of the former Ontario COVID-19 Science Advisory Table, a group that was instrumental in supporting the province's COVID-19 pandemic response through evidence-based and independent advice to inform the government and the broader public for almost two years. OPHESAC provides independent scientific advice to PHO and where appropriate through PHO to the Ministry of Health to inform the management of public health emergencies. The Committee is comprised of renowned leaders, with diverse expertise in public health threats and emergencies, including the areas of epidemiology and surveillance, public health, health equity and social justice, emergency planning and occupational health. Health equity is a core component of the Committee's work – populations which may be disproportionately affected by public health emergencies are considered and addressed in the scientific advice provided by OPHESAC.

SUPPORTING LOCAL AND PROVINCIAL PUBLIC HEALTH ACTION FOR OTHER INFECTIOUS DISEASE OUTBREAKS AND INVESTIGATIONS

In addition to our COVID-19 response work, we have continued to support local and provincial public health action with respect to other infectious diseases events and outbreaks. The following examples are some key highlights of our work in this area over the past year.

Supporting the mpox outbreak in Ontario – In May 2022, Ontario’s first-ever confirmed case of mpox was detected, which quickly evolved into an emerging outbreak in the province. Supporting the public health sector’s response to the mpox outbreak required extensive work from PHO, such as providing scientific consultation and developing public health guidance; developing testing protocols and validating a clinical test endorsed by the World Health Organization; supporting the implementation and monitoring of a vaccination program new to Ontario; enabling surveillance and reporting activities with clients and partners in the outbreak response; and conducting advanced mathematical modeling, including forecasting the trajectory of the outbreak and the establishment of outbreak control indicators. Starting in June 2022, PHO’s laboratory completed all diagnostic testing of active mpox infections in the province, with over 3,200 individuals tested over the course of the outbreak, and developed a faster whole genome sequencing method to characterize the virus. The provincial outbreak was declared over in December 2022.

Supporting a community blastomycosis outbreak – We continued to provide scientific and technical support and expertise to public health units for a blastomycosis outbreak in northern Ontario that began in late 2021. PHO epidemiologists and scientists worked with the Ministry of Health to address specific scientific questions and provide advice and guidance on outbreak control measures related to *Blastomycosis* infection. We also performed whole genome sequencing to better understand the outbreak situation. These results were shared with the Ministry of Health as well as with the local public health unit to further help inform local public health action and decision-making. PHO provided education to health care professionals working in public health and primary care to provide them with an overview of the aetiology of blastomycosis and its epidemiology in Ontario, including a review of available diagnostic methods and treatment considerations.

Providing support for local environmental health issues – We provided support to public health units to assess and support local response activities related to environmental health issues. Examples include: conducting an update to a previously conducted survey across select urban public health units to identify sites to measure radiofrequency exposures in Ontario; responding to inquiries from public health units related to polyfluoroalkyl substances (PFAS or “forever chemicals”; a large group of chemicals found in various everyday products that have been detected in drinking water in Ontario); and providing support and advice to public health units that experienced environmental incidents (e.g., a spa outbreak with *Pseudomonas* and *Staphylococcus* (staph) bacteria in Durham Region in November 2022; and water contamination resulting from a fire at a chemical waste facility in Niagara Region in January 2023).

Monitoring and supporting other situations of public health concern – We continued to provide essential scientific support and technical expertise to public health units in monitoring other situations of public health concern over the past year. This included supporting responses to outbreaks of *Salmonella*, *Legionella*, highly pathogenic avian influenza (“bird flu”) and monitoring other infectious diseases raising global concerns (e.g., Marburg virus disease). We also investigated the rise in the number of cases of congenital syphilis and invasive Group A Streptococcal (iGAS) disease in the province.

PHO also established partnerships to collaboratively understand and prepare for new and emerging infectious disease threats. Examples of this work include our partnerships with the Institute for Pandemics at the Dalla Lana School of Public Health at the University of Toronto and Global Nexus for Pandemics and Biological Threats at McMaster University on research projects related to priority topics such as antimicrobial resistance and pandemic recovery.

We continued to conduct research to generate and advance public health evidence and knowledge and inform public health policy and practice to protect the health of the people in Ontario. The following are select examples of publications produced in this area of our work:

- [Epidemiology of Myocarditis and Pericarditis Following mRNA Vaccination by Vaccine Product, Schedule, and Interdose Interval Among Adolescents and Adults in Ontario, Canada](#) – a high-impact, PHO-led study also published in the Journal of the American Medical Association and cited by the World Health Organization. The findings suggest that there may be product-specific differences in rates of myocarditis or pericarditis after receiving mRNA vaccines and that programmatic strategies may be associated with reduced risk of myocarditis or pericarditis after receiving mRNA vaccines.
- [Influenza vaccine effectiveness against A\(H3N2\) during the delayed 2021/22 epidemic in Canada](#) – a PHO-led study published in Eurosurveillance, a European journal on infectious disease surveillance, epidemiology, prevention and control. The research findings indicate that late-season illness due to influenza was less prevalent when COVID-19 public health measures such as physical distancing, masking requirements and vaccine passports were implemented.
- [Maternal mRNA covid-19 vaccination during pregnancy and delta or omicron infection or hospital admission in infants](#) – This report, produced in collaboration with several other research institutions and hospitals across Ontario, highlights the importance of protecting infants through COVID-19 vaccination during pregnancy, based on data collected during the Delta and Omicron waves of the COVID-19 pandemic.

Helping the People in Ontario Improve Their Health

As some COVID-19 response activities were scaled back over the last year, we were able to resume more of our work in support of improving population health for the people in Ontario. The following examples highlight some of the key work that we accomplished in this area.

- [Delivery of the Healthy Babies Healthy Children \(HBHC\) program during the COVID-19 pandemic](#) – In partnership with McMaster University, we conducted an evaluation of the HBHC program, a risk-based home visitation program in support of healthy child development that public health units are mandated to deliver. Due to public health unit staff redeployments during the pandemic, many communities experienced a reduction in early intervention services, including HBHC program delivery. This evaluation, completed at the request of the Ministry of Children, Community and Social Services, helped identify remaining gaps in HBHC program services as well as the contextual conditions and mechanisms (barriers, facilitators and innovative solutions) influencing HBHC service restoration.
- [Opioid toxicity among construction workers](#) – In July 2022, we released a report in collaboration with the Ontario Drug Policy Research Network, ICES and the Office of the Chief Coroner for Ontario that described the characteristics of opioid toxicity deaths among people in Ontario who worked in the construction industry, in comparison to individuals with no employment history in construction. This report addresses a knowledge gap in understanding the characteristics and circumstances of opioid toxicity deaths among people working in the construction industry in Ontario.
- [Burden of health conditions attributable to smoking and alcohol by public health unit in Ontario](#) – This new report was jointly produced by PHO and Ontario Health and builds on our previous collaborations with Ontario Health with respect to understanding the burden of chronic disease in Ontario, including the 2019 Burden of Chronic Diseases in Ontario report. This new report provides estimates of the prevalence of smoking and alcohol consumption, as well as smoking and alcohol attributable deaths, hospitalizations and emergency department visits by public health unit and across Ontario. The information presented in this report may be used to support local system planning and opportunities for policy development.

Providing Centralized Resources, Services and Expertise for Ontario's Health Sector and Workforce

PHO provides key resources, services and expertise to our clients, partners and stakeholders across Ontario. We generate and disseminate information that advances the learning and development of public health and health care professionals and informs local public health action and evidence-based decision-making. Our website is our primary digital channel through which we deliver centralized resources, services and expertise to public health stakeholders across Ontario and beyond, with more than 5.6 million total visits by external users. While total number of website visits by external users continued to be high, we noted that product downloads and total visits for our online centralized data

and analytic tools were lower than anticipated for the past year. We expect that this trend indicates the widespread interest in COVID-19 resources and other public health topics has started to wane. We anticipate that we are beginning to see a return to a “new normal” in PHO’s website activity as our clients and partners continue to resume their regular activities and there is less traffic on our website from the public. The following sections demonstrate a selection of the centralized resources, services and expertise provided by PHO.

LABORATORY SERVICES

PHO’s laboratory performed more than six million non-COVID-19 tests for clients throughout Ontario’s health care system which exceeded our annual target of 5.6 million tests. Many of the tests conducted by PHO’s laboratory, especially those for high-risk infectious diseases and rare infections, are not available elsewhere in Ontario. As a part of the ongoing COVID-19 response, we performed over 650,000 diagnostic Polymer Chain Reaction (PCR) tests as we continued to support the province in meeting COVID-19 testing demands, although this number was below our anticipated annual target of 4.9 million COVID-19 tests, with surge capacity to complete an additional 5,000 tests daily if required. The COVID-19 test volumes, being below the projected target, aligned with the decline in COVID-19 activity noted throughout the province.

PHO’s laboratory continued to be a leader in specialized laboratory testing services and medical microbiology expertise in the province, in addition to contributing to the development of global laboratory medicine standards. Our ongoing work in this area was recognized by the Clinical and Laboratory Standards Institute (CLSI), the leading global non-profit laboratory medicine standards development organization, with the 2023 Excellence in Member Organization Leadership Award in February 2023. PHO has been an active government member of CLSI for over 35 years, with our laboratory professionals having volunteered for 19 CLSI committees in recent years and contributed to the development of CLSI documents. Prior recipients of this award include the Mayo Clinic, New York State Department of Health, and the US Centers for Disease Control.

SCIENTIFIC AND TECHNICAL EXPERTISE

We provide comprehensive, rigorous, credible and timely responses to scientific and technical requests from the CMOH, the Ministry of Health, public health units and other health sector clients and partners that help inform the design and delivery of evidence-based public health and health programs. Over the past year, PHO completed more than 2,100 scientific and technical support activities and data requests in response to clients and partners. Additionally, we published over 700 knowledge products (both COVID-19 and non-COVID-19 related) on the PHO website, exceeding our target by 135 for the year. Our knowledge products include documents such as fact sheets, literature reviews and reports which contain information and evidence to help our clients in their decision-making and guide practice. We also published 198 articles in peer-reviewed journals relevant to public health, which exceeded our planned target of 130 articles for the year.

We also engaged in a number of partnerships and program collaborations with universities, research institutions and public health agencies at the national and international levels. More than 30 PHO staff

had academic appointments at universities and research institutions in 2022-23. PHO led and collaborated on several research grants that funded research in the areas of artificial intelligence, chronic disease, alcohol harms and health equity impacts, and respiratory syncytial virus infection, with over \$2.5 million in funding awarded to PHO researchers from third-party funding agencies. Our research partnership work continues to generate new evidence that enables a better understanding of a variety of public health challenges at the population level, including disease prevention and health promotion.

CENTRALIZED ANALYTICS FOR POPULATION HEALTH ASSESSMENT AND SURVEILLANCE

PHO maintains a central repository of various interactive data tools and reports that summarize public health and health care data at the provincial and local levels. In 2022-23, we published 116 surveillance reports and tools, including COVID-19 related surveillance reports. These resources are used to help guide practice and decision making by our clients and partners and reduce the duplication of work across the sector. Leveraging our learnings from pandemic, we continued to develop and adapt our tools and resources to advance the understanding of respiratory virus activity, including COVID-19, in Ontario. Our [COVID-19 Data and Surveillance](#) webpage showcases various interactive tools (e.g., the redesigned and updated COVID-19 Data Tool that now also includes influenza activity data) and surveillance reports (e.g., SARS-CoV-2 Whole Genome Sequencing in Ontario, COVID-19 Vaccine Uptake, etc.) that provide a wealth of information on respiratory activity and trends across the province. PHO also began to produce the [COVID-19 Wastewater Surveillance in Ontario](#) webpage in September 2022, which is based on the original work of the Ontario COVID-19 Science Advisory Table. The PHO webpage provides an overview of COVID-19 wastewater signals detected in Ontario.

In addition to our COVID-19 tools and reports, we continue to develop and provide centralized interactive reporting products to help monitor other areas of public health importance. Some key examples of our work in these areas include: the [Interactive Opioid Tool](#) which provides the most recent opioid-related morbidity and mortality data in Ontario; the [West Nile Virus Surveillance Tool](#) which summarizes Ontario mosquito, human and weather data; and the [Vaccine Safety Surveillance Tool](#) which allows users to explore annual trends in adverse events following immunization in the province. Each of these resources provide our public health and health sector clients and partners with relevant trend information to enable evidence-based decision making and inform public health action.

PUBLIC HEALTH WORKFORCE EDUCATION AND DEVELOPMENT

PHO supports skills development and training of Ontario's current and future public health workforce through education programs consistent with the standards of the Ministry of Health and best practices. We offered 74 professional development opportunities, such as rounds, webinars and workshops, to external partners and clients with nearly a total of 17,000 participants, in addition to over 276,000 course completions of our online learning modules by external learners. The following are some key educational offerings and professional development opportunities that were developed and delivered by PHO in 2022-23:

- The Ontario Public Health Convention (TOPHC), the annual public health conference hosted by PHO, the Ontario Public Health Association and the Association of Local Public Health Agencies, was held in March 2023 with a one-day virtual program and one-day of in-person workshops with over 900 attendees. This marks the first time TOPHC was held with an in-person component following its cancellation in 2020 due to COVID-19 safety considerations. TOPHC focuses on the learning and thought-exchange among public health professionals based on the unique experiences, challenges and opportunities in public health today. The plenary panel discussion focused on “Public Health by 2033” with federal and provincial public health leaders who shared thoughts and insights on the increasing importance of and need for equity, trust and engagement across all sectors over the next decade.
- In partnership with the Public Health Nursing Practice, Research and Education Program at McMaster University, we hosted a series of eight webinars for public health nurses with approximately 4,200 registrations. The webinar series focused on applying a trauma and violence informed approach to care.
- We designed and delivered a seven-part e-learning series for non-clinical staff working in congregate living environments on Infection Prevention and Control (IPAC) and outbreak management in collaboration with the Ministry of Health and the Ministry of Children, Community and Social Services.
- In collaboration with the Ministry of Long-Term Care, we developed orientation resources for new and experienced IPAC leads working in long-term care settings, including an IPAC guide and checklist that can be used as a roadmap to build knowledge and skills that will aid in being successful in an IPAC lead role.

We had a total of 82 new student placements across all PHO program areas, which is an increase compared to the number of student placements over the last two years and signals that we are approaching pre-pandemic numbers for student placements at PHO. We also continued to resume with training activities for medical students, fellows and students in medical laboratory technologist and medical laboratory sciences programs to advance education in public health and reference microbiology for the province.

Looking to the Future

As the province continues to transition out of pandemic recovery and moves toward stability, PHO is committed to supporting the changing needs of our clients and partners in the public health and health sectors. We will leverage our pandemic response learnings to advance approaches in preparedness for future public health threats and emerging issues, in addition to expanding our genomics program to monitor and respond to other pathogens of public health concern. We will also advance our work aimed at improving population health in Ontario by pursuing opportunities to generate and disseminate information and knowledge that supports and informs public health practice, action and decision-making.

As our current Strategic Plan (2020-23 Strategic Plan) enters its third and final year of implementation in 2023-24, PHO has begun developing our next Strategic Plan for 2024-29. PHO's 2024-29 Strategic Plan will identify the strategic directions and goals that will guide the work of PHO as an organization over the next five years. Renewed investment in PHO from the province will ensure we are able to deliver on our mandate and effectively support and respond to the needs of the public health and health sectors in the province into the future.

Report on 2022-23 Deliverables and Performance

On the pages that follow, we have analyzed our performance with a focus on operational results, including our performance against quantified annual targets and outcome-focused measures established in our 2022-25 Annual Business Plan (ABP), as well as applicable industry standards. There has been heightened activity and increased output across PHO due to our involvement in continuing to respond to the COVID-19 pandemic, supporting the province in response and recovery work as well as continuing to deliver on all other areas of our work over the past year. The additional one-time COVID-19 extraordinary funding provided to PHO from the Ministry of Health in 2022-23 for COVID-19 laboratory testing and other related initiatives enabled us to ensure surge capacity and respond to the extraordinary demands of the pandemic in the province.

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 in Ontario and helping the people in Ontario improve their health – is particularly challenging. With so many factors contributing to the health and safety of the people in Ontario, such as health services, housing, transportation and education, we recognize that the responsibility for results extends far beyond the direct control of PHO.

PHO continues to explore new approaches to performance measurement that will bring additional impact, value and outcome considerations for our performance measurement and reporting framework. In keeping with the requirements outlined in the *Agencies and Appointments Directive* and the *Guide to Developing Annual Reports for Provincial Agencies*, we continue to consider additional outcome-based performance measures, which we will focus on over the next year as we finalize and plan the implementation of our next strategic plan.

Status of 2022-25 Annual Business Plan Priority Initiatives for Principal Program Areas (As Of March 31, 2023)

Our priority initiatives for 2022-23 were established through the development of our 2022-25 ABP in fall 2021. The commitments made in our 2022-25 ABP reflected and aligned with known government priorities and the expectations set forth in PHO's 2022-23 agency mandate letter, while preserving our organizational capacity for ongoing COVID-19 response and recovery work. Given our experience with COVID-19 in the previous year, we anticipated that a significant portion of our work would continue to be related to COVID-19. Hence we scaled our 2022-25 ABP commitments accordingly.

Complete – Initiative has been completed as of March 31, 2023.

Multi-year on-track – Initiative is ongoing as per a multi-year time frame.

Not completed within target timeframe – Initiative has not been completed as of March 31, 2023.

Legend:

Checkmark [✓] indicates status of each initiative.

PHO Laboratory

2022-25 ABP priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Continue to conduct PCR diagnostic testing for COVID-19, with capacity to provide 13,500 tests per day.	✓		
Lead the Ontario COVID-19 Genomics Network and genetic sequencing of positive COVID-19 test samples for known variants and tracking emerging variants of interest and variants of concern, with capacity to sequence 1,500 samples per week and surge capacity to sequence 2,000 samples per week.	✓		
Continue to work closely with the Ministry of Health to optimize quality, impact and innovation for public health laboratory services and public health system, including providing public health microbiology leadership for the COVID-19 pandemic.		✓	

2022-25 ABP priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
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.	✓		
Collaborate with other governmental, scientific and public health organizations such as the Ministry of Health, public health units and clinical and laboratory partners, the Ontario HIV Epidemiology and Surveillance Initiative, 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.	✓		
Improve laboratory operations through optimization, automation and digitizing tests 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

2022-25 ABP priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Continue routine surveillance and analysis of COVID-19 vaccination program data, 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 related outbreaks, cases and contacts.	✓		
Continue to conduct surveillance and timely analysis of respiratory infection epidemiological data to improve our understanding of the risks, impacts and evolution of the pandemic.	✓		
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.		✓	
Continue to strengthen stakeholder capacity for IPAC in settings disproportionately impacted by COVID-19 (e.g., long-term care) through education and training resources, communities of practice, support to public health units and Ontario Health for IPAC assessments and consultations.		✓	
Provide educational guidance resources to assist in the support of optimal IPAC practices for frontline service delivery in the Primary Care sector, given their context of the recovery from COVID-19 pandemic response towards an integrated community based approach to managing COVID-19.	✓		

2022-25 ABP 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.		✓	
Continue to support PHO's external scientific and technical advisory committee's (PIDAC-IPC and OIAC) to produce evidence-informed guidance and best practices to inform practitioners and decision-makers.		✓	

Environmental and Occupational Health

2022-25 ABP 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.	✓		
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-19 environmental issues such as air quality.	✓		
Continue to conduct mandate-driven research activities in relevant environmental and occupational health areas and disseminate findings: - Quantifying radiofrequency exposures before and after the implementation of 5G - Air pollution exposure and related health outcomes	✓		

Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

2022-25 ABP 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-19 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).		✓	
Respond to escalating opioid-related mortality and related inequities by providing data tools, epidemiology and surveillance expertise, leading or collaborating on knowledge generation through research and evaluation, and supporting public health unit actions, particularly in rural and remote areas.		✓	
Provide scientific and technical advice and support to the CMOH, the Ministry of Health, public health units and other stakeholders related to alcohol consumption/alcohol policy, drug-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).	✓		
Aligning with recommendations from the 2017 provincial audit of chronic disease prevention and health promotion, continue to support local public health in injury prevention, healthy growth and development and addressing key risk factors for diabetes, heart disease and cancer (including smoking and vaping, alcohol consumption, healthy eating and physical activity) to prioritize, coordinate and respond to service requests, knowledge products and knowledge exchange opportunities.		✓	

Knowledge Exchange

2022-25 ABP priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Continue to evaluate and assess the strategy and approach for the Ontario Public Health Convention (TOPHC) in subsequent years, in light of the evolution of the public health landscape since its inception, including the continued impacts of COVID-19 pandemic and the accelerated shift to virtual learning.		✓	
Restart the Locally Driven Collaborative Projects program to support local public health, focusing on opportunities for the program to address gaps and learnings identified through provincial and local COVID-19 response and recovery efforts, as capacity permits.	✓		

Informatics

2022-25 ABP priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Collaborate and support the Ministry of Health in the development and configuration for the full replacement of integrated Public Health Information System (iPHIS) with CCM and continue to support the Ministry of Health in maintenance and operations of CCM for COVID-19 reporting (including COVID-19 vaccine safety).		✓	
Support local public health by providing centralized resources for data and information management, population health assessment and surveillance.		✓	
Develop plans to integrate methodologies and tools in the fields of data science and AI. Continue to seek out opportunities to partner with leaders these fields.		✓	

Quantified Annual Targets and Outcome-Focused Measures

The following table shows the core activities for which PHO established quantified annual targets and outcome focused measures for 2022-23. Where applicable, specific topics of focus were guided over the course of the year by priorities established based on requests from the CMOH, ministries and other clients, and based on our analysis of emerging issues and work plans. The past year required greater organizational flexibility than in most years as PHO adjusted activities to respond to the evolving needs of the public health and broader health sector.

The annual targets in the table below were established through the development of our 2022-25 ABP in fall 2021. To reflect the extraordinary demands of our COVID-19 work, as well as the additional support provided to PHO from the Ministry of Health for COVID-19 laboratory testing and other initiatives, COVID-19-specific targets have been included for laboratory testing and knowledge products for 2022-23. Due to the evolving epidemiology of the pandemic in the province and the shifting needs of our clients and partners, some of the targets that were established in fall 2021 may not have been met, while others may have been exceeded (see footnotes in the table below for more details).

Core Activities/Services	Annual Target ¹	2022-23 Actual
Generating evidence and knowledge:		
Number of laboratory tests performed <i>PHO provides laboratory testing services and expertise to Ontario's public health units and to clinicians in primary care, hospitals and long-term care facilities. Public health action, such as the identification of outbreaks and tracking of disease trends; and clinical decision-making, such as the diagnosis of health conditions, depend on accurate and laboratory test results.</i> <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 12,000 tests per day.</i>	Non-COVID-19 tests – 5.6 million COVID-19 tests – 4.9 million	Non-COVID-19 tests – 6,136,208 COVID-19 tests – 658,135 ²

¹ Performance in these areas has been impacted by PHO's involvement in provincial COVID-19 response and recovery initiatives. Given that accurate baselines could not be established, targets for 2022-23 were determined considering both typical (pre-pandemic) and pandemic performance, alongside PHO's anticipated roles in COVID-19 response and recovery.

² Given the uncertainty with predicting COVID-19 test volumes for this fiscal year, the 2022-23 target for COVID-19 tests was determined based on PHO's maximum testing capacity of 13,500 tests per day. The 2022-23 COVID-19 test volumes reflect the province's shift in focus from COVID-19 response to recovery. As such, the 2023-24 annual target for COVID-19 tests has been reduced accordingly.

Core Activities/Services	Annual Target ¹	2022-23 Actual
Percentage of laboratory tests completed within target turnaround time³ <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>	90%	98.9%
Percentage of routine surveillance reports and tools published within the established reporting cycle timelines <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>	90%	100% 116 surveillance reports and tools published
Number of knowledge products published on PHO's website <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>	Non-COVID-19 related knowledge products – 125 COVID-19 related knowledge products – 450	Non-COVID-19 related knowledge products – 163 COVID-19 related knowledge products – 547
Number of articles published in peer-reviewed journals relevant to public health <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>	130	198

³ 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 gonorrhoea* culture).

Core Activities/Services	Annual Target ¹	2022-23 Actual
Disseminating evidence and knowledge:		
Number of visits to PHO's online centralized data and analytics tools <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>	Unique visits – 1.125 million Total visits – 1.25 million	Unique visits – 737,224 ^{4,5} Total visits – 818,979 ^{4,5}
Number of self-directed online learning courses completed by external clients and stakeholders <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>	198,000	276,215

⁴ The 2022-23 annual targets for unique and total visits were initially set to account for the inflated impact that COVID-19 has had on the number of visits to PHO's online centralized data and analytics tools. Although these respective targets were not met, these values are still relatively high given the shift in focus from COVID-19 response to recovery. To account for this shift, along with PHO's clients/stakeholders resuming their non-COVID-19 activities, the 2023-24 target has been reduced accordingly.

⁵ This measure includes visits to PHO's Snapshots tool, which experienced an atypical surge of unique visits and total visits for a period of one week starting in late January 2023. As the cause of the surge is unknown, these visits have not been included in the 2022-23 actuals. For more information, refer to the note associated with indicator 3.5.3 in the PHO Quarterly performance scorecard: 2022-23 Year-end view.

Core Activities/Services	Annual Target ¹	2022-23 Actual
Number of professional development sessions offered to external clients and stakeholders <i>Continuing professional development, including various types of rounds, learning exchanges, webinars, conferences, and workshops, enables public health practitioners to continue to effectively contribute to the field of public health. These sessions, delivered in-person and/or virtually online, 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>	80	74 ⁶
Percentage of professional development sessions achieving a client/stakeholder rating of at least 3.5 out of 5 <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>	90%	100.0%
Responding to the needs of clients and stakeholders:		
Percentage of multi-jurisdictional outbreaks relating to diseases of public health significance that are assessed by PHO for further investigation within one business day⁷ of PHO being notified <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>	80%	95.5%

⁶ The number of professional development sessions offered to external clients and stakeholders fell just short of the annual target. During Q1, some of PHO's educational offerings were temporarily curtailed in order to respect government requirements for activity restrictions during the caretaker period before the June 2nd provincial election. The number of sessions offered steadily increased, with 46 sessions offered in the second half of the fiscal year.

⁷ For a subset of diseases requiring urgent public health action, follow-up is within 24 hours of PHO being notified.

Core Activities/Services	Annual Target ¹	2022-23 Actual
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 <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>	80%	82.5%
Number of scientific and technical support activities and data requests completed in response to clients and stakeholders <i>These activities support our clients and stakeholders, such as the CMOH, the Ministry of Health, Public Health Agency of Canada, local public health units and health care providers, in their work to safeguard the health of people in Ontario, 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>	1,500	Responses to client and stakeholder requests – 2,146 Laboratory Customer Service Centre support – 90,251

PHO Quarterly Performance Scorecard: 2022-23

Year-End View

The performance scorecard summarizes PHO's performance related to its mandate and the five strategic directions of PHO's 2020-2023 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 4.3.
- **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:

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

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
2.1 Use of web-based Query tools – Strategic Direction 2: Accelerate integrated population health monitoring								
2.1.1 Number of unique visits to the Infectious Diseases Query tool	Descriptive	N/Ap	580	N/Ap	399	416	584	922
2.1.2 Number of unique visits to the Sexually Transmitted Infections Query tool	Descriptive	N/Ap	81	N/Ap	93	77	35	117
2.2 Use of web-based Snapshots tool – Strategic Direction 2: Accelerate integrated population health monitoring								
2.2.1 Number of indicators available	Descriptive	N/Ap	271	N/Ap	271	271	271	271
2.2.2 Percentage of indicators current within 6 months of data release	Directional	≥ 80%	100%	Met	100%	100%	100%	100%
2.2.3 Number of unique visits by external users	Descriptive	N/Ap	7,535	N/Ap	7,405	5,924	7,714	9,096 ³
2.3 Availability of laboratory information systems – Strategic Direction 2: Accelerate integrated population health monitoring								
2.3.1 Laboratory Information System uptime	Service Standard	99.5%	99.1%	Missed Somewhat	100.0%	99.8%	99.8%	96.8%
3.1 Responsiveness to client requests – Strategic Direction 3: Enable policy, program and practice action								
3.1.1 Number of knowledge products completed as a result of client requests	Descriptive	N/Ap	103	N/Ap	202	77	59	73

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
3.1.2 Number of scientific and technical support activities completed as a result of a client request	Descriptive	N/Ap	457	N/Ap	499	444	396	489
3.2 Responsiveness to urgent client requests – Strategic Direction 3: Enable policy, program and practice action								
3.2.1 Number of urgent client requests completed	Descriptive	N/Ap	50	N/Ap	57	59	46	36
3.3 Responsiveness to clients – Timeliness – Strategic Direction 3: Enable policy, program and practice action								
3.3.1 Percentage of knowledge products completed within agreed upon target turnaround time	Directional	95.0%	94.5%	Missed Somewhat	95.5%	93.5%	93.2%	95.9%
3.3.2 Percentage of scientific and technical support activities completed within agreed upon target turnaround time	Directional	95.0%	95.9%	Met	96.4%	96.2%	95.2%	95.7%
3.4 Laboratory performance – Strategic Direction 3: Enable policy, program and practice action								
3.4.1 Percentage of laboratory tests completed within target turnaround time	Directional	90.0%	98.9%	Met	98.4%	97.8%	99.7%	99.8%

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
3.5 Website usage – <i>Strategic Direction 3: Enable policy, program and practice action</i>								
3.5.1 Number of visits by external users	Directional	160K	1.42M	Met	1.92M	1.12M	996K	1.63M
3.5.2 Number of product downloads by external users	Directional	50K	152K	Met	166K	151K	145K	144K
3.5.3 Number of unique visits by external users	Directional	100K	1.14M	Met	1.62M	818K	708K	1.40M
3.6 Client education – <i>Strategic Direction 3: Enable policy, program and practice action</i>								
3.6.1 Number of education sessions offered to external clients	Directional	20	19	Missed Somewhat	12	16	21	25
3.7 Client satisfaction with educational sessions – <i>Strategic Direction 3: Enable policy, program and practice action</i>								
3.7.1 Percentage of client education sessions achieving a client rating of at least 4 out of 5	Directional	90.0%	70.0% ⁴	Missed Significantly	58.3%	81.3%	75.0%	65.2%
3.8 Student placements – <i>Strategic Direction 3: Enable policy, program and practice action</i>								
3.8.1 Number of new student placements	Directional	12 ⁵	21	Met	22	18	23	19
3.9 Laboratory testing volumes – <i>Strategic Direction 3: Enable policy, program and practice action</i>								
3.9.1 Number of laboratory tests performed	Directional	1.65M	1.70M	Met	1.67M	1.80M	1.64M	1.69M

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
4.1 Staff publishing – <i>Strategic Direction 4: Advance public health evidence and knowledge</i>								
4.1.1 Number of articles published in peer-reviewed journals relevant to public health	Directional	32 – 35	50	Met	46	46	60	46
4.2 Knowledge dissemination – <i>Strategic Direction 4: Advance public health evidence and knowledge</i>								
4.2.1 Percentage of peer-reviewed articles published in priority journals	Directional	75.0%	67.6%	Missed Somewhat	82.6%	60.9%	61.7%	65.2%
4.3 Third party funding – <i>Strategic Direction 4: Advance public health evidence and knowledge</i>								
4.3.1 Dollar value of funding awarded to PHO researchers from third-party funding agencies	Directional	≥ \$400K	\$629K	Met	\$552K	\$562K	\$539K	\$862K
5.1 Recruitment efficiency – <i>Strategic Direction 5: Engage our great people and exceptional teams in building a stronger PHO</i>								
5.1.1 Average number of days to fill permanent and temporary staff positions	Directional	≤ 60	47	Met	53	51	44	41
5.2 Employee absenteeism – <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	≤ 2.0	2.0	Met	1.8	1.6	2.4	2.3

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
5.3 Staff turnover – Strategic Direction 5: Engage our great people and exceptional teams in building a stronger PHO								
5.3.1 Voluntary and involuntary permanent employee turnover rate	Descriptive	N/Ap	1.54%	N/Ap	1.90%	2.22%	0.85%	1.17%
5.4 Laboratories staff credentials and certification – Strategic Direction 5: Engage our great people and exceptional teams in building a stronger PHO								
5.4.1 Percentage of medical and clinical microbiologists and medical laboratory technologists with credentials /certification in place ⁶	Industry Standard	100%	100%	Met	N/Ap	100%	N/Ap	100%
6.1 Financial performance – Organizational foundation and enabler								
6.1.1 Percent variance between actual and budgeted expenses	Directional	± 1.5%	N/Ap	Missed Somewhat ⁷	+10.0%	+8.0%	+5.0%	+2.0%
6.2 Complaints – Organizational foundation and enabler								
6.2.1 Number of complaints about PHO services or products	Directional	≤ 7	9	Missed Somewhat	11	5	7	12
6.3 Availability of enterprise technology systems – Organizational foundation and enabler								
6.3.1 General IT infrastructure uptime	Service Agreement	99.50%	98.61%	Missed Significantly ⁸	99.93%	94.50%	100.0%	100.0%

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
6.4 Laboratories external quality assessment – Organizational foundation and enabler								
6.4.1 Overall annual average score on the Institute for Quality Management in Healthcare (IQMH) Clinical Proficiency Testing ⁶	Industry Standard	> 90.0%	99.5%	Met	N/Ap	99.8%	N/Ap	99.1%
6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA) Z-score ⁶	Industry Standard	> 70.0	91.9	Met	N/Ap	90.0	N/Ap	93.7

Notes:

¹ Quarterly averages are calculated based on the full fiscal year's data.

² Annual status is based on the quarterly average value for each measure.

³ In Q4, the number of unique visits by external users to PHO's Snapshots tool experienced an atypical surge of 32,677 unique visits during the week of January 29 – February 4, 2023. As the cause of the surge is unknown, these visits have not been included in the Q4 actuals to avoid skewing future baselines and trends. With the exclusion of this outlier week, the reported 9,096 unique visits in Q4 aligns with actuals and trends observed in previous quarters.

⁴ This measure significantly missed the target of 90% of client sessions achieving a client rating of at least 4 out of 5. While 70% of education sessions delivered this fiscal year received a rating of 4 or higher out of 5, the average client satisfaction rating for these sessions was 4.1 out of 5. As of Q1 2022-23, this measure and its inclusion criteria were expanded to reflect a client rating of at least 4 out of 5 across all education sessions offered publicly to external clients. Prior to Q1 2022-23, this measure only included client satisfaction ratings for PHO Rounds, and used a lower rating threshold of at least 3.5 out of 5. The increase to the client rating threshold was made after almost two consecutive fiscal years of achieving a 100% client satisfaction rating under the previous rating threshold of 3.5 out of 5. PHO continues to work towards achieving the new rating threshold in order to strive for excellence and increased client satisfaction across all of its publicly available educational offerings.

⁵ This target is based on the average number of student placements in the previous fiscal year.

⁶ Indicators 5.4 and 6.4 are not dynamic on a quarterly basis and therefore are only reported twice a year.

⁷ Annual status is based on the Q4 year-to-date result. Excluding the impact of the adoption of a new accounting standard PS 3280 Asset Retirement Obligations (ARO), PHO was in a balanced base operating position at fiscal year-end.

⁸ The quarterly average for this measure significantly missed the target of 99.50% general IT infrastructure uptime due to the Rogers nationwide core network outage that took place in July 2022, which lasted for approximately one day for the majority of customers. For this measure, the quarterly average is noted to have significantly missed the quarterly

target if the value is less than or equal to 99%. Aside from this anomaly in Q2, PHO has continued to surpass the quarterly target for this measure in 2022-23.

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 Sexually Transmitted Infections 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 Snapshots tool; 2.2.2 Percentage of indicators current within 6 months of data release are measures of the amount of content and recency 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 by external users** to the Snapshot tool counts the number of unique users accessing this material in a three-month period.

2.3.1 Laboratory information system 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 a client request 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 agreed upon target turnaround time and 3.3.2 Percentage of scientific and technical support activities completed within agreed upon target turnaround time indicates the percentage of knowledge activities completed within the agreed upon timelines.

3.4.1 Percentage of laboratory tests completed within target turnaround time 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 captures the number of education sessions offered publicly (i.e. on PHO's website) to external clients. It comprises all types of PHO rounds, educational series, and formal education sessions offered provincially or regionally and promoted publicly.

3.7.1 Percentage of client education sessions achieving a client rating of at least 4 out of 5 reflects the number of education sessions where the average evaluation score by participants met or exceeded 4 out of 5 divided by the total number of sessions offered.

3.8.1 Number of new student placements 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 performed 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 relevant to public health 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 Percentage 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 funding agencies shows the amount of third-party funding that has been awarded to PHO, distributed over the length of the grants.

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 paid 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 microbiologists and medical laboratory technologists with credentials /certification 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 General IT infrastructure uptime is the percentage of time the general IT infrastructure including key systems such as Finance, SharePoint, Email and Skype are up and running.

6.4.1 Overall annual average score on the Institute for Quality Management in Healthcare (IQMH) Clinical Proficiency 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 IQMH (for clinical tests) and CALA (for environmental tests), that meet acceptance criteria.

Risk Events and Other Significant Factors

Impacting Results Achieved

PHO continued to support the COVID-19 pandemic response and recovery in the province throughout 2022-23. During the first part of the year, some activities, products and services were delayed or deferred in order to dedicate appropriate expertise and attention to supporting the Ministry of Health, the CMOH, public health units and other health system partners. Furthermore, some of PHO's activities, such as educational offerings and the production of select knowledge products, were temporarily curtailed in Q1 (April – June 2022) in order to respect government requirements for activity restrictions during the caretaker period before the June 2, 2022 provincial election. The number of PHO educational offerings and knowledge products steadily increased by Q4 (January – March 2023), including the delivery of the Ontario Public Health Convention (TOPHC) presented in both virtual and in-person formats. This is the first time since 2019 that TOPHC has been delivered in-person due to COVID-19 safety considerations.

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

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 small deficit position directly attributable to the adoption of the new accounting standard related to asset retirement obligations. PHO adopted the standard using the modified retroactive approach. As a result, prior year results were restated. Excluding the annual asset retirement obligation accretion cost, PHO fully utilized all operating funding received from the ministry in respect of the 2022-23 fiscal year. With respect to the \$210.1 million of operating funding received from the ministry, \$55.7 million was for COVID-19 related expenditures, \$150.7 million was used to cover annual operating expenses, with the balance of \$3.7 million used to cover expenditures on equipment and other capital assets in support of PHO's base operations.

Funds provided by the Ministry of Health have allowed PHO to monitor, detect and respond to the COVID-19 pandemic 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 of the Chartered Professional Accountants of Canada.

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 and Risk 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 and Risk 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



Michael Sherar, PhD
President and Chief Executive Officer

Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Financial statements

March 31, 2023



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, 2023, and the statement of operations and changes in net deficit 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, 2023, 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.

Ernst & Young LLP

Toronto, Canada
June 20, 2023

Chartered Professional Accountants
Licensed Public Accountants



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

Statement of financial position
[in thousands of dollars]

As at March 31

	2023	2022
	\$	\$
	<i>[restated – note 2]</i>	
Assets		
Current		
Cash	93,111	134,553
Accounts receivable <i>[note 3]</i>	3,285	3,625
Prepaid expenses	1,424	1,738
Total current assets	97,820	139,916
Restricted cash <i>[notes 4 and 6]</i>	4,644	4,667
Capital assets, net <i>[note 5]</i>	95,786	103,563
	198,250	248,146
Liabilities and net deficit		
Current		
Accounts payable and accrued liabilities <i>[note 14]</i>	86,371	129,125
Total current liabilities	86,371	129,125
Deferred capital asset contributions <i>[note 6]</i>	98,116	105,848
Deferred contributions <i>[note 7]</i>	3,360	3,267
Accrued benefit liability <i>[note 8[b]]</i>	1,839	1,943
Deferred rent liability	7,438	6,875
Other liabilities	1,126	1,088
Asset retirement obligation <i>[note 10]</i>	21,227	20,569
Total liabilities	219,477	268,715
Commitments and contingencies <i>[note 13]</i>		
Net deficit	(21,227)	(20,569)
	198,250	248,146

See accompanying notes

On behalf of the Board:



Director



Director

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

Statement of operations and changes in net deficit
[in thousands of dollars]

Year ended March 31

	2023	2022
	\$	\$
	<i>[restated – note 2]</i>	
Revenue		
Ministry of Health <i>[note 14]</i>	205,324	252,612
Amortization of deferred capital asset contributions <i>[note 6]</i>	12,539	11,655
Other grants	2,003	1,867
Miscellaneous recoveries	2,113	1,897
	221,979	268,031
Expenses <i>[note 8]</i>		
Public health laboratory program <i>[notes 11 and 14]</i>	150,495	198,741
Science and public health programs <i>[note 11]</i>	39,843	38,537
General and administration <i>[notes 9 and 11]</i>	19,102	19,098
Amortization of capital assets	12,539	11,655
Accretion costs – asset retirement obligation <i>[note 10]</i>	658	638
	222,637	268,669
Deficiency of revenue over expenses for the year	(658)	(638)
Net deficit, beginning of year – as previously reported	(20,569)	—
Adjustment for opening balance of asset retirement obligation	—	(19,931)
Net deficit, end of year – as restated	(21,227)	(20,569)

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

	2023	2022
	\$	\$
	<i>[restated – note 2]</i>	
Operating activities		
Deficiency of revenue over expenses for the year	(658)	(638)
Add (deduct) items not affecting cash		
Employee benefit expense	80	89
Amortization of deferred capital asset contributions	(12,539)	(11,655)
Amortization of capital assets	12,539	11,655
Accretion expense on asset retirement obligation	658	638
	<u>80</u>	<u>89</u>
Changes in non-cash operating working capital balances related to operations		
Decrease in accounts receivable <i>[note 12]</i>	340	1,972
Decrease (increase) in prepaid expenses	314	(567)
Increase (decrease) in accounts payable and accrued liabilities <i>[note 12]</i>	(43,586)	51,393
Increase in deferred contributions	93	26
Increase in deferred rent liability	563	564
Increase (decrease) in other liabilities	38	(48)
Decrease in accrued benefit liability	(184)	(470)
Cash provided by (used in) operating activities	<u>(42,342)</u>	<u>52,959</u>
Capital activities		
Net acquisition of capital assets <i>[note 12]</i>	(3,930)	(3,531)
Cash used in capital activities	<u>(3,930)</u>	<u>(3,531)</u>
Financing activities		
Contributions for capital asset purchases <i>[note 12]</i>	4,807	4,205
Decrease in restricted cash	23	984
Cash provided by financing activities	<u>4,830</u>	<u>5,189</u>
Net increase (decrease) in cash during the year	<u>(41,442)</u>	<u>54,617</u>
Cash, beginning of year	134,553	79,936
Cash, end of year	<u>93,111</u>	<u>134,553</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, 2023

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, 2023

Asset retirement obligations

Asset retirement obligations are recorded in the period during which a legal obligation associated with the retirement of a capital asset is incurred and when a reasonable estimate of this amount can be made. The asset retirement obligation is initially measured at the best estimate of the amount required to retire a capital asset at the financial statement date. A corresponding amount is added to the carrying amount of the related capital asset and is then amortized over its remaining useful life unless the asset was not recognized in the financial statements on initial recognition or is no longer in productive use, in which cases the asset retirement cost is expensed immediately. Changes in the liability due to the passage of time are recognized as an accretion expense in the statement of operations and changes in net deficit, with a corresponding increase in the liability.

The estimated amounts of future costs to retire the assets are reviewed annually and adjusted to reflect the then current best estimate of the liability. Adjustments may result from changes in the assumptions used to estimate the undiscounted cash flows required to settle the obligation, including changes in estimated probabilities, amounts and timing of settlement as well as changes in the legal requirements of the obligation, and in the discount rate. These changes are recognized as an increase or decrease in the carrying amount of the asset retirement obligation, with a corresponding adjustment to the carrying amount of the related asset. If the related capital asset was not recognized in the financial statement on initial recognition or the asset is no longer in productive use, all subsequent changes in the estimate of the liability for asset retirement obligations are recognized as an expense in the period incurred.

A liability continues to be recognized until it is settled or otherwise extinguished.

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. Building and information technology costs are attributed based on the number of people utilizing the space and technology application, where applicable. General support and other costs are not allocated.

Contributed materials and services

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

Notes to financial statements

[in thousands of dollars]

March 31, 2023

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], the estimated useful lives of capital assets and asset retirement obligations. Actual results could differ from these estimates.

Adoption of new accounting standard

Effective April 1, 2022, OAHPP adopted the new accounting standard PS 3280, *Asset Retirement Obligations*, issued by the Canadian Public Sector Accounting Board. This standard provides guidance over the reporting of legal obligations associated with the retirement of capital assets that are either currently in productive use or no longer in productive use and controlled by the entity, and the costs associated with the retirement of these assets.

OAHPP adopted the standard using the modified retroactive approach, which uses assumptions and discount rates as of April 1, 2022. The asset retirement obligation is measured as of the date the legal obligations were incurred, adjusted for the accumulated accretion and amortization as of that date. As a result of adopting the new standard, the previously reported opening balance of unrestricted net deficit recorded in the statement of operations and changes in net deficit as at April 1, 2021 of nil was decreased by \$19,931 and the excess of revenue over expenses recorded in the statement of operations and changes in net deficit for the year ending March 31, 2022 of nil was reduced by \$638 for accretion expense, resulting in a net deficit of \$20,569. As at March 31, 2022, an asset retirement obligation and corresponding net deficit of \$20,569, respectively, were recorded in the statement of financial position. As the asset retirement obligation relates to leased buildings that do not qualify as capital leases, asset retirement costs were recognized immediately in net deficit.

3. Accounts receivable

Accounts receivable consist of the following:

	2023	2022
	\$	\$
Ministry of Health	789	789
Harmonized Sales Tax	1,219	1,479
Other	1,277	1,357
	3,285	3,625

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

Notes to financial statements
[in thousands of dollars]

March 31, 2023

4. Restricted cash

[a] Restricted cash consists of the following:

	2023 \$	2022 \$
Ministry of Health	4,613	4,637
Sheila Basrur Centre	31	30
	4,644	4,667

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:

	2023			
	Severance credits \$	Other credits \$	Capital projects \$	Total \$
Restricted cash, beginning of year	1,328	1,024	2,285	4,637
Interest earned [note 6]	40	32	63	135
Restricted cash increase (drawdown) [note 8[b]]	(185)	45	(19)	(159)
Restricted cash, end of year	1,183	1,101	2,329	4,613

	2022			
	Severance credits \$	Other credits \$	Capital projects \$	Total \$
Restricted cash, beginning of year	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)
Restricted cash, end of year	1,328	1,024	2,285	4,637

Notes to financial statements
[in thousands of dollars]

March 31, 2023

5. Capital assets

Capital assets consist of the following:

	2023		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Building service equipment	368	368	—
Other equipment	64,185	46,645	17,540
Furniture	4,039	3,916	123
Leasehold improvements	120,184	45,176	75,008
Construction in progress	3,115	—	3,115
	191,891	96,105	95,786

	2022		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
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
	187,567	84,004	103,563

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 deficit. The continuity of the deferred capital asset contributions balance is as follows:

	2023	2022
	\$	\$
Deferred capital asset contributions, beginning of year	105,848	113,292
Contributions for capital purposes	4,744	4,197
Interest earned on unspent contributions [note 4[b]]	63	14
Amortization of deferred capital asset contributions	(12,539)	(11,655)
Deferred capital asset contributions, end of year	98,116	105,848
Unspent deferred capital asset contributions [note 4[b]]	(2,329)	(2,285)
Deferred capital asset contributions spent on capital assets	95,787	103,563

Notes to financial statements

[in thousands of dollars]

March 31, 2023

Restricted cash includes \$2,329 [2022 – \$2,285] [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:

	2023 \$	2022 \$
Severance credits	7	117
Sheela Basrur Centre [note 4[a]]	31	30
Third-party funds	3,322	3,120
	3,360	3,267

The continuity of deferred contributions is as follows:

	2023 \$	2022 \$
Deferred contributions, beginning of year	3,267	3,241
Amounts received during the year	2,206	2,006
Amounts recognized as revenue during the year	(2,113)	(1,980)
Deferred contributions, end of year	3,360	3,267

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

[c] Deferred contributions for the Sheela Basrur Centre [the “Centre”] represent unspent funds held by OAHPP restricted for the Centre’s outreach programs. In addition to these funds, \$324 [2022 – \$317] 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 \$1,312 [2022 – \$1,353], \$5,963 [2022 – \$5,560] and \$376 [2022 – \$482], respectively, and are included in expenses in the statement of operations and changes in net deficit.

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

Notes to financial statements
[in thousands of dollars]

March 31, 2023

The most recent valuation for financial reporting purposes completed by OPSEU as at December 31, 2022 disclosed net assets available for benefits of \$24.6 billion with pension obligations of \$20.8 billion, resulting in a surplus of \$3.8 billion.

The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2022 disclosed net assets available for benefits of \$103.7 billion with pension obligations of \$92.7 billion, resulting in a surplus of \$11 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, 2021. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

Additional information on the benefit plans is as follows:

	2023	2022
	\$	\$
Accrued benefit obligation	1,756	1,988
Unamortized actuarial (losses)/ gains	83	(45)
Total accrued benefit liability	1,839	1,943

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

	2023	2022
	\$	\$
Accrued benefit liability, beginning of year	1,943	2,324
Expense for the year	81	88
Contributions to cover benefits paid [note 4[b]]	(185)	(469)
Accrued benefit liability, end of year	1,839	1,943

Notes to financial statements
[in thousands of dollars]

March 31, 2023

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

	2023 %	2022 %
Accrued benefit obligation		
Discount rate	3.80	3.20
Rate of compensation increase	2.25	2.25
Rate of inflation	2.00	2.00
Expense		
Discount rate	3.20	2.40
Rate of compensation increase	2.25	2.25
Rate of inflation	2.00	2.00

9. Directors' remuneration

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2023, directors were paid \$4 [2022 – \$14].

10. Asset retirement obligation

The asset retirement obligation relates to the estimated costs required to exit OAHPP's leased buildings, excluding remediating asbestos costs as these are the liability of the lessor. The cost estimates are based on internal expert assessments and third-party engineering reports.

OAHPP has estimated total undiscounted expenditures of \$32,003 to retire these assets. No set retirement dates have been determined; however, they are estimated to be incurred and settled in approximately 15 years from the current fiscal year end. OAHPP calculated the asset retirement obligation by applying an inflation rate of 2.2% to the estimated costs, which were then discounted using a discount rate of 3.2%. No retirement costs were incurred during the years ended March 31, 2023 and 2022.

The continuity of the asset retirement obligation is as follows:

	2023 \$	2022 \$
		<i>[restated – note 2]</i>
Asset retirement obligation, beginning of year	20,569	19,931
Accretion expense	658	638
Asset retirement obligation, end of year	21,227	20,569

Notes to financial statements

[in thousands of dollars]

March 31, 2023

11. Related party transactions

OAHP 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] OAHP has entered into transfer payment agreements with various related parties. Under these agreements, OAHP makes payments to these parties once defined eligibility requirements have been met. Expenses for the year include transfer payments of \$719 [2022 – \$511], which are recorded in science and public health programs in the statement of operations and changes in net deficit.
- [b] OAHP incurred costs of \$18,991 [2022 – \$19,105] 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 \$6,996 [2022 – \$6,151] 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 deficit.
- [c] OAHP incurred costs of \$729 [2022 – \$793] 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 deficit.

12. Supplemental cash flow information

The change in accounts payable and accrued liabilities is adjusted for capital assets received but not paid of \$1,232 as at March 31, 2023 [2022 – \$400].

The change in accounts receivable is adjusted for contributions for capital assets receivable but not received of \$789 as at March 31, 2023 [2022 – \$789].

13. 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] OAHP 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 OAHP participated. As at March 31, 2023, no assessments have been received.

Notes to financial statements
[in thousands of dollars]

March 31, 2023

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

	\$
2024	19,009
2025	16,347
2026	15,911
2027	15,667
2028	14,349
Thereafter	163,490
	<u>244,773</u>

[d] OAHPP has contractual commitments totalling \$127,056 related to the purchase of medical supplies.

[e] On November 8, 2019, the Ontario legislature passed Bill 124. The legislation imposed a series of three-year moderation periods. During moderation periods, increases to salaries and total compensation were capped at 1% per year subject to certain exceptions. On November 29, 2022, Bill 124 was successfully challenged in court by a coalition of impacted unions and was struck down by the Ontario Superior Court as it was deemed to infringe on their right of freedom of association and collective bargaining. As the unions disagreed with Bill 124 from its inception and to not stall negotiations at the time, union contracts included monetary reopening clauses that the unions are now exercising. As such, OAHPP has included a provision in accounts payable and accrued liabilities and an expense in compensation as at March 31, 2023.

14. 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 \$54,641 [2022 – \$101,300] in operating expenses and \$1,037 [2022 – \$1,500] on in equipment purchases totalling \$55,678 [2022 – \$102,800] 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, 2023, accounts payable and accrued liabilities include \$48,273 [2022 – \$95,700] due to the Province of Ontario for surplus funding received for COVID-19 related expenditures and associated interest income.

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. In appointing the members of the board of directors, regard may be had to the desirability of appointing:

- persons with skills and expertise in the areas covered by the corporation's objects, or in corporate governance
- a person with expertise in public accounting or with related financial experience
- a lay person with demonstrated interest or experience in health issues

Name	Location ⁸	First Appointed	When Current Term Expires
S. Ford Ralph	Stouffville	December 2, 2015	November 27, 2025
Margaret Flynn	Brighton	November 13, 2019	January 11, 2023
Martina Dwyer	Ancaster	January 31, 2020	January 30, 2023
Frank Davis	Toronto	February 27, 2020	February 26, 2023
Isra Levy	Ottawa	May 13, 2020	May 12, 2024
Terri McKinnon	Shanty Bay	June 24, 2021	June 23, 2024
Mark (Cat) Criger	Brampton	August 26, 2021	August 25, 2024
Helen Angus	Toronto	October 7, 2021	April 6, 2025
Andy Smith	Toronto	February 17, 2022	February 16, 2025
Harpreet Bassi	Toronto	February 17, 2022	February 16, 2025
Ian McKillop	Waterloo	February 17, 2022	February 16, 2025
William Mackinnon	Toronto	February 17, 2022	February 16, 2025

⁸ The location reported in this table is based on the information posted on the Ontario Government's Public Appointments site.

The total combined amount of remuneration for all appointees during the reporting period ending March 31, 2023 was \$3,600.00.

- Mark (Cat) Criger - \$150.00
- Martina Dwyer - \$900.00
- Margaret Flynn - \$900.00
- S. Ford Ralph - \$1,650.00

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

661 University Avenue, Suite 1701

Toronto, Ontario

M5G 1M1

416.235.6556

communications@oahpp.ca

publichealthontario.ca

