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*Algoma*  
**PUBLIC HEALTH**  
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## **MONTHLY BOARD PACKAGE**



***FOR THE MEETING DATED:***

***November 25, 2015***

***TIME & PLACE:***

***5:00 P.M.***

***Algoma Public Health, Sault Ste. Marie,  
3<sup>rd</sup> Floor, Prince Meeting Room***

**ALGOMA PUBLIC HEALTH BOARD MEETING**  
**NOVEMBER 25, 2015 @ 5:00 pm**  
**PRINCE MEETING ROOM, 3<sup>RD</sup> FLOOR, APH SSM**  
**A\*G\*E\*N\*D\*A**

**1.0 Meeting Called to Order** by Mr. L. Mason, Board Chair

1.1 Declaration of Conflict of Interest

**2.0 Adoption of Agenda Items Dated** November 25, 2015

***Resolution***

*THAT the agenda items dated November 25, 2015 be adopted as circulated; and  
THAT the Board accepts the items on the addendum.*

**3.0 Adoption of Minutes of Previous Meeting Dated**

***Resolution***

*THAT the minutes of the meeting dated October 28, 2015 be adopted as circulated.*

**4.0 Delegations/Presentations.**

- 4.1 Emergency Planning and Preparedness Exercise – Jonathon Bouma, Manager of Environmental Health

**5.0 Business Arising from Minutes**

**6.0 Reports to the Board**

- 6.1 Acting Medical Officer of Health and Acting Chief Executive Officer Report

***Resolution***

*THAT the report of the Acting Medical Officer of Health and CEO for the month of November 2015 be adopted as presented.*

- 6.2 Finance and Audit Committee Report

- i) Financial Statements for the Period Ending October 31, 2015  
ii) Community Accountability Planning Submission

***Resolution***

*THAT the Finance and Audit report for the month of November 2015 be adopted as presented including the approval of the Financial Statements for the period ending October 31, 2015 and the Community Accountability Planning Submission.*

- iii) 2016 Public Health Operating Budget

***Resolution***

*THAT the Board of Health approves the 2016 Public Health Operating Budget as presented.*

- 6.3 Governance Standing Committee Report

- i) Policy 02-05-025 – Board Member Remuneration  
ii) Policy 02-05-010 – Board Minutes -Posting -Circulation

***Resolution***

*THAT the Governance Standing Committee report for the month of November 2015 be adopted as presented including the approval of policies 02-05-025 – Board Member Remuneration and 02-05-010 – Board Minutes – Posting Circulation*

## **7.0 New Business/General Business**

### **7.1 Christmas Eve Closure**

#### ***Resolution***

*THAT Board of Health approves the closure of all Algoma Public Health Offices on December 24, 2015 at 12:00pm and going forward grants the MOH/CEO authorization to approve at their discretion.*

### **7.2 Public Health Funding Model**

#### ***Resolution***

*THAT the Algoma Public Health Board of Health endorse the correspondence and Resolution concerning the public health funding formula, passed October 30, 2015 from the alPHa Board of Directors and other health units.*

*AND FURTHER THAT the Algoma Public Health Board of Health call on the Ministry of Health and Long Term Care to increase investments in public health, ensuring Ontarians benefit from a world-class public health system within Ontario's transformed Health system;*

*AND FURTHER THAT, this resolution be forwarded to the Premier of Ontario, the Minister of Health and Long-Term Care, the Association of Municipalities of Ontario, the Federation of Northern Ontario Municipalities, alPHa, Local MPs and MPPs, All Municipalities in Algoma and All Ontario Boards of Health.*

### **7.3 Smoke-Free Multi Unit Housing**

#### ***Resolution***

*WHEREAS tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year; and*

*WHEREAS the U.S. Department of Health and Human Services identifies that exposure to SHS among children and adults causes a range of adverse health effects, including premature death and disease; and*

*WHEREAS second-hand smoke kills 1,000 Canadians annually; and*

*WHEREAS approximately one-third of Ontarians living in multi-unit housing (MUH) report regular exposure to second-hand smoke that originates in neighbouring units, and 80% would choose a smoke-free building if the choice existed; and*

*WHEREAS many individuals living in multi-unit dwelling are forced to breathe their neighbour's smoke with their only course of action to move which is not always an option for people with disabilities, older adults or those with limited incomes; and*

*WHEREAS indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building; and*

*WHEREAS 31.1% of residents who live in multi-unit housing in the North East Ontario Tobacco Control Area Network region report tobacco smoke entering their home in past 6 months; and*

*WHEREAS Algoma Public Health has previously consulted with and supported the Ontario Finnish Resthome Association and the Sault Ste. Marie Housing Corporation (SSMHC) both of whom have successfully implemented smoke-free housing policies;*

*Now Therefore be it resolved that the Board of Health of Algoma endorses the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:*

- (1) Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;*
- (2) All future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;*
- (3) Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;*
- (4) All future public/social housing developments in Ontario should be smoke-free from the onset.*
- (5) Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.*

#### 7.4 Electronic Board Management Software

##### ***Resolution***

*THAT the Board of Health approves the purchase of an electronic board management system and required hardware.*

### **8.0 Correspondence Items**

*All items have been previously emailed to all Board members*

#### 8.1 Electronic Participation at Board Meetings

- Letter to the Association of Local Public Health Agencies from Peterborough County-City

#### 8.2 Food Security

- Letter to Minister Jaczek from Peterborough County-City HU

#### 8.3 Healthy Babies Healthy Children

- Letter to Minister MacCharles from Wellington Dufferin Guelph Public Health

#### 8.4 Nutritious Food Baskets

- Letter to Minister Matthews from Wellington Dufferin Guelph Public Health
- Letter to Ontario Society of Nutrition Professionals in Public Health from Peterborough County
- Letter to Minister MacCharles

#### 8.5 Public Health Funding

- Letter to Minister Hoskins from Elgin St. Thomas Public Health
- Letter to Minister Hoskins from the Association of Public Health Agencies (alPHA)
- Letter to Minister Hoskins from Township of Hornepayne

#### 8.6 Smoke-Free Housing

- Resolution from Northwestern Health Unit

## **9.0 Items for Information**

- 9.1 Finance and Audit Committee Minutes dated:  
October 14, 2015, October 22, 2015 and October 28, 2015
- 9.2 Governance Standing Committee Minutes dated:  
October 14, 2015

## **10.0 Addendum**

### **11.0 That The Board Go Into Committee**

#### **Agenda Items:**

- 11.1 Adoption of previous in-committee minutes dated October 28, 2015

#### ***Resolution***

*THAT the Board of Health goes into committee.*

- 11.2 Personnel Matter

### **12.0 That The Board Go Into Open Meeting**

#### ***Resolution***

*THAT the Board of Health goes into open meeting*

### **13.0 Resolution Resulting From In-Committee Session**

### **14.0 Announcements:**

Next Board Meeting:

January 27, 2015

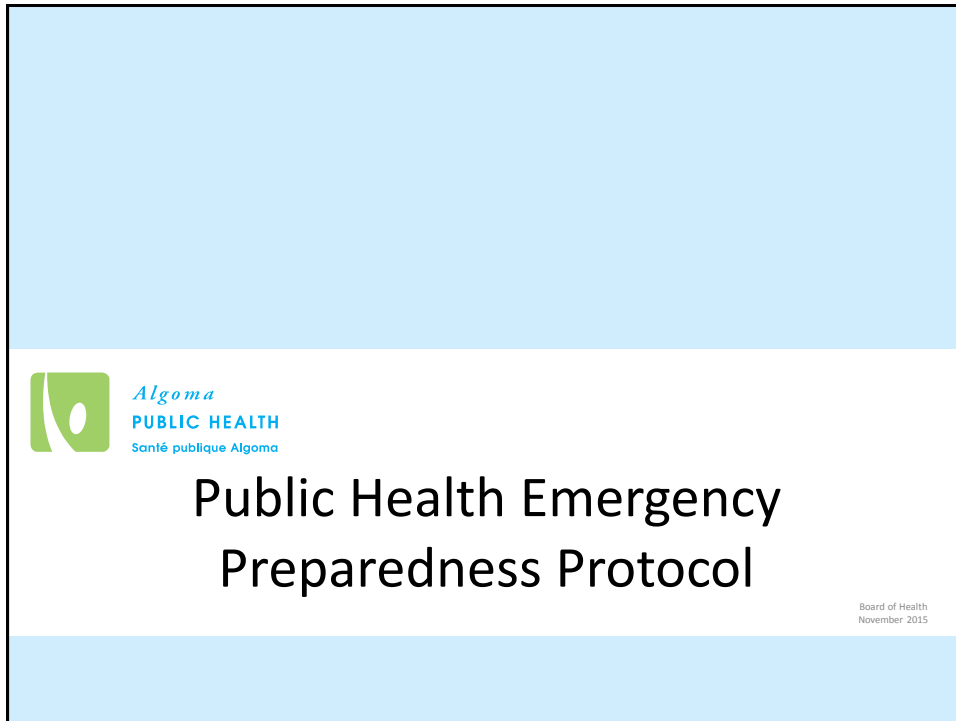
Sault Ste. Marie Room A&B, 1<sup>st</sup> Floor, Algoma Public Health, Sault Ste. Marie

Winter Prelude

December 4, 2015

Grand Gardens, Dennis St.

### **15.0 That The Meeting Adjourn**

**4.1) Attachment**

## OPHS REQUIREMENTS

- Identify health risks in Algoma , Hazard Identification Risk Assessment (HIRA)
- The following table depicts the most severe hazards that may be encountered. They vary from district to district.

NB. There is more than one potential hazard for each district.

District	Most Severe Hazard
Sault Ste. Marie	Human Health
Wawa	Evacuations
Blind River	Fog/ Lightning
Elliot lake	Forest Fire

## City of Sault Ste. Marie HIRA

Hazard	Description
Human Health	Extreme
Drinking Water (municipal)	Extreme
Electricity	Extreme
Flooding	Extreme
Explosions/ Fires	Very High
Transportation- Rail	Very High
Snowstorm/ Blizzard	Moderate
Freezing Rain	Moderate
Hazardous Material Spill	Moderate
Transportation- Air	Moderate
Oil/ Natural Gas Emergency	Low
Windstorm	Low
Terrorism/ CBRNE	Low
Building/ Structural Collapse	Low
Extreme Heat	Low
Extreme Cold	Low
Dam Failure	Low

## Blind River HIRA

The Blind River HIRA was completed in 2014. The top hazards identified are as follows:

Hazard	Description	Hazard	Description
Forest Fire	Extreme	Radiological	Moderate
Windstorm	Extreme	Pipeline	Moderate
Energy	Extreme	Earthquake	Moderate
Road Hazard	Extreme	Health	Moderate
Water	Extreme	McDougalls	Moderate
Cameco	Extreme	Ice	Moderate
Snow	High	Fog	Low
Critical Infrastructure	High	Lighting	Low
Rail Hazard	High	Flooding	Low
		Dam	Low
		Explosion/Fire	Low



## Wawa HIRA

Hazard	Description
Evacuations: Host Community	High
Hazardous Materials – Transportation	High
Human Health Emergencies and Epidemics Score	4 (high)
Burning Tires at Landfill Site	4 (high)
Dam Failure and/or Dam Floods	4 (high)
Severe Storms (Rain, Ice or Snow Storm)	3 (sub-stantial)
Black Out -Power Outage	3 (sub-stantial)
Transportation Emergencies	2 (limited)
Fog	2 (limited)
Extreme Cold/Heat	2 (limited)
Forest Fire	2 (limited)
Downed Power Lines	2 (limited)
Aircraft Crash	2 (limited)

## The City of Elliot Lake HIRA

Hazard	Description
Forest Fire	
Electric Failure	
Power Failure	
Rolling blackouts	
Human Health Emergency	
Ice and Sleet Storms	
Evacuation	

Hazards are listed in order of priority.  
Risk rating is unknown at this time.

## OPHS con'td

- Develop a Continuity of operations plan (coop)
- Algoma Public Health developed an emergency response plan
- Ensure 24/7 notification
- Provide emergency training to the BoH staff
- Exercise the coop, 24/7 and emergency plan



## HAZARD IDENTIFICATION RISK ASSESSMENT (HIRA)

- All communities in Ontario (Algoma) must create their own HIRA, APH works with the emergency planners in Algoma to create these documents
- Infectious disease outbreak has been identified by communities to be a health risk and part of their emergency plans
- Algoma Public Health will continue to work with our partners



## CONTINUITY OF OPERATIONS

- Part of APH plan is to have current contact lists of all BoH employees
- Have a ranking system for all programs on what program service must continue everyday by legislation, need or severity

## APH EMERGENCY RESPONSE PLAN

Thank you

Questions?





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6.1) Attachment

**MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER  
BOARD REPORT  
November 2015**

Prepared by Tony Hanlon Ph.D., CEO and Dr. Penny Sutcliffe, Acting MOH

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## SUMMARY/INTRODUCTION

T. Hanlon and J. Pino presented at the alPHa workshop on November 5, 2015 in Toronto. Two Board members were able to join them, C. Martin and I. Frazier. Based on the feedback from the Executive Director of alPHa the presentation was well received by the audience.

Contract for the interior renovations of the Elliot Lake office has been awarded and construction is underway. The first site inspection was done November 12, 2015 by David Ellis, Architect and Project Manager for this project. Demolition is essentially complete, site is clean and neat and in general work progressing well.

Dr. Strasser, Dean, Northern Ontario School of Medicine and T. Hanlon held an introductory meeting while he was visiting the Soo. We agreed to be open to any opportunities to work collaboratively going forward and that APH would continue to work with NOSM with medical student field placements.

Upon behalf of APH T. Hanlon and L. Zeppa attended the grand opening ceremonies at St. Mary's College which was well attended by community leaders.

## PROGRAM HIGHLIGHTS

### CHRONIC DISEASE PREVENTION

**Topic:** Youth Engagement and Development and Youth Engagement Theatre

**This report addresses** the following requirements of the Ontario Public Standards (2014) or program guidelines/deliverables: Youth Engagement.

**This report addresses** the following strategic directions:

- Improve Health Equity
- Collaborate Effectively

Algoma Public Health delivers a number of innovative, collaborative youth engagement programs.

The Youth Engagement and Development (YED) program works from an organizational vision and commitment to support staff to integrate a YED approach in public health work with youth that supports positive health outcomes. The Youth Engagement Coordinator (YEC) provides consultation, training and resources to staff and community partners to enhance YED practices. For example, the YEC collaborates with Indigenous community partners to support social norm shifts of reclaiming the sacred use versus commercial misuse of tobacco amongst Indigenous youth through the creation of culturally relevant, youth led tobacco projects.

The Algoma Youth Engagement Network's (AYEN) played a key role in Sault Ste. Marie's designation as a [Youth Friendly Community](#) and played a leadership role in developing a local Youth Engagement portal. As a result, AYEN is the 2015 recipient of the Ontario Healthy Communities Coalition Sheila Lupson Award that recognizes organizations, partnerships or networks who have exemplified the key elements of a Healthy Community approach in their work.

For 2015, the Algoma Youth Action Alliance (AYAA) continues to focus on promoting healthy lifestyles, in particular being tobacco-free. This youth-led and adult supported coalition is generating awareness about the negative impact of tobacco use and imagery in movies and developing a campaign that offers ways for youth to connect with nature as an alternative to stress smoking.

Algoma Public Health's Youth Engagement Theatre (YET) offers health promotion and education presentations supporting the Ontario Curriculum to Grade 9 Health and Physical Education classes across the Algoma district. For 2015/2016, YET continues to operate out of the former Sister Mary Clare Elementary School as part of APH's community partnership with the Huron-Superior Catholic District School Board. Local performances will take place in December 2015 and April 2016, followed by a tour of the district high schools in Wawa, Blind River and Elliott Lake in the spring of 2016.

Since the program was first piloted in 2010, more than 70 peer leader/actors who have earned hundreds of community service volunteer hours by participating in the YET initiative, facilitating presentations to approximately 6,000 Algoma student audience members.

*Rehearsing for Life* is a 90-minute forum theatre format utilizes peer-to-peer knowledge sharing and interactive theatre-based communication strategies to deliver public health messaging. Topics include substance use and misuse; health and safety harm reduction strategies, safe partying practices; sexual health education on prevention of teen pregnancy and the spread of STI's; developing refusal skills and resiliency through positive assertiveness exercises; and mental health awareness and stigma fighting.

This year, 14 youth volunteers were recruited from Korah, Superior Heights, White Pines and St. Mary's to comprise 2 acting groups who have been rehearsing 3 days a week in preparation for this season's shows.

The *Healthy Lives for 4's and 5's* production will be remounted in the spring of 2016 to deliver that presentation to the district elementary schools after a well-received series of presentations to local Grade 4 and 5 classes in the spring of 2015.

An abstract was submitted and accepted for the YET to present at The Ontario Public Health Conference 2016. APH will be working with the school boards to coordinate and plan for youth peer leaders to be present. This will highlight the YET program as a youth engagement health promotion strategy.

## **INJURY PREVENTION**

### **Topic: National Teen Driver Safety Week Promotion**

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: **Injury Prevention Requirement #2:** The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address road and off-road safety. **Requirement #3:** The board of health shall increase public awareness of the prevention of injury and substance misuse regarding on and off-road safety. **Requirement # 5:** The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation related to the prevention of injury.

**This report addresses** the following Strategic Directions: Collaborate Effectively

Canadian teenagers, between the ages of 16 and 19, remain at a higher risk of death per kilometer than all other age groups. Young people account for approximately 25% of all road-related injuries and fatalities. Driver distraction is a factor in between 15% and 19% of fatal collisions involving teen drivers; however most are unreported. Most of these injuries and deaths can be prevented (*Parachute Canada*).

Algoma Public Health (APH) has once again joined forces with the Sault Ste. Marie Police Services (SSMPS), Sault Ste. Marie Safe Communities Partnership (SSMSCP), Sault Ste. Marie Fire Services (SSMFS), Ontario Provincial Police (OPP) and this year has extended the Road Safety Workgroup membership. Invitations were sent to all Sault Ste. Marie driving schools, insurance companies, automotive dealerships and school boards. Our Driving School and Highland Ford united with the existing partners to support the working group with communication strategies and public outreach.

National Teen Driver Safety Week (NTDSW) occurred from October 19<sup>th</sup> through 25<sup>th</sup> in the Algoma District with a focus on distracted driving. The promotion included the development of the following multi-media prevention education material:

- A distracted driving information e-Message was sent to all worksites as part of the APH Workplace Wellness program
- A NTDSW proclamation was held at city council meeting on October 13<sup>th</sup>, 2015
- NTDSW posters were showcased on all Northern Digital Media screens and APH Infonet
- Radio advertisements outlining safety messages aired on Q104 and Easy Rock
- Community display boards (i.e. Fire halls, Canadian Tire, Stones Office Supply, Superior Heights, Station Mall) posted NTDSW and/or #AlgomaUndistracted
- Media release was posted to SooToday
- Information packages were delivered to all secondary schools in the Algoma District offering youth-led activity suggestions including: morning announcements, “selfie” photobooth resources and a “Heard it Through a Great Vine” contest



- “I Commit to PracticeSafeText” selfies were taken by Sault Ste. Marie City Council, Highland Ford staff members, CASS students, SSMPs, SSMFS, APH ACEO/Executive/Leadership team as well as other staff members and shared via Twitter and Facebook
- The President and CEO of Ford Canada and her staff members posed for a photo with the local OPP NTDSW poster that APH and OPP developed and shared via their Twitter account
- For a second year a consciousness-raising art installation entitled Exhibit 170 was displayed at the semi-final football games at Superior Heights on Saturday October 25<sup>th</sup>

A major development in this year’s communication strategy was to acquire stronger branding for Algoma’s NTDSW. To that end, #AlgomaUndistracted was created and utilized in all marketing material. #AlgomaUndistracted was thought to be locally recognizable, measurable and a means to unite the community while simultaneously connecting Algoma to a national safety campaign.

Over the course of NTDSW, the social media campaign was a vital component of the communication campaign and yielded the following results:

- Twitter safety messages sent by community partners generated 32,282 views; 58 re-tweets and 79 favorites
- Potential reach based on those clicking on our tweets was well over one million based on the followership
- Facebook messages sent by community partners produced 7,164 views and 190 likes
- A question was posed to the public via Facebook: *What is one word that comes to mind when you think of distracted driving?* #AlgomaUndistracted. Results included: collision, dangerous, death, selfish, and irresponsible

#AlgomaUndistracted gained recognition in its entirety, receiving accolades from other Ontario communities, the Commissioner of the OPP as well as Parachute Canada through social media accounts.

The community partners plan to further increase the working group membership to include representatives from local school boards, obtain support from the auto insurance industry and gain a stronger foothold in the Algoma District in 2016.



## **PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**Topic:** Preschool Speech and Language Program

**This report addresses** Program Guidelines/ Deliverables: Ministry Of Children and Youth Services (MCYS) Preschool Speech and Language Program

**This report addresses** the following Strategic Directions:

- Improve Health Equity
- Collaborating Effectively

**Algoma Public Health is the Lead Agency for Preschool Speech and Language Program:** the APH PSLS and Children's Rehabilitation Center (CRCA) provide services jointly to child 0-6 with single needs speech and language concerns. We have 3 Speech Language Pathologists (SLP) aligned to our program 2 FTEs at APH and 1 FTE at CRCA. We also have 2.6 Communicative Development Assistants (CDA), 1.8 FTE CDAs at APH and 0.8 FTE at CRCA. The average caseload of an SLP is between 90-100 and they deliver programs in office and in school as well as other areas as needed. The SLP's and CDA's provide individual and group treatments. The caseload can be higher because some children are in a consolidation period of their treatment schedule so they are not being directly seen by the SLP or CDA during that time.

### **PSLS Program Goals**

- To develop and maintain an integrated system of preschool speech and language services.
- To maintain seamless and efficient access to service for families and their children.
- To ensure the early identification of and intervention for all children with communication disorders in order to achieve positive child outcomes.
- To provide a range of evidenced-based interventions for the child, family and caregivers.
- To promote a smooth transition to school for children and their families.
- To provide family-centred care that respects and involves parents in all aspects of their children's assessment and intervention.

### **PSLS Objectives**

- To identify and serve all of the children in the preschool population with speech and language disorders as early as possible.
- To maximize positive outcomes for children's communication, play, social and literacy development through the most efficient means possible.
- To utilize common assessment and intervention protocols across the region and the province.

### **PSLS MYCS Deliverables for April 1, 2015 – March 31, 2016:**

- 45% of all initial assessments will be provided to children by 30 months of age.
- 100% of children who are discharged for the reasons "attending JK", "attending SK" and "attending Grade 1" will receive transition to school plans.
- 75% of all children aged 0-30 months during this fiscal year who have ever received PSL services, will have received parent training at some point during their period of service delivery through

one of the following intervention types: Hanen Parent Program\* , Parent Training Group\* , Home Program\* , Group Treatment SLP\* , or Group Treatment Mediator\*

- Outcome measurement will be completed with 90% of children 18 months of age and over receiving a re-assessment and/or at discharge.

One program in PSLS is the Summer School Readiness which takes place every summer and includes SLP and CDA from APH and CRCA as well as Occupational Therapist from CRCA and SLP students from Northern Ontario School of Medicine grants.

### **2015 Summer School Readiness**

Young children need certain skills in order to be “ready” for school. Some of these skills include communicating well, following rules, getting along with others, and fine and gross motor skills. Children who start school not ready to learn are at a disadvantage, and often never catch up.

Working in partnership with the Algoma District School Board and the Huron Superior Catholic District School Board, Summer School Readiness programs were run at two area schools. The camps focused on helping children with identified speech, language, or developmental needs meet the demands of school. The program included free play, circle and story time, healthy snacks, physical activities and crafts. Many of the children’s goals were linked to the ELKP learning expectations set by Ministry of Education guidelines.

In 2015, fifty-four children attended the camps. Free bus transportation was provided to ensure that children in all social circumstances could attend. This also helped children become familiar with the school bus and learn the bus rules.

Parents completed the FOCUS (*Focus on the Outcomes of Communication under Six*) for their children before and after the program. The FOCUS measures change in communication skills and participation/performance skills after a minimum of nine hours of speech-language therapy. Change is measured by the difference between the pre- and post- FOCUS scores. Of the children for whom this tool was completed, 52% made significant gains in communication, participation and performance skills, as measured by a 16 or more point change. The average difference for all completed FOCUS tools was 17.5 points.

Preschool Speech and Language Staff also participated in a summer camp at Waabinong Head Start Family Resource Centre, an urban aboriginal child care program. Ten children attended this full day camp for 6 weeks. PSLS supported this program for two of the weeks, during which the children were given the opportunity to ride the school bus with PSLS staff.

## **VACCINE PREVENTABLE DISEASES**

**Topic:** 2015 Influenza Campaign

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Vaccine Preventable Diseases Requirement #7 & #10.

**This report addresses** the following Strategic Directions:

- Collaborate Effectively
- Be Accountable

To date, APH has provided 5,160 doses of influenza vaccine at APH-led clinics. Some clinics planned this year are held at APH offices, while others are planned off site and in our district communities in order to provide for additional access to clinics. In addition to providing APH-led flu clinics, the Vaccine Preventable Diseases team has been providing influenza vaccine to local partners. Vaccine has been distributed to health care providers in the district of Algoma, including Family Health Teams, Community Health Centres, Family Physicians and Nurse Practitioners, Pharmacies, Nursing Agencies, Hospitals, Long Term Care Homes, Retirement Homes, and several other facilities. These partners are essential to the success of the influenza program and allow clients to have access to vaccine in additional locations. With the introduction of the intranasal flu vaccine to the Ontario Universal Influenza Immunization Program this season, we anticipate that we will see an increase in the number of children presenting for flu vaccination. We will continue to monitor for a trend in this demographic.

Respectfully submitted,

Tony Hanon, Ph.D., CEO and Dr. Penny Sutcliffe, Acting MOH

**ALGOMA PUBLIC HEALTH  
FINANCE AND AUDIT COMMITTEE REPORT  
FOR THE NOVEMBER 25, 2015 BOARD MEETING**

In attendance:

Tony Hanlon, Justin Pino, Ian Frazier, Candace Martin, Lee Mason, Dennis Thompson, Rhonda Cronin, Joel Merrylees

Invited Guest – Michael Marinovich and Steve Murray - KPMG

Secretary – Christina Luukkonen

As per the Regulations, APH must appoint the same auditor as the largest municipality that provides funding to the Health Unit. As such KPMG is our auditors for at least the next five years and Mr. Marinovich and Mr. Murray were in attendance to provide a presentation to the Committee on their approach to the upcoming year end audit. The presentation was very good and a number of questions were asked of the auditors to provide assurances to the committee that the approach is appropriate and complete. The target date for completion of the audit will be April 2016 in order to meet the revised deadline for statement submissions to the Ministry.

As part of the revised deadline, staff completed and presented the 2016 Public Health Operating Budget for the Committee's review and comments. With the Ministry's intent to provide health units with zero percent increase over the coming years, a balanced budget is prudent. A number of the expenditures were discussed and whether or not increased levies are required. The Committee recommended a few changes to the budget and after these recommended changes a balanced budget will be presented this evening to the Board to approve. It is the Committee's recommendation to approve the 2016 Public Health Operation Budget.

The Committee completed a brief review of the October 31<sup>st</sup> financial statements and it was noted that there were no significant changes compared to September 30<sup>th</sup> and it would be the recommendation of the Committee to the Board to approve the October 31, 2015 financial statements.

The Committee reviewed the Community Accountability Planning Submission for the 2016-2017 budget year. This budget is based on the current year's results and are not anticipated to vary to any significant degree. It is the Committee's recommendation to the Board to approve the 2016-2017 Community Accountability Planning Submission.

A briefing note was provided to the Committee to discuss the possibility of the Board moving towards a paperless format. A number of electronic packages were presented and upon reviewing the costs and benefits it would be the Committee's recommendation to the Board to approve moving to a paperless environment and purchase the appropriate electronic devices and software to accomplish this task.

The meeting was longer than planned but a lot of good and healthy discussions occurred in a very positive manner.



Chair, Finance and Audit Committee  
Algoma Public Health

11/18/15  
Date

**Algoma Public Health  
Financial Statements  
For the period ending:      October 31, 2015**

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**Algoma Public Health  
Statement of Operations and Fund Balances  
For the period ending:**

**October 2015**

	Actual YTD 2015	Budget YTD 2015	Variance Bgt to Actual 2015	Annual Budget 2015	2015 YTD Actual/ YTD Budget %
<b>Revenue</b>					
Municipal Levy -public health	\$ 3,371,761	\$ 2,711,157	\$ 660,604	\$ 3,253,389	124%
Provincial Grants -public health	\$ 8,185,393	\$ 8,157,167	\$ 28,226	\$ 9,788,600	100%
Grants/Levies - Capital	\$ -	-	-	-	
Provincial Grants - community health	5,111,958	4,690,953	\$ 421,005	7,463,339	109%
Fees, other grants and recovery of expenditures	561,516	686,837	\$ (125,321)	824,204	82%
	\$ 17,230,628	\$ 16,246,114	\$ 984,515	\$ 21,329,532	106%
<b>Expenditures</b>					
<b>Public Health Programs</b>					
Public Health	\$ 11,114,022	\$ 11,568,494	\$ 454,471	\$ 13,882,227	96%
Public Health (Capital)	0	-	-	-	
<b>Community Health Programs</b>					
Healthy Babies and Children	890,210	\$ 890,009	(201)	1,068,011	100%
HBHC Screening Liais(Combined with HBHC for 2015)	0	\$ -	-	-	
Child Benefits Ontario Works	16,530	\$ 16,667	137	20,000	99%
Dental Benefits Ontario Works	267,661	\$ -	-	-	
Early Years Development (NPCLinic II)	1,000	\$ 115,833	114,833	139,000	1%
Misc Calendar	399	\$ -	(399)	-	
		\$ -	-	-	
Healthy Community Partnership	444	\$ -	(444)	-	
Northern Ontario Fruit & Vegetable Program	56,270	\$ 67,528	11,258	117,400	83%
Brighter Futures for Children	58,083	\$ 66,175	8,093	113,448	88%
Infant Development	383,284	\$ 394,325	11,042	675,986	97%
Preschool Speech and Languages	334,059	\$ 358,316	24,256	614,256	93%
Nurse Practitioner	71,123	\$ 71,664	542	122,853	99%
Genetics Counseling	191,405	\$ 214,554	23,148	367,806	89%
Community Mental Health	1,722,398	\$ 1,851,499	129,101	3,173,998	93%
Community Alcohol and Drug Assessment	399,690	\$ 395,658	(4,032)	678,260	101%
Remedial Measures	105,495	\$ 101,933	(3,562)	122,320	
Diabetes	68,984	\$ 87,500	18,516	150,000	79%
Misc Fiscal	87,458	\$ 58,333	(29,125)	100,000	150%
	\$ 15,768,515	\$ 16,258,488	\$ 757,634	\$ 21,345,566	97%
<b>Excess of revenues over expenses - CH</b>	<b>457,466</b>	<b>959</b>	<b>1</b>		
<b>Excess of revenues over exp. - Public Health</b>	<b>1,004,647</b>	<b>(13,333)</b>		<b>(16,035)</b>	
<b>Operating fund balance, beginning of year</b>	<b>3,009,266</b>				
<b>Operating fund &amp; capital, end of month (Note 1)</b>	<b>\$ 4,498,171</b>				

**Note 1:**

The operating fund balance consists of a public health reserve and amounts owed to the Gov't of Ontario as of the report date.

**Algoma Public Health  
Revenue Statement**

For the Ten Months Ending October 31, 2015

	Current YTD	Budget YTD	Variance	YTD Actual to Annual Bgt %	Annual Budget	Comparison Prior Year:		
						YTD Actual 2014	YTD BGT 2014	Variance 2014
MOH Public Health Funding	6,233,263	6,265,917	(32,654)	83%	7,519,100	6,234,382	6,248,166	(13,784)
MOH Funding- Needle Exchange	37,324	42,250	(4,926)	74%	50,700	37,324	37,334	(10)
MOH Funding Haines Food Safety	20,441	20,500	(59)	83%	24,600	20,441	20,444	(3)
MOH Funding CINOT/Healthy Smiles	356,282	342,167	14,115	87%	410,600	356,280	356,285	(5)
MOH Funding - Social Determinants of Health	150,364	150,417	(53)	83%	180,500	147,421	147,425	(4)
MOH Funding Vector Borne Disease	90,503	90,583	(80)	83%	108,700	90,503	90,509	(6)
MOH Funding Chief Nursing Officer	101,166	101,250	(84)	83%	121,500	99,185	99,194	(9)
MOH Funding Safe Water	59,253	58,000	1,253	85%	69,600	57,963	57,969	(6)
MOH Enhanced Funding Safe Water	11,615	12,917	(1,302)	75%	15,500	12,905	12,917	(12)
MOH Funding Unorganized	363,241	416,917	(53,676)	73%	500,300	356,120	356,120	0
IC Prevention & Control Week	0	0	-	0%	0	0	0	0
CINOT Expanded Funding	33,526	28,333	5,193	99%	34,000	11,620	18,750	(7,130)
MOH Funding Infection Control	260,229	260,333	(104)	83%	312,400	258,765	258,778	(13)
Levies Sault Ste Marie	2,001,830	1,841,215	360,615	102%	1,969,458	1,908,041	1,541,579	366,462
Levies Sault Ste Marie Capital	244,683	244,683	(0)	83%	293,620	241,237	241,237	0
Levies Vector/ SDWS	54,963	54,963	1	83%	65,955	49,493	49,493	0
Levies District	970,344	670,356	299,988	121%	804,427	807,783	654,472	153,311
Levies District Capital	99,941	99,941	-	83%	119,929	103,388	103,388	1
Recoveries from Programs	5,030	8,384	(3,354)	50%	10,061	9,355	8,384	971
Program Fees	185,116	205,953	(20,837)	75%	247,143	185,212	205,953	(40,740)
Land Control Fees	151,205	133,333	17,872	95%	160,000	130,691	133,333	(2,642)
Program Fees Immunization	181,074	133,333	47,741	113%	160,000	143,441	133,333	10,108
HPV Vaccine Program	3,026	8,333	(5,307)	30%	10,000	1,292	8,333	(7,041)
Influenza Program	835	50,000	(49,165)	1%	60,000	7,190	50,000	(42,810)
Meningococcal C Program	714	8,333	(7,619)	7%	10,000	298	8,333	(8,036)
Interest Revenue	10,746	1,667	9,079	537%	2,000	4,287	1,667	2,620
Other Revenues	19,982	137,500	(117,518)	12%	165,000	26,183	62,500	(36,317)
Funding Holding	3,788	0	3,788	100%	0	0	0	0
Funding Ontario Tobacco Strategy	355,972	367,583	(11,611)	81%	441,100	350,122	354,667	(4,545)
Elliot Lake Office Relocation	0	0	-	0%	0	0	0	0
Panorama	0	0	-	0%	0	70,392	0	70,392
IT Platform Stabilization - One Time	0	0	-	0%	0	0	266,667	(266,667)
First Nations Initiative -One Time	112,214	0	112,214	100%	0	0	125,000	(125,000)
<b>Summary</b>	<b>\$ 12,118,670</b>	<b>\$ 11,555,161</b>	<b>\$ 563,509</b>		<b>\$ 13,866,193</b>	<b>\$ 11,701,315</b>	<b>\$ 11,652,230</b>	<b>\$ 49,085</b>
<b>Levies</b>	<b>3,371,761</b>	<b>2,711,157</b>	<b>660,604</b>	<b>124%</b>	<b>3,253,389</b>	<b>3,109,942</b>	<b>2,590,168</b>	<b>519,774</b>
<b>Funding Grants</b>	<b>8,185,393</b>	<b>8,157,167</b>	<b>28,226</b>	<b>100%</b>	<b>9,788,600</b>	<b>8,103,423</b>	<b>8,450,225</b>	<b>(346,802)</b>
<b>Fees &amp; Recoveries</b>	<b>561,516</b>	<b>686,837</b>	<b>(125,321)</b>	<b>82%</b>	<b>824,204</b>	<b>487,949</b>	<b>611,837</b>	<b>(123,887)</b>
<b>\$ 12,118,670</b>	<b>\$ 11,555,161</b>	<b>\$ 563,509</b>	<b>\$ 105%</b>	<b>\$ 13,866,193</b>	<b>\$ 11,701,315</b>	<b>\$ 11,652,230</b>	<b>\$ 49,085</b>	



**Algoma Public Health**  
**Expense Statement- Public Health**  
For the Ten Months Ending October 31, 2015

	Current YTD	Budget YTD	Variance	YTD Actual to Annual Bgt %	Annual Budget	Comparison Prior Year:		
						YTD Actual 2014	YTD BGT 2014	Variance 2014
Salaries & Wages	\$ 6,508,334	\$ 6,774,969	266,635	80%	\$ 8,129,963	\$ 6,598,410	\$ 6,899,447	\$ 301,036
Benefits	1,547,532	1,691,663	144,131	76%	2,029,995	1,599,063	1,724,860	125,797
Travel - Car Allowances	39,664	51,633	11,969	64%	61,960	82,320	123,903	41,583
Travel - Mileage	109,607	104,539	( 5,067 )	87%	125,447	91,802	117,566	25,764
Travel - Other	53,906	105,257	51,351	43%	126,308	103,119	110,257	7,137
Program	835,146	603,541	( 231,605 )	115%	724,284	671,876	715,614	43,738
Program Equipment Purchased			-	0%		307	417	110
Office	50,126	109,958	59,832	38%	131,950	82,952	141,833	58,881
Computer Services	584,247	641,441	57,194	76%	769,729	539,954	322,708	(217,246)
Telephone Charges	23,115	40,219	17,105	48%	48,263	37,957	88,969	51,012
Telecommunications	130,349	142,468	12,119	76%	170,961	146,564	119,166	(27,398)
Program Promotion	94,534	176,319	81,785	45%	211,583	76,390	168,529	92,139
Facilities Expenses	574,208	632,585	58,377	76%	759,102	693,674	625,918	(67,756)
Renovations			-	0%		128,431	54,167	(74,264)
Fees & Insurance	258,314	232,909	( 25,405 )	92%	279,490	187,617	181,667	(5,950)
Special Projects	113	0	( 113 )	100%	0	0	0	0
Debt Management	379,880	380,000	120	83%	456,000	(67,375)	(122,791)	(55,416)
Recoveries	(75,050)	(119,006)	( 43,956 )	53%	(142,808)	79,827	0	(79,827)
Elliot Lake Relocation	0		-	0%		379,880	380,000	120
	\$ 11,114,022	\$ 11,568,494	\$ 454,471		\$ 13,882,227	\$ 11,432,768	\$ 11,652,230	\$ 219,462

## **Notes to Financial Statements – October 2015**

### **Reporting Period**

The October 2015 financial reports include ten months of financial results for Public Health and the following calendar programs, Healthy Babies, Child and Dental Benefits Ontario Works and Early Years Nurse Practitioner II program. All other programs are reporting seven month results from operations year ended March 2016.

### **Public Health – Statement of Operations (see page 1)**

#### **General Comments**

As of October 31<sup>st</sup>, 2015, Public Health programs are reporting a surplus of approximately \$1M. On the Revenue side, \$660k positive variance is attributable to the timing of receipts of municipal levies from the City of Sault Ste. Marie and the District. There is a positive \$28k variance associated with Provincial Grants. Offsetting these positive variances is a \$125k negative variance related to the timing of the collection of Program Fees & Recoveries.

There is a positive variance of \$454k related to Public Health Expenses being less than budgeted. This is primarily due to gapping of two vacant positions as a means of safeguarding against uncertainty surrounding approval of the Provincial portion of the 2015 budget. APH was notified on September 4<sup>th</sup>, 2015 that it will receive a 0% increase in mandatory program funding from the Ministry. The inherent time lag in filling positions within the agency is also contributing to this variance.

Community Health programs are reporting a surplus of \$457k. \$114k of the variance noted is attributable to a vacant position within APH's Nurse Practitioner Clinic. APH has returned these funds to the Ministry. In addition, there is a \$129k positive variance associated with the Community Mental Health Program. The program received additional funding for positions related to transitional case management. The lag in time to fill these positions is driving the noted variance. There is a positive \$24k variance related to the Preschool Speech and Language Program and an \$18k positive variance related to the Diabetes Program. Purchases related to these programs typically occur within the last quarter of the year. There is a positive variance associated with the Genetics Program. This is a result of the inherent time lag in filling positions within the agency.

Notes Continued...

**Revenue (see page 2 for details)**

Public Health funding revenues are indicating a positive variance of \$563k. Driving this is an \$660k positive variance related to the timing of receipts of the municipal levy from the City of Sault Ste. Marie and the District. Funding Grants are also contributing to the variance. Fees and Recoveries are offsetting this positive variance. In an effort to balance the budget, recognition of deferred revenue was planned for 2015. Management has determined this is not required which is impacting the negative \$117k variance related to Other Revenues. The negative \$49k variance related to the Influenza Program should reduce as flu season continues. Collection of Land Control fees have improved since last month and are now showing a positive \$17k variance.

**Public Health Expenses Budget (see page 3)**

**Note 1/2– Salaries/Benefits**

The positive variance of \$266k is a result of two vacant positions which have been gapped as a means of mitigating uncertainty surrounding the Board of Health request to the Ministry of a 2.5% funding increase for mandatory programs. In addition, the vacant permanent Medical Officer of Health (MOH) position is impacting the noted positive variance. The inherent time lag in filling positions within the agency is also contributing to this variance.

The two vacant positions are driving the positive variance of \$144k with regards to benefits. In addition, the vacant permanent MOH role is contributing to this positive variance.

**Note 3 –Travel (Car Allowance, Mileage, Other)**

Car allowance is showing a positive \$11k variance. This is a result of the elimination of car allowance as collectively bargained.

Mileage is showing a negative \$5k variance. This is a result of staff now being reimbursement at or near CRA rates as collectively bargained.

Travel - Other is showing a positive \$51k variance. Staff travel has been less than in previous years.

**Note 4 - Program, Office, Computer Services, Program Promotion**

Program expenses are indicating a negative variance of \$231k. The purchased services for the Acting CEO and MOH role are driving the noted variance.

Office expense is showing a positive \$59k variance as a result of timing of office supply expenditures not yet incurred.

Notes Continued...

Computer Services is showing a positive variance of \$57k. This is a result of planned equipment purchases not yet incurred (laptop/desktop replacements). These purchases will take place in November.

Program Promotion is showing a positive variance of \$81k. Program Promotion expenses have been less than anticipated.

#### Note 5 – Telephone Charges/Telecommunications

Telephone Charges are indicating a positive variance of \$17k and Telecommunications is showing a positive \$12k variance. This is due to timing of expenditures not yet incurred.

#### Note 6 – Facilities Expenses/Renovations

Facilities Expenses is showing a positive variance of \$58k. This is a result of the timing of expenditures not yet incurred. Budgeted facility maintenance expenses will be occurring throughout the balance of the year which will reduce this positive variance noted.

#### Note 7 – Fees & Insurance

Fees & Insurance is indicating a negative variance of \$25k. This is due to the \$86k payment of the annual insurance premium paid in full during the month of March. In addition, APH has incurred incremental auditing and legal fees which are impacting the negative variance noted.

#### Note 8 – Recoveries

Recoveries are indicating a negative variance of \$43k. This is a result of entries not yet posted into the General Ledger.

#### **Community Programs (see page 1)**

All community programs are operating without budget issues.

#### **Financial Position - Balance Sheet (see page 7)**

Our cash flow position continues to be stable and the bank has been reconciled as of October 31<sup>st</sup>, 2015. Cash includes \$.698 million in short-term investments. A portion of the short-term investments relates to insurance settlement funds associated with the Elliot Lake mall collapse and will be used to help finance renovations for the new Elliot Lake offices. In addition, APH has been approved for a \$350,000 loan with interest only payments until September 1, 2016 to help with the financing of the Elliot Lake office renovations. The loan is open and can be repaid at any time without penalty.

Long term debt of \$5.848 million is held by the Royal Bank @ 2.76% for a 20 year term. The loan matures on September 1, 2016. There are no collection concerns for accounts receivable.

**Algoma Public Health**  
**Statement of Financial Position**

<b>Date: As of October 2015</b>	<b>October 2015</b>	<b>December 2014</b>
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 2,688,837	\$ 2,289,828
Accounts receivable	494,486	413,625
Receivable from municipalities	143,254	12,840
Receivable from Province of Ontario	-	
<i>Subtotal Current Assets</i>	<b>3,326,577</b>	<b>2,716,292</b>
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,490,200	1,698,086
Payable to Gov't of Ont/Municipalities	271,530	701,964
Deferred Revenue	639,624	555,359
Employee Future Benefit Obligations	2,417,999	2,417,999
Capital Lease Obligation	213,730	539,027
Term Loan	6,114,240	6,114,240
<i>Subtotal Current Liabilities</i>	<b>11,147,322</b>	<b>12,026,675</b>
<b>Net Debt</b>	<b>(7,820,745)</b>	<b>(9,310,383)</b>
<b>Non-Financial Assets:</b>		
Building Construction in Progress	22,732,421	22,732,421
Furniture & Fixtures	1,914,772	1,914,772
Leasehold Improvements	892,431	892,431
IT	3,029,040	3,029,040
Automobile	29,740	29,740
Accumulated Depreciation	-6,118,846	-6,118,846
<i>Subtotal Non-Financial Assets</i>	<b>22,479,558</b>	<b>22,479,558</b>
<b>Accumulated Surplus</b>	<b>14,658,812</b>	<b>13,169,175</b>

# Algoma Public Health

CMH&A Budget

2016-17

Including Expense Projections for 2015-16 (based on Q2 reports)

6.2 - ii) Attachment

	2015	2015-16	2016-17	Detailed Budget By Program			
	YEAR END	Annual	Annual	2016-17 Annual Budget			
	Projected	Budget	Budget	CADAP	CMH	ASH	Sessional
Funding	3,487,679	3,487,679	3,487,679	494,717	2,805,198	168,000	19,764
One time	-	-	-	-	-	-	-
Recoveries	-	-	-	-	-	-	-
	3,487,679	3,487,679	3,487,679	494,717	2,805,198	168,000	19,764
Management Salaries and Wages	212,807	212,920	214,791	52,905	161,886	-	-
Non-Union Salaries and Wages	2,086,758	2,106,634	2,121,418	230,754	1,759,224	131,440	-
CUPE Salaries and Wages	113,280	113,457	98,402	45,890	52,513	-	-
Benefits Statutory	25,992	25,101	25,936	3,025	21,470	1,441	-
Benefits Non statutory	135,324	158,484	135,051	13,881	115,724	5,445	-
Canada Pension Plan	100,260	93,267	100,046	11,486	82,113	6,447	-
Employment Insurance	48,100	44,889	47,995	5,729	39,267	2,998	-
Employer Health Tax	46,853	46,137	46,749	5,727	38,242	2,779	-
OMERS	253,565	239,731	252,877	42,540	196,589	13,749	-
Travel Car Allowances	-	-	-	-	-	-	-
Travel Mileage	92,864	92,439	92,439	4,000	87,400	1,040	-
Travel Food/Lodging/Other	12,854	13,000	13,000	8,000	5,000	-	-
Program Materials and Supplies	37,189	42,294	41,294	1,530	20,000	-	19,764
Program Supplies - Discretionary	-	-	-	-	-	-	-
Office Supplies	4,510	5,500	5,000	500	4,500	-	-
Office Equipment Purchased	-	-	-	-	-	-	-
Computer Equipment Purchased	10,308	10,308	9,500	3,000	5,000	1,500	-
Computer Support Expense	8,974	9,370	8,870	3,300	5,570	-	-
Telephone	6,000	8,200	6,700	-	6,700	-	-
Telecommunications	40,569	38,000	39,500	3,500	36,000	-	-
Recruitment	1,320	-	-	-	-	-	-
Membership Fees	-	-	-	-	-	-	-
Professional Development	21,058	22,400	22,561	4,400	17,000	1,161	-
Program Promotion	2,000	2,000	2,000	-	2,000	-	-
Rent	107,551	107,550	107,550	44,550	63,000	-	-
Janitorial	9,000	9,000	9,000	-	9,000	-	-
Repairs and Maintenance	92	-	-	-	-	-	-
Subscriptions/memberships	1,000	2,000	2,000	-	2,000	-	-
Legal Fees	-	-	-	-	-	-	-
Accounting Fees	18,667	18,667	18,667	-	18,667	-	-
Program Administration	66,333	66,333	66,333	10,000	56,333	-	-
	3,463,227	3,487,679	3,487,679	494,717	2,805,198	168,000	19,764
Surplus/(Deficit)	24,452	(0)	(0)	0	(0)	(0)	-
Benefits to Salary Ratio	25.29%	24.97%	25.00%	25.00%	25.00%	25.00%	

## 2016 Operating & Capital Budget

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*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

### **Algoma Public Health**

### **2016 Public Health Operating & Capital Budget**

# 2016 Operating & Capital Budget

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## **Executive Summary**

The 2016 Algoma Public Health (APH) Operating & Capital Budget is designed to reflect no changes in the current service offerings to the clients within the District of Algoma.

Identification of cost savings opportunities is necessary in order to attain a balanced budget for 2016 and in anticipation of ongoing funding pressures. Management and the Finance Committee have worked extremely hard in the context of significant fiscal pressures to achieve this important goal. The Ministry of Health & Long-Term Care is advising all public health units within the province to plan for no growth funding for mandatory programs and to plan 2016 budgets based on 2015 allocations. As a result of this directive, APH is requesting a 0% increase in growth funding for mandatory programs from the Ministry of Health & Long Term Care and a 4.5% increase in municipal levies.

The recommended budget has been reviewed and is recommended by the Board of Health Finance Committee.

## **2016 Financial Assumptions**

- The increase in the 2016 budget relative to 2015 is under 1%.
- No change in service offerings to the clients within the District of Algoma
- 0% increase in 2016 Provincial portion funding as a result of APH currently being above the new Public Health Funding model-based share
- 4.5% overall increase in the 2016 municipal levies
- Obligated salary increases from collective bargaining agreements will be honoured
- Salary increases for non-union and Management will be aligned with union salary increases
- Vacant MOH position is budgeted as per 2015 salary
- Interim CEO position is built into budget (one-time funding request has been made to the Ministry of Health & Long-Term Care in 2015 and will again be completed for 2016 expenses)
- Non-salary costs are based on historical data and adjusted for inflation where appropriate
- Buy-back of IT equipment related to Sale-Lease agreements is built into the budget
- Capital and debt repayment plans will be managed within approved (existing) resources.



# 2016 Operating & Capital Budget

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## **Notes to 2016 Budget**

### **Revenues**

Cost-shared programs and services are funded through the province, municipalities and other sources of revenue.

Pursuant to section 76 of the Health Protection & Promotion Act, the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate. 1997, c. 15, s. 5 (2).

In 2015, the Ministry of Health & Long Term Care began the process of implementing a new public health funding formula for mandatory programs. As a result of a 0% increase in mandatory funding from the Ministry in 2015, APH received \$187,445 less than was budgeted for. A 5.8% levy increase would have covered this shortfall. As a result funding pressures, APH has budgeted for a 0% increase in provincial funding for 2016. As a means of ensuring no changes in service offerings to the clients within the District of Algoma, a 4.5% increase is requested from obligated municipalities.

One-time funding requests received for 2015-2016 include the following:

- Health Inspector Practicum Program (\$10,000)
- HR System 2015-2016 (\$11,300)
- Smoke Free Ontario Nicotine Replacement Therapy (\$7,500)
- Electronic E-Cigarettes Act 2015-2016 (\$16,000)

### **Expenses**

Compared to the 2015 budget, salary and wages are projected to increase by 2.3% compared to 2015. This is a result honouring obligated salary increases as a result of collectively bargained agreements with CUPE and ONA and to ensure non-union and Management salary increase are in line with union increase. In addition, the position of CEO is built into the 2016 budget (Note 1).

Travel expenses have been reduced by 23.7% compared to 2015. This is a direct result of the cost saving initiative to eliminate car allowance for all APH employees. Program expenses have decreased by 18.7% compared to 2015 as a result of cost savings initiatives identified within each public health program.

IT expenses (Equipment) have been budgeted based on known forthcoming expenses for 2016. The buy-back of IT equipment related to the sale-lease buy-back financing transaction entered

## 2016 Operating & Capital Budget

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into in 2014 is built into the budget. This is resulting in a 22.7% increase in Equipment costs compared to 2015 (Note 2).

Office expenses have been budgeted to decrease by 32.4% compared to 2015. This is a result of cost savings initiatives within each program. Computer Services has increased by 17.1% compared to 2015. This is a result of the Cisco Smartnet expenses now being categorized under Computer Services as opposed to Equipment (Note 3). Outsourcing of Computer Services support will continue for 2016 based on the five-year Service Level Agreement that APH entered into in 2014. MicroAge continues to be a valued partner with regards to APH's IT strategy development and meeting APH's operational IT needs.

Telecommunications has increased by 3.3%. This is a result of revising the 2015 budget to more accurately reflect projected spending for 2016 (Note 4).

Program promotion expenses are projected to increase by 1.2%. Promotional activities are in line with APH strategic plan.

Facility Leases have increased by 6.8% compared to 2015 as a result of the lease expense related to the Elliot Lake offices. These expenses are being offset against the savings of relocating the Health Promotion Center from the Cambrian Mall in Sault Ste. Marie to the 294 Willow Avenue location. In addition, APH will no longer be incurring rent expense for a temporary location in Elliot Lake.

Building Maintenance expenses are based on 2015 actual costs incurred and has been adjusted to reflect 2016 projected needs. Management is continuously monitoring these costs in an attempt to ensure APH is receiving optimal pricing (Note 5).

Expense Recoveries have decreased by 1.3%. This is a result of Public Health receiving fewer recoveries from non-public health programs (Note 7).

### **Capital Expenses**

In 2015, the Board of Health received the balance of its insurance settlement related to the collapse of the Algo Center Mall in Elliot Lake. These funds are being used to finance renovations of the new space in Elliot Lake. Incremental costs above the insurance settlement amount will be financed with a bridge loan. The intent of the bridge loan is to eventually roll it into APH's current term loan related to the building in Sault Ste. Marie. This reduces the risk of APH's debt servicing costs exceeding current levels as APH has already paid down 5 out of the 20 years associated with the loan.

APH debt servicing costs will be financed through operations with no projected change from 2015 budgeted amounts (Note 7).

## 2016 Operating & Capital Budget

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### **2016 Operating & Capital Plan Recommendation**

"That the Board of Health for the District of Algoma Health Unit approves the 2016 Operating Budget as presented".

2016 Municipal Levy	POP 2011 CENSUS (1)	2016 RATE	2016 LEVY	2015 RATE	2015 LEVY	% CHANGE OVER 2015
<b><u>CITIES</u></b>						
Sault Ste. Marie	75,141	32.01	2,405,043	30.63	2,301,477	4.50%
Elliot Lake	11,348	32.01	363,216	30.63	347,575	4.50%
<b><u>TOWNS</u></b>						
Blind River	3,549	32.01	113,593	30.63	108,702	4.50%
Bruce Mines	566	32.01	18,116	30.63	17,336	4.50%
Thessalon	1,279	32.01	40,937	30.63	39,174	4.50%
<b><u>VILLAGES/MUNICIPALITY</u></b>						
Hilton Beach	145	32.01	4,641	30.63	4,441	4.50%
Huron Shores	1,723	32.01	55,148	30.63	52,773	4.50%
<b><u>TOWNSHIPS</u></b>						
Dubreuilville	635	32.01	20,324	30.63	19,449	4.50%
Jocelyn	237	32.01	7,586	30.63	7,259	4.50%
Johnson	750	32.01	24,005	30.63	22,972	4.50%
Hilton	261	32.01	8,354	30.63	7,994	4.50%
Laird	1,057	32.01	33,831	30.63	32,375	4.50%
MacDonald, Meredith and Aberdeen A	1,464	32.01	46,858	30.63	44,841	4.50%
Wawa (formerly Michipicoten)	2,975	32.01	95,221	30.63	91,121	4.50%
The North Shore	509	32.01	16,292	30.63	15,590	4.50%
Plummer Add'l	650	32.01	20,805	30.63	19,909	4.50%
Prince	1,031	32.01	32,999	30.63	31,578	4.50%
St. Joseph	1,201	32.01	38,440	30.63	36,785	4.50%
Spanish	696	32.01	22,277	30.63	21,318	4.50%
Tarbutt & Tarbutt Add'l	396	32.01	12,675	30.63	12,129	4.50%
White River	607	32.01	19,428	30.63	18,592	4.50%
<b>Total</b>	<b>106,220</b>		<b>3,399,791</b>		<b>3,253,389</b>	<b>4.50%</b>
<i>Rate increase:</i>		104.5%				
<b>(1) POPULATION FROM 2011 CENSUS per STATS CANADA</b>						

<b>2016 Funding Projections</b>	<b>2015</b>	<b>2016</b>	
<b>Grants, Levies and Recoveries</b>	<b>Annual Budget</b>	<b>Annual Budget</b>	<b>Ch as %</b>
Public Health Operation	\$ 7,497,800	\$ 7,497,800	0.00%
Public Health Cinot Expansion /Healthy Smiles Ontario	444,600	444,600	
Public Health Vector Bourne Disease	108,700	108,700	
PH - Chief Nursing Officer	121,500	121,500	
Public Health Unorganized	500,300	500,300	
Public Health Infection Control	312,400	312,400	
Public Health Tobacco Control	433,600	441,100	1.73%
PH -Small Drinking Water Systems	85,100	85,100	
PH - Bedbugs (One Time)	-	-	
PH - Haines Food Safety	24,600	24,600	
PH - Needle Exchange Supplies	50,700	50,700	0.00%
PH - 9000 Nurses Commitment (SDOH)	180,500	180,500	
Healthy Communities Fund	-	-	
Levies Sault Ste. Marie	1,969,458	2,362,846	4.41%
Levies District	804,427	977,512	5.75%
Levies SSM - Capital	293,620	-	
Levies District - Capital	119,929		
Levies VBD/Safe Water/One Time	65,955	59,433	-9.89%
Lease Income	169,204	169,204	
Program Fees	88,000	88,000	
Land Control Fees	160,000	160,000	
Program Fees Immunization	160,000	160,000	
Program Fees Influenza	80,000	80,000	
New Project Revenues	165,000	165,000	
Interest & Other	2,000	2,000	
Panorama			
One-time funding - First Nation's Initiative (75%)	-	-	
One-time funding - Computer (75%)	-	-	
One Time Funding Health Inspector Practicum Program	10,000		
One Time Funding HR System 2015-16	11,300		
One Time Funding SFO NRT 2015-16	7,500		
One Time Funding Electronic E Cigarettes Act 2015-16	16,000		
<b>Total</b>	<b>13,882,193</b>	<b>13,991,295</b>	<b>0.79%</b>
<b>Summary</b>			
Grants	<b>9,804,600</b>	<b>9,767,300</b>	-0.38%
Levies	<b>3,253,389</b>	<b>3,399,791</b>	4.50%
Recoveries	<b>824,204</b>	<b>824,204</b>	0.00%
<b>Total</b>	<b>\$ 13,882,193</b>	<b>\$ 13,991,295</b>	

## 2016 Draft Annual Operating Budget

	2015 Annual Budget (Final Approved)	2016 Annual Budget	Inc as %	Notes
<b>Revenues Summary</b>				
All Grants and Municipal Levies	\$ 13,057,989	\$ 13,167,091		
Other Recoveries and Fees	824,204	824,204		
<b>Total</b>	<b>13,882,193</b>	<b>13,991,295</b>	<b>0.8%</b>	
<b>Expenses:</b>				
Salaries and Wages	8,119,966	8,306,647	2.3%	1
Benefits	2,029,992	2,076,660	2.3%	1
Travel	313,715	239,460	-23.7%	
Program	700,749	569,806	-18.7%	
Equipment	145,769	178,851	22.7%	2
Office	127,450	86,200	-32.4%	3
Computer Services/Equipment	617,160	722,857	17.1%	3
Telecommunications	219,224	226,483	3.3%	4
Program Promotion	211,583	214,085	1.2%	
Facilities Leases	139,250	151,824	9.0%	5
Building Maintenance	619,852	662,100	6.8%	5
Fees & Insurance	279,490	241,205	-13.7%	
Expense Recoveries	(142,808)	(140,883)	-1.3%	6
Debt Management (I & P)	456,000	456,000	0.0%	7
One Time Requests	44,800	-		
<b>Total</b>	<b>13,882,192</b>	<b>13,991,295</b>	<b>0.8%</b>	
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ -</b>		

**ALGOMA PUBLIC HEALTH  
GOVERNANCE COMMITTEE REPORT  
FOR THE NOVEMBER 25, 2015 BOARD MEETING**

In attendance:

Tony Hanlon, Antoniette Tomie, Ian Frazier, Candace Martin, Lee Mason

Secretary – Christina Luukkonen

Two Board Policies were reviewed and a few minor changes were made. The two policies that were reviewed and being presented tonight with the Committees recommendation for Board approval are:

02-05-025 – Board Member Remuneration

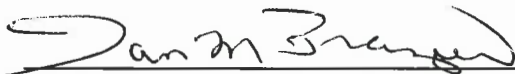
02-05-010 – Board Minutes – Posting Circulation

A summary was provided of the AIPHa Conference that Ian and Candace attended along with Justin and Tony being presenters at the Conference. The topic was Managing Uncertainty: Risk Management for Boards of Health. During the morning session Mr. Graham Scott, who completed the Assessment Report on APH during 2015 provided an introduction to risk. A number of references were made to APH and some seemed harsher than his report. Before lunch a presentation was completed by Corinne Berinstein regarding Implementation of Risk Management. It was very informative and could be applied to many aspects of business and life in general. In the afternoon two case studies were presented. The first from Justin and Tony. They provided a great presentation with the facts of what occurred and then they provided what has happened since which portrayed a much better image of APH. The second case study was regarding Kingston going through a Treasury Board Audit and how they worked with Corinne to implement her risk management framework. All-in-all it was a good conference.

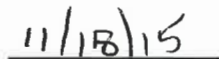
A briefing note was provided on Consent Agendas to help facilitate Board procedures. This is a method of grouping routine agenda items into one item and would require one approval instead of individual approvals. After a hearty discussion it was decided that this may be helpful in the future but with the current Board configuration this would not be beneficial at this time.

As part of the Board Strategic Directive each of the Executives provided a written Qualitative Report for each of their areas of responsibilities and how it relates to the strategic direction. As this being the first report comments are appreciated to provide feedback for any improvements. The Committee appreciates the efforts being put forth to provide critical information to the Committee and the Board.

It was decided to continue to positive steps being taken the Committee will meet in January as normal until the Board meeting takes place and a new Committee is developed.



Chair, Governance Committee  
Algoma Public Health



Date

**STRATEGIC DIRECTIONS – QUALITATIVE REPORT TO THE BOARD OF HEALTH**  
**NOVEMBER 2015**

**IMPROVE HEALTH EQUITY**

**Executive Lead: Laurie Zeppa**

To improve and advance health equity community partnerships are essential. A specific example of this is the unique partnership APH has developed with a number of community agencies at the Neighbourhood Resource Centre (NRC) on Gore Street in SSM. This location allows a number of agencies the opportunity to assess and meet “clients where they are at” and raise the bar in addressing their needs. The clients in this area have had linkages to oral health services, mental health services, social supports through “Neighbourhood Meals”, in addition to assisting with beautifying the neighbourhood by planting flowers and building a community garden. Residents in the area can “drop” in to the NRC if needing assistance and be linked to appropriate services in the community including APH. The agency plans to build this outreach approach with other relevant APH programs at the Neighbourhood Resources Centre.

In addition to this example of improving client health equity and in keeping with the “Improving” Health Equity Strategic Direction, the following are further examples of APH initiatives in 2015:

**Engaging with Community Partners**

- Provided health equity education to community partners such as Social Development Council, St. Joseph’s General Hospital in Elliot Lake, Sault College Early Childhood Education students, and Central Algoma Secondary School students

**Increasing Organizational Capacity**

- Health equity language was embedded in Situational Assessment and Program Planning templates

**Networking Provincially for Advocacy and Policy Work**

- APH is a partner in a Public Health Ontario (PHO) Locally Driven Collaborative Project focused on developing health equity indicators, with the goal of these indicators being adopted provincially for the 2017 PHU Accountability Agreements

**COLLABORATE EFFECTIVELY**

**Executive Lead: Sherri Cleaves**

There are several stages of collaboration starting with communication, documentation of existing opportunities to share information, and means to have various people/teams share their work. Once this ground work is complete the teams can then move forward to true collaboration and sharing of work, creating and sharing data to work towards a common goal within APH and with community organizations.

In 2015 the Collaborate Effectively team has been working on gathering data, knowledge and ideas for documentation and acknowledgement of the communication strategies currently being used. This is the first stage moving into collaboration model is communication and sharing of data. The team also highlighted many existing forms of internal and external communication such as the weekly email on updates to all staff and the conversation cafés. The goal in 2016 would be to move forward with the following 3 main areas:



- 1) Enhancing employee Knowledge of APH programs and services (Internally)
- 2) Marketing and Promotion of APH programs and services (Externally)
- 3) CQI of Information Management (This stage will also highlight examples of true collaboration with community partnerships, data sharing and using needs of the community to move our work forward)

During discussions with various other strategic directions team members and through updates at meetings it was found that there are many repeating themes, a thread throughout the directions. In order to highlight the thread and ensure that we are not duplicating the work it seemed reasonable to have one team lead the idea and keep the other teams posted. Some common themes found are surrounding orientation of new staff and sharing of information on all the programs in APH.

In January 2016 APH will be having a joint Strategic Committees meeting where the 4 strategic committees will be gathering around the table and each team will be presenting what they have been working on in 2015 and their plans for 2016. This will foster communication among the teams and avoid duplication of effort.

## **BE ACCOUNTABLE**

**Executive Lead: Justin Pino**

2015 has been a very successful year for the Be Accountable Strategic Planning Sub Committee. Algoma Public Health's Strategic Plan 2015-2020 set the "road map" for the organization over the next 5 years.

The Be Accountable strategic goals are as follows:

- Develop and implement consistent program plans
- Develop & publish stakeholder reports
- Enhance board accountability
- Enhance employee accountability
- Improve operational efficiencies

The Be Accountable Strategic Direction has been divided into a 5 year plan. A Year 1 summary of each goal for the Be Accountable Strategic Direction is noted below:

### **Develop and Implement consistent Program Plans**

- 2015 Program plans designed to include a measurement component to monitor performance outcomes

### **Develop & Publish Stakeholder Reports**

- 2014 Annual Report published
- 2015 Algoma Cancer Report published
- Annual financial statements available on APH website
- Launch of new APH website

### **Enhance Board Accountability**

- Revised Agency By-laws and continuous review and updating of Board Policies
- All day Board orientation (January 2015)
- Training Opportunities provided to board members (ALPHA Conference, Community Board Governance Workshop hosted by Children's Rehabilitation Center)
- Formulation of Board Finance Committee and Board Governance Committee

#### Enhance Employee Accountability

- New procurement policy developed and approved by Board
- Employee Code of Conduct currently being developed

#### Improve Operational Efficiencies (2016)

- 2016 to focus on staff led initiatives to improve operational efficiencies and identify cost savings opportunities
- Development and presentation of an agency risk management model

### **ENHANCE EMPLOYEE ENGAGEMENT**

#### **Executive Lead: Antoniette Tomie**

In May 2015 employees participated in an employee engagement survey through Guarding Minds @ Work. 87.4% of employees completed the survey. The survey results were reported across 13 Guarding Minds @ work psychosocial factors. Employee engagement proved to be the most positive result which illustrates that employees feel connected to their work and are motivated to do their job well. There were no psychosocial factors rated as serious concerns. There were four factors rated as minimal concerns. The balance of the factors was rated as concerns. Of these factors organizational culture, clear leadership & expectations, and civility and respect were identified as needing attention. The APH Executive Team has reviewed the survey results and with employee input and feedback has developed the following plan for 2015/2016.

1. Internal communications
  - a. Communicate agency objectives, performance, and new initiatives effectively
  - b. Regular communication process with employees (e.g. touch downs meetings)
  - c. Conduct effective inclusive meetings at all levels of the organization
  - d. Develop and distribute Code of Conduct guide, policy and procedures
  - e. Acknowledge agency achievements (ie meeting program planning targets, accountability agreements; success of a major project, internal partnerships)
2. Establish worksite wellness committee and action plan
3. Professional development
  - a. Develop agency wide professional development plan
  - b. Improve employee training opportunities and understanding of electronic systems
  - c. Review where necessary and provide training on H.R. policies e.g. Code of Conduct
4. Orientation and mentorship
  - a. Develop a comprehensive orientation program
  - b. Develop a formalized mentorship program

## Algoma Public Health – GENERAL ADMINISTRATIVE – Policies and Procedures Manual

<b>APPROVED BY:</b>	Board of Health	<b>REFERENCE #:</b>	02-05-025
<b>DATE:</b>	O: March 20, 2002 Revised: June 17, 2014 Revised: November 25, 2015	<b>SECTION:</b>	Board
<b>PAGE:</b>	1 of 2	<b>SUBJECT:</b>	Board Member Remuneration/ Expenses for Attendance at Meetings and Conferences

**POLICY:****Remuneration for Attendance at Board of Health Meetings**

- 1) Board members' attendance at meetings is verified by the attendance recorded in the minutes.
- 2) Payment of remuneration is issued to Board members on a monthly basis.
- 3) Daily remuneration as approved by the Board of Health and in accordance with *Part VI of the Health and Protection and Promotion Act, Section 49*, is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality, for the following authorized activities:
  - a) Attendance at regular and/or special Board of Health meetings including teleconferenced meetings.
  - b) Attendance at Standing Board Committee meetings including teleconferenced meetings.
  - c) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair.
- 4) The Chair of the Board shall receive extra remuneration as described in this policy for the performance of additional duties associated with position of board chair.

**Remuneration for Attendance at Board of Health Functions**

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

- a) Attendance as a voting delegate to any annual or general meeting of alPHa;
- b) Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a written report will be tabled with the Board.

For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
- attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;
- an alPHa-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;

- others at the discretion of the Chair, subject to ratification by the Board.
- c) This rate does not apply to any workshop, seminar, conference, public relation event, APH program event or celebration, which is voluntary and does not specifically require official Board representation.

The Board member remuneration as described below will be effective each January. The remuneration may be increased each year by resolution and vote of the Board and the increase will be no greater than the % change in the consumer price index for the previous year as determined by Statistics Canada.

Attendance at Board Meetings	\$109	per meeting
Attendance at Board Meeting ( <i>partial</i> )	\$54	per meeting
Attendance at Committee Meetings	\$60/ \$109	\$60 per meeting or \$109 maximum if attending more than one meeting on the same day.
Attendance at Conferences	\$181	per day
Additional duties of Board Chair	\$60	per month

### Expenses

- 1) Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply.
- 2) Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality.
- 3) The rate of reimbursement for use of a personal automobile is the straight kilometer rate as per the current General Administrative Manual – Non-Union Employees.
- 4) Travel Expense Claim Form is used to claim:
  - a) the kilometers traveled for attendance at Board functions (conference, conventions or workshops).
  - b) reasonable and actual expenses incurred respecting accommodation, food, parking and registration fees. All claims are subject to any limitations as in the General Administrative Manual. Receipts are required.
- 5) Once submitted, Board/MOH Expenses are to be approved as follows:
  - a) The Board of Health Chair expenses: will be approved by the Chair of the Finance and Audit Committee.
  - b) Board member expenses will be approved by the Board of Health Chair or delegate.
  - c) MOH and/or CEO expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

**Algoma Public Health – GENERAL ADMINISTRATIVE – Policies and Procedures Manual****APPROVED BY:** Board of Health**REFERENCE #:** 02-05-010

**DATE:** O: February 12, 1996  
 Revised: June 17, 2014  
 Revised: September 22, 2015  
 Revised: November 25, 2015

**SECTION:** Board**PAGE:** 1 of 1**SUBJECT:** Board Minutes/Packages –  
Posting/Circulation/Retention**POLICY:**

Algoma Public Health Board meeting packages will be posted to the APH website. Once the meeting minutes have been approved by the Algoma Public Health Board, the approved minutes will be posted on the website. Access, storage and retrieval of this information will be in accordance with general standards of APH and the Municipal Act.

**PROCEDURES:**

- Secretary to the Board of Health:
- 1) Will post the Board package to the Algoma Public Health Website and the email the link to municipalities one week prior to the Board meeting. In-committee documentation will not be included.(See Policy 02-05-060)
  - 2) Maintain a binder of original signed approved Board minutes plus signed resolutions by the Board Chair for each Board meeting on a yearly basis.

# Briefing Note

**To:** The Board of Health

**From:** Tony Hanlon, Chief Executive Officer

**Date:** November 25, 2015

**Re:** Smoke-Free Multi Unit Housing

☒ For Information

☐ For Discussion

☒ For a Decision

## **ISSUE:**

Algoma Public Health recognizes that second-hand smoke is a serious problem for many Ontario residents living in apartments and condominiums, especially those who suffer from chronic health conditions.

## **RECOMMENDED ACTION:**

1. That the Board of Health for Algoma encourages all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties
2. That the Board of Health endorses that future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset
3. That the Board of Health for Algoma encourages public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties
4. That the Board of Health for Algoma endorses that future public/social housing development in Ontario should be smoke-free from the onset.
5. That the Board of Health for Algoma encourages the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

## **BACKGROUND:**

- Tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year;<sup>1</sup>
- The U.S. Department of Health and Human Services identifies that exposure to SHS among children and adults causes a range of adverse health effects, including premature death and disease;<sup>2</sup>

<sup>1</sup> <http://www.mhp.gov.on.ca/en/smoke-free/default.asp> Accessed August 17 2010

<sup>2</sup> U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006.

- Second-hand smoke kills 1,000 Canadians annually;<sup>3, 4</sup>
- Approximately one-third of Ontarians living in multi-unit housing (MUH) report regular exposure to second-hand smoke that originates in neighbouring units, and 80% would choose a smoke-free building if the choice existed;<sup>5</sup>
- Indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building;<sup>6</sup>
- 31.1% of residents who live in multi-unit housing in the North East Ontario Tobacco Control Area Network region report tobacco smoke entering their home in past 6 months;<sup>7</sup>
- Many individuals across Algoma live in a multi-unit dwelling environment and many are unwillingly exposed to second-hand smoke in their homes.
- Exposure can occur from: a neighbour's patio/balcony, or from outdoor common areas; through open windows or doors, electrical outlets, cable or phone jacks, or ceiling fixtures, cracks and gaps around sinks, countertops, windows, doors, floors, walls or dropped ceilings; and through the ventilation or forced air system.
- The 2010 Tobacco Strategy Advisory Group (TSAG) report<sup>8</sup> regarding Ontario's renewed Smoke-Free Ontario Strategy contains a number of recommendations pertaining to multi-unit housing (MUH). First and foremost, the report recommends continuing and intensifying a voluntary approach to smoke-free MUH.
- Algoma Public Health Tobacco Control staff has provided in the past, consultations and support to both the Ontario Finnish Resthome Association and the Sault Ste. Marie Housing Corporation (SSMHC) with both implementing smoke-free housing policies. These policies did allow for any existing tenants at the time to be grandfathered in and allowed to continue smoking; however all new tenants were required to sign their lease with the understanding that they cannot permit smoking in their apartment

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<sup>3</sup> Health Canada, 2004. "Cigarette Smoke: It's Toxic." Second-hand Smoke: FAQs & Facts. 2004. [www.hc-sc.gc.ca/hlvs/tobac-tabac/second/fact-fait/tox/index\\_e.html](http://www.hc-sc.gc.ca/hlvs/tobac-tabac/second/fact-fait/tox/index_e.html) (Accessed Jan. 2006)

<sup>4</sup> Makomaski-illing EM and Kaiserman MJ, 1999. Mortality attributable to tobacco use in Canada and its regions-1998. *Canadian Journal of Public Health* 1999; 95(1):38-44. [www.cpha.ca/shared/cjph/archives/abstr04.htm#38-44](http://www.cpha.ca/shared/cjph/archives/abstr04.htm#38-44) (Accessed Dec. 2005)

<sup>5</sup> Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8December 2011. <http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-coops-want-to-live-smoke-free>

<sup>6</sup> "Second-hand smoke in Multi-Unit Dwellings." Non-Smokers' Rights Association (2011). Available from <http://www.nsra-adnf.ca/cms/page1433.cfm>.

<sup>7</sup> [http://otru.org/wp-content/uploads/2014/10/update\\_aug2014\\_v2.pdf](http://otru.org/wp-content/uploads/2014/10/update_aug2014_v2.pdf)

<sup>8</sup> *Building on our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016*. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport, October 18, 2010. <http://www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf>.

**ASSESSMENT OF RISKS AND MITIGATION:**

No conceivable risks are identified at this time

**FINANCIAL IMPLICATIONS:**

No conceivable financial implications are identified at this time

**OPHS STANDARD:**

Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

- Comprehensive Tobacco Control – Chronic Disease Prevention Program requirements 7, 11, 12

**STRATEGIC DIRECTION:**

Strategic Directions: Collaborate Effectively, Improve health Equity

**CONTACT:**

Sandra Byrne, Program Manager, Community Drug and Alcohol Assessment Program/  
Smoke-Free Ontario Strategy





# Briefing Note

[www.algomapublichealth.com](http://www.algomapublichealth.com)

**To:** The Board of Health  
**From:** Tony Hanlon, Chief Executive Officer  
**Date:** November 25, 2015  
**Re:** Electronic Board Management Software

☒ For Information

☐ For Discussion

☒ For a Decision

## **ISSUE:**

Algoma Public Health is committed to improving Board efficiencies

## **RECOMMENDED ACTION:**

That the Board of Health approves the purchase of electronic Board management software and hardware.

## **BACKGROUND:**

Currently Algoma Public Health provides paper copies for all Board of Health meetings and Committee meetings, as well as uploading documents to a secure website for the Board members to view electronically. By moving to an electronic Board management system we would be combining the two processes into one.

The creation of paper Board packages is costly due to staff time assembling, paper, toner courier etc. Moving to an electronic Board management system would reduce the amount of paper used and save time for staff and would be environmentally friendly. The electronic Board management system can also be used to store the Board of Health Orientation and Reference Manual. This would allow for all documents to be readily available to Board members as they need them and allow for immediate updates when revisions are made.

## **FINANCIAL IMPLICATIONS:**

The cost for implementing an electronic Board management system is approximately \$20,000.00. This fee includes the purchase of the electronic management software, ipads and ipad cases for all current Board members and members of the Executive Team. There would then be an annual cost per year for the software and cost for ipads for new Board members as they are appointed. See attached document for breakdown of cost analysis.

## **CONTACT:**

Christina Luukkonen

**Expenses for paper board packages**

October Board Package (Currently 5 Board members)

**Paper Use: \$.05 per page**

Agenda Package: 82 pages

Addendum Package: 50 pages

**Misc Expenses:**

1" Binders

12 Tab Divider

Courier Service

**Total per package: \$20**

6 Board packages for Board Members and MOH

5 Board packages for Executive and master copy

2 Board packages for EA and CEO

2 Extra copies for Media

**Total Package Cost: \$200.00**

EA time for printing and packaging

**Total Cost for October Package: \$520.00**

**10 Board meetings per year: \$5200.00**

**Full Board Expense (6 Additional Board Members)**

6 Board packages for Board members: \$120.00

10 Board meetings per year: \$1200.00

**Estimated expense with a full Board: \$6400.00**

**Orientation Binder**

Paper Use: 440 pages/binder @ \$.05/page

3" Binder

1. Can also use electronic board software for Board committee meetings.
2. Orientation manual
- 13 Orientation Binders: \$430.00**
3. Executive Team Meetings

*All costs are approximate amounts.*

**Electronic Board Package Expenses****Hardware**

11 Board Members  
4 Executive Directors  
1 CEO  
1 Executive Assistant

12 Ipad (\$549 + HST) + 12 Recycle fee

12 cases (195 + HST)

**Total Cost for 12 Ipad: \$8940.00 + HST = \$10,102.20**

**6 more will need to be purchased when new board members are appointed (\$4,470 + HST = 5,051.10)**

**Half of this would not be considered an extra cost because Board members are given an ipad/tablet/laptop anyways.**

**Software****Board Effect**

\$7,863.60 Canadian (approx.)

\$6,000 – Total Annual Fee US 20 Users

Plus applicable taxes

**BoardPad –**

\$13,957.89 Canadian (approx.)

\$10,650 - Total Annual Fee US 20 Users

\$2,500 – Annual Core System Maintenance Fee

\$6,000 – Annual User fee (20 users at \$300/year)

\$2,150 – Annual Hosting Fee (25% of above)

Plus applicable taxes

**Aprio**

\$11,500 – Total Fee

\$10,000 – Annual Fee Canadian 25 users

\$1,500 – Implementation Fee (one-time fee)

**ALGOMA PUBLIC HEALTH FINANCE AND AUDIT COMMITTEE MEETING  
OCTOBER 14, 2015  
SAULT STE. MARIE ROOM B, 1<sup>ST</sup> FLOOR, APH SSM  
MINUTES**

BOARD MEMBERS PRESENT	Ian Frazier Dennis Thompson	Lee Mason	Candace Martin
ALGOMA PUBLIC HEALTH STAFF PRESENT:	Acting Chief Executive Officer Chief Financial Officer Recording Secretary		Tony Hanlon Justin Pino Christina Luukkonen

**1) CALL TO ORDER:**

I. Frazier called the meeting to order at 4:29 pm.

**2) DECLARATION OF CONFLICT OF INTEREST**

None were reported.

**3) ADOPTION OF AGENDA ITEMS dated October 14, 2015**

It was decided that item 7b) ELNOS Progress – Opening of Elliot Lake Renovation Tenders would be brought before the committee as the first item of business as Mr. Ellis from David Ellis Architect Inc. was in attendance.

FC2015-31 Moved: L. Mason

Seconded: C. Martin

THAT the agenda items dated October 14, 2015, be adopted as amended.

CARRIED.

**4) ADOPTION OF MINUTES September 17, 2015**

FC2015-32 Moved: L. Mason

Seconded: D. Thompson

THAT the minutes as amended for the Finance Committee dated September 17, 2015, be adopted as amended.

CARRIED.

**5) FINANCIAL STATEMENTS FOR THE PERIOD ENDING: September 20, 2015**

Mr. Pino reviewed the financial statements that were provided to the Committee members. Discussion ensued. Mr. Pino to provide follow-up to three questions:

- i) What is included in Accounts Receivable and Receivable from Municipalities?
- ii) Why is the Municipal Levy Revenue YTD Actual 134% of YTD Budget?
- iii) Under what mandate does Management have to bring in deferred revenue?

Mr. Pino informed the Committee that KPMG will be attending the next Finance and Audit Committee meeting when we discuss the budget for 2016.

**6) BUSINESS ARISING FROM MINUTES**

There was no business arising from the minutes of September 17, 2015.

FC2015-33 Moved: L. Mason

Seconded: D. Thompson

THAT the Finance and Audit Committee recommends the Financial Statements for the period ending September 30, 2015 and be put forth to the Board for approval.

CARRIED.

**7) NEW BUSINESS/GENERAL BUSINESS**

**a) 02-04-030 – Procurement Policy - Amendment**

Dr. Hanlon highlighted the proposed changes to the signing authority values.

FC2015-34 Moved: D. Thompson

Seconded: L. Mason

THAT the Finance and Audit Committee recommends the proposed changes to the Procurement Policy 02-04-030 and be put forth to the Board for approval.

CARRIED.

**b) ELNOS Progress – Opening of Elliot Lake Renovation Tenders**

Mr. Ellis from David Ellis Architect Inc. was in attendance for the opening of the tenders for the interior renovations to the 3<sup>rd</sup> floor of the ELNOS building in Elliot Lake that will be the permanent location of Algoma Public Health's Elliot Lake office. Seven tenders were received prior to the deadline of October 14, 2015 at 2:00pm from:

- Cy Rheault
- Quinan
- La Ro Construction
- SRS Contracting
- George Stone & Sons
- W.S. Morgan
- Properi

Tenders were opened and amount was recorded for each submission. It was decided the committee would meet again next week on Thursday, October 22, 2015 at 4:00pm to complete the evaluations. A recommendation will be made to the Board at the meeting on October 28, 2015.

**8) ADDITIONS TO AGENDA**

There were no additions to the agenda.

**9) THAT THE COMMITTEE GO INTO COMMITTEE**

The Committee decided to defer going into committee and will approve the minutes at the next meeting.

**10) THAT THE BOARD GO INTO OPEN MEETING 5:55 p.m.**

**11) ITEMS IDENTIFIED TO BE BROUGHT FORTH TO THE BOARD**

1. Procurement Policy
2. Financial Statements for the period ending September 30, 2015
3. ELNOS Interior Renovation Tender

**12) NEXT MEETING: November 12, 2015**

**13) THAT THE MEETING ADJOURN: 6:01 p.m.**

FC2015-35 Moved: L. Mason

Seconded: D. Thompson

THAT the meeting adjourns.

CARRIED.

**ALGOMA PUBLIC HEALTH FINANCE AND AUDIT COMMITTEE MEETING  
OCTOBER 22, 2015  
SAULT STE. MARIE ROOM A, 1<sup>ST</sup> FLOOR, APH SSM  
MINUTES**

BOARD MEMBERS PRESENT	Ian Frazier Dennis Thompson	Lee Mason	Candace Martin
ALGOMA PUBLIC HEALTH STAFF PRESENT:	Acting Chief Executive Officer Chief Financial Officer Recording Secretary		Tony Hanlon Justin Pino Christina Luukkonen
GUESTS:	David Ellis, David Ellis Architect Inc. Genarro Ferlaine, MET Energy		

**1) CALL TO ORDER:**

Mr. Frazier called the meeting to order at 4:10 pm.

**2) DECLARATION OF CONFLICT OF INTEREST**

None were reported.

**3) ADOPTION OF AGENDA ITEMS dated October 22, 2015**

FC2015-36 Moved: L. Mason

Seconded: C. Martin

THAT the agenda items dated October 22, 2015, be adopted as amended.

CARRIED.

**4) ADOPTION OF MINUTES n/a**

**5) FINANCIAL STATEMENTS FOR THE PERIOD ENDING: n/a**

**6) BUSINESS ARISING FROM MINUTES**

There was no business arising from the minutes

**7) NEW BUSINESS/GENERAL BUSINESS**

There is no new business.

**8) ADDITIONS TO AGENDA**

There were no additions to the agenda.

**9) THAT THE BOARD GO INTO COMMITTEE 4:12 p.m.**

**Agenda items:**

**a) Security of Property**

FC2015-37 Moved: L. Mason

Seconded: D. Thompson

THAT the Committee goes into committee.

CARRIED.

**10) THAT THE BOARD GO INTO OPEN MEETING 5:55 p.m.**

FC2015-38 Moved: C. Martin

Seconded: D. Thompson

THAT the Committee goes into open meeting.

CARRIED.

**11) ITEMS IDENTIFIED TO BE BROUGHT FORTH TO THE BOARD**

**12) NEXT MEETING:** Thursday, November 12, 2015

**13) THAT THE MEETING ADJOURN: 6:10 p.m.**

FC2015-39 Moved: L. Mason

Seconded: C. Martin

THAT the meeting adjourns.

CARRIED.

**WHITE RIVER ROOM, 3<sup>RD</sup> FLOOR, APH SSM  
MINUTES**

BOARD MEMBERS PRESENT    Ian Frazier                      Lee Mason                      Candace Martin  
   Dennis Thompson

ALGOMA PUBLIC HEALTH	Acting Chief Executive Officer	Tony Hanlon
STAFF PRESENT:	Chief Financial Officer	Justin Pino
	Recording Secretary	Christina Luukkonen

GUESTS: David Ellis, David Ellis Architect Inc.

**1) CALL TO ORDER:**

Mr. Frazier called the meeting to order at 4:38 pm.

## 2) DECLARATION OF CONFLICT OF INTEREST

None were reported.

### 3) ADOPTION OF AGENDA ITEMS dated October 28, 2015

FC2015-40    Moved:    C. Martin

Seconded: L. Mason

THAT the agenda items for the Finance and Audit Committee dated October 28, 2015, be adopted as circulated.

CARRIED.

**4) THAT THE BOARD GO INTO COMMITTEE 4:39 p.m.**

Agenda items:

a) Litigation or Potential Litigation

FC2015-41    Moved:    L. Mason

Seconded: C. Martin

THAT the Committee goes in-committee.

CARRIED.

**5) THAT THE BOARD GO INTO OPEN MEETING 4:55 p.m.**

FC2015-42    Moved:    L. Mason

Seconded: C. Martin

THAT the Committee goes into open meeting.

CARRIED.

## 6) NEW BUSINESS

a) Awarding of Contract for Elliot Lake office renovations

FC2015-43    Moved:    L. Mason

Seconded: C. Martin

THAT the Finance and Audit Committee recommends that the Renovations to the 3<sup>rd</sup> Floor ELNOS building for the new Algoma Public Health Elliot Lake office be awarded to WS Morgan Construction Ltd. and put forth to the Board of Health for approval.

CARRIED.



**7) NEXT MEETING:** Thursday, November 12, 2015

**8) THAT THE MEETING ADJOURN: 4:58 p.m.**

FC2015-44 Moved: L. Mason

Seconded: D. Thompson

THAT the meeting adjourns.

CARRIED.



d) 02-05-015 – Conflict of Interest

Dr. Hanlon highlighted the changes to the policy.

GC2015-23 Moved: L. Mason

Seconded: C. Martin

THAT the Governance Standing Committee recommends the proposed changes to policy 02-05-060 Meetings and Access to Information (formerly Freedom of Information) and puts forth to the Board of Health for approval.

e) Bylaw 95-1 – To Regulate the Proceedings of the Board of Health

Dr. Hanlon highlighted the changes to the bylaw. Discussion ensued.

It was decided that policy 02-05-010 Board Minutes – Posting-Circulation and policy 02-05-025 Board Member Remuneration would be reviewed at the next Governance Committee meeting in November.

GC2015-24 Moved: L. Mason

Seconded: C. Martin

THAT the Governance Standing Committee recommends the proposed changes to Bylaw 95-1 To Regulate the Proceedings of the Board of Health and puts forth to the Board of Health for approval.

**6) NEW BUSINESS/GENERAL BUSINESS**

None to report.

**7) Additions to Agenda**

There were no additions to the Agenda.

**8) THAT THE BOARD GO INTO COMMITTEE**

It was decided to defer the in-committee session until November committee meeting.

**9) THAT THE BOARD GO INTO OPEN MEETING**

**10) ITEMS IDENTIFIED TO BE BROUGHT FORTH TO THE BOARD**

- a) Policy 02-05-030 – Code of Conduct
- b) Policy 02-05-015 – Conflict of Interest
- c) Policy 02-05-060 – Meetings and Access to Information
- d) Bylaw 95-1 – To Regulate the Proceedings of the Board of Health

**11) NEXT MEETING: November 12, 2015 @ 6:00pm**

**12) THAT THE MEETING ADJOURN: 7:04 pm**

GC2015-25 Moved: C. Martin

Seconded: L. Mason

THAT the Governance Standing Committee meeting adjourns.

CARRIED.