Algoma
PUBLIC HEALTH
Santé publique Algoma

BOARD OF HEALTH MEETING

March 22, 2017

Sault Ste. Marie Community Rooms A and B

www.algomapublichealth.com

March 22, 2017 - Board of Health Meeting

Table of Contents

Aberdeen Additional dated February 7, 2017

v. Carried Resolution from Prince dated February 14, 2017

b. Basic Income Guarantee

i. Letter to Ministers from Huron County dated March 9, 2017

c. Expert Panel on Public Health

i. Letter to Dr. Hoskins from Peterborough Public Health dated February 27, 2017

d. Opioid Strategy

i. Letter to Dr. Hoskins from Sudbury and District Health Unit dated February 28, 2017

9. Items of Information

a. alPHa Information Break - March 6, 2017 Page 38

10. Addendum

11. In Committee

a. Adoption of previous in-committee minutes dated February 22, 2017

b. Litigation or Potential Litigation

c. Labour Relations and Employee Negotiations

12. Open Meeting

13. Resolutions Resulting From In Committees

14. Announcements

a. Next Governance Standing Committee Meeting - April 12, 2017 at 5:00 pm

b. Next Finance and Audit Committee Meeting - April 19, 2017 at 4:30 pm

c. Next Board of Health Meeting - April 26, 2017 at 5:00 pm

15. Adjournment

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
MARCH 22, 2017 @ 5:00PM
SAULT STE MARIE ROOM A&B, SSM
A*G*E*N*D*A

1.0 Meeting Called to Order — Mr. Lee Mason, Board Chair

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda Items — Mr. Lee Mason, Board Chair

Resolution
THAT the agenda items dated March 22, 2017 be adopted as circulated.

3.0 Adoption of Minutes of Previous Meeting — Mr. Lee Mason, Board Chair

a. February 22, 2017

Resolution
THAT the Board of Health minutes for the meeting dated February 22, 2017 be adopted as circulated.

4.0 Delegations/Presentations.

a. Health and Safety — Ms. Suzanne Irwin

5.0 Business Arising from Minutes

a. Enactment of Legislation to Enforce Infection Prevention and Control Practices (IPAC) within Personal Service Settings (PSS) under the HPPA. — Dr. Marlene Spruyt

Resolution:
WHEREAS the Hepatitis C rate in Algoma between 2012-2016 has increased by 7.2% compared with a decrease in the province of 4%; and

WHEREAS some services provided by Personal Service Settings (PSS) potentially expose individuals to bloodborne infections; and

WHEREAS due to the lack of legislation for PSS, APH instituted an optional program where operators are provided with a "Registered for Inspection" certificate that they post at their premise to showcase to the patrons that they have voluntarily been inspected; and

WHEREAS education and training are the first steps to ensure Infection Prevention and Control Practices (IPAC) best practices are adhered to, there are occasions when enforcement maybe needed; and

WHEREAS due to the lack of legislation, associated regulations, and set fee schedules to allow for issuing of certificates of offence (tickets) for enforcement purposes, APH has had to utilize more cumbersome and inefficient Section 13 orders to ensure compliance;

and

WHEREAS some PSS providers are conducting the procedures in uninspected environments such as private homes in the Algoma district; and

WHEREAS creation of provincial legislation governing PSSs would support a consistent, progressive enforcement model amongst Ontario's public health units.

THEREFORE BE IT RESOLVED THAT the Algoma Public Health Board support the Wellington-Dufferin-Guelph Public Health in recommending that the Government of Ontario enact legislation under the HPPA to support inspection and enforcement activities within PSSs; and

FURTHER THAT this resolution is shared with the Minister of Health and Long Term Care, Members of Provincial Parliament, Chief Medical Officer of Health, Association of Local Public Health Agencies and all Ontario Boards of Health.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Report — Dr. Marlene Spruyt, Medical Officer of Health

Resolution
THAT the report of the Medical Officer of Health and CEO for the month of March 2017 be adopted as presented.

b. Draft **Financial** Statements for the Period Ending January 31, 2017 — Mr. Justin Pino, Chief Financial Officer

Resolution
THAT the Financial Statements for the Period Ending January 31, 2017 be approved as presented.

c. Governance Standing Committee Report — Ms. Deborah Graystone Committee Chair

i. Committee Chair Report for March 2017

Resolution
THAT the Governance Standing Committee report for the month of March 2017 be adopted as presented.

ii. Approved Minutes November 9, 2016 – ***for information only***

7.0 New Business/General Business

a. — Mr. Lee Mason, Board Chair

8.0 Correspondence — Mr. Lee Mason, Board Chair

a. Anti-Contraband Tobacco

i. Letter to Dr. Spruyt from Mr. Sheehan MPP dated February 8, 2017
ii. Carried Resolution from Dubreuilville dated February 17, 2017
iii. Carried Resolution from Spanish dated February 1, 2017
iv. Carried Resolution from MacDonald, Meredith & Aberdeen

Additional dated February 7, 2017

v. Carried Resolution from Prince dated February 14, 2017

b. Basic Income Guarantee

i. Letter to Ministers from Huron County dated March 9, 2017

c. Expert Panel on Public Health

i. Letter to Dr. Hoskins from Peterborough Public Health dated February 27, 2017

d. Opioid Strategy

i. Letter to Dr. Hoskins from Sudbury and District Health Unit dated February 28, 2017

9.0 Items for Information

a. alPHa Information Break – March 6, 2017 — Mr. Lee Mason, Board Chair

10.0 Addendum

11.0 That The Board Go Into Committee — Mr. Lee Mason, Board Chair

Resolution
THAT the Board of Health goes into committee.

Agenda Items:

a. Adoption of previous in-committee minutes dated February 22, 2017
b. Litigation or Potential Litigation
c. Labour Relations and Employee Negotiations

12.0 That The Board Go Into Open Meeting — Mr. Lee Mason, Board Chair

Resolution
THAT the Board of Health goes into open meeting

13.0 Resolution(s) Resulting from In-Committee Session — Mr. Lee Mason, Board Chair

14.0 Announcements: — Mr. Lee Mason, Board Chair

Next Governance Standing Committee Meeting
April 12, 2017 @ 5:00 pm
Prince Meeting Room, 3rd Floor, Sault Ste. Marie

Next Finance & Audit Committee Meeting
April 19, 2017 @ 4:30 pm
Prince Meeting Room, 3rd Floor, Sault Ste. Marie

Next Board Meeting
April 26, 2017 at 5:00pm
Sault Ste. Marie, Room A&B, 1st Floor, Sault Ste. Marie

15.0 That The Meeting Adjourn — Mr. Lee Mason, Board Chair

Resolution
THAT the Board of Health meeting adjourns

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Health and Safety 2016 Updates

Presented by:
Suzanne Irwin
Manager of Corporate Services and Facilities

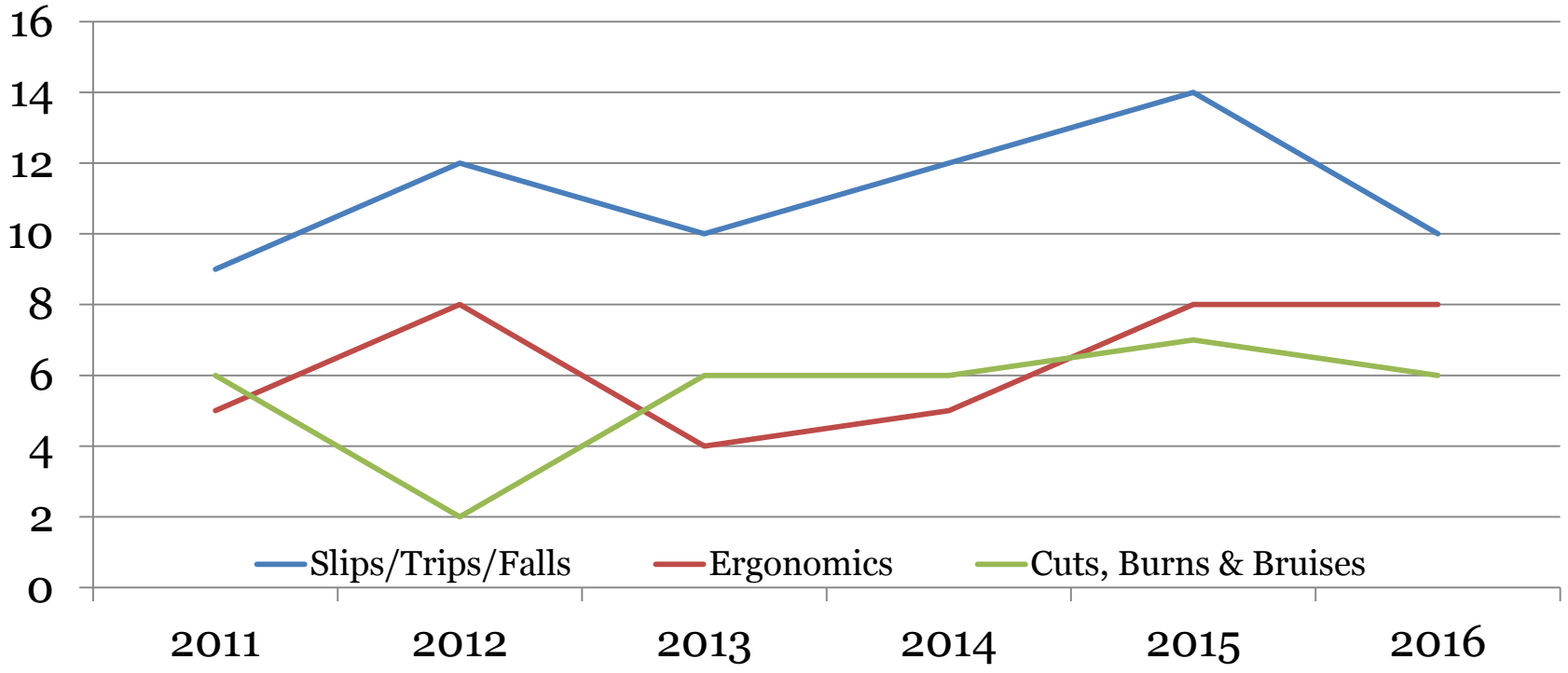
Overview


Link to our Strategic Plan
APH Top (3) Significant Hazards
Action to Mitigate Slips, Trips and Falls
Action to Mitigate Ergonomic Hazards
Health and Safety Initiatives at APH
Questions/Thank you

Link to our Strategic Plan

- Collaborate Effectively
  - Since everyone in the workplace has responsibility in a role in keeping workplaces safe and healthy, effective collaboration is key, whether it is internally or externally.
- Be Accountable
  - Employees identify hazards in our workplace and establish a plan for how these hazards will be managed.
  - Employee keep well informed and knowledgeable of current practices, legislation and policies and procedures.
- Enhance Employee Engagement
  - When it comes to boosting health and safety performance, APH recognizes that employee involvement is the key to success. A good safety culture is an attractive feature to new recruits and to employees that come to work each day.

APH Top (3) Significant Hazards by Year 2011 – 2016



Actions to Mitigate Slips, Trips and Falls

- Work with snow removal contractor, make curb more visible
- Various signage at entrances and in stairwells
- Increase housekeeping at entrances during winter months
- Use colour to show contrast in stairwell

Actions to Mitigate Slips, Trips and Falls

- Identify spills and wet surfaces
- Identify hazards created from weather (e.g. puddles, ice)
- Mark areas that need to remain clutter-free
- Increase awareness of distracted walking and its contributing factors leading to slips, trips and falls

Actions to Mitigate Ergonomic Hazards

- Reinforce employee training on recognizing ergonomic hazards
- Encourage early reporting of ergonomic signs and symptoms
- Provide employees with training and tools for safe working postures
- Conduct on-the-spot ergonomics checks

Actions to Mitigate Ergonomic Hazards

- Promote ergonomic stretches, ergo breaks
- Identify individual ergonomic needs based on body size, symptom, etc.
- Make available tools to assist employees with repetitive tasks or with previous injuries

Health and Safety Initiatives at APH

- Engage employees to recognize workplace hazards by providing ongoing training and learning opportunities through various formats
  - E-learning, instructor-led, videos, train-the-trainer
  - New and refresher training for staff and leaders
- Set up and promote health and safety programs to improve employee training and education

Health and Safety Initiatives at APH

- Make recommendations to management for prevention and safety program activities.
  - Awareness blitz – Health and Safety Week *(May 7 – May 13, 2017)*
- Participate in the development and implementation of programs to protect the employees' safety and health.

Health and Safety Initiatives at APH

- Respond to complaints and suggestions concerning safety and health.
- Ensure the maintenance and monitoring of injury and work hazard records.
- Evaluate the risks of incidents, injuries and illness.
- Monitor and follow-up hazard reports to improve employee training and education.
- Consult with professional and technical experts.

Health and Safety Initiatives at APH

- Monitor effectiveness of safety programs and procedures.
  - Inform employees of new health and safety legislation and make recommendations for compliance.

Thank You

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MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER
BOARD REPORT
MARCH 2017

Prepared by Dr. Marlene Spruyt, Medical Officer of Health/CEO

And the Management team

Table of Contents

APH AT-A-GLANCE

In follow up to questions from last month's report…

Percentage of students referred as a result of our dental screening?
According to Ontario Health Information Support System (OHISS), 6603 students were screened in 2015-16;

- 239 students (3.62%) were identified as in need of urgent care related to pain, infection, caries or trauma.
- 939 students (14.22%) were identified as non-urgent. These are children that may need treatment by a dentist.

Housing support budget graduation rates?
The particular budget we approved last month was a flow through budget. The program provides top up subsidies to individuals that are unable to find housing within the allowable budget of their current government assistance program. They would only graduate from the program if they found other housing or were no longer eligible for government subsidy. However there is no mandate for this program to support either of these 2 outcomes. The budget is provided only for the committee to distribute to eligible candidates. For further information on housing programs please refer to the Board presentation that was provided to you in June 2016.

Program planning activities are underway for the program year 2018. The MOHLTC provided the new Standards for Public Health programs and Services Consultation Document on February 2017. This is a substantially slimmed down version of the original OPHS document and removes the previous language of Board of Health Outcomes and Societal Outcomes, replacing it with Program Outcomes. There is more flexibility to modify programs according to local need. There is more focus on what they refer to as effective public health practice including population health assessment, surveillance, program planning, evaluation, evidence informed decision making, research, knowledge exchange, communication, quality and transparency. There is also a specific standard on Health Equity. There is less emphasis on clinical service delivery. There are regional consultation meetings with the field during the next few weeks and opportunity to provide written feedback up until April 21, 2017. However the Ministry has made it clear that the there is little room for alteration of the **content** of the new standards and that the consultations "will provide an opportunity for you to seek clarification/context on the draft standards, and to provide input on anticipated operational considerations, as well as implementation requirements and supports". Management and staff are considering the implications of these new directions as they plan next year's programs. I will continue to keep you informed as we move forward.

Comings and Goings-

- 2 staff retired
- 1 staff resignation
- Arrival of new HR Manager March 20

PROGRAM HIGHLIGHTS

COMMUNITY MENTAL HEALTH

Director: Sherri Cleaves
Manager: Jan Metheany

Topic: Community Treatment Orders

This report addresses Community Treatment Order case management

This report addresses the following Strategic Directions:

- Collaborate Effectively
- Be Accountable

APH's Community Mental Health Program (CMHP) delivers three distinct comprehensive case management programs: Intensive Psychiatric Case Management Program, Transitional Case Management Program, and Community Treatment Order (CTO) Program, each with its own NE LHIN accountability metrics. Ontario's Mental Health Act was amended in 2000 to include CTO. A CTO is a treatment and service plan which is issued by a physician in consultation and coordination with the client and all service providers involved in the plan of care. A CTO is a legally binding order which requires compliance with treatment, provision of treatment and service contact intensity by all parties who have signed the order.

APH-CMHP receives funding for 1 Full time equivalent (FTE) CTO case manager to work in collaboration with a Sault Area Hospital CTO coordinator in delivering the Algoma District Community Treatment Order Program. APH-CMHP has been able to exceed the NE LHIN accountability target of providing 1:12 CTO case manager to client ratio by having all CMH case managers able to provide CTO case management. One case manager works to coordinate with our Sault Area Hospital CTO coordinator, and we currently provide up to 28 CTO spots in Sault Ste. Marie, 2 CTO spots in Wawa, 1 in Blind River and 6 in Elliot Lake.

In a study of Ontario health care, the frequency of admission to hospital was significantly lower in the CTO group than a comparison group (Hunt, 2007). One of the benefits of a CTO is that it provides individuals with the opportunity to access services in the community where they can form connections that may help to prevent, or quickly identify, a relapse. However a study conducted in Toronto, found individuals on a CTO were less likely to continue to participate in services a year after discharge from a CTO than those in the comparison group (Hunt, 2007). This has been attributed to wait listing when moving from one type of case management program to another. To ensure better outcomes, APH-CMHP adopts a seamless approach to providing all of our case management services. Should a current client be issued a CTO, they continue to work with the case manager who they have developed a therapeutic relationship with, through the span of the order and beyond. Likewise, should an individual be newly referred to the program on a CTO, once the order expires, that client will continue to work with that same case manager. Our data to date shows that our client retention post CTO and into our Intensive Psychiatric Case Management Program is over 70% from 6 months to 11 months post CTO, and 50% of clients who were on a CTO have remained in case management services for at least 1 year post CTO. In the 2005 MOHLTC review of Community Treatment Orders, our Algoma District CTO program was identified as one of two best CTO practice sites in the Province of Ontario.

PREVENTION OF INJURY AND SUBSTANCE MISUSE

Director: Laurie Zeppa
Manager: Jennifer Flood

Topic: *Safe Winter Driving in Algoma*

This report addresses the following *Injury Prevention OPHS Requirements:*

- *#4:* The board of health shall increase public awareness of the prevention of injury and substance misuse related to road and off road safety
- #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 road and off road safety

This report addresses the following Strategic Directions: Collaboration

Algoma Public Health collaborated with the Sault Ste. Marie Police Service (SSMPS), Sault Ste. Marie Safe Communities Partnership, Ontario Provincial Police and Ministry of Transportation (MTO) to promote a safe winter driving campaign in the Algoma district from December 2016 until February 2017. The goal of this campaign was to positively influence the behaviour of road users including; (a) motor vehicle occupants, (b) pedestrians, and (c) snowmobile and off-road vehicle operators.

The promotion included the development of the following multi-media prevention education materials:

- *Winter Driving in Ontario* poster showcased on Algoma Public Health Infonet.
- SSMPS Radio Advertisement (Q104 and Easy Rock).
- Social Media Messages (Twitter; Facebook) referring the public to the MTO Stay Alert, Slow Down, Stay in Control website and resources. http://www.mto.gov.on.ca/english/ontario-511/winter-driving.shtml
- A safe winter driving and pedestrian safety display was held at the Seniors Information and Active Living Fair 2017 at the Senior's Citizens Drop-In Centre on January 18th in partnership with the MTO.

The community partners placed a specific focus on promoting Ontario 511, a website and telephone number which provides the conditions on provincially maintained highways.

In addition to reaching the general public with this campaign, the Prevention of Injury and Substance Misuse program collaborated with our agency Joint Health and Safety Committee and the Emergency Preparedness Committee to support APH staff within all four offices to adopt good driving behaviours. During the week of February 21st through February 24th, 2017, Algoma Public Health created displays which showcased the MTO resources, swag in the form of windshield scrapers promoting Ontario 511, as well as table tents with tips on how to stay prepared for winter driving. An agency newsletter was released on Tuesday February 21st, referring staff to the lobby display. The Slow Down, Stay Alert, Stay in Control of Your Winter Driving message was uploaded to the digital display board in Blind River.

VACCINE PREVENTABLE DISEASES

Director: Sherri Cleaves
Manager: Roylene Bowden

Topic: Immunization of School Pupils Act (ISPA)

This report addresses: the Ontario Public Health Standards (2014):
Goal: to reduce or eliminate the burden of vaccine preventable diseases

Health Protection Accountability Indicators 4.8 and 4.9; % of 7 or 8 year old students in compliance with ISPA, and % of 16 or 17 year old students in compliance with ISPA.

This report addresses the following Strategic Directions:

- Collaborate Effectively
- Be Accountable

Under the Ontario Immunization of School Pupils Act (ISPA), all students attending primary and secondary school must be immunized against the following diseases: Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal, Pertussis (Whooping Cough) and Varicella (Chickenpox).

The immunization requirements for school attendance align with Ontario's publicly funded immunization schedule; http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx, most recently updated December 2016.
In order to assist in student compliance with the ISPA, Algoma Public Health's Vaccine Preventable Diseases team have assessed student immunization records and identified students that are overdue for required immunizations using the provincial Panorama database. Additional health unit based clinics and secondary school clinics have been organized to accommodate students within our district.

As a requirement of Algoma District School Boards, we ensure that vaccines given on school board property have parental/guardian consent. All of the school boards within the Algoma District have provided support and collaboration with APH. Notices are sent to families of children identified as overdue for mandatory vaccines requesting updated records (or a letter of exemption) be provided. Letters of possible suspension are sent to those families that did not respond to the initial request.
Families have approximately eight weeks to arrange to complete required immunizations. If a student does not receive his/her immunizations as required, the MOH has the authority to issue an order for suspension from school. The suspension remains in place until the student receives the vaccine(s), or until a valid exemption form is submitted to Algoma Public Health.

According to our records 1,778 students in the Algoma region were identified with not being up-to-date with publicly funded mandatory immunizations. This includes 791 primary students and 987 secondary students. This represents about 12.5% of the 14,232 students registered. This number is higher than previous years. During the past 2 seasons since the implementation of the provincial Panorama data base the routine suspension process was modified in many health units in the province, including Algoma due to database implementation issues. It should also be noted that 1,778 students are identified as not having all required vaccine but in many circumstances the child has received the vaccine at a primary care provider but the record of such has not been shared with APH for entry into the provincial database. There are currently some pilot initiatives occurring in various areas of the province to improve the sharing of this information between primary care and public health.

PARTNERSHIPS

I along with APH Program directors met with Garden River Health Director on March 8, 2017. We updated our current agreement for service provision and explored new opportunities.

APH is a partner in a Public Health Ontario (PHO) initiative referred to as Locally Driven Collaborative Projects (LDCP) with Sudbury and District Health Unit being the lead agency. These are research projects funded by PHO where PHU submit research questions that would inform public health practice. This particular project is focusing on First Nations Engagement with the intent of developing a framework that will assist HU in developing mutually beneficial relationships with First Nations communities. This qualitative research project will examine various models of engagement currently in place and attempt to identify factors that contribute to success or failure.

I also had the opportunity to participate in a focus group with the SSM Community Adjustment Committee exploring ways to increase social equity in the community.
We have been invited to attend an Urban Aboriginal Community Collaboration planning group meeting hosted by the SSM office for Metis Nation of Ontario on March 22.
And now that I have been in this position for a few months I am beginning the process of meeting 1:1 with various community leaders and continue to maintain the working relationships we have with various organizations.

Respectfully submitted,
Dr. Marlene Spruyt

Algoma Public Health
(Unaudited) Financial Statements January 31, 2017

Algoma Public Health
Statement of Operations
January 2017
(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Act. to Bgt. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ 871,197	$ 871,197	$ -	$ 3,484,786	0%	100%
Provincial Grants - Public Health 75% Prov. Funded	609,100	609,100	-	7,309,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	214,487	214,483	4	2,573,800	0%	100%
Fees, other grants and recovery of expenditures	44,201	51,831	(7,630)	670,476	-15%	85%
Provincial Grants - Funding for Prior Yr Expenses	0	0	-	-		
Total Public Health Revenue	$ 1,738,985	$ 1,746,611	$ (7,627)	$ 14,038,262	0%	100%
Expenditures						
Public Health 75% Prov. Funded Programs	$ 834,128	$ 938,882	$ 104,754	$ 11,464,463	-11%	89%
Public Health 100% Prov. Funded Programs	194,034	214,485	20,451	2,573,800	-10%	90%
Total Public Health Programs Expenditures	$ 1,028,162	$ 1,153,367	$ 125,204	$ 14,038,262	-11%	89%
Excess of Rev. over Exp. 75% Prov. Funded	$ 690,369	$ 593,246	$ 97,123	$ (1)		
Excess of Rev. over Exp. 100% Prov. Funded	20,453	(1)	20,455	1		
Provincial Grants for Prior Yr Expenses	-	-	-	-		
Total Rev. over Exp. Public Health	$ 710,822	$ 593,244	$ 117,578	$ (0)		
Public Health Programs - Fiscal 16/17						
Provincial Grants and Recoveries	$ 119,580	83,210	(36,370)	143,500		
Expenditures	73,190	70,960	2,230	143,500		
Excess of Rev. over Fiscal Funded	46,390	12,250	34,140	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ 89,000	$ 89,001	$ (1)	$ 1,068,011	0%	100%
Municipal, Federal, and Other Funding	15,000	25,193	(10,193)	326,455	-40%	60%
Total Community Health Revenue	$ 104,000	$ 114,194	$ (10,194)	$ 1,394,466	-9%	91%
Expenditures						
Healthy Babies and Children	$ 97,779	$ 89,001	$ (8,778)	$ 1,068,011	10%	110%
Child Benefits Ontario Works	2,011	2,011	-	24,135	0%	100%
Algoma CADAP programs	22,024	25,193	3,169	302,319	-13%	87%
Total Calendar Community Health Programs	$ 121,815	$ 116,205	$ (5,609)	$ 1,394,465	5%	105%
Total Rev. over Exp. Calendar Community Health	$ (17,815)	$ (2,011)	$ (15,804)	$ 1		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ 4,618,935	$ 4,677,016	$ (58,080)	$ 5,629,599	-1%	99%
Municipal, Federal, and Other Funding	695,853	644,980	50,873	800,253	8%	108%
Other Bill for Service Programs	38,200		38,200			
Total Community Health Revenue	$ 5,352,989	$ 5,321,996	$ 30,993	$ 6,429,852	1%	101%
Expenditures						
Northern Ontario Fruit & Vegetable Program	73,617	98,736	$ 25,119	117,400	-25%	75%
Brighter Futures for Children	84,197	95,361	11,164	114,447	-12%	88%
Infant Development	523,814	526,613	2,799	631,935	-1%	99%
Preschool Speech and Languages	504,857	511,880	7,023	614,256	-1%	99%
Nurse Practitioner	98,849	104,828	5,978	127,753	-6%	94%
Genetics Counseling	311,080	315,672	4,592	378,806	-1%	99%
Community Mental Health	2,761,362	2,839,682	78,320	3,426,098	-3%	97%
Community Alcohol and Drug Assessment	567,708	568,464	756	682,157	0%	100%
Healthy Kids Community Challenge	169,272	183,294	14,022	225,000	-8%	92%
Stay on Your Feet	75,995	83,333	7,339	100,000	-9%	91%
Bill for Service Programs	42,367	-	(42,367)	-		
Misc Fiscal	0	-	-	-		
Total Fiscal Community Health Programs	$ 5,213,120	$ 5,327,863	$ 114,743	$ 6,417,853	-2%	98%
Total Rev. over Exp. Fiscal Community Health	$ 139,870	$ (5,867)	$ 145,737	$ 11,999		

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months
and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement
For the Month Ending January 31, 2017
(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Bgt. to Act. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017	Comparison Prior Year: YTD Actual 2016	YTD BGT 2016	Variance 2016
Levies Sault Ste Marie	605,743	605,743	0	2,422,972	0%	25%	601,261	196,904	404,357
Levies Vector Bourne Disease and Safe Water	14,858	14,858	0	59,433	0%	25%	0	4,953	(4,953)
Levies District	250,595	250,595	0	1,002,381	0%	25%	339,491	81,459	258,032
Total Levies	**871,197**	**871,197**	**0**	**3,484,786**	**0%**	**25%**	**940,752**	**283,316**	**657,436**
MOH Public Health Funding	594,242	594,242	0	7,130,900	0%	8%	618,328	624,817	(6,489)
MOH Funding Vector Bourne Disease	9,058	9,058	0	108,700	0%	8%	9,072	9,058	14
MOH One Time Funding Dental Health	0	0	0	0		0%	9,322	2,833	6,489
MOH Funding Safe Water	5,800	5,800	0	69,600	0%	8%	5,805	5,800	5
Total Public Health 75% Prov. Funded	**609,100**	**609,100**	**0**	**7,309,200**	**0%**	**8%**	**642,527**	**642,508**	**19**
MOH One Needle Exchange	4,226	4,225	1	50,700	0%	8%	4,224	4,225	(1)
MOH Funding Haines Food Safety	2,050	2,050	0	24,600	0%	8%	2,061	2,050	11
MOH Funding CINOT/Healthy Smiles	64,158	64,158	(0)	769,900	0%	8%	34,216	34,217	(1)
MOH Funding - Social Determinants of Health	15,042	15,042	0	180,500	0%	8%	15,049	15,042	7
MOH Funding Chief Nursing Officer	10,126	10,125	1	121,500	0%	8%	10,139	10,125	14
MOH Enhanced Funding Safe Water	1,292	1,292	0	15,500	0%	8%	1,290	1,292	(2)
MOH Funding Unorganized	42,926	42,925	1	515,100	0%	8%	41,692	41,692	0
MOH Funding Infection Control	26,034	26,033	1	312,400	0%	8%	26,047	26,033	14
MOH Funding Diabetes	12,500	12,500	0	150,000	0%	8%			
Funding Ontario Tobacco Strategy	36,133	36,133	0	433,600	0%	8%	36,130	36,758	(628)
One Time Funding	0	0	0	0					
Total Public Health 100% Prov. Funded	**214,487**	**214,483**	**4**	**2,573,800**	**0%**	**8%**	**170,848**	**171,433**	**(585)**
Funding for Prior Yr Expenses	**0**	**0**	**0**	**0**		**0%**			
Recoveries from Programs	838	838	0	10,061	0%	8%	891	838	53
Program Fees	22,750	20,812	1,938	249,743	9%	9%	6,556	20,595	(14,039)
Land Control Fees	2,950	13,333	(10,383)	160,000	-78%	2%	900	13,333	(12,433)
Program Fees Immunization	16,517	14,958	1,559	179,500	10%	9%	24,285	13,333	10,952
HPV Vaccine Program	0	0	0	12,500	0%	0%	0	833	(833)
Influenza Program	0	1,000	(1,000)	40,000	-100%	0%	0	5,000	(5,000)
Meningococcal C Program	0	0	0	8,000	0%	0%	0	833	(833)
Interest Revenue	1,146	889	256	10,672	29%	11%	1,081	167	914
Other Revenues	0	0	0	0	0%	0%	0	13,750	(13,750)
Total Fees, Other Grants and Recoveries	**44,201**	**51,831**	**(7,630)**	**670,476**	**-15%**	**7%**	**33,713**	**68,684**	**(34,971)**
Total Public Health Revenue Annual	**$ 1,738,985**	**$ 1,746,611**	**$ (7,626)**	**$ 14,038,262**	**0%**	**12%**	**$ 1,787,840**	**$ 1,165,941**	**$ 621,899**
Public Health Fiscal									
Panorama	62,160	44,760	17,400	74,600		83%	0	0	0
Rabies Software	24,080	14,450	9,630	28,900		83%			
Smoke Free Ontario NRT	25,047	18,000	7,047	30,000		83%			
Practicum	8,340	6,000	2,340	10,000		83%			
First Nations Inititative -One Time	0	0	0	0		0%	0	0	0
Total Provincial Grants Fiscal	**$ 119,627**	**$ 83,210**	**$ 36,417**	**$ 143,500**		**83%**	**$ -**	**$ -**	**$ -**

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health

Expense Statement- Public Health

For the Month Ending January 31, 2017

(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Act. to Bgt. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017	*Comparison Prior Year:* YTD Actual 2016	YTD BGT 2016	Variance 2016
Salaries & Wages	$ 662,929	$ 701,414	$ 38,486	$ 8,416,973	-5%	8%	$ 647,382	$ 692,221	$ 44,838
Benefits	168,707	163,656	(5,051)	1,987,528	3%	8%	181,719	173,055	(8,664)
Travel - Mileage	5,265	10,655	5,390	127,861	-51%	4%	6,596	12,138	5,542
Travel - Other	5,854	6,495	641	77,942	-10%	8%	3,210	7,817	4,607
Program	18,811	55,247	36,436	662,961	-66%	3%	33,885	47,484	13,599
Office	3,451	11,146	7,694	133,750	-69%	3%	2,453	7,667	5,213
Computer Services	41,312	58,293	16,981	699,518	-29%	6%	48,580	74,659	26,079
Telecommunications	22,791	20,566	(2,225)	325,994	11%	7%	6,884	18,874	11,989
Program Promotion	1,248	14,233	12,985	170,797	-91%	1%	4,039	17,840	13,802
Facilities Expenses	65,545	66,696	1,150	800,350	-2%	8%	35,287	67,827	32,540
Fees & Insurance	(15)	12,258	12,273	242,096	-100%	0%	91,692	20,100	(71,592)
Debt Management	38,408	38,408	0	460,900	0%	8%	38,939	38,000	(939)
Recoveries	(6,144)	(5,701)	444	(68,408)	8%	9%	0	(11,740)	(11,740)
	$ 1,028,162	$ 1,153,367	$ 125,205	$ 14,038,262	-11%	7%	$ 1,100,667	$ 1,165,941	$ 65,274

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months and variances of 10% and $10,000 occurring in the final 6 months

Notes to Financial Statements – January 2017

Reporting Period

The January 2017 financial reports include one month of financial results for Public Health and the following calendar programs; Healthy Babies & Children, Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting ten month results from operations year ended March 2017.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

NOTE: As directed by the Finance & Audit Committee of the board of health, for 2017 budget year management has attempted to recognize material budgeted revenue and expenses in the month in which they are planned to occur (i.e. Levy receipts, Insurance renewal payment). This is different from past monthly reporting where a balanced budget figure was presented every month.

As of January 31st, 2017, Public Health programs are reporting a $118k positive variance.

Total Public Health Revenues are indicating a negative $8k variance. This is a result a result of Fees, Other Grants & Recoveries being less than budgeted. Land Control Fees are driving this negative variance. APH typically captures the bulk of its fees between the spring and fall months.

There is a positive variance of $125k related to Total Public Health Expenses being less than budgeted. The $38k positive variance associated with Salary & Wages expense is contributing to this positive variance. The 2017 Public Health Operating Budget included the new positions of Associate Medical Officer of Health (AMOH) and Human Resource (HR) Manager. As of January 31st, these positions have not yet been filled. Program expenses and Computer Services expenses are also contributing to the positive variance. As APH is early in its budget year, many expenditures related to Programs and Computer services have yet to be incurred.

Community Health Calendar programs are reporting a $16k negative variance.

On the revenue side, $10k negative variance is associated with Municipal, Federal, and Other Funding. This is due to timing of receipt of funding.

On the expense side, a $9k negative variance is associated with the Healthy Babies and Children program. This is a result of timing of expenses incurred.

Community Health Fiscal programs are operating within budget.

On the Expense side, the Northern Ontario Fruit & Vegetable Program is indicating a positive variance as a result of timing of expenditures not yet incurred. This is due to funding being postponed as a result of forthcoming changes with regards to the designated funding agency within the Ministry. Brighter Futures for Children Program is indicating a positive $11k variance. This is a result of the timing of Program materials expenses not yet being incurred. As the year progresses, it is anticipated that all Community Health Fiscal programs will be within budget.

Notes Continued...

Public Health Revenue (see page 2 for details)

Public Health funding revenues are showing a negative $8k variance.

The municipal levies are within budget.

Provincial Funding Grants are within budget.

There is a negative variance of $8k associated with Fees, Other Grants & Recoveries. This is a result of Land Control Fees being less than budgeted. APH typically captures the bulk of its fees between the spring and fall months.

Public Health Expenses (see page 3)

Salary & Wages
Salary & Wages is indicating a positive variance of $38k. The 2017 Public Health Operating Budget included the position of the AMOH and the HR Manager. As of January 31st, these positions have not yet been filled.

Program
Program expense is indicating a positive variance of $36k variance. As APH is early in the 2017 Operating year, many expenditures related to Programs have yet to be incurred, which is contributing to the noted variance.

Computer Services
Computer Services is showing a positive variance of $17k. As APH is early in the 2017 Operating year, many expenditures related to Computer Services have yet to be incurred, which is contributing to the noted variance.

Notes Continued...

Non Public Health Programs Revenue and Expenses (see page 1)

All Non Public Health 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 January 31st, 2017. Cash includes $325k in short-term investments plus $2.2M in APH operating account.

Long-term debt of $5.817 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $340k of the loan relates to the financing of the Elliot Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no collection concerns for accounts receivable.

NOTE:
Similar to previous years, the Balance Sheet as of January 31st, 2017 (page 7) is not included as APH is currently completing year-end audit requirements. This will be provided next month with the 2016 Annual Audited Financial Statements.

ALGOMA PUBLIC HEALTH
GOVERNANCE STANDING COMMITTEE REPORT
FOR THE MARCH 22, 2017 BOARD OF HEALTH MEETING

The Governance Standing Committee reviewed the Bylaw and Policy Review schedule and identified policies for review and identified two policies for review and all the bylaws. All agency bylaws are to be reviewed every 2 years. Committee members were tasked with reviewing current bylaws and providing feedback at the next meeting on April 12, 2017.

Policy 02-05-005 Reports to the Board was deferred for updating until after a review of the current MOH/CEO reporting format is completed. The committee requested samples for MOH/CEO reports from other health units to assist and reformatting ours. The committee is looking a different ways to enhance the board report to provide more information on programs and services.

Policy 02-05-055 Board of Health Self-Evaluation is currently being review by the committee and suggested revisions to come back to the next committee meeting on April 12, 2017.

The committee discussed the annual election of board chair and vice-chairs and the selection process of board members to committees. Mr. Mason has drafted a policy and the committee will review at the next meeting on April 12, 2017.

Other items discussed were archiving of meeting books on the BoardEffect platform and a board member manual. It was suggested that meeting books be kept active for two years and archiving would taking place in third year. The BoardEffect platform is designed to be the board member manual. Board members are encouraged to forward any feedback or suggestions on information they would like to see added to the libraries to Mrs. Luukkonen.

Next meeting is scheduled for April 12, 2017 at 5:00pm

_____
Deborah Graystone
Chair, Governance Standing Committee
Algoma Public Health

_____
Date

ALGOMA PUBLIC HEALTH
GOVERNANCE STANDING COMMITTEE MEETING
NOVEMBER 9, 2016 @ 7:00PM
PRINCE MEETINGROOM, 3RD FLOOR, SSM
MINUTES

COMMITTEE MEMBERS PRESENT:	Ian Frazier	Sue Jensen
	Candace Martin	Lee Mason
APH STAFF PRESENT:	Tony Hanlon, Ph.D.	Chief Executive Officer
	Justin Pino	Chief Financial Officer
	Antoniette Tomie	Director of HR and Corporate Services
	Sheri Cleaves	Director of Health Protection and Promotion
	Christina Luukkonen	Recording Secretary
Teleconference	Laurie Zeppa	Director of Health Prevention and Promotion

1) CALL TO ORDER:
Mr. Frazier called the meeting to order at 6:54pm

2) DECLARATION OF CONFLICT OF INTEREST
Mr. Frazier called for any conflict of interests; none were reported.

3) ADOPTION OF AGENDA ITEMS

GC2016-54 Moved: L. Mason
Seconded: S. Jensen

THAT the agenda items for the Governance Standing Committee November 9, 2016 be adopted as circulated.
CARRIED.

4) ADOPTION OF MINUTES

GC2016-55 Moved: L. Mason
Seconded: C. Martin

THAT the minutes for the Governance Standing Committee dated September 14, 2016 be adopted as circulated.
CARRIED.

5) BUSINESS ARISING FROM MINUTES

a. Communication with Municipalities

Dr. Hanlon updated the committee on the presentation to the City of SSM Budget Committee meeting on November 3, 2016. Other members of the executive and a board member attended the presentation along with Dr. Hanlon and Mr. Pino. The committee discussed moving forward with extending invitations to all Algoma municipalities for presentations or do we wait until the new year when Dr. Spruyt will be in position. It was decided that APH will move forward and leave it up to the municipalities if they would like to have us present at a council meeting and when they would like this to take place. Alternatively a presentation could be made to the ADMA meeting in the Spring of 2017 or another group presentation can be arranged. Dr. Hanlon to draft an invitation letter on behalf of the Board Chair for his review before sending out to Algoma municipalities.

b. Bylaw 95-1

Ms. Martin advised the committee that she has been working on the proposed changes and should have something sent out the committee soon. Item was deferred to the February 8, 2017 meeting.

6) NEW BUSINESS/GENERAL BUSINESS

a. Qualitative Performance Report

The strategic direction committees have moved into task groups. The task groups will now work on each prioritized item identified.

The committee requested the list of partnerships be shared with the Board as part of the report on November 23, 2016. The evaluation of partnerships is part of step 2 for 2017 under the Collaborate Effectively strategic direction. Health Equity training of all staff will continue for those that were unable to attend the first round of sessions. The committee noticed that the strategic directions are starting to overlap each other and to work in synergy.

The Governance Standing committee acknowledged the great work the Strategic Direction committees have done and an appreciation for the report.

GC2016-56 Moved: L. Mason
Seconded: S. Jensen

THAT the Governance Standing Committee recommends and puts forth to the Board of Health for approval the Qualitative Report November 2016 as presented.
CARRIED.

b. Goals for MOH/CEO

The committee discussed developing in collaboration with Dr. Spruyt a list of goals and metrics for Dr. Spruyt covering the first 6-12 months of her tenure identifying the first 6months goals and evaluation. The committee was asked to send any items to Dr. Hanlon. Dr. Hanlon will prepare a draft document for the Board meeting on November 23, 2016 for in-committee discussion. Dr. Hanlon advised giving Dr. Spruyt time to acquaint herself with APH before finalizing her goals.

c. Sudbury and District Health Unit Appreciation Letter

APH Board of Health has expressed extreme gratitude to all parties for MOH support over the past two years and would like to acknowledge their appreciation. Chair Mason and Mr. Frazier to draft letters to SDHU Board of Health, Dr. Sutcliffe and Dr. Hukowich and present at the November 23, 2016 meeting.

7) ADDENDUM

a. Anti-Contraband Tobacco Campaign

GC2016-57 Moved: L. Mason
Seconded: S. Jensen

THAT the Governance Standing Committee recommends and puts forth to the Board of Health the resolution on Anti-Contraband Tobacco Campaign for approval as presented.
CARRIED.

8) IN COMMITTEE

GC2016-58 Moved: S. Jensen
Seconded: L. Mason

THAT the Governance Standing Committee goes in-committee at 7:38pm.
Agenda items:

a. Adoption of Minutes dated September 14, 2016
b. Labour Relations or Employee Negotiations

CARRIED.

9) OPEN MEETING

GC2016-60 Moved: L. Mason
Seconded: C. Martin

THAT the Governance Standing Committee goes into open meeting at 7:58pm.
CARRIED.

10) NEXT MEETING: Wednesday, February 8, 2017

11) THAT THE MEETING ADJOURN:

GC2016-61 Moved: S. Jensen
Seconded: C. Martin

THAT the Governance Standing Committee meeting adjourns at 7:59pm.
CARRIED.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

Information Break

March 6, 2017

This monthly update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa correspondence and events.

alPHa Winter 2017 Symposium - Feb. 23

alPHa has wrapped up another successful Symposium last week in Toronto which focused on the updated Ontario Public Health Standards. Sincere thanks to the guest presenters, Dr. Brent Moloughney and attendees who contributed to the productive, engaging discussion on the new Standards. alPHa is currently preparing a summary of the event proceedings and will share these with the membership in the coming weeks. In the meantime, slide presentations from the Symposium may be viewed on alPHa's website (see below; username and password required).
Download Winter 2017 Symposium PowerPoints here

Patients First Update

Health system integration bulletins from the Province are available online to keep the public abreast of work supported by the *Patients First Act, 2016.*
Read the latest (Feb. 24) Health System Integration bulletin
Go to Health System Integration updates

Updated Public Health Standards -- On February 17, the Ministry of Health and Long-Term released its Standards for Public Health Programs and Standards Consultation Document. Ministry officials are in the process of organizing regional consultations which will allow boards of health to seek clarification and context on the standards and to provide input on anticipated operational considerations, implementation requirements and supports. Written submissions to the ministry on the draft standards are due April 3.
Download the OPHS Consultation Document

At the February 23rd Winter Symposium, assistant deputy minister Roselle Martino gave an overview of the updated Standards, and Dr. Brent Moloughney followed up with a preliminary assessment of the changes. Immediately at the end of the event, alPHa emailed their slide presentations to the membership and outlined the association's next steps.

alPHa has requested that the province extend the April 3rd deadline, but encourages all boards of health to submit their input by this date in the event an extension is not granted. On behalf of the Association, Dr. Moloughney has prepared a report on Symposium participants' comments on the standards provided during the group discussion on February 23rd (click link below; login required). In the next several weeks, alPHa will share its position statement(s) on the new standards with boards of health so that they can endorse and/or include them in their own board's response to the ministry.
Read alPHa's request to extend the OPHS consultation deadline
View Dr. Moloughney's report on initial analysis & summary of alPHa members' input on new Standards

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Boards of Health Section Meeting Wrap-Up

On February 24, board of health representatives from across the province attended the alPHa BOH Section meeting during the Winter Symposium. Guest presenters included Ontario's Chief Medical Officer of Health, Dr. David Williams, in his inaugural address to Section members. He spoke to the updated Standards for Public Health Programs and Services, as well as the Province's strategy on opioid addiction and overdose. Public health nurse Elena Hasheminejad (York Region) and health promoter Allison Imrie (Peel Region) from the Ontario Public Health Unit Collaboration on Cannabis (OPHUCC) gave an overview of the federal framework on cannabis legalization and regulation, including Task Force recommendations. Michael Perley, Director of the Ontario Campaign for Action on Tobacco, concluded the meeting with his update on Smoke-Free Ontario and the current landscape of tobacco and vaping.
Download the Feb. 24 BOH slide presentations (scroll down list)

TOPHC 2017: Global challenges. Local solutions.

More than 700 public health professionals from across the province are expected to gather in Toronto from March 29 to 31 to attend TOPHC 2017. The Ontario Public Health Convention this year, located at the Beanfield Centre (formerly Allstream Centre), will explore global public health challenges and showcase local solutions while examining opportunities to collaborate locally, provincially and nationally on challenges. Keynote speakers will share insights on climate change and public health emergencies, urban renewal, and immigrant and refugee health. Attendees can choose from a variety educational pathways in chronic disease and injury prevention, environmental health, family health, infectious diseases and control, among others.
View TOPHC 2017 program
Register here for TOPHC 2017

Upcoming Events - Mark your calendars!

March 29-31, 2017 - **TOPHC 2017**: Global challenges. Local Solutions. The Beanfield Centre (formerly Allstream Centre), Toronto. Register now!

June 11, 12 & 13, 2017 - 2017 alPHa Annual General Meeting and Conference: *Driving the Future of Public Health*, Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario. **Click here** for the Notice of Annual General Meeting and calls for resolutions, Distinguished Service Award Nominations, and Board of Health Nominations to alPHa Board.

alPHa is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.