

April 26, 2017 - Addendum

10.0 Addendum

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|---|---------|
| a. DRAFT Financial Statement for the Year Ending December 31, 2016
- Revised | Page 2 |
| b. Bridges out of Poverty - for information | Page 24 |

Financial Statements of

ALGOMA PUBLIC HEALTH

Year ended December 31, 2016

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ALGOMA PUBLIC HEALTH

Financial Statements

Year ended December 31, 2016

Independent Auditors' Report

Financial Statements

Statement of Financial Position	1
Statement of Operations and Accumulated Surplus	2
Statement of Change in Net Debt	3
Statement of Cash Flows	4
Notes to Financial Statements	5 - 14
Schedule 1 Statement of Revenue and Expenses - Public Health Programs	15
Schedule 2 Expenditures - Community Health Programs	16 - 17
Schedule 3 Summary of Public Health Programs	18



KPMG LLP
111 Elgin Street, Suite 200
Sault Ste. Marie ON P6A 6L6
Canada
Telephone (705) 949-5811
Fax (705) 949-0911

INDEPENDENT AUDITORS' REPORT

To the Board of the Health for the District of Algoma Health Unit

We have audited the accompanying financial statements of Algoma Public Health, which comprise the statement of financial position as December 31, 2016, the statements of operations and accumulated surplus, change in net debt and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Algoma Public Health as at December 31, 2016, and its results of operations, its change in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

April 26, 2017

Sault Ste. Marie, Ontario

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Statement of Financial Position

December 31, 2016, with comparative information for 2015

	2016	2015
Financial assets:		
Cash	\$ 2,146,361	\$ 2,368,709
Accounts receivable	509,998	658,510
Receivable from participating municipalities	9,159	5,134
	<u>2,665,518</u>	<u>3,032,353</u>
Financial liabilities:		
Accounts payable and accrued liabilities	1,587,880	1,490,108
Payable to the Province of Ontario	321,402	641,766
Deferred revenue (note 3)	494,864	664,639
Employee future benefit obligations (note 4)	2,550,458	2,453,960
Capital lease obligation	-	107,264
Term loans (note 8)	5,903,861	6,173,490
	<u>10,858,465</u>	<u>11,531,227</u>
Net debt	(8,192,947)	(8,498,874)
Non-financial assets:		
Tangible capital assets (note 5)	21,813,456	22,004,981
Contingencies (note 9)		
Commitments (note 10)		
Accumulated surplus (note 6)	<u>\$ 13,620,509</u>	<u>\$ 13,506,107</u>

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Operations and Accumulated Surplus

Year ended December 31, 2016, with comparative information for 2015

	2016	2015
Revenue:		
Municipal levy - public health	\$ 3,399,791	\$ 3,263,351
Provincial grants:		
Public health	10,111,675	9,839,479
Community health	6,901,203	6,454,610
Fees, other grants and recovery of expenditures	2,175,775	2,601,409
	22,588,444	22,158,849
Expenses:		
Public Health Programs (Schedule 1)	13,285,764	13,246,362
Community Health Programs (Schedule 2)		
Healthy Babies and Children	1,063,993	1,089,620
Healthy Babies and Children - CAS	11,426	43,638
Child Benefits Ontario Works	24,223	20,000
Dental Benefits Ontario Works	296,837	308,448
Nurse Practitioner	125,918	120,613
Pre-Natal and Post-Natal Nurse Practitioner	-	1,000
Northern Ontario School of Medicine	-	359
Special Needs	-	40,707
CMH Transformational Supportive Housing	96,831	-
CMH/ASH Supportive Housing	11,739	-
Healthy Kids Community Challenge	303,284	22,090
Genetics Counseling	345,037	348,185
Diabetes Prevention	53,341	139,304
Stay on Your Feet	100,520	104,966
Northern Ontario Fruits and Vegetables	104,444	120,567
Health Communities Partnership	-	33,468
Community Alcohol and Drug Assessment	694,947	671,136
Remedial Measures	25,386	23,472
Community Alcohol and Drug Assessment		
- Ontario Works	85,887	78,597
OW-CADAP District	25,000	20,927
Community Mental Health Housing	82,191	54,791
Community Mental Health	3,127,185	2,941,458
Garden River CADAP Program	114,213	8,855
Infant Development	641,288	623,902
CHPI (District)	13,114	2,401
Brighter Futures for Children	102,508	124,072
Preschool Speech and Languages Initiative	408,219	355,433
PSL Communication Development	268,527	278,142
Employee future benefits	96,498	35,961
Interest on long-term debt	156,036	171,550
Amortization on tangible capital assets	809,686	791,893
	22,474,042	21,821,917
Annual surplus	114,402	336,932
Accumulated surplus, beginning of year	13,506,107	13,169,175
Accumulated surplus, end of year	\$ 13,620,509	\$ 13,506,107

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Change in Net Debt

Year ended December 31, 2016, with comparative information for 2015

	2016	2015
Annual surplus	\$ 114,402	\$ 336,932
Additions to tangible capital assets	(618,161)	(317,316)
Amortization of tangible capital assets	809,686	791,893
	305,927	811,509
Net debt, beginning of year	(8,498,874)	(9,310,383)
Net debt, end of year	\$ (8,192,947)	\$ (8,498,874)

See accompanying notes to financial statements.

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ALGOMA PUBLIC HEALTH

Statement of Cash Flows

Year ended December 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operating activities:		
Annual surplus	\$ 114,402	\$ 336,932
Items not involving cash:		
Amortization of tangible capital assets	809,686	791,893
Gain on sale of tangible capital assets	-	(10,836)
Increase in employee future benefit obligations	96,498	35,961
	1,020,586	1,153,950
Change in non-cash working capital:		
Decrease (increase) in accounts receivable	148,512	(244,886)
Decrease (increase) in receivable from participating municipalities	(4,025)	7,706
Increase (decrease) in accounts payable and accrued liabilities	97,772	(207,978)
Decrease in payable to the Province of Ontario	(320,364)	(60,198)
Increase (decrease) in deferred revenue	(169,775)	109,280
	772,706	757,874
Financing activities:		
Repayment of term loan	(269,629)	(290,750)
Term loan funds received	-	350,000
Principal payments on obligation under capital lease	(107,264)	(431,763)
	(376,893)	(372,513)
Capital activities:		
Additions to tangible capital assets	(618,161)	(317,316)
Proceeds from sale of tangible capital assets	-	10,836
	(618,161)	(306,480)
Increase (decrease) in cash	(222,348)	78,881
Cash, beginning of year	2,368,709	2,289,828
Cash, end of year	\$ 2,146,361	\$ 2,368,709

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2016

The Board of Health for the District of Algoma operating as Algoma Public Health (the "Board") is governed by a public health board as mandated by the Health Protection and Promotion Act for the purpose of promoting and protecting public health.

1. Significant accounting policies:

The financial statements are prepared in accordance with the Canadian generally accepted accounting principles for government organizations as recommended by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada. Significant aspects of the accounting policies adopted by the Board are as follows:

(a) Basis of accounting:

Revenue and expenses are reported on the accrual basis of accounting.

The accrual basis of accounting recognizes revenue as they are earned and measurable. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Revenue recognition:

The operations of the Board are funded by the Province of Ontario, levies to participating municipalities and user fees. Funding amounts not received at year end are recorded as receivable. Funding amounts in excess of actual expenditures incurred during the year are repayable and are reflected as liabilities.

Certain programs of the Board operate on a March 31 fiscal year. Revenues received in excess of expenditures incurred at December 31 are deferred on the statement of financial position until related expenditures are incurred or upon final settlement.

(c) Prior years' funding adjustments:

The Ministry of Health and Long-Term Care undertakes financial reviews of the Board's operations from time to time, based on the Board's submissions of annual settlement forms. Adjustments to the financial statements, if any, a result of these reviews are accounted for in the period when notification is received from the Ministry.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements (continued)

Year ended December 31, 2016

1. Significant accounting policies (continued):

(d) Non-financial assets:

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost which includes amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over the following number of years:

Asset	Years
Building	40
Leasehold improvements	10
Furniture and equipment	10
Vehicle	4
Computer equipment	3

Annual amortization is charged in the year of acquisition and in the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

(f) Employee future benefit obligations:

The Board sponsors a defined benefit life and health care plan for all employees who retire from active service with an unreduced OMERS pension. The Board accrues its obligations under the defined benefit plan as the employees render the services necessary to earn these retirement benefits. The cost of future benefits earned by employees is actuarially determined using the projected benefit method prorated on service and incorporates management's best estimates with respect to mortality and termination rates, retirement age and expected inflation rate with respect to employee benefit costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements (continued)

Year ended December 31, 2016

1. Significant accounting policies (continued):

(g) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Significant items subject to estimates and assumptions include the carrying amount of tangible capital assets, valuation allowances for accounts receivables and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

2. Participating municipalities:

The participating municipalities are as follows:

City of Sault Ste. Marie
City of Elliot Lake
Town of Blind River
Town of Bruce Mines
Town of Thessalon
Township of Spanish
Municipality of Wawa
Municipality of Huron Shores
Village of Hilton Beach
Township of Dubreuilville
Township of Hilton
Township of Jocelyn
Township of Johnson
Township of Laird
Township of MacDonald, Meredith & Aberdeen Additional
Township of North Shore
Township of Plummer and Plummer Additional
Township of Prince
Township of St. Joseph
Township of Tarbutt & Tarbutt Additional
Township of White River
Township of Hornepayne
Certain unincorporated areas in the District of Algoma

ALGOMA PUBLIC HEALTH

Notes to Financial Statements (continued)

Year ended December 31, 2016

3. Deferred revenue:

The Board operates several additional programs funded by the Ministry of Health and Long-Term Care. Excess funding received for these programs or programs funded for a program year which differs from the Health Unit's fiscal year is deferred in the accounts until the related costs and final settlements are determined.

A summary of the year's activity relating to those programs is as follows:

	2016	2015
Deferred revenue, beginning of year	\$ 664,639	\$ 555,359
Funds received during the year	101,663	114,798
Expenses incurred in the year	(271,438)	(5,518)
Deferred revenue, end of year	\$ 494,864	\$ 664,639

4. Employee future benefits:

(a) Pension agreements:

The Board makes contributions to the Ontario Municipal Employees Retirement Fund ("OMERS"), which is a multi-employer plan, on behalf of 186 (2015 - 182) members of its staff. The plan is a multi-employer, defined-benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The multi-employer plan is valued on a current market basis for all plan assets.

The Board's contributions to OMERS equal those made by the employees. The amount contributed was \$1,160,876 (2015 - \$1,165,825) for current service and is included as an expense on the Statement of Operations and Accumulated Surplus. No pension liability for this type of plan is included in the Board's financial statements.

(b) Employee future benefit obligations:

Employee future benefit obligations are future liabilities of the Board to its employees and retirees for benefits earned but not taken as at December 31, 2016. The liabilities will be recovered from future revenues and consist of the following:

	2016	2015
Post-retirement benefits (i)	\$ 1,118,112	\$ 1,094,044
Non-vested sick leave (ii)	277,018	250,530
Accrued vacation pay (iii)	1,155,328	1,109,386
	\$ 2,550,458	\$ 2,453,960

ALGOMA PUBLIC HEALTH

Notes to Financial Statements (continued)

Year ended December 31, 2016

4. Employee future benefits (continued):

(i) Post-retirement benefits:

The post-retirement benefit liability is based on an actuarial valuation performed by the Board's actuaries. The date of the most recent actuarial valuation of the post-retirement benefit plan is December 31, 2016. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 3.75%
- Health Care Trend Rate 4.5% to 8%

Information about the Board's future obligations with respect to these costs is as follows:

	2016	2015
Accrued benefit obligations, beginning of year	\$ 1,094,044	\$ 1,060,321
Current service cost	53,890	56,867
Interest cost	36,554	31,289
Benefits paid	(54,221)	(30,006)
Amortization of actuarial gains	(12,155)	(24,427)
Accrued benefit obligations, end of year	\$ 1,118,112	\$ 1,094,044

(ii) Non-vested sick leave:

Accumulated sick leave credits refers to the balance of unused sick leave credits which accrue to employees each month. Unused sick days are banked and may be used in the future if sick leave is beyond their yearly entitlement. No cash payments are made for unused sick time upon leaving the Board's employment.

(iii) Accrued vacation pay:

Accrued vacation pay represents the liability for vacation entitlements earned by employees but not taken as at December 31.

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements (continued)

Year ended December 31, 2016

5. Tangible capital assets:

Cost	Balance at December 31, 2015	Additions	Transfers & (Disposals)	Balance at December 31, 2016
Building	\$ 22,732,421	-	-	22,732,421
Leasehold improvements	892,431	403,171	277,203	1,572,805
Furniture and equipment	1,914,772	-	-	1,914,772
Vehicle	40,113	-	-	40,113
Computer equipment	3,029,040	214,990	-	3,244,030
Construction in progress	277,203	-	(277,203)	-
Total	\$ 28,885,980	618,161	-	29,504,141
Accumulated Amortization	Balance at December 31, 2015	Disposals	Amortization expense	Balance at December 31, 2016
Building	\$ 2,376,792	-	536,499	2,913,291
Leasehold improvements	405,877	-	66,249	472,126
Furniture and equipment	1,069,290	-	196,910	1,266,200
Vehicle	-	-	10,028	10,028
Computer equipment	3,029,040	-	-	3,029,040
Total	\$ 6,880,999	-	809,686	7,690,685
	Net book value, December 31, 2015			Net book value, December 31, 2016
Building	\$ 20,355,629			19,819,130
Leasehold improvements	486,554			1,100,679
Furniture and equipment	845,482			648,572
Vehicle	40,113			30,085
Computer equipment	-			214,990
Construction in progress	277,203			-
Total	\$ 22,004,981			21,813,456

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements (continued)

Year ended December 31, 2016

5. Tangible capital assets (continued):

Cost	Balance at December 31, 2014	Additions	Transfers & (Disposals)	Balance at December 31, 2015
Building	\$ 22,732,421	-	-	22,732,421
Leasehold improvements	892,431	-	-	892,431
Furniture and equipment	1,914,772	-	-	1,914,772
Vehicle	29,740	40,113	(29,740)	40,113
Computer equipment	3,029,040	-	-	3,029,040
Construction in progress	-	277,203	-	277,203
Total	\$ 28,598,404	317,316	(29,740)	28,885,980
Accumulated Amortization	Balance at December 31, 2014	Disposals	Amortization expense	Balance at December 31, 2015
Building	\$ 1,840,293	-	536,499	2,376,792
Leasehold improvements	367,976	-	37,901	405,877
Furniture and equipment	869,243	-	200,047	1,069,290
Vehicle	29,740	29,740	-	-
Computer equipment	3,011,594	-	17,446	3,029,040
Total	\$ 6,118,846	29,740	791,893	6,880,999
	Net book value, December 31, 2014			Net book value, December 31, 2015
Building	\$ 20,892,128			20,355,629
Leasehold improvements	524,455			486,554
Furniture and equipment	1,045,529			845,482
Vehicle	-			40,113
Computer equipment	17,446			-
Construction in progress	-			277,203
Total	\$ 22,479,558			22,004,981

ALGOMA PUBLIC HEALTH

Notes to Financial Statements (continued)

Year ended December 31, 2016

6. Accumulated surplus:

Accumulated surplus is comprised of:

	2016	2015
Invested in tangible capital assets	\$ 21,813,456	\$ 22,004,981
Reserves (note 7)	324,702	706,335
Operating	(63,330)	(577,759)
Unfunded:		
Employee future benefits	(2,550,458)	(2,453,960)
Term loans	(5,903,861)	(6,173,490)
Balance, end of year	\$ 13,620,509	\$ 13,506,107

7. Reserves:

The Board has a reserve fund set aside for specific capital purposes by the Board.

	2016	2015
Balance, beginning of year	\$ 706,335	\$ 322,233
Additions to capital reserves	–	374,940
Amounts expended for capital purposes	(384,062)	–
Investment Income	2,429	9,162
Balance, end of year	\$ 324,702	\$ 706,335

ALGOMA PUBLIC HEALTH

Notes to Financial Statements (continued)

Year ended December 31, 2016

8. Term loans:

	2016	2015
Term loan #1	\$ 5,558,882	\$ 5,823,490
Term loan #2	344,979	350,000
	<u>\$ 5,903,861</u>	<u>\$ 6,173,490</u>

Principal payment due on the term loans is as follows:

Year	Annual payments
2017	\$ 349,453
2018	356,327
2019	363,339
2020	370,488
2021	4,464,254

Term loan #1 is a non-revolving loan bearing interest of 1.95%. The loan is repayable in blended monthly interest and principal payments of \$36,164 and matures on September 1, 2021.

Term loan #2 bears interest of 1.95%. The loan is repayable in monthly interest and principal payments of \$2,244. The loan is due on September 1, 2021.

Interest paid in the year is \$156,036 (2015 - \$171,550).

9. Contingencies:

The Board is periodically subject to claims or grievances. In the opinion of management, the ultimate resolution of any current claims or grievances would not have a material effect on the financial position (or results of operations) of the Board and any claims would not exceed the current insurance coverage. Accordingly, no provisions for losses has been reflected in the accounts of the Board for these amounts.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements (continued)

Year ended December 31, 2016

10. Commitments:

The Board is committed to minimum annual lease payments under various operating leases as follows:

Year	Annual payments
2017	\$ 147,758
2018	152,680
2019	152,680
2020	152,680
2021	127,480

The annual lease payments are exclusive of maintenance and other operating costs.

11. Expenses by object:

	2016	2015
Salaries and benefits	\$ 16,095,765	\$ 15,645,123
Materials and supplies	5,568,591	5,384,901
Capital	809,686	791,893
	\$ 22,474,042	\$ 21,821,917

12. Comparative information:

Certain 2015 comparative information has been reclassified to conform with the financial statement presentation adopted for 2016. The changes made do not have an impact on the statement of operations and changes.

ALGOMA PUBLIC HEALTH

Statement of Revenue and Expenses – Public Health Programs

Schedule 1

Year ended December 31, 2016, with comparative information for 2015

	2016 Budget	2016 Total	2015 Total
Revenue:			
Provincial grant	\$ 10,077,790	\$ 10,111,672	\$ 9,839,502
Levies	3,399,791	3,399,791	3,263,350
Recoveries	824,204	877,015	849,456
Total revenue	14,301,785	14,388,478	13,952,308
Expenses:			
Salaries and wages	8,407,479	7,928,447	7,836,268
Benefits	2,093,629	1,870,179	1,862,219
Accounting and audit	25,000	28,044	105,022
Equipment	322,955	328,440	247,592
Insurance	85,000	99,122	85,310
Occupancy and renovations	843,924	850,712	780,025
Office supplies	40,150	109,149	89,713
Other	58,000	35,039	44,748
Professional development	149,330	91,700	106,803
Program promotion	105,960	38,230	47,063
Program supplies	481,593	533,608	558,495
Program administration (recovery)	(140,883)	(94,227)	(89,833)
Purchase professional services	909,580	968,951	1,103,560
Telephone and telecommunications	220,983	306,184	230,390
Travel	243,085	192,186	238,987
	13,845,785	13,285,764	13,246,362
Excess of revenue over expenses before the undernoted	456,000	1,102,714	705,946
Interest on long-term debt	-	156,036	171,550
Amortization	-	809,686	791,893
Excess (deficiency) of revenue over expenses	\$ 456,000	\$ 136,992	\$ (257,497)

ALGOMA PUBLIC HEALTH

Expenditures - Community Health Programs

Schedule 2

Year ended December 31, 2016, with comparative information for 2015

	Healthy Babies and Children	Healthy Babies and Children CAS	Child Benefits Ontario Works	Dental Benefits Ontario Works	Nurse Practitioner	Pre-Natal and Post-Natal Nurse Practitioner	CMH/ASH Supportive Housing	CMH Transformational Supportive Housing	Healthy Kids Community Challenge	Genetics Counselling	Diabetes	Stay on Your Feet	N. Ont Fruits/Veg.
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:													
Salaries	805,062	8,418	17,283	-	93,635	-	-	60,960	73,155	199,756	8,373	60,917	22,091
Employee benefits	214,879	2,103	2,717	-	21,650	-	-	-	8,956	46,451	4,167	14,709	5,752
	1,019,941	10,521	20,000	-	115,285	-	-	60,960	82,111	246,207	12,540	75,626	27,843
Supplies and services:													
Equipment	6,563	-	-	-	-	-	-	-	-	-	-	-	-
Occupancy and renovations	1,461	-	-	-	3,750	-	11,739	(12,766)	-	14,600	-	-	-
Office supplies	707	905	-	-	491	-	-	-	-	6,204	-	-	-
Insurance	-	-	-	-	875	-	-	-	-	-	-	-	-
Audit fees	-	-	-	-	349	-	-	-	-	-	-	-	1,169
Professional development	3,865	-	-	-	1,462	-	-	2,733	-	3,493	-	3,350	-
Program administration	-	-	-	-	-	-	-	5,500	-	-	1,875	-	-
Program promotion	-	-	-	-	-	-	-	-	7,259	-	10,493	-	-
Program supplies	3,419	-	4,223	-	-	-	-	40,404	188,578	4,718	24,164	21,455	75,432
Purchased professional services	1,675	-	-	296,837	-	-	-	-	22,038	57,989	3,500	-	-
Purchased services	-	-	-	-	496	-	-	-	-	-	-	-	-
Telephone and telecommunications	9,000	-	-	-	600	-	-	-	-	2,000	2	-	-
Travel	17,362	-	-	-	2,610	-	-	-	3,298	9,826	767	89	-
	44,052	905	4,223	296,837	10,633	-	11,739	35,871	221,173	98,830	40,801	24,894	76,601
Total expenditures	1,063,993	11,426	24,223	296,837	125,918	-	11,739	96,831	303,284	345,037	53,341	100,520	104,444

ALGOMA PUBLIC HEALTH

Expenditures - Community Health Programs, continued

Schedule 2

Year ended December 31, 2016, with comparative information for 2015

	Healthy Communities Partnership	Community Alcohol and Drug Assessment	Remedial Measures	Community Alcohol and Drug Assessment Ontario Works	OW-CADAP District	Community Mental Health Housing	Community Mental Health	Garden River CADAP Program	Infant Development	CHPI (District)	Brighter Futures for Children	Preschool Speech and Languages Initiative	PSL Communication Development	2016 Total	2015 Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:															
Salaries	-	505,964	21,329	67,481	19,706	63,231	2,009,901	90,387	414,362	-	51,392	362,903	187,533	5,143,839	4,810,856
Employee benefits	-	99,086	2,087	8,965	3,294	13,749	483,358	20,043	105,683	-	13,615	31,459	50,577	1,153,300	1,135,782
	-	605,050	23,416	76,446	23,000	76,980	2,493,259	110,430	520,045	-	65,007	394,362	238,110	6,297,139	5,946,638
Supplies and services:															
Equipment	-	-	-	-	-	-	12,904	-	4,000	-	-	-	3,747	27,214	11,560
Occupancy and renovations	-	44,642	-	-	-	-	336,241	-	51,126	-	2,212	563	444	454,012	439,486
Office supplies	-	1,557	-	-	-	-	6,170	-	1,090	-	-	750	2,426	20,300	20,272
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	875	250
Audit fees	-	-	-	-	-	-	18,667	-	-	-	-	750	-	20,935	22,013
Professional development	-	2,206	514	-	1,000	-	17,647	594	2,992	-	-	309	3,967	44,132	54,220
Program administration	-	10,000	-	-	-	3,075	56,333	-	16,000	-	-	-	-	92,783	89,833
Program promotion	-	-	-	-	-	-	2,000	-	-	-	-	-	-	19,752	26,486
Program supplies	-	5,008	1,456	9,421	-	-	33,663	1,447	8,432	13,114	34,435	2,978	5,192	477,539	305,914
Purchased professional services	-	8,240	-	-	-	54	5,015	-	326	-	-	-	5,981	401,655	421,739
Purchased services	-	-	-	-	-	-	-	-	11	-	-	-	-	507	1,704
Telephone and telecommunications	-	6,219	-	-	-	-	63,471	960	5,991	-	108	1,633	4,800	94,784	53,106
Travel	-	12,025	-	20	1,000	2,082	81,815	782	31,275	-	746	6,874	3,860	174,431	182,930
	-	89,897	1,970	9,441	2,000	5,211	633,926	3,783	121,243	13,114	37,501	13,857	30,417	1,828,919	1,629,513
Total expenditures	-	694,947	25,386	85,887	25,000	82,191	3,127,185	114,213	641,288	13,114	102,508	408,219	268,527	8,126,058	7,576,151

ALGOMA PUBLIC HEALTH

Summary of Public Health Programs

Schedule 3

Year ended December 31, 2016, with comparative information for 2015

	2016	2015
	Total	Total
Revenue:		
MOH Public Health Funding	\$ 7,130,900	\$ 7,497,800
Medical Officer of Health Compensation	-	4,579
Needle Exchange Program Initiative	50,507	49,200
MOH Funding Haines Food Safety	24,600	18,740
Social Determinants of Health	180,500	180,500
MOH Funding Vector Bourne Disease	108,700	98,261
Funding - Chief Nursing Officer	121,500	121,500
MOH Funding Smoke Free Ontario	309,210	313,258
MOH Funding SFO Youth Engagement	80,000	79,968
MOH Funding SFO E - Cigarettes	7,667	16,000
MOH Funding Safe Water	48,034	43,992
MOH One Time Funding Safe Water Enhanced Safe Water	15,500	15,500
MOH Funding Unorganized	515,100	500,300
Diabetes Strategy	60,000	-
Northern Ontario Fruit and Vegetables	19,359	-
Panorama	108,844	52,900
MOH Funding Infection Control	216,635	186,139
MOH Funding Infection Control Nurse	90,100	90,100
MOH Funding CINOT Enhanced	-	29,494
MOH Funding Healthy Smiles	758,084	382,254
One Time Funding Prior Year	55,800	-
One Time Funding Imm of Sch Pup Act	13,800	-
One Time Funding Pharmacist	4,800	-
One Time Funding Legal Fees	140,497	-
MOH Funding PHI Practicum Student	7,506	10,000
Rabies Software	21,672	-
One time funding smoking cessation program	22,500	7,500
MOH Funding HR System upgrade	-	11,300
Levies	3,399,791	3,263,351
Recoveries from Programs	634,430	691,971
Interest	18,404	16,614
Other	224,181	140,893
Interim Chief Executive Officer Position	-	120,900
New Purpose Built Vaccine Refrigerators	-	18,100
	14,388,621	13,961,114
Expenditures:		
Public Health	10,443,582	11,027,581
Healthy Smiles	758,084	382,254
Unorganized	515,100	500,300
Smoke Free Ontario	309,210	316,205
Infection Control	216,635	186,139
Social Determinants of Health	180,500	181,942
Vector Bourne Disease	144,933	131,015
Legal fees	140,497	-
Chief Nursing Officer	121,500	121,500
Infection Control Nurse	90,100	90,100
SFO Youth Engagement	80,000	80,668
Safe Water	64,045	58,656
Diabetes strategy	60,000	-
Northern Ontario Fruit and Vegetables	19,359	-
One time funding Prior year	55,800	-
Needle Exchange Program Initiative	50,507	49,200
Rabies Software	27,755	-
Haines Food Safety	24,600	18,740
Safe Water Enhanced	15,500	15,500
One time funding Imm of Sch Pup Act	13,800	-
Smoking Cessation Program	12,502	11,556
PHI Practicum Student	10,000	10,000
HR System upgrade	9,343	5,724
MOH Funding SFO E - Cigarettes	7,667	39
Panorama	5,668	119,834
Pharmacist Integration	4,800	-
Medical Officer of Health Compensation	-	4,579
First Nations Initiative	-	76,511
CINOT Enhanced	-	45,333
Interim Chief Executive Officer Position	-	161,200
New Purpose Built Vaccine Refrigerators	-	18,100
	13,381,487	13,612,676
Excess of revenue over expenses	\$ 1,007,134	\$ 348,438

Save the Date

Bridges out of Poverty Inspiring Action for Change:

Addressing the Challenge of Poverty
Strategies for Professionals & Communities

Part I: May 16th 12:00pm-4:30pm *(lunch included)*

Part II: May 17th 8:30am-12:00pm

What is Bridges out of Poverty?

Bridges out of Poverty is a framework designed to educate community partners, service providers and professionals on:

- The social and economic impact that poverty has on individuals and communities.
- The realities experienced by individuals living in poverty.
- The barriers individuals face when attempting to move themselves out of poverty.

Why should I attend?

Evaluation has shown that participation in Bridges training can:

- Change individual attitudes related to poverty.
- Foster cultural humility and compassion.
- Encourage organizations to address service barriers and factors that contribute to systemic oppression.
- Influence agency organizational changes that improve service outcomes.

About the Facilitator:



**Elaine Weir, PHN Bridges Facilitator
& Circles Coordinator/Coach**

Elaine Weir is a Public Health Nurse with Wellington-Dufferin-Guelph Public Health and certified Bridges out of Poverty facilitator. Elaine brings over 32 years of experience and expertise to the Bridges initiative and has worked in a variety of organizations including hospitals, communities and educational settings.