



April 25, 2018 - Board of Health Meeting

BOARD OF HEALTH MEETING

Sault Ste. Marie Community Rooms A & B

www.algomapublichealth.com

April 25, 2018 - Board of Health Meeting Book

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11. In Committee

12. Open Meeting

13. Resolutions Resulting From In Committees

14. Announcements

- a. Next Board Meeting: May 23, 2018 @ 5:00 pm
- b. Governance Standing Committee - May 9, 2018 @ 4:30 pm
- c. Finance and Audit Committee Meeting: June 13, 2018 @ 4:30 pm

15. Adjournment

**ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
APRIL 25, 2018 @ 5:00 PM - ROOM A, SSM
A*G*E*N*D*A**

- 1.0 Meeting Called to Order** Mr. Ian Frazier,
a. Declaration of Conflict of Interest Board Chair
- 2.0 Adoption of Agenda Items** Mr. Ian Frazier,
Resolution Board Chair
THAT the agenda items dated April 25, 2018 be adopted as circulated.
- 3.0 Adoption of Minutes of Previous Meeting** Mr. Ian Frazier,
a. March 28, 2018 Board Chair
Resolution
THAT the Board of Health minutes for the meeting dated March 28, 2018 be adopted as circulated.
- 4.0 Delegations/Presentations.** Mr. Leo Vecchio
a. Communications Communication Manager
- 5.0 Business Arising from Minutes**
- 6.0 Reports to the Board**
- a. Medical Officer of Health and Chief Executive Officer Reports Dr. Marlene Spruyt, MOH/CEO
- i. April 2018
Resolution
THAT the report of the Medical Officer of Health and CEO for the month of April 2018 be adopted as presented.
- ii. Public Health Champion Award
Resolution
THAT the Board of Health approves the creation of a Public Health Champion Award as a legacy initiative commemorating the 50th anniversary of Algoma Public Health.
- iii. Bridges out of Poverty
- b. Finance and Audit Committee Report Mr. Sergio Saccucci
i. Committee Chair Report for April 2018 Committee Chair
ii. Draft Audited Financial Statements for the period ending December 31, 2017
iii. Draft Financial Statements for the period ending February 28, 2018
Resolution
THAT the Finance and Audit Committee report for the month of April 2018 be accepted as presented; and
THAT the Draft Audited Financial Statements for the period ending December 31, 2017; and
THAT the Financial Statements for the Period Ending February 28, 2018 be approved as presented

- iv. Building Conditions Assessment for Capital Asset Plan and Reserve Fund Planning.

Resolution:

THAT the Board of Health approves the Mental Health and Addictions Rent Supplement Housing Budget and the Transformation Supportive Housing Program Budget as presented.

- v. Updates to Payroll software

Resolution:

THAT the Board of Health approves the sole source procurement of Sage People HRMS upgrade.

- vi. Approved Minutes February 13, 2018 – **for information only**

c. Governance Standing Committee Report

Mr. Lee Mason,
Committee Chair

- i. Committee Chair Report for April 2018

Resolution

THAT the Governance Standing Committee report for the month of April 2018 be adopted as presented.

- ii. 02-05-000 - Board of Directors
- iii. 02-05-045 - Attendance at Meetings Using Electronic Means

Resolution

THAT the Board of Health approves the proposed changes to policy 02-05-000 – Board of Directors and policy 02-05-045 – Attendance at Meetings Using Electronic Means as presented.

- iv. 02-05-005 – Reports to the Board

Resolution

THAT the Board of Health approves the proposal to archive policy 02-05-005 – Reports to the Board

- v. Approved Minutes for February 15, 2018 – **for information only**

7.0 New Business/General Business

Mr. Ian Frazier,
Board Chair

a. Meeting Dates for Committees

8.0 Correspondence

Mr. Ian Frazier,
Board Chair

- a. Repeal of Section 43 of the Criminal Code
 - i. Letter to the Federal Minister of Justice from Grey Bruce Health Unit dated April 19, 2018
- b. Tobacco and Smoke-Free Campuses
 - i. Letter to the CEO and President, Georgian College from Grey Bruce Health Unit dated April 19, 2018
- c. Annual Service Plan and 2018 Budget
 - i. Letter to Provincial Minister of Health from Grey Bruce Health Unit dated April 19, 2018
- d. Ontario Budget 2018
 - i. Letter to the Provincial Minister of Finance from the Association of Local Public Health Agencies dated April 3, 2018

- e. Public Health Funding
 - i. Letter to all Ontario Public Health Units from the Provincial Minister Health
- f. Cannabis Sales Revenue
 - i. Letter to the Premier of Ontario from the Hastings Prince Edward Public Health Unit dated March 28, 2018

9.0 Items for Information

- a. News release announcing the merger of Oxford County and Elgin St. Thomas health unit – Southwestern Public Health
- b. Northern Ontario Health Equity Strategy
- c. alPHa Annual General Meeting & Conference – June 2018

10.0 Addendum

11.0 That The Board Go Into Committee

Resolution

THAT the Board of Health goes into committee.

Mr. Ian Frazier,
Board Chair

Agenda Items:

- a. Adoption of previous in-committee minutes
- b. Litigation or Potential Litigation
- c. Labour Relations and Employee Negotiations

12.0 That The Board Go Into Open Meeting

Resolution

THAT the Board of Health goes into open meeting

Mr. Ian Frazier,
Board Chair

13.0 Resolution(s) Resulting from In-Committee Session

Mr. Ian Frazier,
Board Chair

14.0 Announcements:

Mr. Ian Frazier,
Board Chair

Next Board Meeting:

May 23, 2018 @ 5:00pm
Sault Ste. Marie, Room A

Next Committee Meetings:

Governance Standing Committee
May 9, 2018 @ 4:30 pm
Prince Meeting Room, 3rd Floor

Finance and Audit Committee
June 13, 2018 @ 4:30 pm
Prince Meeting Room, 3rd Floor

15.0 That The Meeting Adjourn

Resolution

THAT the Board of Health meeting adjourns

Mr. Ian Frazier,
Board Chair

Communications

Leo Vecchio

April 25, 2018



Algoma
PUBLIC HEALTH
Santé publique Algoma

Overview

- Definition of health communication
- What communication can do
- Role of communicator
- Sample communication at APH
- Health Literacy

Effective Public Health Practice

This new standard requires the board of health to use **multiple modes of communication, including social media to reflect social needs,** taking advantage of existing resources where possible, and complement national/provincial strategies.

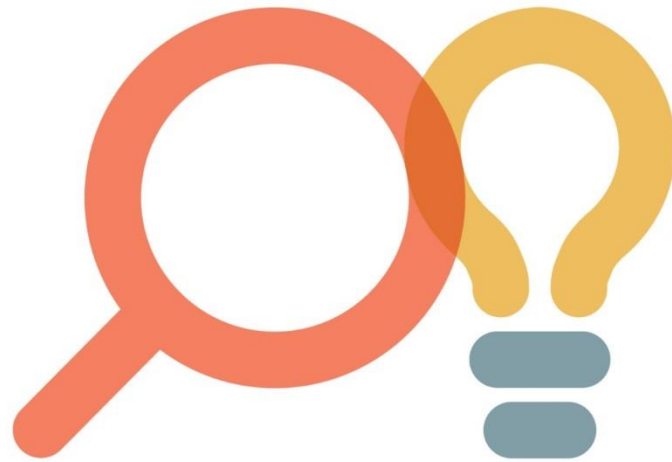
“The study and use of communication strategies to inform and influence individual and community decisions that enhance health”

“The process of promoting health by disseminating messages through mass media, interpersonal channels and events.”

Communication can...

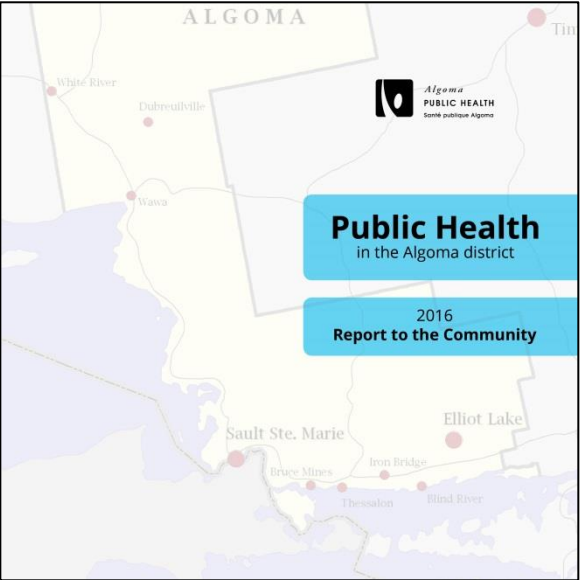
- Increase the intended audience's knowledge & awareness of a health issue, problem or solution
- Prompt an individual to take action
- Show the benefit of a behaviour change
- Advocate a position on a health position or policy

Using Evidence & Best Practices in Communication



Role in Public Health

- Media relations
- External communication
- Online communication
- Marketing/creative services
- Clear communication (health literacy)



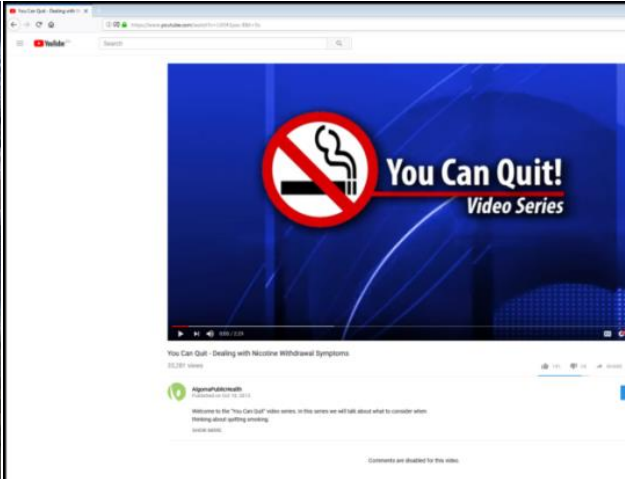
Stay Active. Stay Independent. Stay on Your Feet.



Join Free Exercise Classes for Older Adults (65+)

Call the Wawa Family Health Team
705-856-1313

Ontario
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Media Advocacy & Media Relations



Media request



Research/Support



Interview/Response



119

media requests



APH to put region's health under microscope

Algonia Public Health is "due for a checkup," says Jennifer Lee, Algonia Public Health's associate medical officer. Lee says, "We're seeing a very positive change in the way we're doing things. We're seeing a lot of people coming in to see us. We're seeing a lot of people coming in to see us. We're seeing a lot of people coming in to see us."



APH is one of many areas of responsibility in the health system. It's a role that's been around for a long time. It's a role that's been around for a long time. It's a role that's been around for a long time.

Algonia Public Health opens new office in ELNOS Building

KEVIN McSHEFFREY Of The Standard

After close to four years in a makeshift home in the Adult Education Centre (former Roman Avenue School), Algonia Public Health (APH) is finally in its new office in Elliot Lake.

The APH staff moved into their new quarters on the third floor of the ELNOS Building in early March. However, they held the official grand opening of the office space on May 25.

APH found temporary lodging in the Adult Education Centre (AEC) following the partial collapse of the Algonia Centre Mall roof on June 23, 2012.

The Elliot Lake APH office has 13 staff and more than a dozen volunteers to assist with a few programs.

Tony Hanlen, Algonia Public Health CEO, told the small crowd gathered for the ribbon-cutting ceremony, of his appreciation for those who helped get the new Elliot Lake office up and running. Thanks went to:

former interim APH CEO Sandra Lacle, of Sudbury Public Health, who filled in for a time; Elliot Lake Councillor Candice Martin, APH board member for Elliot Lake; as well as Dennis Thompson, a board member representing the Thessalon and Huron Shores area.

APH board chair

Lee Mason, APH board chair, also expressed his appreciation to all who helped get the new office up and running in the AEC.

"I want to thank the Elliot Lake staff who worked through that challenge four years ago in that very difficult time, in the transition to the AEC," said Mason. "They really worked quite well to make sure that everything was being covered that needed to be covered."

"And in the last four years, in a really difficult situation, the venue they were in was not really the best place for them, and they did it with great professionalism, and they have a great mentality," Mason added that "APH's mission is to lead, promote and protect health and well being. And that the modern new facility will be a great home for the staff and allow them to do that in a very functional and very great way."

"It will allow them to provide lots of programs and services, such as safe drinking water inspection programs, food handling inspections and instructions, infection prevention and control programs, vaccination programs, infant child development programs, and more."

"They are a busy group of people, and I think this new facility is going to do a great job in allowing them to bring even better services to our area."

"The staff has really gone above and beyond providing the levels (of service) that they did from the other facility. It wasn't designed for the way we had it doing. But it didn't

Saying 'boo' to increased booze availability

Algonia Public Health calling for more safeguards because of greater availability of beer, wine in Sault and Algonia, Ontario

Mar 28, 2018 9:30 PM by: Darren Taylor



File photo

The Standard • Page 11



Photo by KEVIN McSHEFFREY/THE STANDARD

Algonia-Manitoulin MPP Michael Mantha and Elliot Lake Mayor Dan Marchisella hold the ribbon that Lee Mason, APH board chair, cut to officially open the new Algonia Public Health office in the ELNOS Building.

community.

"The services never did stop."

"Your new home... is in a perfect location for our community."

New facility amenities

APH public health nurse, Jenna Dickson, said the new office space offers more privacy for clients and amenities that were not available at the AEC location.

They have private areas for counselling and interviewing clients, a welcoming reception area, an infant

changing area, and more.

Mason says construction on the new office space started in early October. While they had hoped to move in Jan. 1, it was delayed until March 1.

Mason added that being in the ELNOS building is an excellent location since there are other services their clients might use in the building as well.

Following the grand opening, the group held its monthly board meeting, which are open to the public.

HOME LOCAL NEWS

Algonia Public Health pushes for cracked tobacco packaging

Brand colours, logos and graphics would be prohibited

Oct 1, 2017 9:29 PM by: David Hehrig



Brand X

NorthChannelCurrent.ca

APH Get Active Algonia Contest

Starting: March 17, 2018 - 10:48



LIVE SAULT STE. MARIE



JEFFREY HOSLER THE SAULT STAR

Latest Algonia Public Health figures suggest an "alarming" rise in greenhouse gases in Algonia - the culprit for which appears to be a reduction in rain.

"From our perspective, people aren't necessarily greening themselves," APH public health nurse Katrina Tremblay said. "It is alarming. It really is that in 2012, the region had 20 cases of the infection, compared to 94 cases in 2016, reflecting a 270 per cent increase in four years. And in 2016, Algonia ranked third highest of all 16 public health units for greenhouse gases. Between recommended 'conservative' outdoor use for 'all types' of use, including cold, rigid and sand. Many also said, 'I don't think greenhouse gas can be spread through unregulated use."

HOME LOCAL NEWS OTHER NEWS ALERTS/CLOSURES BUSINESS CARD

UPDATE - Potential blue-green algae bloom in Diamond Lake

Post Views: 310

Aug 23, 2017 @ 20:41

Confirmed blue-green algae bloom in Diamond Lake

Lab results from a water sample submitted to the Ministry of the Environment and Climate Change confirmed the presence of a blue-green algae bloom in Diamond Lake, Johnson Township, north of Desbarats Ontario.

Aug 23, 2017 @ 10:04

Algonia Public Health is advising residents and visitors of a suspect blue-green algae bloom (cyanobacteria) in Diamond Lake, located in Johnson Township, north of Desbarats, Ontario. A water sample was sent to the Ministry of Environment and Climate Change and we are waiting for lab results.

"Protect yourself"



"Consistent" outdoor use for "all types" of use, including cold, rigid and sand is recommended to fight greenhouse gases.

Alarming rise in greenhouse gases in Algonia

"There's a lack of knowledge here," said Lee. In Algonia, 42 per cent of new greenhouse gases were from the 2012 to 2016 period, and 58 per cent of cases were in houses. Hydrogen, an STI case rarely seen, also continues to be a concern in the Algonia district and across the province.

APH also discourages having "multiple" sexual partners. "That increases the risk," Bateman said.

Greenhouse is a sexually transmitted infection (STI) caused by bacteria, and can be contracted by having unprotected oral, vaginal or anal sex, with a person already infected. Pregnant women can pass greenhouse on to their babies upon childbirth.

Greenhouse is treated with antibiotics prescribed by a health-care provider.

The fact the infection is treatable may prompt some to be less careful, Bateman said.

"People think maybe it's not as bad as HIV and AIDS because it's treatable," she added. "Maybe they have that perspective."

AIDS is only treatable if a person knows he or she is infected with HIV.

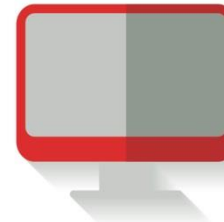
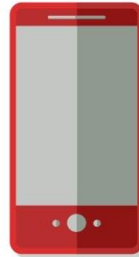
Also disturbing is the fact some people are not taking their medication. In fact, 40 per cent of people who are prescribed medication for their infection are not taking it. "That's a really, really, really bad situation," Bateman said.

APH also discourages having "multiple" sexual partners, coupled with having unprotected oral, vaginal or anal sex.

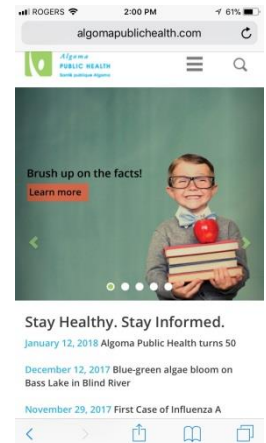
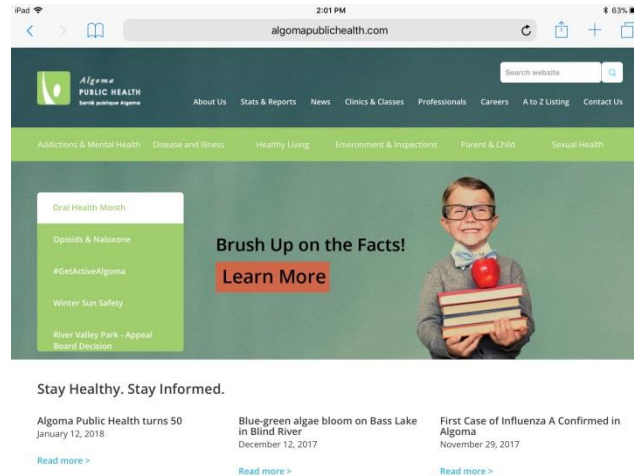
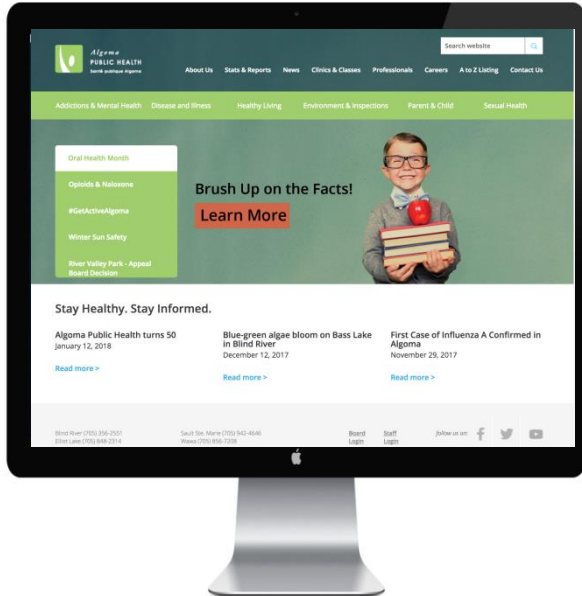
APH also discourages having "multiple" sexual partners, coupled with having unprotected oral, vaginal or anal sex.

APH also discourages having "multiple" sexual partners, coupled with having unprotected oral, vaginal or anal sex.

Online Communication



Responsive Website



Analytics

Date	Pageviews
2016	220,069
2017	288,634
2018 (Jan-March)	76,364

Top 10 Pages of 2017

1. Restaurant inspections
2. Beach warnings
3. This is my quit story
4. Radon
5. Sexual health
6. Immunization
7. E-cigarettes
8. Parent child
9. Nipissing Developmental Screening Tool
10. Feeding my baby



Social Media

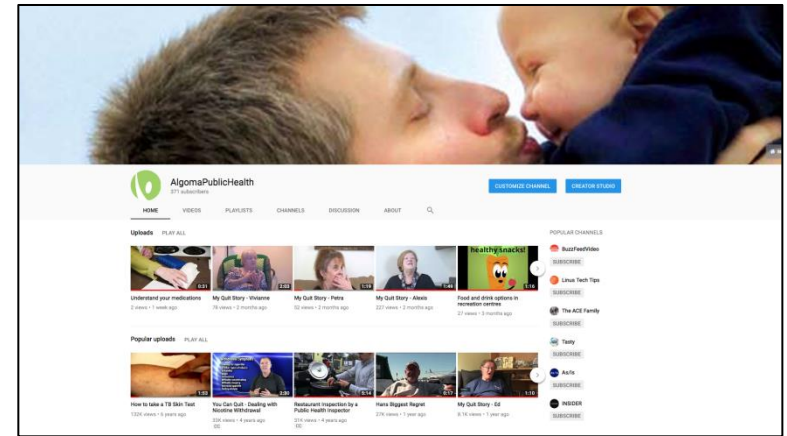
Facebook



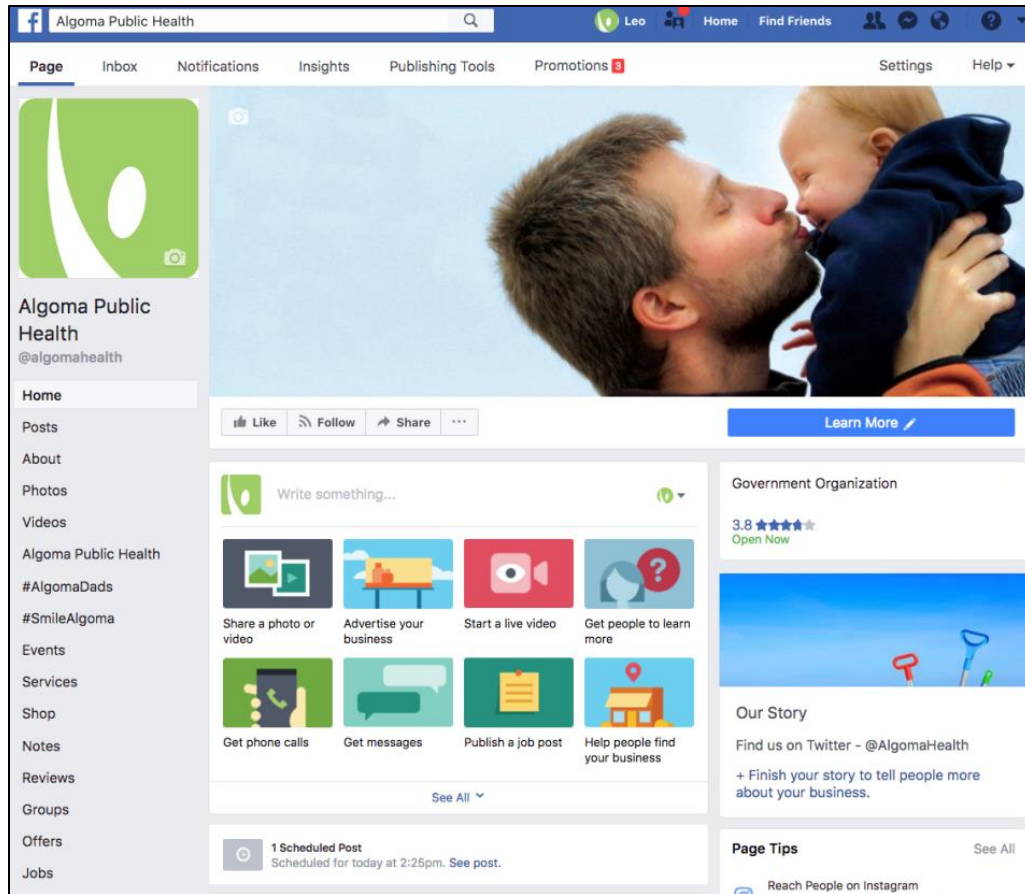
Twitter



YouTube

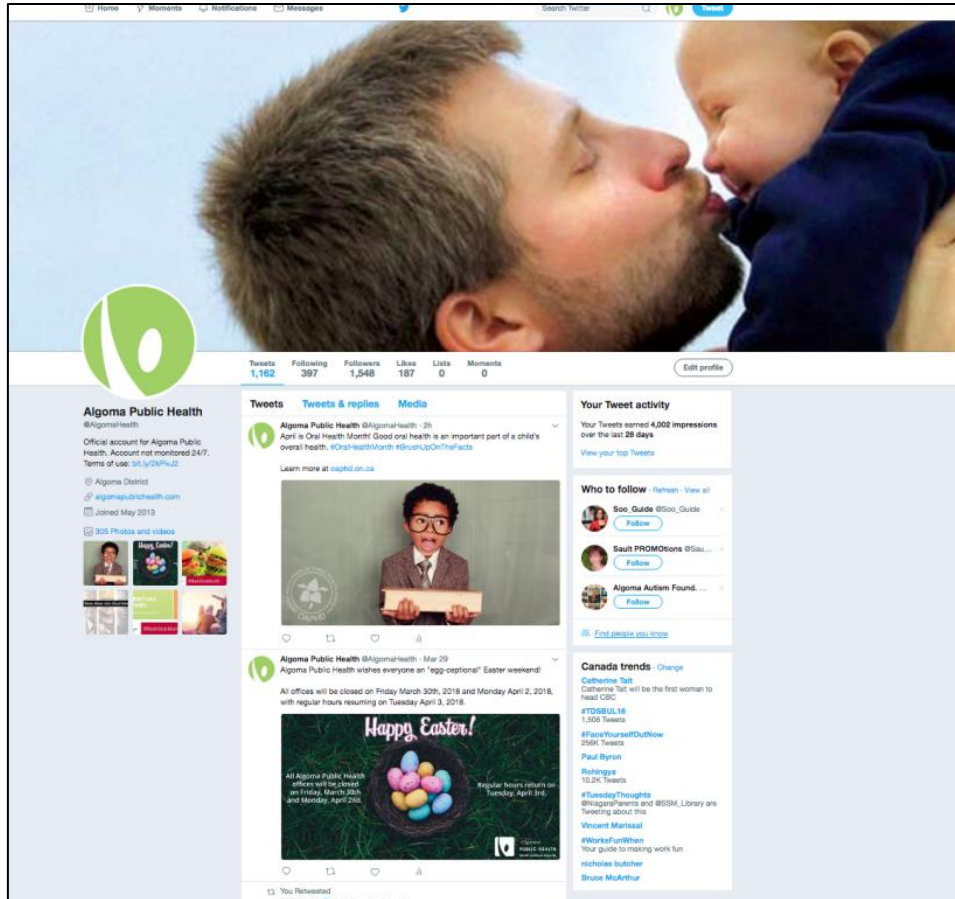


Facebook



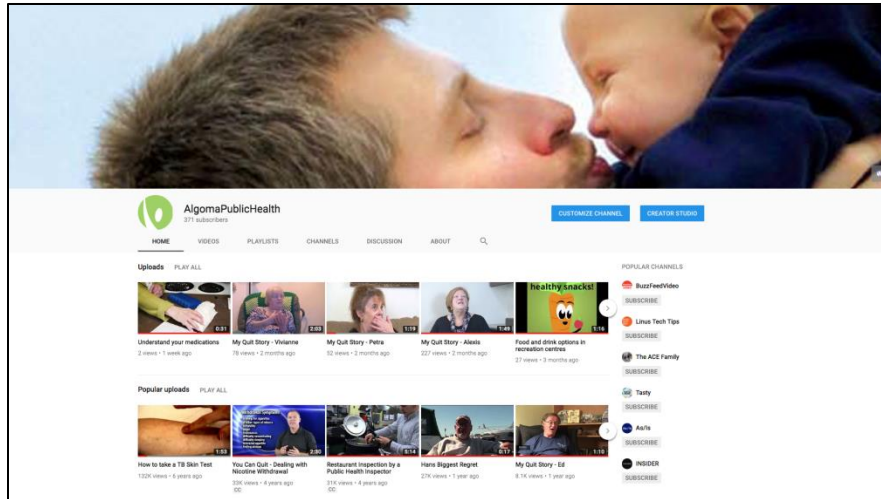
- 6,368 followers
- 78% women
- 22% men

Twitter



- 1,548 followers
- 65% women
- 35% men

YouTube



1. How to take a TB skin test
2. Restaurant inspection
3. Quit smoking - dealing with nicotine withdrawal
4. My quit story – Willard
5. My quit story - Ed

AlgomaPublicHealth >




How to take a TB Skin Test

Created: Mar 28, 2012 • Duration: 1:53 • Privacy setting: Public

VIDEO

Jan 1, 2017 – Dec 31, 2017

AVERAGE VIEW DURATION 

1:10

AVERAGE PERCENTAGE VIEWED 

63%

AlgomaPublicHealth >



My Quit Story - Willard


Created: Feb 13, 2017 • Published: Feb 23, 2017 • Duration: 1:31 • Privacy setting: Public

VIDEO

Jan 1, 2017 – Dec 31, 2017

AVERAGE VIEW DURATION 

1:05

AVERAGE PERCENTAGE VIEWED 

72%



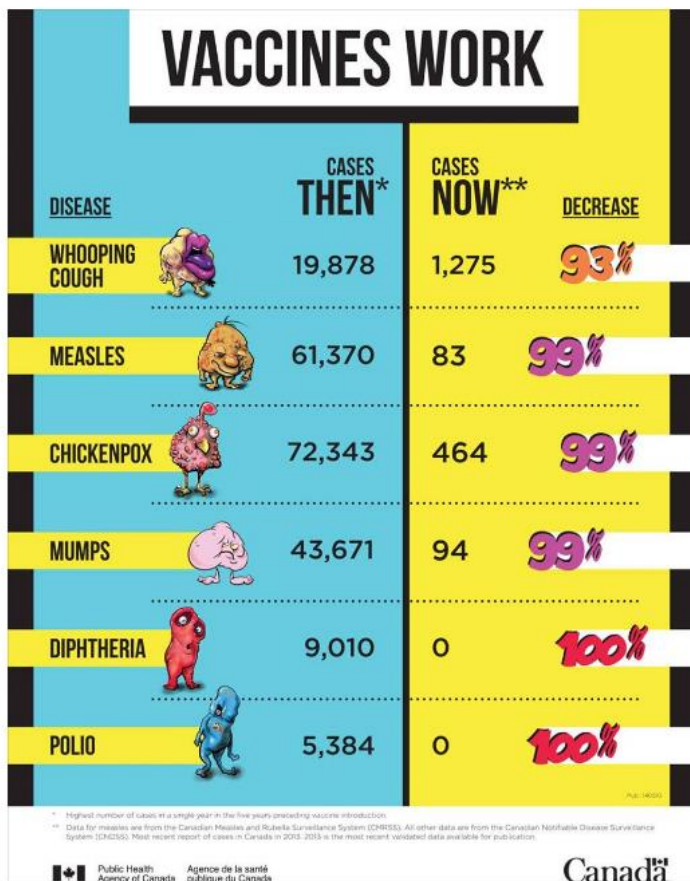
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Algoma Public Health

Vaccines work.

April 25th – May 2nd is National Immunization Awareness Week. Remember that vaccines are not just for infants and children – adults need vaccines too! Ask your health care provider about your immunizations.



17,888 people reached

Boost Post

1.7K

101 Comments 7.2K Shares

Like
 Comment
 Share

17,888 People Reached

9,211 Reactions, Comments & Shares

1,660



Like

1,660

On Post

0

On Shares

40



Love

40

On Post

0

On Shares

2



Thankful

2

On Post

0

On Shares

6



Wow

6

On Post

0

On Shares

317

Comments

317

On Post

0

On Shares

7,234

Shares

7,234

On Post

0

On Shares

1,135 Post Clicks

597

Photo Views

1

Link Clicks

537

Other Clicks

NEGATIVE FEEDBACK

5 Hide Post

1 Hide All Posts

0 Report as Spam

1 Unlike Page



Algoma Public Health

 Like Page

Be a germ stopper: stay at home when you're sick.

[#ThisIsPublicHealth](#)



188 Reactions 11 Comments 148 Shares



Algoma Public Health

Sponsored · 





Smoking made Willard miss out on the important things in life.



See Willard's full story at <http://bit.ly/2mgC7EW>

THIS IS
MY QUIT
STORY.



 **Stan Armstrong** Good for you,,,,,, I've got a little more than 5 in but doing ok
Like · Reply · Message ·  3 · March 4 at 5:14pm

 **Linda J Graham** Kallie Tombari
Like · Reply · Message · March 4 at 10:39pm




 **Dennis Bool** I smoked for 48yrs. I have been a non smoker for over 4yrs. now.
Like · Reply · Message ·  5 · March 5 at 8:27am



↩ 1 Reply

 **Cindy Nelson** Good for you Dennis.wow four years already eh 😊
Like · Reply · Message ·  2 · March 5 at 8:43am


 **Jim Kohut** We quit 33 years ago and no regrets.
Like · Reply · Message ·  3 · March 5 at 9:52am


 **Lorna Anne Ormerod** WTG
Like · Reply · Message ·  1 · March 20 at 5:09pm


 Write a reply...  


 **Janet Stone** I quit just over 4 years ago and wish I did it sooner!!!
Like · Reply · Message ·  4 · March 5 at 11:16pm

↩ 1 Reply

 **John Davies** I quit four 3 MONTHS
Like · Reply · Message ·  3 · March 6 at 12:36am


 **Carol Weist** Good for you don't give in you can do it.
Like · Reply · Message ·  2 · March 17 at 11:19pm


 **Bettyann Brunette Lilley** If I can do it anyone can good luck
Like · Reply · Message · March 19 at 10:36pm

 **Lorna Anne Ormerod** So glad I NEVER SMOKED
Like · Reply · Message · March 20 at 5:10pm


 **Brian Lockstein** I quit in a week after 15 years you just gotta want it
Like · Reply · Message · March 28 at 5:20pm

 **Konner Dupuis Marlene Biron**
Like · Reply · Message · February 28 at 9:31pm

 **Leah Malkki** Way to go 🙌🙌
Like · Reply · Message · March 1 at 9:58pm

 **Rosalie Goos** Thanks for sharing your stories
Like · Reply · Message · March 2 at 8:59am


 **Milly Harvey-Nataway** Meegwetch Willard awesome 🤗💙
Like · Reply · Message · March 2 at 9:08am

 **Red Starn** Bless you
Like · Reply · Message · March 5 at 1:38pm


 **Gerri-Lynn Odber** Hi Willard .God Bless
Like · Reply · Message · March 8 at 5:50am · Edited


 **David Floyd Stamm Cartner** Willard and his wife are two of the kindest people I have ever had the great fortune to meet. Thanks for sharing your quit story.
Unlike · Reply · Message ·  2 · March 9 at 1:26pm


 **Tarja Doucette** Congrats...what a nice story!
Like · Reply · Message · March 10 at 1:39pm

 **Teresa Warbrick Ciotka** Way to go!Great story...God Bless You!
Like · Reply · Message · March 11 at 6:13pm



 **Ramona Finch Ranger** Great man
Like · Reply · Message · March 13 at 9:34am

 **Becky Banks** Way to go Willard!
Like · Reply · Message · March 17 at 9:29am


 **Keith Darlene Nadjiwon** Hello my ole friend.
Like · Reply · Message · March 17 at 8:45pm

 **Doreen Carlson** Way to go Willard and God Bless you.
Like · Reply · Message · March 18 at 9:51am

 **Laurie K Poirier** Thank you Willard for sharing your journey. Over the years, I have had the honour of hearing your important stories and appreciate the wisdom you impart.
Unlike · Reply · Message ·  1 · March 18 at 12:01pm

 **Elizabeth Siegwart** Thank you Willard for sharing your story and thank you for being such a good friend to Tony over the passed few years and for coming to Arch and praying with him he would be very pleased he valued your friendship.
Like · Reply · Message ·  1 · March 20 at 6:14pm

 **Raffaella Medaglia** Willard you look very very good - congratulations and I'm looking forward to your stories!
Like · Reply · Message · March 22 at 7:36am

 **Jake Trumble** Yay Willard! One of the kindest souls I've ever met. Thank you for sharing your story.
Like · Reply · Message · March 22 at 8:35am

 **Carole Harris** Good for you Willard!!!!
Like · Reply · Message · March 22 at 12:01pm

Google Display Network



Google Display Network



THIS IS
MY QUIT
STORY

"I quit before I had to."
- Vivianne, Former Smoker



5 in 5
Partnership



Login

[AUTOS](#) [HOMES](#) [CAREERS](#) [CLASSIFIED](#) [OBITUARIES](#) [POSTMEDIA](#)

Google Custom Search



Feds provide more money for sea lamprey control

Wednesday, April 4, 2018

Sault Ste. Marie, ON



-6°

Overcast

Fire • Water • Storm
CLICK HERE!

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NEWS

Portco, GIP want Algoma to ante up payments



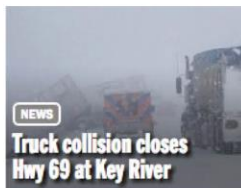
NEWS

Mod to newbies



NEWS

College students help ARCH



NEWS

Truck collision closes Hwy 69 at Key River



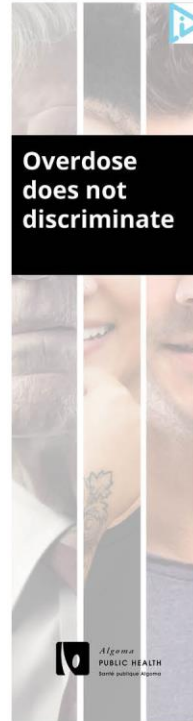
NEWS

Algoma Fall Festival wants more visitors



NEWS

Sault's Bouliane wins architecture award



Overdose does not discriminate



Local Businesses




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THIS IS MY QUIT STORY

"I quit before I had to."
- Vivianne, Former Smoker

Algoma PUBLIC HEALTH

5 in 5 Partnership





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Feds provide more money for sea lamprey control

Wednesday, April 4, 2018

Sault Ste. Marie, ON

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Overdose does not discriminate

Algoma PUBLIC HEALTH

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Local Businesses

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Page 36 of 266

Health Literacy

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- **Ministry of Health and Long-Term Care – Communications and Marketing Branch**
- **OACPH – Ontario Association of Communicators in Public Health**
- **PHO - Public Health Ontario**

Thank you!



Algoma
PUBLIC HEALTH
Santé publique Algoma

**MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER
BOARD REPORT
APRIL 25, 2018**

**Prepared by: Dr. Marlene Spruyt, Medical Officer of Health/CEO
and the Leadership Team**



Staff in attendance at APH poster presentation at TOPHC

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APH AT-A-GLANCE

2017 Sheela Basur Centre Don Low Communications Fellowship: Dr. Sheela Basrur and Dr. Donald Low were both great communicators who excelled in conveying the role and achievements of public health. Many recall their clear and consistent voices during the 2003 SARS crisis and continuing efforts to promote public health. Both were highly visible and proactive communicators who earned respect and trust from the public and the health sector in Ontario. Earlier this year one of our APH employees was nominated for and granted this fellowship. Recipients receive funding for training to enhance their ability to communicate effectively, create engaging stakeholder relations strategies, and craft messages for journalists, politicians, government officials and the general public. Jon Buoma (Manager of Environmental Health) applied his fellowship award to attend the Applied Risk Communications for the 21st Century course for at the Harvard T.H. Chan School of Public Health in Boston at the end of March. He has returned to APH and is sharing this learning with his colleagues.

April 15 to 21 was National Volunteer Appreciation Week. APH took this opportunity to recognize our volunteers by hosting a Thank you breakfast on Wednesday, April 18. Everyone benefits from the actions of volunteers. The agency itself is the primary beneficiary but volunteers also benefit as they continue to feel productive and maintain social engagement. Community engagement is associated with improved health.

Ongoing activities are being organized as part of the 50th Anniversary celebration. The Goose Chase activity challenge continues with lots of positive feedback from the participants. A public swim is being sponsored in Elliot Lake on April 21. There are also two afternoons of carpet bowling, April 25 and 27 at the Ermatinger Clergue National Historic Site.

Keep up to date on events by checking our website:

<http://www.algomapublichealth.com/about-us/algoma-public-health-turns-50/>

Within our provincial organization ALPHa (Association of Local Public health Agencies) there are several subsections. The Business Administrators group which encompasses both of Finance and HR expertise is quite active and offers an annual professional development conference. Justin Pino (Chief Financial Officer) was recently asked to join their Executive Committee and as part of spotlighting our 50th Anniversary, APH offered to host the annual meeting which will take place here in SSM in September 2018.

PROGRAM HIGHLIGHTS

Reducing Health Hazards and Optimizing the Health of Families in Sault Ste. Marie

Directors: Sherri Cleaves, Health Protection and Prevention

Laurie Zeppa, Health Promotion and Prevention

Managers: Chris Spooney, Environmental Health

Leslie Wright, Healthy Growth and Development

Public Health Goals:

1. To reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks
2. To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health

Program Standard Requirements addressed in this report

1. Healthy Environments

- Collaborate with community partners to develop effective strategies to reduce exposure to health hazards and promote healthy built and natural environments
- Implement a program of public health interventions to reduce exposure to health hazards and promote healthy built and natural environments
- Communicate effectively with the public

2. Healthy Growth and Development

- Develop and implement a program of public health interventions using a comprehensive health promotion approach

2015-2020 Strategic Priorities addressed in this report

- Improve Health Equity
- Collaborate Effectively

Key Message

- Minimize the potential for lead exposure in vulnerable populations through collaboration with the Public Utilities Commission (PUC) and Sault Ste. Marie Innovation Center (SSMIC).

In 2007, the PUC was mandated to test lead levels from residential water service lines. The PUC contacted APH and the SSMIC and worked together to prepare a plan for sampling and notification to the general public that free water sampling to test for lead was available through the PUC. Specifically of interest were homes that were built prior to the mid 1950's; a timeframe that has been identified in the literature for Canada-wide use of lead in home plumbing.¹ It is important to

note that when referring to “lead” in this context, service lines and home plumbing are the focus, not the distribution system.²

Population Health Snapshot

Over the last few decades the use of lead has been reduced in the production of many products such as gasoline and paint; however, there are still sources of lead, in home plumbing in older homes that can leach into the drinking water. Lead exposure in pregnant mothers is of particular concern because of the impacts on the developing fetus, which can have lifelong consequences. Exposure to lead can be associated with neurodevelopmental effects in children. Every effort should be made to maintain lead levels in drinking water as low as reasonably achievable.¹ It is, therefore, an essential public health goal to ensure that the right information is provided to those who may need it the most, to help mitigate this exposure.

APH Intervention

APH, SSMIC and the PUC work collaboratively to provide health information on lead exposure and promote free water testing in homes to all the residents in SSM. The PUC and APH have worked together to develop and share information via pamphlets and websites.

<http://www.ssmruc.com/index.cfm?fuseaction=content&menuid=34&pageid=1030>

The SSMIC partnered with the PUC and mapped addresses in the city that had known lead service lines, unknown material or were likely to have lead piping due to the age of the house. The PUC was able to initiate testing to these homes known to have lead service lines. To reach some of the most vulnerable residents, the APH Healthy Babies Healthy Children Home Visiting Program was included to provide an opportunity for Public Health Nurses in homes of pregnant women or families with young children to share information about lead and its effects on healthy growth and development and recommend water testing.

Since 2007 the PUC has taken over 2,000 samples for lead. For any resident in the city that has their water tested if the lead results are above the provincial standard of 10mg/l the PUC also shares the results with APH and offers the home owners a free filter and 8 replacement filters per year. The PUC also provides an interest free loan to residents to replace the lead service lines to their homes to permanently protect against lead leaching into their water.

Evaluation or Next Steps

APH continues to work with the SSMIC and the PUC to meet the goal of protecting and promoting the health of residents of Sault Ste. Marie. APH, in collaboration with our partners, is able to share information with our vulnerable clients.

Further review of “the reach” of the information and “the distribution” of the number of filters will likely occur to determine the need to adapt or enhance the current processes.

¹ Canada Mortgage and Housing Corporation (2004). *Residential sources of lead*. Research Highlight. Available from: <https://www.cmhc-schl.gc.ca/odpub/pdf/63641.pdf?lang=en>

² Canadian Environmental Law Association (2017). *Lead in Drinking Water: Sharing Details about Ontario's Response* [webinar slides]. Available from: <http://www.cela.ca/publications/lead-drinking-water-sharing-details-about-ontarios-response>

Human Resources and Corporate Services

Antoniette Tomie: Director of HR & Corp Srv, Public Health Programs - Administration

Recruitment

During the first quarter of 2018, twenty-three (23) jobs were posted largely due to retirements, absences, and the creation of new positions. In order to hire the best candidate for vacant positions, the recruitment process is extensive and time consuming as it includes a number of steps including job postings, candidate application reviews, interviews, reference checks and the offer of employment.

Health & Safety

The Workplace Safety and Insurance Board's New Experimental Experience Rating (NEER), a financial incentive of reduced premiums, is in place to motivate employers to implement health and safety measures and prevention programs to eliminate workplace injuries. It also encourages employers to assist injured workers in returning to work (RTW) by implementing an early and safe RTW process.

NEER costs are the costs for accidents that have occurred in the organization in a particular accident year. The NEER performance index for an organization is a quick indicator as to whether a NEER refund or surcharge on annual premiums can be expected. A performance index of less than 1.0 indicates the organization is performing better than other organizations in the same rate group.

APH has had a performance index of less than 1.0 in three out of the past four years (2014-2017). In 2017, our performance index of 0.04 was the lowest it has been since 2011.

A revised Employee Return to Work/Accommodations policy was implemented in December 2017. Having an effective return to work program helps manage lost-time claims and reduce costs.

Human Resources Policies review

A schedule has been developed to review all human resources policies by 2020. Existing policies will be updated, merged with other policies or archived.

Employee/Union committees

Human Resources representatives are members of various employee/union committees. The various committees meet on a regular basis and serve as a forum to resolve issues and to improve working relationships.

Employee Wellness

The Employee Wellness committee hosted an all-agency coffee break in January to gather ideas from staff for wellness activities. The committee will develop an employee wellness activity plan for 2018 based on the ideas from staff. The committee is also responsible for organizing physical activity events for the annual alpha Fitness Challenge on May 10, 2018.

Corporate Services

The Supervisor of Corporate Services officially commenced their role in February 2018. They have a leadership role of the corporate services functions and coordination of Information Technology (IT) support. The Supervisor of Corporate Services has developed a schedule for all clerical in Sault Ste. Marie to be trained on corporate functions such as front desk, switchboard and the appointment centre. By building capacity with our clerical staff we optimize the corporate services provided to our clients and community. The Supervisor of Corporate Services along with our IT team is developing a plan for improvement of our IT systems.

Respectfully submitted,
Dr. Marlene Spruyt



Briefing Note

To: The Board of Health
From: Marlene Spruyt, Medical Officer of Health
Date: April 25, 2018
Re: Public Health Champion Award

☐ For Information

☐ For Discussion

☒ For a Decision

OPPORTUNITY:

Algoma Public Health is celebrating 50 years as a public health organization. In honour of this milestone and to celebrate the contributions of public health in our district, it is recommended to create a Public Health Champion Award.

The award will provide public recognition to an individual or organization that has made an outstanding contribution to public health in the Algoma district.

RECOMMENDED ACTION:

The Board of Health approve the creation of a Public Health Champion Award as a legacy initiative commemorating the 50th anniversary of Algoma Public Health.

BACKGROUND:

The award recipient will be selected based on demonstrated achievements towards positive public health.

A public health champion is a person or organization that helps to protect or promote the health of our residents. That person or organization is making a positive difference by helping us live a healthier life and becoming a stronger community.

A selection committee will review all nominees based on the following:

1. Providing leadership in efforts to reduce health inequities

- Advocating for public policies that address the social determinants of health (example, advocating to the government for Basic Income Guarantee)

2. Fostering collaboration to improve the health of the community

- Strengthening partnerships across sectors and groups within a community (example, the Neighborhood Resource Centre in Sault Ste. Marie)

3. Building community capacity

- Empowering marginalized and vulnerable populations (example, teaching and offering community kitchens)

ELIGIBILITY

To be eligible for nomination, an individual or organization must be a resident of the Algoma district. Current members of the board of health for Algoma Public Health and current Algoma Public Health staff are not eligible.

NOMINATION:

The call for nominations will run from August 1, 2018 – September 28, 2018. Nomination forms will be made available online or can be filled out and emailed/mailed/faxed to Algoma Public Health.

A selection committee made up of board members, staff, the medical officer of health and associate medical officer of health will review and decide on a winner based on the above criteria.

The Public Health Champion Award will be announced at our 50th anniversary celebration in November 2018.

To promote nominations, a combination of outreach will take place, including a news release, digital promotion through our social media feeds as well as through our partners and stakeholders.

ASSESSMENT OF RISKS AND MITIGATION:

n/a

FINANCIAL IMPLICATIONS:

Financial implications are minor. There will be costs associated with purchasing a plaque and engraving names. In addition, staff time will be required to review nominees and decided on a winner.

OPHS STANDARD:

n/a

STRATEGIC DIRECTION:

Collaboration

CONTACT:

Leo Vecchio

Manager, Communications

705-942-4646, ext. 3066

lvecchio@algotnpublichealth.com

Save the Date

Bridges out of Poverty Inspiring Action for Change:

Addressing the Challenge of Poverty
Strategies for Professionals & Communities

When: May 16th 1:00pm-4:30pm *(refreshments included)*

Where: Sault Ste. Marie

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 33 years of experience and expertise to the Bridges initiative and has worked in a variety of organizations including hospitals, communities and educational settings.



Louise Brooks, Health Promotion Specialist, MPR

Louise Brooks is a Health Promotions Specialist with Wellington-Dufferin Guelph Public Health who brings 20+ years of experience as a public relations practitioner and health communicator to the Bridges and Circles Guelph Wellington initiative, as well as co-chairing the Bridges component. Her skill sets have given her expertise and passion that she brings to her current poverty reduction and health equity work.

Algoma Public Health Finance and Audit Committee Report

April 11, 2018

Attendance: Serge Saccucci, Ian Frazier, Lee Mason, Dr. Patti Avery,
Dr. Marlene Spruyt, Dr. Jennifer Loo, Justin Pino, Joel Merrylees,
Tania Caputo

Called to order: 4:30 pm

The Audit Findings Report from KPMG for the fiscal year ended December 31, 2017 was presented by KPMG. The purpose of the report is to review the results of the financial statement audit. The review was summarized as satisfactory and compliant. Overall, there were no deficiencies with respect to internal controls confirming current processes in place respect proper accounting controls.

The financial statement for the two-month period ending February 28, 2018 was discussed and reviewed. With respect to revenues and expenses, a surplus is achieved for the 2 months; however, lower than budgeted primarily due to timing for the receipt of the provincial grant revenue. With respect to the balance sheet, the working capital position continues to trend in a satisfactory manner due to the cash and short term investments that are available.

The building conditions assessment was reviewed and discussed. This report was completed in November 2015 and received in February 2018. The report will be used as a reference point when the Capital Asset Plan is prepared in conjunction with the organization's budgeting process. The objective is to maintain a capital funding plan to ensure funding for capital projects is properly managed and reported.

As a follow up from the last finance meeting and the request to review the information, the committee was provided a summary of the 2017 Board of Health expenses, listing of maintenance contracts, and bank covenants associated with bank loans. The items were presented for information and clarity purposes.

The final item of discussion was the upgrade to the current Human Resources Management System and the procurement restriction to a single source supplier for amounts that exceed \$55,000. It was concluded the sole source procurement of Sage People HRMS upgrade was in the best interest for APH given the system is presently effectively in use and there will be apparent efficiencies with time saved.

Adjourned: 6:24 pm

Sergio Saccucci,
Finance and Audit Committee Chair

Financial Statements of

ALGOMA PUBLIC HEALTH

Year ended December 31, 2017

DRAFT

ALGOMA PUBLIC HEALTH

Financial Statements

Year ended December 31, 2017

Independent Auditors' Report

Financial Statements

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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, 2017, 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, 2017, 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

Sault Ste. Marie, Ontario

April 25, 2018

DRAFT

ALGOMA PUBLIC HEALTH

Statement of Financial Position

December 31, 2017, with comparative information for 2016

	2017	2016
Financial assets		
Cash	\$ 2,931,699	\$ 2,146,361
Accounts receivable	489,631	509,998
Receivable from participating municipalities	30,769	9,159
	<u>3,452,099</u>	<u>2,665,518</u>
Financial liabilities		
Accounts payable and accrued liabilities	1,436,722	1,587,880
Payable to the Province of Ontario	543,083	321,402
Deferred revenue (note 4)	512,747	494,864
Employee future benefit obligations (note 5)	2,704,275	2,550,458
Term loans (note 9)	5,554,992	5,903,861
	<u>10,751,819</u>	<u>10,858,465</u>
Net debt	(7,299,720)	(8,192,947)
Non-financial assets		
Tangible capital assets (note 6)	20,913,871	21,813,456
Contingencies (note 10)		
Commitments (note 11)		
Accumulated surplus (note 7)	<u>\$ 13,614,151</u>	<u>\$ 13,620,509</u>

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Operations and Accumulated Surplus

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Revenue:		
Municipal levy - public health	\$ 3,486,510	\$ 3,399,791
Provincial grants:		
Public health	10,093,965	10,111,675
Community health	6,841,958	6,901,203
Fees, other grants and recovery of expenditures	1,632,070	2,175,775
	22,054,503	22,588,444
Expenses:		
Public Health Programs (Schedule 1)	12,994,320	13,285,764
Community Health Programs (Schedule 2)		
Healthy Babies and Children	1,068,009	1,063,993
Healthy Babies and Children - CAS	-	11,426
Child Benefits Ontario Works	24,135	24,223
Dental Benefits Ontario Works	-	296,837
Nurse Practitioner	141,196	125,918
CMH Transformational Supportive Housing	144,106	96,831
CMH/ASH Supportive Housing	33,317	11,739
Healthy Kids Community Challenge	202,624	303,284
Genetics Counseling	495,532	345,037
Diabetes Prevention	-	53,341
Stay on Your Feet	114,127	100,520
Northern Ontario Fruits and Vegetables	12,076	104,444
Community Alcohol and Drug Assessment	669,120	694,947
Remedial Measures	25,841	25,386
Community Alcohol and Drug Assessment		
- Ontario Works	92,797	85,887
OW-CADAP District	25,001	25,000
Community Mental Health Housing	87,024	82,191
Community Mental Health	3,158,370	3,127,185
Garden River CADAP Program	177,972	114,213
Infant Development	642,534	641,288
CHPI (District)	1,371	13,114
Brighter Futures for Children	125,036	102,508
Preschool Speech and Languages Initiative	375,514	408,219
PSL Communication Development	275,620	268,527
Employee future benefits	153,817	96,498
Interest on long-term debt	112,029	156,036
Amortization on tangible capital assets	909,373	809,686
	22,060,861	22,474,042
Annual surplus (deficit)	(6,358)	114,402
Accumulated surplus, beginning of year	13,620,509	13,506,107
Accumulated surplus, end of year	\$ 13,614,151	\$ 13,620,509

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Change in Net Debt

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Annual surplus (deficit)	\$ (6,358)	\$ 114,402
Additions to tangible capital assets	(9,788)	(618,161)
Amortization of tangible capital assets	909,373	809,686
	893,227	305,927
Net debt, beginning of year	(8,192,947)	(8,498,874)
Net debt, end of year	\$ (7,299,720)	\$ (8,192,947)

See accompanying notes to financial statements.

DRAFT

ALGOMA PUBLIC HEALTH

Statement of Cash Flows

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operating activities:		
Annual surplus (deficit)	\$ (6,358)	\$ 114,402
Items not involving cash:		
Amortization of tangible capital assets	909,373	809,686
Increase in employee future benefit obligations	153,817	96,498
	1,056,832	1,020,586
Change in non-cash working capital:		
Decrease in accounts receivable	20,367	148,512
Increase in receivable from participating municipalities	(21,610)	(4,025)
Increase (decrease) in accounts payable and accrued liabilities	(151,158)	97,772
Increase (decrease) in payable to the Province of Ontario	221,681	(320,364)
Increase (decrease) in deferred revenue	17,883	(169,775)
	1,143,995	772,706
Financing activities:		
Repayment of term loan	(348,869)	(269,629)
Principal payments on obligation under capital lease	-	(107,264)
	(348,869)	(376,893)
Capital activities:		
Additions to tangible capital assets	(9,788)	(618,161)
Increase (decrease) in cash	785,338	(222,348)
Cash, beginning of year	2,146,361	2,368,709
Cash, end of year	\$ 2,931,699	\$ 2,146,361

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2017

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 measureable 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.

(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.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2017

1. Significant accounting policies (continued):

(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.

(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.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2017

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
Town 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
Certain unincorporated areas in the District of Algoma

3. Credit facility:

The Board has an authorized line of credit available in the amount of \$500,000. The credit facility bears interest at prime + 0.75% and is unsecured. At December 31, 2017, \$Nil (2016 - \$Nil) was outstanding under the facility.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2017

4. 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:

	2017	2016
Deferred revenue, beginning of year	\$ 494,864	\$ 664,639
Funds received during the year	35,651	101,663
Expenses incurred in the year	(17,768)	(271,438)
Deferred revenue, end of year	\$ 512,747	\$ 494,864

5. 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 187 (2016 - 186) 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 \$1,200,529 (2016 - \$1,160,876) 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.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2017

5. Employee future benefits (continued):

(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, 2017. The liabilities will be recovered from future revenues and consist of the following:

	2017	2016
Post-retirement benefits (i)	\$ 1,134,752	\$ 1,118,112
Non-vested sick leave (ii)	308,039	277,018
Accrued vacation pay (iii)	1,261,484	1,155,328
	<u>\$ 2,704,275</u>	<u>\$ 2,550,458</u>

(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, 2017. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 3.25%
- Health Care Trend Rate 4.5% to 8%

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

	2017	2016
Accrued benefit obligations, beginning of year	\$ 1,118,112	\$ 1,094,044
Current service cost	55,911	53,890
Interest cost	37,727	36,554
Benefits paid	(66,084)	(54,221)
Amortization of actuarial gains	(10,914)	(12,155)
Accrued benefit obligations, end of year	<u>\$ 1,134,752</u>	<u>\$ 1,118,112</u>

(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

Year ended December 31, 2017

6. Tangible capital assets:

Cost	Balance at December 31, 2016	Additions	Transfers & (Disposals)	Balance at December 31, 2017
Building	\$ 22,732,421	-	-	22,732,421
Leasehold improvements	1,572,805	-	-	1,572,805
Furniture and equipment	1,914,772	9,788	(13,235)	1,911,325
Vehicle	40,113	-	-	40,113
Computer equipment	3,244,030	-	-	3,244,030
Total	\$ 29,504,141	9,788	(13,235)	29,500,694
Accumulated Amortization	Balance at December 31, 2016	Disposals	Amortization expense	Balance at December 31, 2017
Building	\$ 2,913,291	-	536,499	3,449,790
Leasehold improvements	472,126	-	105,939	578,065
Furniture and equipment	1,266,200	13,235	185,244	1,438,209
Vehicle	10,028	-	10,028	20,056
Computer equipment	3,029,040	-	71,663	3,100,703
Total	\$ 7,690,685	13,235	909,373	8,586,823
	Net book value, December 31, 2016			Net book value, December 31, 2017
Building	\$ 19,819,130			19,282,631
Leasehold improvements	1,100,679			994,740
Furniture and equipment	648,572			473,116
Vehicle	30,085			20,057
Computer equipment	214,990			143,327
Total	\$ 21,813,456			20,913,871

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2017

6. Tangible capital assets (continued):

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 Financial Statements

Year ended December 31, 2017

7. Accumulated surplus:

Accumulated surplus is comprised of:

	2017	2016
Invested in tangible capital assets	\$ 20,913,871	\$ 21,813,456
Reserve (note 8)	525,343	324,702
Operating	434,204	(63,330)
Unfunded:		
Employee future benefits	(2,704,275)	(2,550,458)
Term loans	(5,554,992)	(5,903,861)
	\$ 13,614,151	\$ 13,620,509

8. Reserve:

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

	2017	2016
Balance, beginning of year	\$ 324,702	\$ 706,335
Additions to capital reserve	200,000	—
Amounts expended for capital purposes	—	(384,062)
Investment Income	641	2,429
Balance, end of year	\$ 525,343	\$ 324,702

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2017

9. Term loans:

	2017	2016
Term loan #1	\$ 5,230,398	\$ 5,558,882
Term loan #2	324,594	344,979
	<u>\$ 5,554,992</u>	<u>\$ 5,903,861</u>

Principal payment due on the term loans is as follows:

Year	Annual payments
2018	\$ 355,750
2019	362,749
2020	369,886
2021	377,164
2022	384,585
Thereafter	3,704,858

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 \$112,029 (2016 - \$156,036).

10. 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

Year ended December 31, 2017

11. Commitments:

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

Year	Annual payments
2018	\$ 152,022
2019	152,433
2020	153,024
2021	128,416
2022	128,416

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

12. Expenses by object:

	2017	2016
Salaries and benefits	\$ 16,344,183	\$ 16,095,765
Materials and supplies	4,788,320	5,568,591
Capital	909,373	809,686
	\$ 22,041,876	\$ 22,474,042

13. Comparative information:

Certain 2016 comparative information has been reclassified to conform with the financial statement presentation adopted for 2017. 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, 2017, with comparative information for 2016

	2017 Budget	2017 Total	2016 Total
Revenue:			
Provincial grant	\$ 10,271,425	\$ 10,093,965	\$ 10,111,672
Levies	3,484,786	3,486,510	3,399,791
Recoveries	670,476	624,242	877,015
	14,426,687	14,204,717	14,388,478
Expenses:			
Salaries and wages	8,652,095	7,846,907	7,928,447
Benefits	2,036,464	1,952,199	1,870,179
Accounting and audit	25,000	26,272	28,044
Equipment	183,995	276,446	328,440
Insurance	95,000	93,395	99,122
Occupancy and renovations	800,350	894,327	850,712
Office supplies	90,150	77,614	109,149
Other	53,000	34,940	35,039
Professional development	104,837	103,999	91,700
Program promotion	65,960	55,342	38,230
Program supplies	569,077	521,807	533,608
Program administration (recovery)	(68,408)	(116,966)	(94,227)
Purchase professional services	811,169	723,897	968,951
Telephone and telecommunications	325,994	328,152	306,184
Travel	221,103	175,989	192,186
	13,965,787	12,994,320	13,285,764
Excess of revenue over expenses before the undernoted	460,900	1,210,397	1,102,714
Interest on long-term debt	-	112,029	156,036
Amortization	-	909,373	809,686
Excess of revenue over expenses	\$ 460,900	\$ 188,995	\$ 136,992

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs

Year ended December 31, 2017, with comparative information for 2016

	Healthy Babies and Children	Child Benefits Ontario Works	Nurse Practitioner	CMH/ASH Supportive Housing	CMH Transformational Supportive Housing	Healthy Kids Community Challenge	Genetics Counselling	Stay on Your Feet	Tobacco Cessation	Community Alcohol and Drug Assessment	Remedial Measures
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:											
Salaries	823,065	17,283	99,342	-	136,270	71,403	285,837	62,124	-	479,287	23,287
Employee benefits	205,833	2,717	24,201	-	2,593	10,182	66,349	16,191	-	100,797	2,340
	1,028,898	20,000	123,543	-	138,863	81,585	352,186	78,315	-	580,084	25,627
Supplies and services:											
Equipment	4,700	-	-	-	-	-	-	-	-	-	-
Occupancy and renovations	-	-	4,537	24,312	(35,050)	-	19,583	-	-	44,677	-
Office supplies	739	-	2,671	-	-	-	9,620	-	-	2,038	-
Insurance	-	-	1,875	-	-	-	-	-	-	-	-
Audit fees	2,000	-	2,050	-	-	-	-	-	-	-	-
Professional development	4,611	-	2,720	-	4,200	-	4,341	1,469	-	1,847	-
Program administration	-	-	-	-	6,000	-	32,183	-	-	10,000	-
Program promotion	-	-	-	-	-	483	-	-	12,076	-	-
Program supplies	2,168	4,135	-	9,005	30,093	115,969	5,303	33,074	-	6,893	(240)
Purchased professional services	1,069	-	-	-	-	2,500	60,755	-	-	6,655	-
Purchased services	-	-	-	-	-	-	-	-	-	-	-
Telephone and telecommunications	4,534	-	800	-	-	-	3,875	-	-	6,087	-
Travel	19,290	-	3,000	-	-	2,087	7,686	1,269	-	10,839	454
	39,111	4,135	17,653	33,317	5,243	121,039	143,346	35,812	12,076	89,036	214
Total expenditures	1,068,009	24,135	141,196	33,317	144,106	202,624	495,532	114,127	12,076	669,120	25,841

ALGOMA PUBLIC HEALTH

Expenditures - Community Health Programs, continued

Schedule 2

Year ended December 31, 2017, with comparative information for 2016

	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 \$	2017 Total \$	2016 Total \$
Salaries and employee benefits:												
Salaries	66,842	19,706	62,414	2,062,156	141,476	415,963	-	58,199	332,135	201,225	5,358,014	5,143,839
Employee benefits	12,741	3,295	17,264	501,451	33,846	95,459	-	13,709	31,405	46,689	1,187,062	1,153,300
	79,583	23,001	79,678	2,563,607	175,322	511,422	-	71,908	363,540	247,914	6,545,076	6,297,139
Supplies and services:												
Equipment	-	-	-	-	-	11,707	-	-	-	8,282	24,689	27,214
Occupancy and renovations	-	-	-	357,779	-	51,486	-	1,788	750	863	470,725	454,012
Office supplies	-	-	-	1,984	-	1,125	-	-	250	163	18,590	20,300
Insurance	-	-	-	-	-	-	-	-	-	-	1,875	875
Audit fees	-	-	-	8,667	-	2,000	-	-	1,750	-	16,467	20,935
Professional development	-	1,000	-	6,170	(60)	4,055	-	-	305	1,875	32,533	44,132
Program administration	8,400	-	5,300	39,083	-	16,000	-	-	-	-	116,966	92,783
Program promotion	-	-	-	2,000	-	-	-	-	-	-	14,559	19,752
Program supplies	10	-	42	35,233	4	12,035	1,371	46,735	248	11,650	313,728	477,539
Purchased professional services	-	-	-	5,570	-	-	-	-	-	1,250	77,799	401,655
Purchased services	-	-	-	-	-	-	-	-	-	-	-	507
Telephone and telecommunications	4,075	-	-	44,105	1,793	5,608	-	211	783	(1,032)	70,839	94,784
Travel	729	1,000	2,004	94,172	913	27,096	-	4,394	7,888	4,655	187,476	174,431
	13,214	2,000	7,346	594,763	2,650	131,112	1,371	53,128	11,974	27,706	1,346,246	1,828,919
Total expenditures	92,797	25,001	87,024	3,158,370	177,972	642,534	1,371	125,036	375,514	275,620	7,891,322	8,126,058

ALGOMA PUBLIC HEALTH

Summary of Public Health Programs

Schedule 3

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
	Total	Total
Revenue:		
MOH Public Health Funding	\$ 7,022,987	\$ 7,130,900
Medical Officer of Health Compensation	98,782	-
Needle Exchange Program Initiative	50,700	50,507
MOH Funding Haines Food Safety	24,600	24,600
Social Determinants of Health	180,500	180,500
MOH Funding Vector Bourne Disease	108,700	108,700
Funding - Chief Nursing Officer	121,500	121,500
MOH Funding Smoke Free Ontario	316,592	309,210
MOH Funding SFO Youth Engagement	75,575	80,000
MOH Funding SFO Prosecutor	3,000	-
MOH Funding SFO E - Cigarettes	4,652	7,667
MOH Funding Safe Water	69,600	48,034
MOH One Time Funding Safe Water Enhanced Safe Water	15,500	15,500
MOH Funding Unorganized	530,400	515,100
Diabetes Strategy	150,000	60,000
Northern Ontario Fruit and Vegetables	117,400	19,359
Panorama	62,244	108,844
MOH Funding Infection Control	222,300	216,635
MOH Funding Infection Control Nurse	90,100	90,100
MOH Funding Healthy Smiles	731,926	758,084
MOH Funding Harm Reduction	41,124	-
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	10,000	7,506
Rabies Software	3,612	21,672
One time funding smoking cessation program	23,536	22,500
One Time Funding HPV	5,000	-
One Time Funding Needle Exchange Supplies	3,843	-
Levies	3,486,510	3,399,791
Recoveries from Programs	587,231	634,430
Interest	19,734	18,404
Other	17,277	224,181
New Purpose Built Vaccine Refrigerators	9,786	-
	14,204,711	14,388,621
Expenditures:		
Public Health	9,988,273	10,443,582
Healthy Smiles	731,926	758,084
Unorganized	530,400	515,100
Smoke Free Ontario	316,592	309,210
Infection Control	222,300	216,635
Social Determinants of Health	180,500	180,500
Vector Bourne Disease	144,933	144,933
Legal fees	-	140,497
Chief Nursing Officer	121,500	121,500
Infection Control Nurse	90,100	90,100
SFO Youth Engagement	75,575	80,000
Safe Water	92,800	64,045
Diabetes strategy	150,000	60,000
Northern Ontario Fruit and Vegetables	117,400	19,359
One time funding Prior year	-	55,800
Needle Exchange Program Initiative	50,700	50,507
Rabies Software	1,118	27,755
Haines Food Safety	24,600	24,600
Safe Water Enhanced	15,500	15,500
One time funding Imm of Sch Pup Act	-	13,800
Smoking Cessation Program	23,489	12,502
PHI Practicum Student	10,000	10,000
HR System upgrade	-	9,343
MOH Funding SFO E - Cigarettes	4,652	7,667
MOH Funding SFO Prosecutor	3,000	-
Panorama	62,244	5,668
Pharmacist Integration	-	4,800
Medical Officer of Health Compensation	98,782	-
Harm Reduction	41,124	-
HPV	5,000	-
Needle Exchange Supplies	3,843	-
New Purpose Built Vaccine Refrigerators	9,786	-
	13,116,137	13,381,487
Excess of revenue over expenses	\$ 1,088,574	\$ 1,007,134

**Algoma Public Health
(Unaudited) Financial Statements February 28, 2018**

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Statement of Financial Position (not included this month)	

Algoma Public Health
Statement of Operations
February 2018
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018
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Public Health Programs

Revenue						
Municipal Levy - Public Health	\$ 875,545	\$ 875,545	\$ 0	\$ 3,502,179	0%	100%
Provincial Grants - Cost Shared Funding	1,218,200	1,218,200	-	7,309,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	494,564	499,492	(4,928)	2,996,950	-1%	99%
Fees, other grants and recovery of expenditures	67,983	104,461	(36,478)	699,214	-35%	85%
Provincial Grants - Funding for Prior Yr Expenses	0	0	-	-		
Total Public Health Revenue	\$ 2,656,292	\$ 2,697,698	\$ (41,406)	\$ 14,507,543	-2%	98%
Expenditures						
Public Health Cost Shared	\$ 1,907,043	\$ 1,984,445	\$ 77,402	\$ 11,510,592	-4%	96%
Public Health 100% Prov. Funded Programs	418,600	494,101	75,500	2,996,951	-15%	85%
Total Public Health Programs Expenditures	\$ 2,325,644	\$ 2,478,545	\$ 152,902	\$ 14,507,543	-6%	94%
Excess of Rev. over Exp. Cost Shared Funding	\$ 254,885	\$ 213,761	\$ 40,924	\$ 2		
Excess of Rev. over Exp. 100% Prov. Funded	75,964	5,392	70,572	(2)		
Provincial Grants for Prior Yr Expenses	-	-	-	-		
Total Rev. over Exp. Public Health	\$ 330,649	\$ 219,153	\$ 111,496	\$ (0)		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 178,000	178,002	2	1,068,011	0%	100%
Expenditures	175,514	178,002	(2,488)	1,068,011	-1%	99%
Excess of Rev. over Fiscal Funded	2,486	-	2,486	-		

Public Health Programs - Fiscal 17/18

Provincial Grants and Recoveries	\$ 123,006	112,162	(10,844)	164,324		
Expenditures	31,585	128,398	(96,813)	164,324		
Excess of Rev. over Fiscal Funded	91,421	(16,236)	107,657	-		

Community Health Programs

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	61,375	55,417	5,958	332,500	11%	111%
Total Community Health Revenue	\$ 61,375	\$ 55,417	\$ 5,958	\$ 332,500	11%	111%
Expenditures						
Child Benefits Ontario Works	509	4,083	3,574	24,500	-88%	12%
Algoma CADAP programs	45,410	51,333	5,923	308,000	-12%	88%
One-Time Funding programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	\$ 45,919	\$ 55,417	\$ 9,498	\$ 332,500	-17%	83%
Total Rev. over Exp. Calendar Community Health	\$ 15,456	\$ (0)	\$ 15,456	\$ 0		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 5,098,138	\$ 5,096,686	\$ 1,452	\$ 5,578,194	0%	100%
Municipal, Federal, and Other Funding	712,085	718,053	(5,967)	810,353	-1%	99%
Other Bill for Service Programs	42,722	-	42,722	-		
Total Community Health Revenue	\$ 5,852,945	\$ 5,814,739	\$ 38,206	\$ 6,388,547	1%	101%
Expenditures						
Brighter Futures for Children	85,632	99,660	14,028	108,447	-14%	86%
Infant Development	570,982	587,066	16,084	640,434	-3%	97%
Preschool Speech and Languages	565,360	563,068	(2,292)	614,256	0%	100%
Nurse Practitioner	128,212	128,395	183	139,753	0%	100%
Genetics Counseling	425,564	337,181	(88,382)	367,806	26%	126%
Community Mental Health	3,087,933	3,161,974	74,041	3,449,598	-2%	98%
Community Alcohol and Drug Assessment	647,512	663,810	16,298	724,157	-2%	98%
Healthy Kids Community Challenge	180,362	204,449	24,087	223,000	-12%	88%
Stay on Your Feet	91,761	91,667	(94)	100,000	0%	100%
Bill for Service Programs	47,102	-	(47,102)	-		
Misc Fiscal	15,179	19,100	3,921	21,100		
Total Fiscal Community Health Programs	\$ 5,845,598	\$ 5,856,369	\$ 10,771	\$ 6,388,551	0%	100%
Total Rev. over Exp. Fiscal Community Health	\$ 7,347	\$ (41,630)	\$ 48,977	\$ (4)		

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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 Two Months Ending February 28, 2017**
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Bgt. to Act. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018	Comparison Prior Year: YTD Actual 2017	YTD BGT 2017	Variance 2017
Levies Sault Ste Marie	606,441	606,441	0	2,425,762	0%	25%	605,743	605,743	0
Levies Vector Borne Disease and Safe Water	14,858	14,858	0	59,433	0%	25%	14,858	14,858	0
Levies District	254,246	254,246	0	1,016,984	0%	25%	250,595	250,595	0
Total Levies	875,545	875,545	0	3,502,179	0%	25%	871,197	871,197	0
MOH Public Health Funding	1,188,484	1,188,484	0	7,130,900	0%	17%	1,188,484	1,188,483	1
MOH Funding Vector Borne Disease	18,116	18,116	0	108,700	0%	17%	18,116	18,117	(1)
MOH Funding Safe Water	11,600	11,600	0	69,600	0%	17%	11,600	11,600	0
Total Public Health Cost Shared Funding	1,218,200	1,218,200	0	7,309,200	0%	17%	1,218,200	1,218,200	(0)
MOH Funding Needle Exchange	8,452	10,783	(2,331)	64,700	-22%	13%	8,452	8,450	2
MOH Funding Haines Food Safety	4,100	4,100	0	24,600	0%	17%	4,100	4,100	0
MOH Funding Healthy Smiles	128,316	128,316	0	769,900	0%	17%	128,316	128,316	0
MOH Funding - Social Determinants of Health	30,084	30,084	0	180,500	0%	17%	30,084	30,083	1
MOH Funding - MOH / AMOH Top Up	18,472	21,075	(2,603)	126,451	-12%	15%	0	0	0
MOH Funding Chief Nursing Officer	20,252	20,250	2	121,500	0%	17%	20,252	20,250	2
MOH Enhanced Funding Safe Water	2,584	2,583	1	15,500	0%	17%	2,584	2,584	0
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	85,852	85,850	2
MOH Funding Infection Control	52,068	52,067	1	312,400	0%	17%	52,068	52,067	1
MOH Funding Diabetes	25,000	25,000	0	150,000	0%	17%	25,000	25,000	0
MOH Funding Northern Ontario Fruits & Veg.	19,568	19,567	1	117,400	0%	17%	0	0	0
Funding Ontario Tobacco Strategy	72,268	72,266	2	433,600	0%	17%	72,267	72,267	0
MOH Funding Harm Reduction	25,000	25,000	0	150,000	0%	17%	0	0	0
One Time Funding									
Total Public Health 100% Prov. Funded	494,564	499,491	(4,927)	2,995,951	-1%	17%	428,975	428,967	8
Funding for Prior Yr Expenses	0	0	0	0	0%	0%	0	0	0
Recoveries from Programs	1,677	1,667	10	27,450	1%	6%	1,677	1,677	0
Program Fees	38,263	40,628	(2,365)	237,764	-6%	16%	38,592	41,624	(3,032)
Land Control Fees	3,175	26,666	(23,491)	160,000	-88%	2%	4,275	26,667	(22,392)
Program Fees Immunization	18,974	30,834	(11,860)	185,000	-38%	10%	32,412	29,917	2,495
HPV Vaccine Program	298	0	298	20,000	0%	1%	0	300	(300)
Influenza Program	0	0	0	25,000	0%	0%	0	1,100	(1,100)
Meningococcal C Program	77	0	77	10,000	0%	1%	0	300	(300)
Interest Revenue	5,520	2,333	3,187	14,000	137%	39%	2,384	1,779	615
Other Revenues	0	2,334	(2,334)	20,000	0%	0%	0	0	0
Total Fees, Other Grants and Recoveries	67,983	104,462	(36,479)	699,214	-35%	10%	79,350	103,363	(24,013)
Total Public Health Revenue Annual	\$ 2,656,292	\$ 2,697,698	\$ (41,406)	\$ 14,507,544	-2%	16%	\$ 2,597,721	\$ 2,621,726	\$ (24,005)
Public Health Fiscal									
Panorama	67,923	67,050	873	74,100	1%	92%	66,378	59,680	8,696
Smoke Free Ontario NRT	27,500	15,000	12,500	30,000	83%	92%	27,500	24,000	3,500
Practicum	9,164	5,000	4,164	10,000	83%	92%	9,174	8,000	1,174
Other One Time Fiscal Funding	18,419	25,112	(6,693)	50,224	-27%	37%	26,488	14,450	12,038
Total Provincial Grants Fiscal	\$ 123,006	\$ 112,162	\$ 10,844	\$ 164,324	10%	76%	\$ 131,538	\$ 106,130	\$ 25,408

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 Two Months Ending February 28, 2017
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018	Comparison Prior Year:		
							YTD Actual 2017	YTD BGT 2017	Variance 2017
Salaries & Wages	\$ 1,367,221	\$ 1,472,626	\$ 105,405	\$ 8,868,131	-7%	15%	\$ 1,253,344	\$ 1,402,829	\$ 149,485
Benefits	362,952	350,634	(12,318)	2,105,552	4%	17%	333,540	329,462	(4,078)
Travel - Mileage	9,066	19,944	10,878	120,775	-55%	8%	11,363	21,310	9,948
Travel - Other	16,440	12,500	(3,940)	75,000	32%	22%	10,931	12,990	2,060
Program	77,130	107,836	30,706	669,715	-28%	12%	62,542	110,494	47,952
Office	20,813	19,485	(1,328)	116,909	7%	18%	10,827	22,292	11,465
Computer Services	138,452	112,647	(25,805)	700,881	23%	20%	84,913	116,586	31,673
Telecommunications	45,469	50,551	5,081	303,304	-10%	15%	43,918	41,132	(2,786)
Program Promotion	18,999	27,315	8,316	167,223	-30%	11%	14,113	28,466	14,353
Facilities Expenses	102,332	132,500	30,168	795,000	-23%	13%	128,845	133,392	4,546
Fees & Insurance	106,736	113,075	6,339	228,450	-6%	47%	100,067	119,516	19,449
Debt Management	76,816	76,817	0	460,900	0%	17%	76,816	76,817	0
Recoveries	(16,782)	(17,383)	(600)	(104,297)	-3%	16%	(17,522)	(11,401)	6,121
	\$ 2,325,643	\$ 2,478,545	\$ 152,902	\$ 14,507,543	-6%	16%	\$ 2,113,696	\$ 2,403,885	\$ 290,189

Notes to Financial Statements – February 2018

Reporting Period

The February 2018 financial reports include two months 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 eleven month results from operations year ended March 31st, 2018.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of February 28th, 2018, Public Health programs are reporting a \$111k positive variance.

Total Public Health Revenues are indicating a negative \$41k variance. This is a result timing of receipts of Fees, Other Grants & Recoveries. Land Control Fees and Program Fees Immunization 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 \$153k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance. A Communications Coordinator position was budgeted for the full calendar year with recruitment expected to be completed by the end of April 2018. Furthermore, due to recent changes in the Ontario Public Health Standards, Management decided to leave some positions unfilled in the interim to help align resources according to the new Standards. This process is currently underway. In total, there are four Public Health FTE positions that have been budgeted to be filled once all internal staff moves have taken place. These vacancies are driving the noted positive variance associated with Salary and Wages.

Community Health Calendar programs are operating within budget.

APH's Community Health Fiscal Programs are eleven months into the fiscal year.

Genetics Counseling is showing a negative \$88k variance. APH management is utilizing deferred revenue associated with the program by increasing the program FTE compliment by 0.2; by Public Health increasing the charges associated with the Genetics program for general administration support to more accurately reflect actual usage; and by hiring the successful candidate for a retiring employee prior to the retirement date as a means of fostering training and mitigating risk to the program delivery.

Public Health Revenue (see page 2)

Public Health funding revenues are showing a negative \$41k variance.

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The municipal levies are within budget.

Cost Shared Funding is within budget.

Notes Continued...

Fees, Other Grants & Recoveries are showing a negative variance of \$36k. Land Control Fees are driving this negative variance. In addition, Program Fees Immunization is showing a \$12k negative variance. APH typically captures the bulk of its fees between the spring and fall months.

Public Health Expenses (see page 3)

Salary & Wages

The \$105k positive variance associated with Salary and Wages expense is a result of the time lag in filling vacant positions within the agency. Specifically, a Communications Coordinator position was budgeted for the full calendar year with recruitment for this position expected to be completed by the end of April 2018. Furthermore, due to recent changes in the Ontario Public Health Standards, Management decided to leave some positions unfilled in the interim to provide the flexibility to align resources according to the new Standards. This process is currently underway. In total, there are four Public Health FTE positions that have been budgeted to be filled once all internal staff moves have taken place.

Benefits

Benefits expense is indicating a negative \$12k variance. This is a result of employer contributions associated with Canada Pension Plan and Employment Insurance. As the year progresses this negative variance is expected to reduce.

Program

Program expense is indicating a positive \$31k variance. This is a result of timing of expenses not yet incurred.

Computer Services

Computer Services is showing a negative \$26k variance. As noted in the Board approved 2018 Operating Budget, APH is utilizing an additional MicroAge resource to help with IT requests. As the year progresses this variance is expected to decrease.

Facilities

Facilities expense is indicating a positive \$30k variance. This is a result of the timing of expenses not yet incurred.

Financial Position - Balance Sheet (see page 7)

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APH's liquidity position continues to be stable and the bank has been reconciled as of February 28th, 2018. Cash includes \$525k in short-term investments plus \$3M in APH's operating account.

Long-term debt of \$5.46 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. \$319k of the loan relates to the financing of the Elliot

Notes Continued...

Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no material collection concerns for accounts receivable.

NOTES:

Similar to previous years, the Balance Sheet as of February 28th, 2018 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2017 annual audited Financial Statements are completed, the Balance Sheet will be provided.

Briefing Note

To: Algoma Public Health Finance and Audit Committee

From: Marlene Spruyt, Medical Officer of Health (MOH)/Chief Executive Officer
(CEO)

Justin Pino, Chief Financial Officer (CFO)

Date: April 11, 2018

Re: Update - Building Conditions Assessment for Capital Asset Plan and Reserve
Fund Planning

☒ For Information

☐ For Discussion

☐ For a Decision

UPDATE:

APH has obtained a Building Conditions Assessment (the Assessment) through the Ministry of Community and Social Services (the Ministry). The Assessment (Appendix A) was conducted on November 20, 2015. The final version of the Assessment report was received on February 20th, 2018. A Capital Reserve analysis is included in the Assessment which notes expected timing of Capital Reserve Expenditures associated with APH's owned facility located on 294 Willow Avenue in Sault Ste. Marie, Ontario. This Assessment report, specifically the Capital Reserve Expenditure schedule can be used in APH's Annual Budgeting process as part of APH's Capital Asset Plan over a 20 year period. In addition, the Assessment can help with Reserve Fund contribution decisions.

RECOMMENDED ACTION:

It is recommended that:

1. The Finance & Audit Committee recommends to the Board of Health that the 20 year Capital Reserve Expenditure schedule noted in the Building Conditions Assessment, be adopted as a part of APH's Capital Asset Plan related to the 294 Willow Avenue Facility located in Sault Ste. Marie.
2. The Finance & Audit Committee recommends to the Board of Health that the 20 year Capital Reserve Expenditure schedule noted in the Building Conditions Assessment be used as a tool to assist the Board of Health

with Contributions decisions related to the Reserve Fund and that By-Law 15-01 - To Provide the Management of Property of the Board of Health be amended accordingly to reflect this.

BACKGROUND:

As part of the Ontario Public Health Standards, “the board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported”. As APH owns and operates a facility in Sault Ste. Marie, there is a need to plan for and appropriately fund the cost of major ongoing repairs and maintenance associated with the facility by maintaining adequate Reserves.

The Board has By-Law 2015-01 – To Provide the Management of Property of the Board of Health (Appendix B) and Policy 02-05-065 – Algoma Board of Health Reserve Fund . The only mechanism to contribute to the Reserve Fund is with municipal dollars. The development of a Capital Asset Plan would be a risk management initiative as it would minimize having large unforeseen budget increases in the future as a result of capital building needs. Contributions to the Reserve Fund require a disciplined approach by the Board of Health. The Assessment conducted helps to justify potential levy requests associated with capital needs associated with 294 Willow Avenue facility.

CONTACT:

Justin Pino, CFO

Street Smart. World Wise.



**BUILDING CONDITION ASSESSMENT
BOARD OF HEALTH FOR THE DISTRICT OF ALGOMA
HEALTH UNIT
294 WILLOW AVENUE
SAULT STE. MARIE, ONTARIO
Job No: 20130. 101123.000**

Prepared for:
MINISTRY OF CHILDREN AND YOUTH SERVICES

Prepared by:
ALTUS GROUP LIMITED

Issued: **March 29, 2018**



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APPENDICIES

Appendix A: Definitions
Appendix B: BCA Information Request Form
Appendix C: Component Description & Conditions



1. EXECUTIVE SUMMARY

This executive summary has been prepared as a quick reference of pertinent facts and cost estimates of this Building Condition Assessment. Readers are advised to refer to the Report in its entirety.

1.1 General Description

The property is located at 294 Willow Avenue, Sault Ste. Marie, Ontario. The Transfer Payment Agency that operates the property is Board of Health for the District of Algoma Health Unit which delivers services funded by the Ministry of Community and Social Services ("MCSS"). The primary program is Developmental Services. This is a public health building.

The detached building was originally constructed 2011. The building is 3 storeys above grade, with no below grade area and is 74,000 square feet (6,875 square meters) in gross floor area. The site is reported as an Own/No Mortgage site.

The building is a typical steel-framed construction. The cladding systems consist of brick veneer as well as fixed windows with prefinished aluminum framed insulated-glazed units (IGUs). The roof is Thermoplastic roofing. The heating and cooling system is supplied by gas-fired boilers and rooftop units. A gas-fired domestic water heater supplies domestic hot-water. Vehicular access to the site is via Willow Avenue.

1.2 General Physical Condition

The subject property has a current overall Facility Condition Index (FCI) and Condition Rating of 0% with an Overall Building Condition A Classification. The property will require proactive repairs/replacements and preventative maintenance.

1.3 Highlighted Issues

Highlighted items include, but not limited to:

- Site Finishes Replacements
- Roof Replacements
- Building Interior Replacements
- Mechanical and HVAC Replacements
- Hazardous Materials Investigation

A detailed analysis of the immediate and 20 year capital expenditures required is included in Section 4.

There may be items that require immediate attention, due to either premature deterioration, lack of maintenance or poorly executed repairs. All anticipated capital expenditures are forecasted over a twenty (20) year period, with the first year starting in 2017.

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Although some elements are grandfathered, current code infractions are present and are considered under life safety. All code related items identified should be carried out immediately or with future component replacement, as elaborated within this report.

Failure to address capital components in a timely fashion may cause premature deterioration or replacement, increase the need for repairs and replacements, cause deterioration of other associated capital components, increase the cost of corrective measures and/or impact life safety.



1.4 Recommendations for Additional Investigation or Action

- Annual inspection of electrical equipment, infrared thermographic scanning and arc-flash studies under regular building operations and maintenance
- Sanitary and storm camera scoping under regular building maintenance
- Perform Hazardous Materials Surveys at the property including compliance with O.Reg. 278/05 governing Asbestos and have a copy available onsite
- Update the Fire Safety Plan/Emergency Response Plan annually under operations and maintenance
- Routine inspection of all vertical transportation under regular building maintenance
- Perform an Accessibility Audit, feasibility study or other code audits at the building

We recommend implementing an energy-efficiency program, including lighting, mechanical systems, appliances, and other building capital and maintenance protocols. These attributes are highly desirable upgrades.

We recommend that a detailed life safety study (i.e. Health & Life Safety, Structural Deficiencies, Code Compliance, Care Occupancy Fire Code Compliance etc.) be carried out immediately to bring building components up to current building code standards.

A feasibility study of the recommendations should also be done. In addition, a maintenance plan should be created as it will help to extend the normal life expectancies for major components. MCSS and/or MCYS are strongly urged to have the study updated regularly, and followed-up in the immediate term, to reflect any economic and code changes.

1.5 Outstanding Information & Follow Up

Refer to Section 1.4 for outstanding information and follow up.

1.6 Contingency & Escalation

Our cost summaries include a specific contingency allowance of 10% and are priced in current dollars with no provision for escalation.

1.7 Environmental Issues

Environmental issues including mould contamination are excluded from this report.



2. SITE AND BUILDING PROFILE

2.1 Building Profile

Agency Name	Board of Health for the District of Algoma Health Unit
Site Address	294 Willow Avenue, Sault Ste. Marie, Ontario
Primary Programs	Developmental Services
Ministry	Ministry of Children and Youth Services
Ownership	Own/No Mortgage
Region	North
Construction Year	2011, Actual
Gross Floor Area	74000 sf (6875 sm)
Elevator(s)	3
# of Floors Above Grade	1
# of Floor Below Grade	0
Total # of Beds	0, Reported
# of Beds funded by the Ministry	0
Beds funded by any other Ministry funded programs. If yes, please specify	N/A
Is this a multi-program facility?	No
Floor Plans provided by the Owner	No as-built floor plans provided
Ministry identified as a B3 Care Occupancy?	No

2.2 Financials

2.2.1 Estimate Replacement Value of the Building

Using the description of the building including type of exterior walls, heating system, fire protection and associated basic building information such as number of storeys, gross floor area, etc., we prepared a high level order of magnitude square foot replacement cost estimate for the building. The cost assessment was prepared using the "Marshall and Swift" program. The estimated costs exclude the associated development soft costs of the buildings.

Estimated Replacement Value of the Building(s)	\$19,766,231
Project Construction Cost (PCC)	\$14,866,231
Engineering and Inspection Costs (5-10% of the PCC)	\$773,000
Permit Fee (1-5%)	\$309,000
Contingency (5-15%)	\$858,000
Management Fee (2-9%)	\$618,000
HST (13%)	\$2,342,000
Estimated Cost to Demolish Site for Redevelopment when FCI is greater than 30%	Not Applicable



3. PURPOSE AND SCOPE

Altus Group Limited (“Altus”) performed a Building Condition Assessments, at the written request of the Ministries of Community and Social Services (“MCSS”) and Children and Youth Services (“MCYS”), for the aforementioned property. The mandate is to provide a general overview of the building systems, including a commentary on the mechanical, electrical, structural and architectural components. In addition, we have identified conditions observed which may result in future capital expenditures above those associated with routine maintenance.

The scope of work is in general accordance with the Ministry of Community and Social Services Request for Bids for Building Condition Assessments and related reporting for sites where services are delivered by Transfer Payment Agencies funded by the Ministries of Community and Social Services and Children and Youth Services dated April 1, 2015 (RFB No. OSS_00518683) and Altus proposal P5890 Stage 1 Qualification Response and Stage II Technical Response dated May 15, 2015.

We understand our terms of reference to be as follows:

- a) Review all documentation provided with a view to integrating the findings, conclusions and recommendations.
- b) Visually review the buildings and identify any major issues of note and provide resolutions along with any costs involved and in general accordance with the ASTM E 2188 – 08 Standard Guide for Building Condition Assessments: Baseline Building Condition Assessment Process. A sampling of units was visually reviewed and is considered representative.
- c) Prepare a report on our findings including the identifications of all the issues and our estimate of the individual capital expenditures required over a 20 year period specifically identifying any immediate action, with a threshold of \$5,000.
- d) Where applicable for designated Violence Against Women (VAW) Specific Sites, provide a Security Checklist for each site delivering these services.
- e) Where applicable for identified Ontario Building Code (OBC) Group B, Division 3 Care Occupancies, provide additional commentary with respect to the Ontario Fire Code 2013 and identify all retrofit requirements, including estimated project costs and required implementation. MCSS has identified Group B Care Occupancies.

3.1 Basis of Analysis

The assessment of Capital Expenditures required is based on the following:

- a) Building systems failing to meet their performance level.
- b) Building systems that have reached or are projected to reach the end of their productive life cycle within a 20 year period.
- c) Information provided in the BCA Information Questionnaire Form and follow-up with the Site Representatives.



3.2 Conclusions Methodology

Our conclusions are based on the following:

- a) On-site identification and measurement (where possible) of a specific deficiency item priced accordingly. Measurement of areas from drawings where available (e.g. roofing) and priced at current replacement cost prevailing unit rates.

It should be noted that floor areas are reported are taken directly from documents provided and detailed quantities will need to be assessed for any tendering purposes. **Altus Group Limited has carried out no independent verification or measurement.** The area of review was limited to the unit(s) where a rent/leased site is specified.

- b) Information available from maintenance logs relating to mechanical equipment, etc., priced at prevailing replacement costs for similar or equivalent equipment.

Shima Ilbeigi assessed the property on November 20, 2015 and was accompanied by Suzanne Irwin, the Site Representative for the Agency or the Agency's authorized representative.



3.3 Exclusions

- a) Tenant improvement allowances.
- b) Cost estimates are based on the assumption that phenolic foam insulation does not exist in the roof assembly as roof cuts were not performed as part of this review to determine the type of insulation existing.
- c) Expenditure for capital items which are categorized as maintenance or operational in nature.
- d) We have excluded the Accessibility for Ontarians with Disabilities Act (AODA) accessibility survey. This is not a code or regulatory audit.
- e) Where Rent/Leases properties are applicable, we have excluded base building components (i.e. building envelope, structural, mechanical and electrical, site etc.) from the scope of work as reported by the Site Representative or otherwise disclosed in the Questionnaire. Review or comment on tenant leases or tenant lease requirements for owned properties is not included as part of this Building Condition assessment.
- f) This report is not a "Structural Adequacy Report" as defined by the PEO. This report comments only on the existing condition of structural elements based on a random sampling, visually reviewed on the inspection date by the reviewer and makes recommendation for the repair / replacement of these elements based on the current age and visible condition for financial planning purposes only.
- g) The assessment of the mechanical and electrical systems was strictly visual to determine the type of system, age and aesthetic condition. No physical testing or intrusive investigative techniques were used.
- h) Determining the extent of infestation or remedy for treatment, pertaining to any type of pests such as wood damaging organisms, rodents, or insects.
- i) When determining Replacement Cost Values, we have excluded Planning and Zoning Changes, Appraisal Costs, any construction cost escalation beyond 2017, site estimate (site development, mechanical and electrical services), loose furniture, land costs, building code upgrades. We have included HST, cost consultant soft costs, building permit charges in soft costs, post-contract construction contingency costs and design contingencies.
- j) Environmental issues including mould contamination are excluded from this report.



4. IMMEDIATE REPAIRS & CAPITAL RESERVE ANALYSIS

Our detailed summaries are enclosed, identifying the following:

- a) Immediate repairs and replacements required.
- b) Capital reserve expenditures, including the major building components/systems requiring replacement/repair to maintain the facility in fully satisfactory operating condition.

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[illegible]

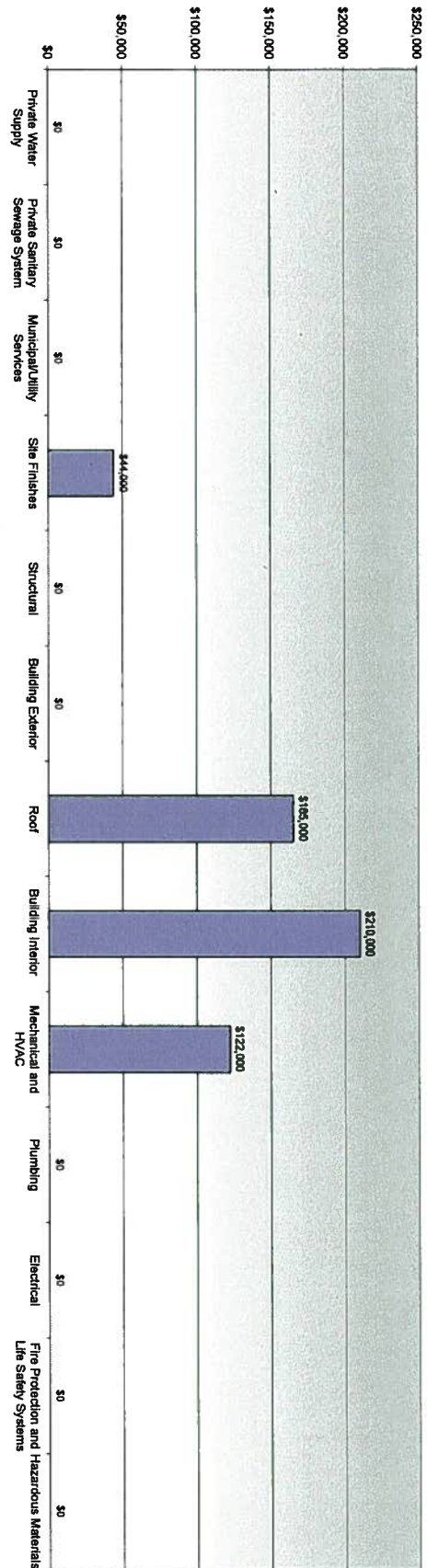
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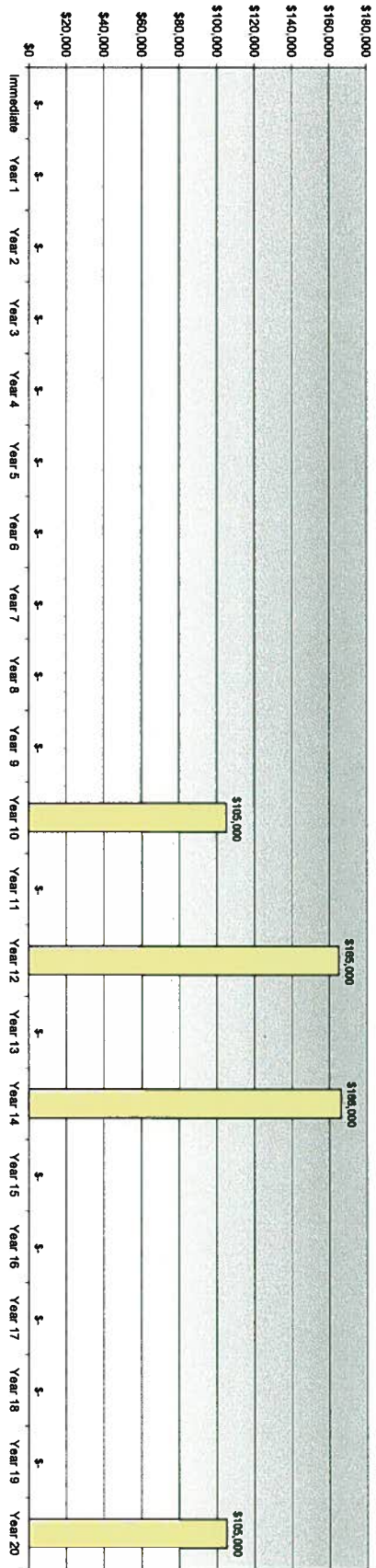
294 Willow Avenue, Sault Ste. Marie

Category	Immediate	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20	Total
Private Water Supply	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Private Sanitary Sewage System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Municipal/Utility Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Site Finishes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Structural	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Building Exterior	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Road	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Building Interior	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Mechanical and HVAC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Plumbing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Electrical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Fire Protection and Life Safety Systems	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Landscaping Materials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Total	-	-	-	-	-	-	-	-	-	-	105,000	-	165,000	-	122,000	-	-	-	-	-	105,000	\$541,000
Total Including Contingency (10%)	-	-	-	-	-	-	-	-	-	-	115,500	-	181,500	-	134,200	-	-	-	-	-	115,500	\$595,100

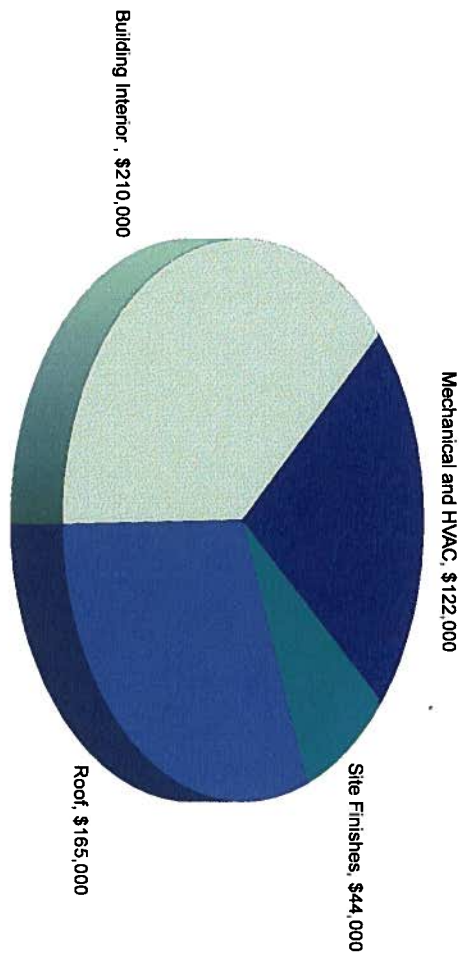
Cost Breakdown by Category



Cost Breakdown by Year



Cost Breakdown by Category



PRIVATE WATER SUPPLY	PRIVATE SANITARY SEWAGE SYSTEM	MUNICIPAL/UTILITY SERVICES	SITE FINISHES
STRUCTURAL	BUILDING EXTERIOR	ROOF	BUILDING INTERIOR
MECHANICAL AND HVAC	PLUMBING	ELECTRICAL	FIRE PROTECTION AND LIFE SAFETY SYSTEMS
HAZARDOUS MATERIALS			



5. COMPONENT DESCRIPTION AND CONDITION

This section of the report describes the building and site components that were visually surveyed during our site inspection and that are included. Where required, we have elaborated on particular components that deviate from a standards remove-and-replace scenario or are of major impact as expenditure in the Building Condition Assessment.

The component description and conditions are included in Appendix C.



6. REPORT QUALIFICATIONS

The qualifications described below apply to this report:

- a) All review surveys were visual only. No removal or testing of materials or components was carried out. The review was made on a random basis with no attempt to review or inspect every element or portion of the building. The intent of the review was to determine areas of visually obvious deterioration and need for repair and to determine, in a general way, the overall quality and sufficiency of the existing building conditions but not to ascertain the quality or sufficiency of any particular aspect of the building.
- b) This report is intended to provide **The Ministry of Community and Social Services** with a general description of the systems employed in the building and to comment on their general condition, which may be apparent at the time of our review. No calculations were performed to confirm the adequacy of the elements. No findings contained in this report shall be construed as a guarantee or warranty of the quality or sufficiency of any particular aspect of the building or the adequacy of any particular element of any system employed in the building.
- c) The timing of site visits is critical to building performance reviews. To observe the actual extent of problem areas, it is necessary to monitor the building conditions throughout the year and under varying weather conditions (for example, contraction and expansion of all component joints occur at different times of the year) in each specific area. As a result, all problems may not be visible at the time of our review and we shall not be responsible for any problems not readily visible or apparent at the time of our inspection.
- d) Any timeframe given for repair or replacement work represents a judgement based on the apparent condition and theoretical life span of components. Failure of the item, or optimum repair/replacement time, may be earlier or later than the time estimate due to conditions unknown and beyond our control. The building owner or property manager should pro-actively assess the time lines identified going forward.
- e) Any and all previous opinions expressed by Altus Group Limited, either verbally or in writing, regarding the condition of the building or cost estimates for repair of the above elements of the building cannot be relied upon unless contained herein and are superseded by this report. No portion of this report may be used as a separate entity; it is written to be read in its entirety.
- f) An overall contingency allowance of **10%** has been carried to cover any unforeseen capital repairs arising during the ten years contemplated in this report.
- g) Environmental issues are excluded from this report. No environmental issues have been addressed nor renewal costs included in our summaries.
- h) We have endeavoured to examine all the information provided and have assumed full disclosure of information from all parties on all building and maintenance issues. A list of all reports provided, along with the independent consultants' review confirmation is enclosed in Section 7 Information Reviewed and Appendix B. All information provided is assumed to be correct; verification by Altus was not made. All information provided may have errors or misrepresented data. Altus Group Limited is not responsible for any errors, misrepresentations or inadequacies resulting from the supplied information and/or withheld information.
- i) We are not responsible for the effects of any actions taken as a result of this report unless we are specifically advised of and participate in such action in which case our responsibility will be agreed to at that time.
- j) Altus Group Limited shall have no liability either in contract or in tort for services or matters beyond the scope of the services as outlined and qualified in this report.



- k) This report is for the exclusive use and benefit of The **Ministry of Community and Social Services**. Altus Group Limited does not hold reporting responsibility to any other party and does not assume any liability whatsoever to any other party.
- l) In general, we have not included in the Report any items considered as minor operation costs, maintenance contracts and/or maintenance repairs. We have, however, included for items that, such as painting and repairs to interior walls, that may be considered a maintenance on a small individual unit by unit basis, but when multiplied over a large number of units generate large cash expenditures. Although the report may reference or imply operation and maintenance procedures, the report is not to be used as an operation and maintenance schedule as this was not the intention of the scope of work. Items below the threshold are considered under operations and maintenance.
- m) The recommendation given for future work to any of the components is non-descriptive in most cases. This is intentional as this was not the rationale behind the project. In most cases the response is simply repair or replace. It is prudent that Ministry investigate all referenced repairs and replacements described within the report prior to execution to determine or locate the cause. In the same regard, the effect of the repair or replacement should be investigated. These investigative costs would be typically covered under the work item cost as a mark-up for engineering. We have added additional fees to the work item, as determined necessary, to cover for investigative work for larger items such as the parking garage or roof replacement projects.
- n) In some cases, on larger unit costs, we have intentionally made the repair or replacement coincide with other similar work. Also, pricing for building component may be covered in other building components for similar work. If this is done, it is described in the Report. We will not be accountable for any errors or omissions in the logistics of scheduling of the repairs.
- o) No phasing of work has been accounted for and one lump sum cost repair or replacement is carried in most cases. Phasing of work can lessen the financial impact on the annual capital expenditures and should be considered by the building owner.



7. Information Reviewed

- MCSS/ MCYS excel property listing dated September 25, 2015.
- BCA Information Request Form / Questionnaire Form included in Appendix B.

APPENDIX A
DEFINITIONS



Components Rating Definitions

Table 1: COMPONENTS RATING	
Rating for Building Systems and Components	Definition
Good	Normal Result. Functioning as intended; normal deterioration observed; no maintenance anticipated within the next five years.
Fair	Functioning as intended; normal deterioration and minor distress observed; maintenance will be required within the next five years to maintain functionality.
Poor	Not functioning as intended; significant deterioration and distress observed; maintenance and some repair required within the next year to restore functionality.
Critical	Not functioning as intended; significant deterioration and major distress observed, possible damage to support structure; may present a risk to people or materials; must be dealt with without delay.

Project Priority Classification Definitions

Table 2: PROJECT PRIORITY CLASSIFICATION		
Category	Description	Project Examples
Health & Life Safety (Year 1)	Failure to implement projects in the category will put building occupants in danger if the work is not completed within the planning year.	Projects that adversely impact the health and safety of building occupants and visitors include, but are not limited to: Projects that result in Workplace Health & Safety concerns (e.g., indoor air quality, mould, asbestos abatement and water or other environmental issues).
Structural Deficiencies (Year 1)	Failing structural components that must be repaired/replaced.	Projects that will reduce immediate risk or danger to occupants (e.g., failing building envelope or structural components, etc.) and to prolong the useful life of the building.



Category	Description	Project Examples
Code Compliance (Year 1)	Projects in this category are initiated to ensure that the building systems and components are in compliance with current codes and legislation and failure to comply may result in fines and lawsuits.	Examples of these are projects that include compliance with: <i>Ontario Building Code, Fire Protection Act and Ontario Fire Code, Residential Tenancies Act, Municipal by-laws for noise, parking etc., Accessibility for Ontarians with Disabilities Act</i>
Care Occupancy Fire Code Compliance (Years 1 to 4)	Projects in this category are initiated to ensure that the building systems and components for Care Occupancies are in compliance with current codes and legislation with future in-force dates and failure to comply may result in fines and lawsuits.	Examples of these are projects for that include compliance with the <i>Fire Protection Act and Ontario Fire Code</i> with in-force dates between January 1, 2015 and January 1, 2019. <u>Note:</u> After compliance in-force dates have passed, projects will be identified under the Code Compliance category above.
Imminent Breakdown (Years 1 to 3)	These projects if left unattended will adversely impact customer program delivery due to the imminent breakdown of critical building systems and components.	Projects in this category are initiated to ensure continuous operation of the facility without risk of interruption or evacuation. Avoid disruption to customer programs and to the public. Reduce expensive emergency repairs, and prevent undue costs associated with acquiring alternate accommodation.
Proactive Replacement (Years 3 to 20)	Projects in this category relate to proactive replacement of building systems and components at the end of their useful life.	Projects in this category are identified to recognize future funding requirements, lessen exposure to future hazards and breakdown, and carry out preventative maintenance



Project Maintenance Codes

Table 3 : PROJECT MAINTENANCE CODES		
Maintenance Code	Name	Description
D	Deferred Maintenance	Deferred maintenance indicates that the estimated useful life of the building system or component has expired, there is evidence of wear and physical deterioration and that the work should have been completed previously. Analysis should be done to assess the cost of replacing the building versus repair. (No projects beyond years one and two should be categorized as deferred maintenance unless the scale of that project will require that project to be phased beyond year two).
P	Proactive Replacement	Proactive Replacement involves proactively scheduling the upkeep or replacement of building components before or near the end of their normal life in order to maintain the overall integrity of the asset. Proactive Replacement may also include replacement of functionally obsolete building systems and components to upgrade to modern performance standards and energy conservation efficiencies.

Facility Condition Index and Condition Rating

Table 4: FACILITY CONDITION INDEX AND CONDITION RATING		
Calculated FCI	%	Overall Building Condition
0%- 5%	The facility and its components are functioning as intended; limited (if any) deterioration observed on major systems.	A
6% - 10%	The facility and its components are functioning as intended; for most infrastructure assets, this would infer that no maintenance anticipated within the next five years.	B



Calculated FCI	%	Overall Building Condition
11% - 30%	The facility and its components are functioning as intended; normal deterioration and minor distress observed; maintenance will be required within the next five years to maintain functionality.	C
31% - 60%	The facility and its components are not functioning as intended; significant deterioration and distress observed; maintenance and some repair required within the next year to restore functionality.	D
> 60%	The facility and its components are not functioning as intended; significant deterioration and major distress observed possible damage to support structure; may present a risk to people or materials; must be dealt with without delay.	E

Overall Facility Condition Rating

The following facility condition rating (FCR) includes contingency has been provided:

$$\text{Facility Condition Index (FCI)} = \frac{\text{Total Deferred Project Costs Plus Years 1 and 2 Capital Repairs (less Site work)} \times 100\%}{\text{Total Replacement Cost of Facility}}$$

APPENDIX B
BCA INFORMATION REQUEST FORM



BUILDING CONDITION ASSESSMENT INFORMATION REQUEST FORM

Altus Group has been retained by the Ministries of Community and Social Services (MCSS) and Children and Youth Services (MCYS) to perform a Building Condition Assessment at various properties. This form is to be completed in its entirety by the Property Manager, Site Superintendent or other representative designated by the Transfer Payment Agency. This form will aid in the accurateness of the Building Condition Assessment. The Form will be compiled as an Appendix to the Final Report. All relevant information that will have an impact on the Building Condition Assessment shall be forwarded to Altus Group for their review prior to the undertaking of the site inspection. If requested, the information will be returned upon completion of the Building Condition Assessment. The accuracy of the report is dependent upon the completeness and accuracy of the information provided by the designated representative.

PROPERTY NAME:	
ADDRESS:	

SECTION 1 – DOCUMENTATION

Please forward the following information to Altus Group **at least 5 business days prior to the Site Visit.**

(Y = included, N = not available and N/A = not applicable):

	DOCUMENTATION AVAILABLE	Y	N	N/A
1.1	All existing warranties, guarantees, bonds and service contracts;			
1.2	As-built specifications for the buildings that are your custody of the client;			
1.3	Plans for underground site services, site grading, drainage and landscaping, and television, radio or other communications services for the property that are in the custody of the building owner;			
1.4	The repair and maintenance records and schedules in the custody or under the control;			
1.5	Any records of capital repairs or replacements;			
1.6	All existing reports such as surveys, reports, specifications for repairs/replacements, assessment or studies;			
1.7	Any compliance orders for the subject property; and			
1.8	Any other records that may affect the Assessment.			

Has your organization or landlord had a Building Condition Assessment performed in the past 5 years for this property? (Yes/No)

If yes, can this information be shared with the Ministry? (Yes/No)

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Would your organization prefer that the assessment be completed by female assessors? (Yes/No) Would your organization prefer that the assessment be completed by French speaking assessors? (Yes/No)

Would your organization prefer that the assessment reports be completed in French? (Yes/No)



Is the site leased or rented? (Yes/No)

If yes, please attach a copy of the lease, or at a minimum, the section that outlines your organizations obligations in regards to the repairs and maintenance of the site to ensure the assessment only includes those areas your organization is responsible for.

SECTION 2 - GENERAL

CONSTRUCTION INFORMATION			
Construction Date		Total Approx. GFA:	
Original Building		Property Area:	
Addition 1		# of Floors:	
Addition 2		# of Units:	
Addition 3		# of Elevators:	

Is this property considered as a Care Occupancy? (Yes/No)

UTILITIES	City	Supplier (Specify)
Water/Wells	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewer/ Septic	<input type="checkbox"/>	<input type="checkbox"/>
Storm Sewer	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – BACKGROUND AND PLANNED EXPENDITURES

FACILITY QUESTIONNAIRE	
3.1	Please provide a description and estimated cost of previous capital repairs/ replacements/ renovations that have occurred at the building since original construction?
3.2	Are there any plans for major repairs or renovations in the near future? If so, when will they occur and what are the budget amounts given.

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3.3	Have any upgrades, energy conservation retrofits been conducted? If so, please specify.
3.4	Are there current or previous requests by the municipality (or others) to correct any building or fire code related deficiencies? (Yes/No)
3.5	Has there been a fire in the building? (Yes/No)
3.6	Are there any structural problems? (Yes/No)
3.7	Are there any problems with the roof? Please provide roof certificates / warranties. (Yes/No)
3.8	Are there any plumbing problems? (Yes/No)
3.9	Has there been intrusive testing done? (Yes/No)
3.10	Is there any ACTIVE, ONGOING or RE-OCcurring leaks into the building? If so, please specify.
3.11	Are there any NON-ACTIVE or NON-REOCcurring leaks (or staining, paint-peeling or finish damages) at the building? If so, please specify.
3.12	Are there particular aspects of the building that require closer inspection due to previous or current conditions? (Yes/No)
3.13	Has mould been identified or previously remediated at the building? (Yes/No)
3.14	Is there a Fire Safety Plan in place at the building? (Yes/No)
3.15	Has an Asbestos Survey been conducted at the building? (Yes/No)
3.16	Is the building designated as a heritage building by the heritage board? (Yes/No)



SECTION 4 – MAINTENANCE PERSONNEL

HVAC SYSTEM			
Additional Information:		<i>Where applicable, please provide an inventory of heating/ventilation/air-conditioning units, boiler, chillers, generators, etc.</i>	
Service Contractors	Company Name	Contact	Phone
Boiler:			
Chiller:			
Rooftop units:			
Other			

FIRE SUPPRESSION & FIRE ALARM SYSTEMS			
Additional Information:		<i>Where applicable, please provide any reports pertaining to fire code & sprinkler inspections.</i>	
Service Contractors	Company Name	Contact	Phone
Sprinkler Inspections			
Stand-pipe Monitoring			
Fire Alarm Monitoring			
Fire Extinguishers			
Other			

SERVICE CONTRACTOR	Company Name	Contact	Phone
Plumbing			
Electrical			
Emergency Generators			
Elevators			
Other			

If necessary, attach a list of pertinent information in the form of documents/correspondence that may affect the completion of the Facility Condition Assessment.

Name and Title: _____

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Signature: _____ Date: _____

Please return this form to Nadia Ramcharran at nadia.ramcharran@altusgroup.com or by fax at 416-641-9501.

APPENDIX C
COMPONENT DESCRIPTIONS & CONDITIONS



5.1 Private Water Supply

Not applicable.

5.2 Private Sanitary Sewage System

Not applicable.

5.3 Municipal/Utility Services

5.3.1 Water Supply

Description Domestic cold water is supplied by the local municipality to the building. The condition of the buried and concealed piping cannot be evaluated visually with no issues were reported by the Site Representative or indicated in the Questionnaire. No anomalous conditions were observed or reported that would suggest this systems is not functioning as intended.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40	Remaining Life: 34	Current Age: 6	
Adequacy of Maintenance Regiment: N/A			
Recommendations: This component is not anticipated for repairs/replacements during the study period. No costs are included. Minor repairs (if any) are considered under operations and maintenance.			
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Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.3.2 Sanitary Supply

Description The sanitary pipes are concealed below grade and not visually reviewed. Site Representative did not indicate any anomalous conditions were observed or reported that would suggest this systems is not functioning as intended.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40		Remaining Life: 34	Current Age: 6
Adequacy of Maintenance Regiment: N/A			
Recommendations: This component is not anticipated for major repair or replacement during the study period. Minor repairs (if any) are considered under operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.3.3 Storm Sewer

Description The storm water drains and discharges below grade with no reported issues. The storm water drainage located below grade flows into the municipal underground piping. Site Representative did not report any ongoing issues neither were there any comments in the Questionnaire that was provided.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40	Remaining Life: 34	Current Age: 6	
Adequacy of Maintenance Regiment: N/A			
Recommendations: This component is not anticipated for repairs/ replacement during the study period. Minor repairs (if any) are considered under operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.3.4 Gas Utility

Description The local utility provider supplies gas via the underground pipes into the regulated meter that feeds the various building utensils.			
Component Rating: N/A		Project Priority Classification: N/A	
Maintenance Code: N/A		Installation Date: N/A	
Life Span: N/A	Remaining Life: N/A	Current Age: N/A	
Adequacy of Maintenance Regiment: N/A			
Recommendations: This is the responsibility of the local service provider. No costs are carried.			
Project Breakdown:	QTY: N/A	Capital Cost: N/A	Action: N/A



5.3.5 Hydro Utility

Description Metered electrical service is fed to the main panel and distributed to various electrical receptacles throughout in the building.			
Component Rating: N/A		Project Priority Classification: N/A	
Maintenance Code: N/A		Installation Date: N/A	
Life Span: N/A	Remaining Life: N/A	Current Age: N/A	
Adequacy of Maintenance Regiment: N/A			
Recommendations: This is the responsibility of the local service provider. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: N/A	Action: N/A



5.3.6 Other

Not applicable.



5.4 Site Finishes

5.4.1 Passenger Vehicle Parking Area – Pavement and Curbing

Description A paved asphalt driveway is located south and southeast of the building. This area has no reported or on going issues as reviewed during our site visit.			
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 20		Remaining Life: 14	Current Age: 6
Adequacy of Maintenance Regiment: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span, repairs to the asphalt are anticipated during the study period. An allowance is carried.			
Project Breakdown:		QTY: 518 sm	Capital Cost: \$26,500 Action: Replace
			
Asphalt Parking Area		Asphalt Parking Area	





5.4.2 Roadways – Pavement and Curbing

Description An asphalt driveway is located on the central and south portions of the property.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Year 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	20	Remaining Life:	14
		Current Age:	6
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are anticipated during the study period. An allowance is carried.			
Project Breakdown:	QTY:	341	Capital Cost: \$17,500 Action: Replace




5.4.3 Walkways, Sidewalks and Exterior Stairs

Description Cast-in-place concrete and interlocking brick walkways are present on the property.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: Based on the normal life span of this component, repairs are not anticipated during the study period.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Concrete Walkway		Interlocking Brick Walkway	





5.4.4 Exterior Light Standards

Description Pole-mounted light fixtures are located on site with no significant signs of deterioration or any issues reported by the Site Representative or otherwise documented in the Questionnaire.			
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 20	Remaining Life: 14	Current Age: 6	
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: This component is anticipated for maintenance type repairs during the study period. This can be completed at a cost below the threshold limit.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: Replace
			
Exterior Light Stand			




5.4.5 Soft Landscaping and Picnic Facilities

Description A proportionate amount of landscaped areas includes sod, shrubs and trees and are seasonally maintained with established ongoing maintenance.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, seasonal as well as regular maintenance is expected to continue under established operations and maintenance and therefore no costs are included as this is below the threshold reporting limit.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Landscaped Areas		Landscaped Areas	




5.4.6 Signage

Description Metal wall-mounted signage is located on site at the front entrance of the building. No significant signs of deterioration were observed. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40	Remaining Life: 34	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Site Signage			



5.4.7 Retaining walls and Other Site improvements

Description Stone retaining walls are located in the vicinity of the landscaped areas of the property with no significant signs of deterioration.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Year 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	25	Remaining Life:	19
		Current Age:	6
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are anticipated during the study period; however, this can be completed at a cost below the threshold limit.			
Project Breakdown:	QTY:	N/A	Capital Cost: \$0 Action: N/A
			
Stone Retaining Wall			



5.4.8 Site Drainage

Description Site drainage slopes away from the building perimeter with no significant signs of deterioration observed. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	40	Remaining Life:	34
		Current Age:	6
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY:	N/A	Capital Cost: \$0 Action: N/A

5.4.9 Fences and Gates

Not applicable.

5.4.10 Other

Not applicable.





5.5 Structural

5.5.1 Building Substructure, including foundations and basement walls

Refer to Section 5.6.1 Foundation Walls.



5.5.2 Building Superstructure

Description The superstructure of the detached building is a three storey steel-framed construction. No significant signs of deterioration were observed where visible in exposed areas and no issues reported by Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 75		Remaining Life: 69	Current Age: 6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: This component is not anticipated for major repair or replacement during the study period. Minor repairs (if any) are considered under operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Building Superstructure		Building Superstructure	

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5.5.3 Interior Stairs

Description Metal stairs with metal handrails are located in the building. No significant signs of deterioration were observed. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire. Refer to Section 5.8.2 Flooring for stair finishes.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	75	Remaining Life:	69
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: The stair construction is not anticipated for repairs or replacement during the study period. Minor repairs (if any) are considered under normal operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Interior Stairs		Interior Stairs	



5.5.4 Roof Construction (Excluding Membrane)

Description The roof structure appears to open-web-steel-joists (OWSJ) with corrugated metal deck construction. The roof structure was partially visible from the interior space. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire. Refer to Section 5.7.1 Roofing Assembly for roof membrane replacement.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 75	Remaining Life: 69	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: This item is not anticipated for repairs or replacement during the study period. Minor repairs (if any) are considered under normal operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Roof Construction			

5.5.5 Other

Not applicable.





5.6 Building Exterior

5.6.1 Foundation Wall

Description The cast-in-place concrete foundation was reviewed from the interior and exterior where visible and accessible.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 35	Remaining Life: 29	Current Age: 6	
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.6.2 Cladding System

Description The cladding of the building consists of brick veneer, metal cladding and glass curtain walls. No significant signs of deterioration were observed. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 35		Remaining Life: 29	Current Age: 6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on the normal life span of these components, repairs/replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:		QTY: N/A	Capital Cost: \$0
		Action: N/A	
			
Brick Veneer		Glass Curtain Wall	





5.6.3 Exterior Sealants and Caulking

Description Perimeter sealants observed around cladded joints as well as windows and doors were found to be flexible and intact.			
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 15		Remaining Life: 9	Current Age: 6
Adequacy of Maintenance Regime : The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repair and/or replacements are anticipated during the study period. This is considered under normal operations and maintenance as below the threshold limit.			
Project Breakdown:		QTY: N/A	Capital Cost: \$0 Action: Replace




5.6.4 Entrances and Doors

Description The front entrance is four single metal-clad doors with glazing inserts, metal doors were located on the sides of the building, as well as an overhead vinyl door. No significant signs of deterioration were observed during the site visit and no issues reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are not anticipated during the study period. Doors can be replaced on an as needed basis at a cost below the threshold limit.			
Project Breakdown:	QTY:	Capital Cost:	Action:
	N/A	\$0	N/A
			
Entrance Doors		Overhead Vinyl Doors	




5.6.5 Windows including Frames

Description The fixed single-hung windows are prefinished aluminum-framed with double pane insulated-glass units (IGUs). No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 35	Remaining Life: 29	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on the normal life span of this component, replacement is not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: 172	Capital Cost: \$0	Action: N/A
			
Exterior Windows			



5.6.6 Parapets and Canopies

Description A steel-framed canopy is located at the main entrance to the building. The canopy features includes metal panels and brick columns. No significant signs of deterioration were observed during the site visit. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40	Remaining Life: 34	Current Age: 6	
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: This component is not anticipated for repair or replacement during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Canopy Structure			

5.6.7 Platforms and Loading Docks

Not applicable.

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5.6.8 Other

Not applicable.



5.7 Roof

5.7.1 Roof Assembly (Waterproofing Membrane and Roof Surface)

Description It should be noted that the roof of the building was not accessed at the time of the site visit as the Site Assessor was not granted access. However, the roof of the building was observed from interior floors overlooking sections of the roof and from grade. The roof consisted of Thermoplastic membrane roof sections. In addition, rooftop patios with concrete pavers were present on a portion of the roof of the building. No significant signs of deterioration were observed during our site visit. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 18	Remaining Life: 12	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are anticipated during the study period, however, a full scale replacement is due at the end of the current life cycle. Funds are allocated for this repair/ replacements.			
Project Breakdown:	QTY: 2292 sm	Capital Cost: \$165,000	Action: Replace
			
Thermoplastic Membrane Roof Sections			



5.7.2 Flashing

Description Prefinished aluminum perimeter flashing located at the roof had no significant signs of deterioration observed at the time for our site visit as well as no issues were reported by the site representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 30	Remaining Life: 24	Current Age: 6	
Adequacy of Maintenance Regiment: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs and/or replacements are not anticipated during the study period. This can be completed with roof replacement. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.7.3 Roof Drainage (Eavestroughs/Downspouts, Roof Drains)

Description Roof storm water drains by a series of prefinished aluminum roof drains discharges below grade to the municipal drainage system. No significant signs of deterioration were observed. No issues were reported by the site representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 30	Remaining Life: 24	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A

5.7.4 Chimney / Boiler Stacks

Not applicable.

5.7.5 Skylights and other Roof Openings

Not applicable.



5.7.6 Roof Venting

Description The roof ventilation consists of prefinished aluminum roof vents. No significant signs of deterioration were observed. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40	Remaining Life: 34	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.7.7 Other

Not applicable.





5.8 Building Interior

5.8.1 Internal Partitions and Doors

Description The interior partitions consist of painted gypsum wallboard, concrete block, stone facade and glass curtain wall finishes. The interior doors are hollow-core wood and metal clad with no significant signs of deterioration. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	40	Remaining Life:	34
		Current Age:	6
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Interior Partitions		Interior Doors	





5.8.2 Flooring

Description The flooring system consists of vinyl sheet, laminate, ceramic tile and stone; and unfinished slab-on-grade concrete in the mechanical/electrical rooms of the building. Normal wear and tear was observed on the flooring materials. No significant signs of deterioration were observed. No issues were reported by the site representative or otherwise indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY:	Capital Cost:	Action:
	6875 sm	\$0	N/A
			
Vinyl Sheet Floor		Ceramic Tile Floor	





5.8.3 Ceiling

Description The ceiling consists of acoustic lay-in ceiling tiles and painted gypsum wallboard. No significant signs of deterioration were observed and no issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Year 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	10	Remaining Life:	10
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, (i.e. painting and localized repairs) and replacements are anticipated during the study period. Based on the condition of this component the remaining life has been adjusted. Allowances are carried in year 10 and year 20 as the component has a 10 year lifespan.			
Project Breakdown:	QTY:	Capital Cost:	Action:
	1500 sm	\$120,000	Repair
			
Ceiling		Ceiling	





5.8.4 Wall Finishes (Paint, Trim, Baseboards, etc.)

Description The wall finishes are painted gypsum wallboard (acoustic wall panels) and baseboards and trim. No significant signs of deterioration were observed or no issues were reported by the Site Representative or follow up comments indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 10		Remaining Life: 10	Current Age: 6
Adequacy of Maintenance Regiment: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, (i.e. painting and localized repairs) and replacements are anticipated during the study period. Based on the condition of this component the remaining life has been adjusted. Allowances are carried in year 10 and year 20 as the component has a 10 year lifespan.			
Project Breakdown:		QTY: Allowance	Capital Cost: \$90,000 Action: Repair
			
Wall Finishes		Wall Finishes	



5.8.5 Washroom Fixtures and Accessories (Towel dispensers, hand dryers, soap dispensers, change tables, partitions, etc.)

Description A total of 3 washrooms were observed in the accessed areas of the building with accessory components including laminate countertop vanity/mirror, floor-mounted flush toilets and combination bathtub and shower with vinyl surround. No significant signs of deterioration were observed and no issues were reported by the Site Representative or otherwise indicated in the Questionnaire. Washroom flooring is carried under Section 5.8.2 Flooring.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: 3	Capital Cost: \$0	Action: N/A
			
Washroom Fixtures		Washroom Fixtures	



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5.8.6 Presence of Mould

Not applicable.





5.8.7 Other - Kitchens

Description Two (2) kitchens were observed in the building, they included laminate and stainless steel countertops, pressboard cupboards and dual stainless steel sinks. Kitchen flooring is carried under Section 5.8.2 Flooring. No significant signs of deterioration were observed and no issues were reported by the Site Representative or documented in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, major repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: 2	Capital Cost: \$0	Action: N/A
			
Kitchen		Kitchen	



5.9 Mechanical and HVAC

5.9.1 Heating, Ventilating and Air Conditioning Systems

Description Heating, ventilating and air conditioning (HVAC) systems include three (3) gas-fired boilers, four (4) rooftop HVAC units, supplementary baseboard heating, exhaust fans and range hoods. No issues were reported by the site representative or otherwise noted in the Questionnaire.				
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)		
Maintenance Code: P		Installation Date: 2011		
Life Span: 20		Remaining Life: 14	Current Age: 6	
Adequacy of Maintenance Regiment: The components maintenance appears to be adequate.				
Recommendations: Based on a normal life span for the boilers and rooftop HVAC units, major repairs and/or replacements are anticipated during the study period for these components. An allowance is carried. Exhaust fans can be replaced as needed during the term of this report and under operations and maintenance.				
Project Breakdown:		QTY: Allowance	Capital Cost: \$122,000	Action: Replace
				
Typical Boiler		Rooftop HVAC Units		

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5.9.2 Building Automation System

Not applicable.





5.9.3 Ductwork

Description The HVAC accessory components include, galvanized steel ductwork, diffusers, and ceiling registers throughout the building. A visual evaluation of the ductwork was not performed as these components are concealed behind interior finishes. No issues were reported by the Site Representative during our site visit or otherwise indicated in the questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 35	Remaining Life: 29	Current Age: 6	
Adequacy of Maintenance Regiment: The components maintenance appears to be adequate.			
Recommendations: This component is not anticipated for repair/ replacement during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.9.4 Vertical Transportation Devices

Description Three (3) ThyssenKrupp Tac 20 hydraulic passenger elevators were located in the building. The elevators were also maintained by ThyssenKrupp. No issues were reported by the Site Representative or otherwise reported in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 25	Remaining Life: 22	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance requires improvement.			
Recommendations: Elevators should be regularly inspected by a third-party specialty consultant as per the current codes and governing legislation on an annual basis. This is considered under normal operations and maintenance as below the threshold limit. Based on a normal life span for this component, repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: 3	Capital Cost: \$0	Action: Repair
			
Hydraulic Elevator Equipment		Interior Elevator Cab	

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5.9.5 Other

Not applicable.




5.10 Plumbing

5.10.1 Plumbing Fixtures

The building is equipped with plumbing fixtures at kitchens and bathrooms. Refer to Section 5.8.5 Washroom Fixtures and 5.8.7 Other – Kitchens. All costs are carried under kitchen and bathroom refurbishments.

5.10.2 Domestic Water Distribution

Description The incoming domestic water main enters the building below grade and feeds the main shut-off valve and distributed throughout the building. Where visible, the piping is copper and PVC/ PEX (Kitec). Domestic hot water is provided by a gas-fired domestic water heater (owned). No issues were reported with the domestic water distribution system and anomalous conditions were observed or reported that would suggest this system is not functioning as intended.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Years 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for the distribution piping and the domestic water heater, repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY:	Capital Cost:	Action:
	114 sm	\$0	N/A
			
Domestic Water Heater			



5.10.3 Sanitary Waste

Description The sanitary piping is concealed by interior finishes with no reported issues or anomalous conditions that suggest the system is not functioning as expected.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Years 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A

5.10.4 Rainwater Drainage

This item is covered under 5.7.3 Roof Drainage.

5.10.5 Other (Pool, Fountain, etc)

Not applicable.



5.11 Electrical

5.11.1 Primary Feed and Main Switchgear


Description The main incoming electrical service is metered and fed to the main electrical panel and distributed to various electrical receptacles. At the time of our site visit no anomalous conditions were observed or reported by Site Representative that would suggest that this system is not functioning as intended.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	40	Remaining Life:	34
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: We recommend infrared thermographic scanning of all electrical equipment (i.e. main, distribution etc.) to locate electrical fault. In addition, general housekeeping of equipment (i.e. tagging and removal of miscellaneous items, minimum 1 meter clearance, around electrical panels) should be maintained. We recommend installing GFCI/AFCI receptacles, where required in the immediate term. All electrical equipment should be checked regularly under operations and maintenance to ensure safe working operation. Replacement and installation should be carried out in accordance with manufacturer's recommendations. Based on a normal life span for this component, replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY:	Capital Cost:	Action:
	N/A	\$0	N/A

5.11.2 Main Transformer

Not applicable.

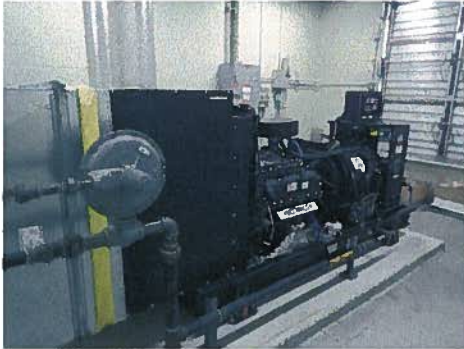


5.11.3 Step-down Transformer

Description Three (3) step-down transformers are located in the electrical rooms of the building. No significant signs of deterioration were observed and no issues were reported by the site representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40	Remaining Life: 34	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Step-down Transformer			





5.11.4 Emergency Power Source or Generator

Description An indoor emergency backup generator is located in the building. No significant signs of deterioration were observed and no issues were reported by the Site Representative or comments indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 30	Remaining Life: 24	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs and/or replacements are not anticipated during the study period. No costs are included.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Emergency Power Generator			





5.11.5 Distribution Systems and Panels

Description Electrical service is distributed to intermediate sub panels and receptacles throughout the building with no reported anomalous conditions or issues reported by site representative or comments indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: N/A	
Maintenance Code: P		Installation Date: 2011	
Life Span: 40		Remaining Life: 34	Current Age: 6
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: All electrical equipment should be checked regularly under operations and maintenance to ensure good working operation. Replacement and installation should be carried out in accordance with manufacturer's recommendations as well as current codes and legislations.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A
			
Electrical Sub-panels		Electrical Sub-panels	





5.11.6 Interior Lighting

Description The interior ceiling light fixtures consist of ceiling dual-tube fluorescent and pot light fixtures. Lighting levels were not measured at the time of our site visit, but these appear to be adequate. No significant signs of deterioration were observed and no issues were reported by the Site Representative or comments indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Year 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	25	Remaining Life:	19
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on the normal life span of this component, replacement is anticipated during the study period. This is considered under normal operation and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: Repair
			
Pot Light Fixtures		Dual-tube Fluorescent Light Fixtures	



5.11.7 Exterior Lighting (Building-Mounted)

Description The building exterior lighting is illuminated by wall-mounted incandescent lighting fixtures and pot light fixtures. No significant signs of deterioration were observed during our site visit. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 25	Remaining Life: 19	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: Based on a normal life span for this component, repairs and/or replacements are anticipated during the study period. This is considered under operations and maintenance as below the threshold limit.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: Repair
			
Exterior Lighting		Exterior Lighting	

5.11.8 Automated Lighting Control System

Not applicable.

5.11.9 Other

Not applicable.



5.12 Fire Protection and Life Safety Systems

5.12.1 Water Reservoir


Not applicable.

5.12.2 Sprinkler and/or Standpipe System

Description The building is equipped with a sprinkler system with partial coverage. No significant signs of deterioration were observed during the site visit. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	N/A
Maintenance Code:	P	Installation Date:	2011
Life Span:	35	Remaining Life:	29
		Current Age:	6
Adequacy of Maintenance Regiment: The components maintenance appears to be adequate.			
Recommendations: All fire protection devices should be checked regularly under operations and maintenance to ensure good working operation. Replacement and installation should be carried out in accordance with manufacturer's recommendations as well as current codes. We recommend a feasibility code compliance study (unless previously completed) in the immediate term to review for fire protection and establish a designated fire safety plan for this building. This is considered under normal operations and maintenance.			
Project Breakdown:	QTY:	6875 sm	Capital Cost: \$0 Action: N/A



5.12.3 Fire Extinguishers



Description The class ABC fire extinguishers tags were randomly checked, they indicate routine maintenance is being conducted. Monthly and annual inspections as well as associated repairs are expected to continue as part of ongoing maintenance. The fire extinguisher tags indicate servicing by Troy Life Safety. No significant signs of deterioration were observed and no issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Poor		Project Priority Classification: Health & Safety (Year 1)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 5	Remaining Life: 1	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: All fire protection devices should be checked regularly under operations and maintenance to ensure good working operation. Replacement and installation should be carried out in accordance with manufacturer's recommendations. The replacement and repairs to the fire extinguishers can be completed on an as-needed basis under operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: Replace
			
Typical Fire Extinguisher			

5.12.4 Fire Pump

Not applicable.




5.12.5 Fire Alarm System and Voice Communication Systems

Description A fire control panel is located in the building and includes supplemental devices, pull stations, audible alarms, speakers, sensors. The fire alarm system is reported to be monitored by a third party.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Year 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	20	Remaining Life:	14
		Current Age:	6
Adequacy of Maintenance Regime: The components maintenance appears to be adequate.			
Recommendations: All fire protection devices should be checked regularly under operations and maintenance procedures. Replacement and installation should be carried out in accordance with manufacturer's recommendations. This item is considered under normal operations and maintenance as its cost is below the threshold limit.			
Project Breakdown:	QTY:	Allowance	Capital Cost: \$0 Action: Repair
			
Fire Pull Station		Fire Alarm Speaker	




5.12.6 Smoke and Heat Detectors and Carbon Monoxide Detectors

Description Smoke, heat and carbon monoxide detectors are located throughout the building. According to the Site Representative, the detectors are maintained on a regular basis. No significant signs of deterioration were observed during the site visit. No issues were reported by the Site Representative or otherwise indicated in the questionnaire.			
Component Rating: Fair		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 10	Remaining Life: 4	Current Age: 6	
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: All fire protection equipment should be checked and replaced in accordance with manufacturer's recommendations on a regular basis. Detection and signal devices inside the units can be replaced as needed under operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: Repair
			
Smoke Detector			





5.12.7 Emergency Lighting and Exit Signage

Description Emergency lighting and exit signage are located throughout the building. No significant signs of deterioration were observed and no issues were reported by the site representative.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Year 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	20	Remaining Life:	14
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appears to be adequate.			
Recommendations: All devices should be checked regularly under operations and maintenance procedures to ensure safe working operation. Replacement and installation should be carried out in accordance with manufacturer's recommendations as well as current codes. This is considered under normal operations and maintenance as below the threshold limit. We recommend a feasibility fire safety code compliance study (unless previously completed) in the immediate term and in conjunction with a fire safety plan for this building.			
Project Breakdown:	QTY:	N/A	Capital Cost: \$0 Action: Repair
			
Exit Signage			



5.12.8 Security System

Description Closed-circuit television (CCTV) cameras are located at the interior and exterior of the building. No significant signs of deterioration were observed. No issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating:	Good	Project Priority Classification:	Proactive Replacement (Year 3-20)
Maintenance Code:	P	Installation Date:	2011
Life Span:	15	Remaining Life:	9
		Current Age:	6
Adequacy of Maintenance Regimen: The components maintenance appear to be adequate.			
Recommendations: This component is anticipated for replacement during the study period, this can be completed at a cost below the threshold limit.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: Repair
			
Interior Security Camera		Exterior Security Camera	



5.12.9 Fire/Emergency Plans

Description We did not observe a fire safety plan during our site visit. The Fire Safety/Emergency Plan (FSP) should be updated regularly and with occupant turnover. All FSP should be approved by the local fire department in the immediate term and made readily available onsite. Any estimated costs for additional provisions identified by the local fire department are excluded as currently not known.			
Component Rating: Critical		Project Priority Classification: Health & Safety (Year 1)	
Maintenance Code: N/A		Installation Date: N/A	
Life Span: N/A	Remaining Life: N/A	Current Age: N/A	
Adequacy of Maintenance Regiment: N/A			
Recommendations: Update or provide a FSP in the immediate term (unless previously completed) and post on site (i.e. preferable in box at front entrance). The rating of this component is categorized, as per the ministry's component rating definition outlined in Appendix A in conformance to Table 1.4.3 (b), page 39 of 44 of RFQ.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A




5.12.10 Fire Separations

Description As this is not a code or regulatory audit, verification of the fire-resistance ratings of fire-separations was not conducted as part of this exercise. A further investigation would be required to verify the full extent of the wall composition and the continuity of fire separations. Estimated costs have not been carried to cover this item.			
Component Rating: N/A		Project Priority Classification: Health & Safety (Year 1)	
Maintenance Code: N/A		Installation Date: N/A	
Life Span: N/A	Remaining Life: N/A	Current Age: N/A	
Adequacy of Maintenance Regime: N/A			
Recommendations: As part of routine maintenance, fire separations should be checked, (unless previously completed) especially after any tenant or building renovations, to verify the integrity and continuity of the fire separations. Any study or verification of the fire-resistance ratings/fire separations is considered as part of normal operations and maintenance.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: N/A



5.12.11 Automatic Door Closers

Description Self-closing devices are located at interior and exterior doors. No significant signs of deterioration were observed and no issues were reported by the Site Representative or otherwise indicated in the Questionnaire.			
Component Rating: Good		Project Priority Classification: Proactive Replacement (Year 3-20)	
Maintenance Code: P		Installation Date: 2011	
Life Span: 15	Remaining Life: 9	Current Age: 6	
Adequacy of Maintenance Regiment: The components maintenance appears to be adequate.			
Recommendations: All hardware devices should be checked regularly as part of operations and maintenance to ensure safe working operation as well as replacement and installation should be carried out in accordance with manufacturer's recommendations. This item is considered under normal operations and maintenance as below the threshold limit.			
Project Breakdown:	QTY: N/A	Capital Cost: \$0	Action: Repair
			
Automatic Door Closers			

5.12.12 Other



5.13 Hazardous Materials

5.13.1 Asbestos/PCB's/Ozone Depleting Substances and CFCs

Description No documentation was provided or available onsite that would indicate that the property is compliant with hazardous materials legislation. Hazardous materials are suspect at the property. However, the presence, quantity and condition of hazardous materials could not be visually confirmed. Only sampling and testing can confirm the presence of any hazardous materials.			
Component Rating:	Critical	Project Priority Classification:	Health & Safety (Year 1)
Maintenance Code:	N/A	Installation Date:	N/A
Life Span:	N/A	Remaining Life:	N/A
		Current Age:	N/A
Adequacy of Maintenance Regimen: N/A			
Recommendations: An asbestos substance survey is recommended immediately (unless previously completed) to comply with Ontario Regulation 278/05 Designated Substance - Asbestos on Construction Projects and in Buildings and repair operations and should include other hazardous materials (i.e. PCBs, mercury, lead, mold, ozone depleting substances etc.). This is considered under operations and maintenance as the cost is below the threshold of the report. Based on the finding from the survey, restoration and abatement costs will need to be considered with updates to the study. Estimated abatement costs are excluded as the presence, condition and quantity is unknown. We recommend no restoration work be performed at the property unless it can be confirmed by testing that no hazardous materials are present at the property. The rating of this component is categorized, as per the ministry's component rating definition outlined in Appendix A in conformance to Table 1.4.3 (b), page 39 of 44 of RFQ.			
Project Breakdown:	QTY: N/A	Capital Cost: \$ -	Action: N/A

Algoma Public Health GENERAL ADMINISTRATIVE – Policies and Procedures Manual

APPROVED BY:	Board of Health	BY-LAW #:	15-01
DATE:	O: June 17, 2015 Reviewed: June 28, 2017	SECTION:	Board
PAGE:	1 of 2	SUBJECT:	To Provide the Management of Property of the Board of Health

The Board of Health for the District of Algoma Health Unit enacts as follows:

1. The Board shall acquire and hold title to any real property acquired by the by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act [Health Protection and Promotion Act R.S.O. 1990, c.H.7, s.52(3)].
2. Clause 1 is subject to the requirement that the Board of Health first obtain the consent of the councils of the majority of the municipalities within the Health Unit served by the Board of Health [Health Protection and Promotion Act R.S.O. 1990, c.H.7, s 52(4);2002, c. 18, Sched I.s.9(8)].
3. Prior to the sale of any real property owned by the Board of Health, the Board shall,
 - a. By by-law or resolution passed at a meeting open to the public, declare the real property to be surplus;
 - b. Obtain not more than one(1) year before the date of sale at least one appraisal of the fair market value of the real property from such person as the Medical Officer of Health/Chief Executive Office considers qualified
4. Notice to the public of a proposed sale of real property owned by the Board of Health shall be given prior to the date of the sale by publication in a newspaper that is of sufficiently general paid or unpaid circulation within the Health Unit area to give the public reasonable notice of the proposed sale.
5. Despite the requirement of clause 3(b) of the by-law, and subject to the requirements of clause 2, the Board of Health may sell any real property owned by it to any one of the following classes of public bodies without first obtaining an appraisal:
 - a. Any municipality within the Health Unit served by the Board of Health;
 - b. A local board as defined in the Health Protection and Promotion Act.
 - c. The Crown In Right of Ontario or of Canada and their agencies.
6. The Medical Officer of Health/Chief Executive Officer shall establish and maintain a public register listing and describing all real property owned or leased by the Board and which should, to the extent that is reasonable possible, include the following information:
 - a. A brief legal description of the property
 - b. The assessment roll number of the property;
 - c. The municipal address or the real property, if available;
 - d. The date of purchase;

- e. The name of the person to whom the property was purchased;
 - f. The instrument number of the transfer or deed by which title was transferred to the municipality;
 - g. The purchase price of the real property;
 - h. A brief description of improvements, if any, on the real property;
 - i. The date of the sale of the property;
 - j. The name of the person to whom the property was sold;
 - k. The sale price of the real property.
7. The CFO/Director of Operations through the Medical Officer of Health/Chief Executive Officer shall be responsible for the care and maintenance of all properties required by the Board
8. Such responsibility shall include, but shall not be limited to, the following:
- a. The replacement of , or major repairs to, capital items such as heating, cooling and ventilation systems; roof and structural work; plumbing; lighting and wiring;
 - b. The maintenance and repair of the parking areas and the exterior of the building;
 - c. The care and upkeep of the grounds of the property;
 - d. The cleaning, maintaining, decorating and repairing the interior of the building;
 - e. The maintenance of up-to-date fire and liability insurance coverage.
9. The Board of Health will establish and maintain reserve funds which may be used for properties in which it has an ownership interest in land and/or buildings (the "Property") the purpose of which shall be for the repair and replacement on and for the Property in order to maintain the Property in good repair and condition. Contributions to the Reserve Funds will be determined by the Board's Reserve Fund Plan. The Reserve Fund Plan shall be updated from time to time at the discretion of the medical Officer of Health and the Chief Financial Officer.
- 9-10. The Board shall ensure that all such properties comply with applicable statutory requirements contained in either local, provincial or federal legislation (e.g. building and fire code).

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Read a first and second time this 17th day of June 2015.

Originally signed by
L. Mason, Chair
I. Frazier, Vice-Chair

Reviewed and passed by the Algoma Public Health Board on this 28th day of June 2017



Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Finance & Audit Committee
From: Antoniette Tomie, Director of HR & Corporate Services
Date: April 4, 2018
Re: Upgrade of current Human Resources Management System

☐ For Information

☐ For Discussion

☒ For a Decision

ISSUE:

Human resources and payroll must have the right tools in place in order to function optimally and to achieve this goal Algoma Public Health's (APH's) current Human Resources Management System (HRMS) requires an upgrade.

APH's Procurement policy states the following:

The Board must approve contracts where:

- a) Irregularities preclude the award of a contract to the lowest bidder in the Tending and Request for Quotation process **and** the 'total acquisition cost' exceeds \$55,000,
- b) A bid solicitation has been restricted to a single source supply and the 'total acquisition cost' of such goods or services exceeds \$55,000
- c) The contract/lease is for multiple years and exceeds \$55,000 per year

Condition b) is relevant in this case, therefore requires Board approval.

RECOMMENDED ACTION:

It is recommended that the Finance and Audit Committee recommend approval to the Board of Health for sole source procurement of Sage People HRMS upgrade.

BACKGROUND:

Currently APH is using Sage Payroll 300 and Sage HRMS. An upgrade to HRMS would improve productivity related to financial management through payroll processing tasks and human resources administration.

Currently there are a number of inefficiencies to processes and paper forms that are completed for payroll processing and human resources administration. A few examples include:

- A number of clerical in the organization are assigned the function of timekeepers for their program area. The timekeepers manually enter employee's time into an Excel spreadsheet for leadership approval and then send the timesheet and supporting documentation to clerical staff in the payroll department who then use the spreadsheet to manually enter time into the payroll system;
- Employee requests for time off such as medical appointments and vacation are completed by paper form for leadership approval and the timekeepers enter the time in the excel spreadsheet;
- All vacation, sick and other leave of absences once processed through payroll are then manually entered into the current HRMS.
- Paper pay statements are printed, prepared and distributed through interoffice mail
- There are a number of paper forms used in Human Resources to update employee personal information, recruitment and other Human Resource functions
- Current HRMS is housed on an APH server

Sage People is an upgrade to the current HRMS and some of its features include:

- Employee portal where the employee would:
 - enter their time in their portal
 - Request time off electronically
 - Update their personal information
 - Access policies and other HR information
 - Have an electronic performance review form where both employee and manager can update
 - View their vacation, sick and lieu time balances
 - View their pay statements and have the capability of printing same
- Analytics- standard reporting suite including ability to create custom reports
- Uploading of employee time to Sage Payroll 300
- Sage People is a cloud based solution and data is stored in Canada

FINANCIAL IMPLICATIONS:

APH's current HRMS system licensing fee is \$4,000 per year.

The estimated financial commitment of Sage People is noted below.

License Fees:

Year 1:	\$16,800
Year 2:	\$16,800
Year 3:	\$16,800

Therefore the incremental annual cost increase associated with licensing fees is \$12,800.

Once time implementation cost: \$24,000

Estimated total value of contract: \$74,400 + HST

CONTACT:

Antoniette Tomie, Director of Human Resources & Corporate Services

Appendix 1**ALGOMA PUBLIC HEALTH**
SOLE SOURCE PROCUREMENT JUSTIFICATION FORM

Date Submitted	April 4, 2018
Program	Administration – Facilities
Product/Service:	Sage People
Budget Code:	6130-10-190
Provider:	Sage Software Canada Ltd. 120 Bremner Blvd., Suite 1500 Toronto, ON M5J 0A1
Program Director	Director of Human Resources & Corporate Services

Situational Assessment:

An upgrade to the current HRMS is necessary to improve efficiencies including but not limited to approval and processing time for employees.

Sole Source Procurement Justification: *(Please Reference applicable conditions as per Section 5.5 of APH's Procurement Policy 02-04-030)*

- Compatibility of a purchase with existing equipment, facilities, or services is a paramount consideration
 - Sage People will integrate with current Sage 300 payroll system. Searching for another provider for HRMS with time and attendance and other capability may add complexity to the integration with our current payroll system.
- Where it is most cost effective or beneficial to APH
 - The license fee was discounted as APH is a current customer and a non-profit organization.

Program Manager Signature: _____

Program Director Signature: _____

Chief Executive Officer Signature (if required) _____

Board Chair Signature (if required): _____

Algoma Public Health - Governance Committee Report
April 18, 2018

Attendance: Lee Mason, Karen Raybould, Ian Frazier, Heather O'Brien, Lucas Castellani,
Dr. Marlene Spruyt, Dr. Jennifer Loo, Tania Caputo

Called to order: 4:30 pm

The Committee had a robust discussion on a number of topics this meeting.

We completed a final review of a new APH meeting schedule with debate around access to information, staff workload and necessary timing. A completed schedule that has received input from the Finance and Audit Committee will be coming to this month's Board meeting for approval.

A discussion regarding the monthly and yearly evaluations has continued at this meeting. To allow for increased completion and data collection to help drive the Board evaluation, the Monthly Evaluations and Yearly evaluation will be moved into the agenda before adjournment. This information is needed to allow the Board to address areas of need and plan future content at meetings. A review and update of the wording to ensure that the Board is getting useful and necessary information will occur at the next meeting. Several sections have been identified for restructuring of format to streamline the use or more clearly identify intended information. Continue refinement will occur at the June Governance meeting.

A brief discussion occurred regarding the selection of a Vice-Chair of the Governance committee should the Chair be unavailable to attend a meeting. If this were to happen, it was decided that a call out to members of the Committee would occur and the Chair would select a designate from the volunteers.

Eight policies were reviewed for relevancy and necessary updates. Three were discussed and the changes will be brought to the Board with a recommendation for approval. Several were discussed and more information related to costing, relevance or procedure/process was required by the committee in order to finalize the review, so they will be coming back to the June meeting for continued review.

Adjourned: 6:35 pm

Lee Mason
Chair of the Governance Committee

Algoma Public Health – GENERAL ADMINISTRATIVE – Policies and Procedures Manual

APPROVED BY: Board of Health

REFERENCE #: 02-05-000

DATE: O: May 4, 1995
Reviewed: March 17, 2010
Reviewed: May 16, 2012
Revised: June 17, 2014
Revised: May 25, 2016
Revised: April 25, 2018

SECTION: Board

PAGE: 1 of 2

SUBJECT: **Composition and Accountability
of the Board of Directors**

KNOWLEDGE:

The Board of Health for the District of Algoma Health Unit is the governing body of Algoma Public Health and is established by the provincial public health legislation, the Health Protection and Promotion Act, RSO 1990, (HPPA) and regulations.

Boards of Health are the governing body and policy maker of public health units. Boards of Health monitor all operations within their health unit and are accountable to the community and to the Ministry of Health and Long-Term Care.

All Boards of Health have a legislated duty to ensure that the public health programs and services required by the HPPA are provided to people who live in the health unit jurisdiction. Public health programs and services are intended to prevent the spread of disease and to promote and protect health.

The Mandatory Health Programs and Services Guidelines (2008) **or its most current revision**, published by the Ministry of Health and Long-Term Care, set out the minimum requirements for fundamental public health programs and services for boards of health.

Section 1 of Regulation 559 to the HPPA states that the Board of Health for the District of Algoma Health Unit shall have eight municipal members. Section 49 (3) of the HPPA states that the Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the Board of Health. Therefore the maximum size of the Board **may be 15 members** (8 municipal members + 7 provincial members).

The distribution of board membership for the Board of Health for the District of Algoma Unit is as follows:

Zero (0) to
Seven (7) Members: appointed by the Lieutenant Governor to represent the Province of Ontario
(currently 3 provincial members);

Three (3) Members: appointed by the Council to represent the City of Sault Ste. Marie;

One (1) Member: appointed by the Municipal Councils representing the Municipality of Wawa,
Township of White River and Dubreuilville;

One (1) Member: appointed by the Municipal Councils representing the Town of Blind River
and the Townships of North Shore and Shedden;

One (1) Member: appointed by the Municipal Councils representing the Town of Thessalon and
Municipality of Huron Shores.

One (1) Member: appointed by the Municipal Councils representing the Town of Bruce Mines, Village of Hilton Beach and the Townships of Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith and Aberdeen Additional, Plummer Additional, Prince, St. Joseph and Tarbutt and Tarbutt Additional;

One (1) Member: appointed by the Municipal Council representing Elliot Lake.

~~Current membership: Eleven (11) members~~

Maximum membership: Fifteen (15) members

~~The appointments for municipal council members are for a four year term but may end sooner with the ending of the term of office of the council.~~

The appointment of members of municipal council(s) shall be for the term four year term of the council(s). Council(s) may have internal policies that further refine this term of appointment.

Provincial appointees are for a three year term that may be renewed.

Note: The City of Sault Ste. Marie has an internal policy that appointments ~~for municipal council members~~ of members by the municipal council representing the City of Sault Ste. Marie are for a two year term but may end sooner with the ending of the term of office of the council.

Algoma Public Health – GENERAL ADMINISTRATIVE – Policies and Procedures Manual

APPROVED BY: Board of Health

REFERENCE #: 02-05-045

DATE: O: April 17, 2013
Reviewed: June 17, 2014
Revised: May 25, 2016
Revised, April 25, 2018

SECTION: Board

PAGE: 1 of 1

SUBJECT: Attendance at Meetings Using Electronic Means

POLICY:

The Health Protection and Promotion Act allows Boards of Health any means to effectively manage a health unit.

Board of Health members are expected to attend Board of Health meetings and Board Committee meetings when they are members of a committee.

A Board member, when circumstances do not permit attendance in person, can fully participate (including voting) in open public portions of a Board of Health or Board committee meeting by means of conference call, video conference call or any other electronic communication facility.

~~The Board member has the responsibility to ensure their attendance via an electronic method is done so in a private manner. For In-Committee meetings the Board member shall ensure confidentiality of the materials and the discussion.~~

~~Participation during a closed “In Camera” session of a Board of Health meeting or a Board Committee meeting will not be permitted.~~

Algoma Public Health – GENERAL ADMINISTRATIVE – Policies and Procedures Manual

APPROVED BY: Medical Officer of Health

REFERENCE #: 02-05-005

DATE: O: February 12, 1996
Reviewed: March 21, 2012
Revised: June 17, 2014
Reviewed: March 18, 2015
Archived: April 25, 2018

SECTION: Board

PAGE: 1 of 1

SUBJECT: Reports to Board –
Submission/Presentation

POLICY:

All Program Managers/Directors, as outlined on the schedule, will submit reports to the Medical Officer of Health for incorporation in the Board package.

These reports will be submitted to the Medical Officer of Health at least ten (10) days prior to the Board meeting.

Program Managers/Directors, or designates, will attend to present their reports as determined on the schedule to be prepared annually.

Delete and archive recommendation.

**ALGOMA PUBLIC HEALTH
GOVERNANCE STANDING COMMITTEE MEETING
FEBRUARY 15, 2018
PRINCE MEETINGROOM, 3RD FLOOR, SSM
MINUTES**

COMMITTEE MEMBERS APH STAFF

PRESENT:	Ian Frazier	Dr. Marlene Spruyt	Medical Officer of Health
	Lee Mason	Dr. Jennifer Loo	Associate Medical Officer of Health
	Connie Nykyforak	Justin Pino	Chief Financial Officer
	Heather O'Brien	Joel Merrylees	Manager of Accounting & Budgeting
	Karen Raybould	Christina Luukkonen	Recording Secretary
		Tania Caputo	Incoming Recording Secretary

Regrets: Lucas Castellani

1) CALL TO ORDER:

L.Mason called the meeting to order at 4:16 pm

2) DECLARATION OF CONFLICT OF INTEREST

L.Mason called for any conflict of interests; none were reported.

3) ADOPTION OF AGENDA ITEMS

GC2018-01 Moved: I.Frazier
 Seconded: K.Raybould

THAT the agenda items for the Governance Standing Committee dated February 15, 2018 be adopted as circulated; and

THAT the committee accepts the items on the addendum.

CARRIED.

4) ADOPTION OF MINUTES

GC2018-02 Moved: I.Frazier
Seconded: C.Nykyforak

THAT the minutes for the Governance Standing Committee dated October 30, 2017 be adopted as circulated

CARRIED.

5) BUSINESS ARISING FROM MINUTES

a) 02-05-030 Code of Conduct Policy

As requested the Code of Conduct Policy was review by legal. No concerns or changes were needed.

GC2018-03 Moved: K.Raybould
 Seconded: J.Frazier

THAT the Governance Standing Committee recommends and put forth to the Board of Health the changes to policy 02-05-030 Code of Conduct for approval.

CARRIED.

A copy of the policy and form were provided in the addendum package. The Committee provided feedback on the new policy and form. Mrs. Tomie to make suggested changes to be sent to the Board for approval.

- Seconded: K.Raybould

CARRIED.

Seconded: C.Nykyforak

CARRIED.

Seconded: K.Raybould

CARRIED.

iv. January 20, 2018 – Board Education Day

Seconded: K.Raybould

Page 177 of 266

changes to policy 02-05-085 Orientation – Board Members to the February 2018 Board Meetings
CARRIED.

6) NEW BUSINESS/GENERAL BUSINESS

- ### a) Meeting Dates for Committee

The Chair of the Board and the Chairs of the Committees developed a staged meeting schedule. This proposed meeting schedule will go forth to each of the committee for review at the next committee meetings and then put forth to the Board for approval.

7) ADDENDUM

- a) Procurement Policy

The Finance and Audit Committee reviewed the proposed changes. Mr. Frazier provided feedback from the Finance and Audit Committee.

GC2018-08 Moved: I.Frazier
Seconded: K.Raybould

THAT the Governance Standing Committee recommends approval of the Procurement Policy to the February 2018 BOH meeting with the understanding the Chairs would meet the MOH / CEO & CFO to refine exemptions

CARRIED.

8) IN COMMITTEE

GC2018-09 Moved: K.Raybould

Seconded: C.Nykyforak

THAT the Governance Standing Committee goes in-committee at Agenda items:

- a) Education or training

CARRIED.

9) OPEN MEETING

GC2018-10 Moved: K.Raybould

Seconded: C.Nykyforak

THAT the Governance Standing Committee goes into open meeting at 6:20 pm.

CARRIED.

10) NEXT MEETING: April 11, 2018 @ 4:30 pm

11) THAT THE MEETING ADJOURN: 6:20 pm

GC2018-11 Moved: K.Raybould

Seconded: C.Nykyforak

THAT the Governance Standing Committee meeting adjourns.

CARRIED.

APH Board of Health - Annual Schedule

Proposed meeting schedule based on Board events and yearly need

Grey = No meeting

Month	Major Event	Board of Health	Finance & Audit Committee	Governance Committee
JANUARY	<ul style="list-style-type: none"> Chair and committee selection 	<ul style="list-style-type: none"> MOH / CEO report 	<ul style="list-style-type: none"> Monthly statement 	
FEBRUARY		<ul style="list-style-type: none"> MOH / CEO report - Quarterly data, previous year 	<ul style="list-style-type: none"> Insurance review Monthly statement Auditor Engagement 	
MARCH	<ul style="list-style-type: none"> Insurance renewal 	<ul style="list-style-type: none"> MOH / CEO Report 	<ul style="list-style-type: none"> Monthly statement 	<ul style="list-style-type: none"> By-laws and policies Review Provincial appointees end dates
APRIL	<ul style="list-style-type: none"> Provincial Budget Draft Audited Financial Statements 	<ul style="list-style-type: none"> MOH / CEO Report – 1st Quarter Performance Indicators 	<ul style="list-style-type: none"> Monthly statement Provincial Budget Impact 	
MAY	<ul style="list-style-type: none"> Amending agreement or accountability standards sign off of some sort 	<ul style="list-style-type: none"> MOH / CEO Report 	<ul style="list-style-type: none"> Monthly statement 	<ul style="list-style-type: none"> By-laws and policies Review initiatives and progress
JUNE	<ul style="list-style-type: none"> Annual Reports Yearly Board Evaluation Accountability indicators 	<ul style="list-style-type: none"> MOH / CEO Report 	<ul style="list-style-type: none"> Monthly statement 	
JULY			<ul style="list-style-type: none"> Monthly statement 	
AUGUST			<ul style="list-style-type: none"> Monthly statement 	
SEPTEMBER	<ul style="list-style-type: none"> Staff planning for budget request Review Risk Management Model 	<ul style="list-style-type: none"> MOH / CEO Report – 2nd Quarter Performance Indicators 	<ul style="list-style-type: none"> Monthly statement 	<ul style="list-style-type: none"> By-laws and policies
OCTOBER	<ul style="list-style-type: none"> Staff creating and collating budget 	<ul style="list-style-type: none"> MOH / CEO Report 	<ul style="list-style-type: none"> Monthly statement Budget presentation and questions 	
NOVEMBER	<ul style="list-style-type: none"> Budget Presentation and Approval Note chair changes if required *Election year - Last mo. for Municipal Reps. 2018 	<ul style="list-style-type: none"> MOH / CEO Report – 3rd Quarter Performance Indicators Budget presentation 	<ul style="list-style-type: none"> Monthly statement Final draft presentation and questions 	<ul style="list-style-type: none"> By-laws and policies Monitor Board seat renewal for next year pre-election year.
DECEMBER				

April 19, 2018

The Honourable Jody Wilson-Raybould
House of Commons
Ottawa, Ontario K1A 0A6

Re: Repeal of Section 43 of the Criminal Code Refresh 2017

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit regarding Repeal of Section 43 of the Criminal Code Refresh 2017. The following motion was passed:

GBHU BOH Motion 2018-28

Moved by: Mitch Twolan

Seconded by: David Shearman

“THAT, the Board of Health endorse Haliburton, Kawartha, Pine Ridge District Health Unit’s resolution in support of the repeal of Section 43 of the Criminal Code of Canada that justifies the use of physical punishment of children between the ages of 2 and 12, and FURTHER THAT, the Board of Health indicate it’s support by endorsing the Joint Statement on Physical Punishment of Children and Youth.”

Carried

Sincerely,



Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.



RESOLUTION #2017-03

Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit

December 7, 2017

Repeal of Section 43 of the Criminal Code Refresh 2017

WHEREAS, research indicates that physical punishment is harmful to children and youth and is ineffective as discipline; and

WHEREAS, the goal of the Ontario Public Health Standards (OPHS) Child Health Program (2008) is to enable all children to attain and sustain optimal health and developmental potential and of the draft Ontario Standards for Public Health Programs and Services (2017) Healthy Growth and Development Standard is to achieve optimal maternal, newborn, child, youth, and family health; and

WHEREAS, Section 43 of the Criminal Code of Canada justifies the use of physical punishment of children between the ages of 2 and 12; and

WHEREAS, the Ontario Public Health Association (OPHA) supports the repeal of Section 43 of the Criminal Code of Canada, as repeal would provide children the same protection from physical assault as that given to adults; and

WHEREAS, over 550 organizations in Canada, including the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (in 2006) and the City of Kawartha Lakes, have endorsed the *Joint Statement on Physical Punishment of Children and Youth*; and

WHEREAS, calls for the repeal of Section 43 of the Criminal Code of Canada have been made repeatedly for almost 40 years; and

WHEREAS, Prime Minister Justin Trudeau stated the Calls to Action of the Truth and Reconciliation Commission, which includes the repeal of Section 43, would be fully implemented;

THEREFORE BE IT RESOLVED that the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit support the repeal of Section 43 of the Criminal Code of Canada and write to the Minister of Justice indicating the Board's position and urging swift action on this matter;

BE IT FURTHER RESOLVED that copies of this resolution be sent to the Prime Minister, all local Members of Parliament, all local Members of Provincial Parliament, all Member Municipalities, all local Boards of Education, all Ontario Boards of Health, and all local children's planning tables for support.

April 19, 2018

Honourable Helena Jaczek
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Minister Jaczek:

Re: Annual Service Plan and 2018 Budget

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit regarding their Annual Service Plan and 2018 Budget. The following motion was passed:

GBHU BOH Motion 2018-30

Moved by: Mitch Twolan

Seconded by: Arlene Wright

“THAT, the Board of Health endorse Haliburton, Kawartha, Pine Ridge District Health Unit’s letter to the Minister of Health and Long-Term Care regarding their Annual Service Plan and 2018 Budget, and THAT, the Board of Health urge the Minister of Health and Long-Term Care to reconsider it’s decision to implement a four-year budget freeze for Public Health Units, and FURTHER requests an earlier budget approval that the historic September to November timeframe.”

Carried

Sincerely,



Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

Working together for a healthier future for all.

March 13, 2018

Honourable Helena Jaczek
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Jaczek:

Re: 2018 Annual Service Plan including the 2018 Budget for the Haliburton, Kawartha, Pine Ridge District Health Unit

At its meeting on February 15, 2018, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit approved its 2018 Annual Service Plan (Plan) including the 2018 Budget. As the Board discussed the Plan and Budget, it expressed its concerns that the Ministry of Health and Long-Term Care (MOHLTC) had frozen base funding at 2014 levels for our Health Unit and others. Of course, the Board recognizes that there have been additions to base funding for targeted purposes such as the recent Harm Reduction Program Enhancement funding. Boards of health continue to face significant financial pressures as costs increase with no corresponding increase in base funding going into this fourth-year post-budget freeze. Locally, our obligated municipalities have increased their share of the Board's base funding every year to the point that now the ratio of cost-shared base funding is 29% municipal to the MOHLTC's 71%. We understand that the majority of Ontario boards of health are in a similar position.

As you know, the past couple of years have been a period of significant transformation for Ontario boards of health with the release of the new Ontario Public Health Standards (OPHS), amended and new protocols and guidelines to support the new OPHS and amendments to the *Health Protection and Promotion Act, 1990* and many of its Regulations. The Board is most appreciative of the Harm Reduction Program Enhancement funding, and other minor adjustments to base funding. However, the Board is concerned about the MOHLTC's increasing expectations regarding the new/amended OPHS, protocols and guidelines including those pertaining to Infection Prevention and Control Lapse investigations, engagement with the Local Health Integration Networks, the new School Health Program Standard, the Healthy Environments Program Standard requirement for health impact assessment related to climate change, and follow-up of hepatitis C cases to name a few, as well as the role of public health regarding opioids and the new cannabis legislation. Doing more with less is causing strain on staff and the Board is concerned about the psychological and physical well-being of Health Unit employees in light of ever-increasing requirements and our ability to deliver programs and services.

The Board has implemented many initiatives over the past four years to address the provincial funding shortfall including closing branch offices and renegotiating leases as well as utilizing technological solutions where feasible to address telephone and fax as well as organizational meetings. The Board recognizes its important role in community-based health promotion, disease prevention and health protection over a large geographic area with a low population density. The Board values its relationships with the broader health sector as well as its many community partners and stakeholders including local municipalities, school boards, children's aid societies, law enforcement, non-governmental .../2

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HEAD OFFICE
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Port Hope, Ontario L1A 3V6
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Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336



LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

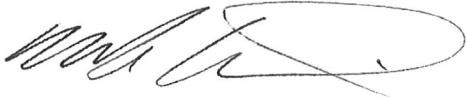
Honourable Helena Jaczek
March 13, 2018
Page 2

agencies and community coalitions and wishes to build on these relationships to implement the new OPHS. The Board is concerned that if the provincial share of the base budget remains frozen, decisions will need to be made regarding delivery of essential programs and services and the remaining programs may erode making them harder to re-build when not maintained at optimal levels.

The Board has again approved a 2% municipal increase for the Health Unit this year and has requested a 2% increase in its base funding from the MOHLTC in addition to some one-time requests to facilitate addressing new program requirements. Municipalities are also facing increasing cost pressures and may be challenged to continue to offset provincial funding with enhanced municipal support in the future. The Board respectfully requests that the MOHLTC approve its 2018 Annual Service Plan including the 2018 Budget. Lastly, with this request to approve the proposed budget, the Board would greatly appreciate earlier budget approval than the historic September to November timeline so that the Health Unit can effectively plan and implement one-time funding approvals.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Mark Lovshin
Chair, Board of Health

ML/ALN/MCM:ed

Copy: Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Lou Rinaldi, MPP, Northumberland-Quinte West
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, MOHLTC
City of Kawartha Lakes
Haliburton County
Northumberland County
Association of Municipalities of Ontario
Association of Local Public Health Agencies
Ontario Boards of Health
Eastern Ontario Wardens' Caucus

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
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**Affiliate
Organizations:**

Association of Ontario
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Administrators

Association of
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Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

April 3, 2018

Hon. Charles Sousa
Minister of Finance
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Sousa,

Re: Ontario Budget 2018

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to congratulate you on the release of this year's Ontario Budget, "*A Plan for Care and Opportunity*" and to provide some initial feedback on its content.

We agree with the observation in your speech that a balanced budget is a means to an end, and that it has provided an important opportunity to build on the investments that have been made to improve economic growth and to ensure fair distribution of its benefits. Health Equity is the foundation of the programs and services that local public health agencies deliver, and its strength depends on an equitable society.

We therefore appreciate the strong focus on priority and vulnerable populations (seniors, Indigenous, homeless, children with developmental disabilities etc.) that appears throughout this year's budget papers.

We also appreciate the actions that are being taken in areas that are not part of local public health's direct mandate, but have demonstrable impacts on population health, such as climate change, public transit, community hubs, and access to quality education. Our members have a keen interest in all of these as determinants of health and will have important contributions to make.

Although this year's budget does not specifically mention Ontario's unique and valuable public health system, we welcome the opportunity to comment on several items that are well-aligned with our interests if not directly related to public health's mandate. Several alPHa Resolutions that are related to this year's Budget announcements are referred to by number and attached for your further consideration.

Better Health Care for Everyone in Ontario

As part of the additional investment of \$5 Billion over three years into health care, we are very supportive of the expansions to OHIP+ to include seniors starting in August 2019. This is well-aligned with alPHa's call upon the Government of Canada and the Province of Ontario to move forward with the development and implementation of a national, universal pharmacare program (*Resolution A15-2*). We recognize Ontario's leadership and hope that the tangible steps being taken here will be replicated across Canada in the near future.

We also support the principles of a new Ontario Drug and Dental Program for the 1 in 4 working-age Ontarians (and 60% of seniors) who do not have access to extended health benefits through employers or government programs. This is aligned with our previously-stated support for universal pharmacare as well as our call for a provincially funded oral health program for low-income adults and seniors in Ontario. To be clear, we also view the latter as but one step in the right direction, as alPHA has also called upon the federal government to develop a National Oral Health Strategy that includes universal access of both preventative and treatment services to all Canadians (*Resolutions A17-1 and A05-5*).

The three-year, \$5M investment in the implementation of Rowan's Law, which will establish requirements for concussion management for amateur competitive athletes, was also most welcome by our members. alPHA expressed its strong support for this initiative to the Minister of Culture, Tourism and Sport via correspondence in October 2017 (*letter attached*).

Expanding Access to Mental Health and Addictions Services

We agree completely that there is “no health without mental health” and applaud the Province's commitment to ensuring access to care and supports for people living with mental illness and / or substance abuse disorders. As you are aware, Mental Health Promotion is now a required consideration for local public health under the revised Ontario Public Health Standards in the areas of Chronic Disease Prevention, Healthy Growth and Development, Substance Use and School Health. We therefore look forward to being directly involved in the development of the integrated, high quality mental health and addictions system that has been promised, as well as facilitating the implementation of the “Budget Talks” pilot, which will provide up to five Public Health Units with funding for “initiatives that promote mental health, including assistance for those who are underhoused and living in rural and remote regions” (Budget Papers, p.20).

We will of course also continue to play our roles in supporting the provincial Strategy to Prevent Opioid Addiction and Overdose, with thanks for the additional staff resources already assigned to us to support local responses including naloxone distribution.

Making Child Care More Accessible and Affordable

Although affordable and accessible child care is not directly associated with the core mandate of public health, the importance of a “best start” in life cannot be overstated. There are many facets to promoting the health, development and wellbeing of all families with young children, and this initiative will address many of them (early learning opportunities and income security to name but two). We are therefore extremely pleased with this announcement.

alPHA has been vocal in its support for healthy public policy aimed at early childhood development and has been equally vocal about its members' commitment to doing the work that supports it (*Resolution A11-8*). Beyond the obligations set out under the Healthy Growth and Development Ontario Public Health Standard, we are ardent advocates of measures that support its goals.

Growing the Economy and Creating Good Jobs

This chapter's focus is on job creation and skills development to service a strong economy. We appreciate the mention of a focus on well-being, equity and new approaches to learning (Budget Papers, p. 77), which promises to strengthen programs that improve students' cognitive, emotional, social and physical development. This is an important continuation of healthy growth and development, and

measures to improve the quality of and access to education – a key determinant of health – are always welcome.

This section however also contains a pledge that we find extremely worrisome. There is a brief reference to the “development of a new multi-year strategy for beverage alcohol industry growth” (budget papers, p. 95), and we remind you that such growth is in fact in direct conflict with public health’s obligations to prevent substance use (including alcohol) and reduce associated harms.

The negative social and health consequences of increasing access to beverage alcohol are well documented, and as your Government continues to actively support the growth of this industry we are becoming increasingly discouraged and disappointed in its failure to produce the Ontario Alcohol Strategy that was announced in December of 2016. I have attached a recent letter that outlines our concerns in more detail.

Fairness and Opportunity through Partnerships

As public health practitioners, we understand the value of partnerships and collaboration, and we are pleased to see that this understanding is reflected in this year’s budget.

Working with Indigenous partners is a priority for us, and we are pleased that the new Health Equity Public Health Standard includes direction on engaging with Indigenous communities, as our desire to address their severe health inequities has now been formalized. We look forward to opportunities to work together on this and appreciate the commitment to engagement that is demonstrated throughout the budget document.

Reference is also made in this chapter to the implementation of cannabis legalization, which includes a pledge to “provide public health units with support and resources to help address local needs related to cannabis legalization” (Budget Papers, p. 270). We of course welcome further discussions on this as the health protection, health promotion and enforcement implications for our members become clearer.

Taxation

We are supportive of the immediate tax increase on tobacco amounting to \$4 per carton of cigarettes. Taxation has been clearly demonstrated as one of the most effective means of reducing tobacco initiation and use, and we applaud your Government’s ongoing commitment to Smoke-Free Ontario.

In closing, alPha’s members are supportive of many of the initiatives that are introduced or reinforced in the 2018 Budget, and we hope that the foregoing is an effective reminder that the programs and services that are delivered through Ontario’s Boards of Health are well-aligned with government priorities. We hope that you will give the various positions that we have shared with you careful consideration as the work begins on implementing your Plan for Care and Opportunity.

Yours sincerely,



Carmen McGregor,
alPha President

COPY: Hon. Kathleen Wynne, Premier of Ontario
Hon Helena Jaczek, Minister of Health and Long-Term Care
Dr. Bob Bell, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Division

alPHa RESOLUTION A15-2

TITLE: **National Universal Pharmacare Program**

SPONSOR: **Haliburton Kawartha Pine Ridge District Health Unit**

WHEREAS the World Health Organization’s Right to Health, which includes essential drugs in the core content of minimum rights and the state is obligated to fulfill the rights; and

WHEREAS in 1964 a national universal pharmacare program to cover the costs of outpatient prescription medications was recommended be included in the national Medicare system by the Royal Commission on Health Services; in 1997 the National Forum on Health recommended a universal first dollar pharmacare program; and in 2002 the Romanow Commission recommended catastrophic drug coverage as a first step towards a pharmacare program and still the Government of Canada has not included pharmacare under the *Canada Health Act*; and

WHEREAS Canada is the only Organization for Economic Co-operation and Development (OECD) country with a universal public health care system that does not provide coverage for prescription medications; and

WHEREAS Canadians pay among the highest per capita spending on prescription drugs of the OECD countries; and

WHEREAS the ability to fill a prescription for medication depends on whether and to what extent a person has access to either a private or public insurance plan or if an individual is able to pay out of pocket if a person has no insurance plan; and

WHEREAS 1 in 10 Canadians are unable to fill a prescription because of cost, which in turn compromises the ability to reach optimal level of health and can drive up health care costs in other areas including more physician visits and hospitalizations; and

WHEREAS the current system is a combination of private and public insurance plans that are expensive, not sustainable and inequitable; and

WHEREAS the Government of Canada has a responsibility under the *Canada Health Act* to protect, promote and restore physical and mental well-being of persons and enable reasonable access to health care services without causing barriers, including financial barriers; and

WHEREAS a national, universal pharmacare program would enable all Canadians access to quality, safe and cost effective medications, improve health outcomes and generate cost savings;

continued

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Canada and the Province of Ontario to move forward with the development and implementation of a national, universal pharmacare program;

AND FURTHER that the Association of Local Public Health Agencies (alPHa) advises the Prime Minister of Canada of this resolution and copies the Ministers of Finance Canada and Health Canada, the Chief Public Health Officer, Leader of the Opposition, Leader of the Liberal Party, Premier of Ontario, Ministers of Finance and Health and Long-Term Care and the Chief Medical Officer of Health and the Council of the Federation;

AND FURTHER that the following organizations be copied and asked for their support: Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Life and Health Insurance Association, Ontario Medical Association, and the Registered Nurses Association of Ontario.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A17-1

TITLE: Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors

SPONSOR: Chatham-Kent Public Health Unit & Porcupine Health Unit

WHEREAS the relationship between poor oral health and poor overall health and social well-being is well established; and

WHEREAS dental care is excluded from the Ontario Health Insurance Program; and

WHEREAS one-third of Ontario workers do not have employee health benefits; and

WHEREAS 13.9% of the Ontario population, live in low income; and

WHEREAS the burden of poor oral health is greater in marginalized populations; and

WHEREAS financial barriers prevent many marginalized and low-income adults from accessing preventive and acute dental care; and

WHEREAS Over 60,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns (Ontario Oral Health Alliance, 2017), as acute health care services are often the only remaining option for treatment of complications from lack of dental care; and

WHEREAS an estimated \$38M is spent in the acute care medical system for these complications without addressing their underlying causes; and

WHEREAS the majority of these acute dental complications are avoidable with timely preventive care such as cleanings and fluoride treatments by dental hygienists, as well as fillings and extractions; and

WHEREAS the Ontario Liberals made provision of oral health services to low-income Ontarians a key plank in its 2007 election platform; and

WHEREAS the 2014 Ontario Budget included the provision of dental benefits to all low-income workers by 2025 as part of its 10-year economic plan; and

WHEREAS alPHa believes that the ongoing exclusion of low-income adults from publicly-funded oral health treatment and prevention services creates health inequities and is contrary to the original intent of the Government's 2007 promise;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call upon the Ministry of Health and Long-Term Care (MOHLTC) to immediately begin the process to develop standards for preventative and restorative oral health care and implement a provincially funded oral health program for low-income adults and seniors in Ontario well before the proposed 2025 timeline.

ACTION FROM CONFERENCE: Resolution CARRIED

2005 alPHa Resolution A05-5

TITLE **Access to Dental Care**

SPONSOR: Ontario Association of Public Health Dentistry

WHEREAS dental care is not an included service under the publicly funded medical care system and must be financed by individual Canadians;

WHEREAS low income (lower socio economic) individuals tend to suffer higher rates of dental disease and decay;

WHEREAS the current system of publicly funded dental programs varies from community to community, but is very limited for low income families and adults who do not typically have access to private dental benefits packages;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) supports the action of the Federation of Canadian Municipalities and calls on the Government of Canada, in consultation with Provincial, Territorial and Local Governments, to develop a comprehensive National Oral Health Strategy that would have, as its goal, providing universal access of both preventive and treatment services to all Canadians.

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Society of
Nutrition Professionals
in Public Health

Hon. Eleanor McMahon
Minister of Tourism, Culture and Sport
9th Floor, Hearst Block
900 Bay Street
Toronto, Ontario M7A 2E1

October 6 2017

Dear Minister McMahon,

Re: Report from Advisory Panel on Concussion Safety

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing today to express our support for the implementation of the recommendations of the Rowan's Law Advisory Panel on Concussion Safety.

Under the Ontario Public Health Chronic Disease and Injury Prevention Standard, our members are required to take actions to reduce the incidence and severity of injuries and injury-related hospitalizations, disabilities, and deaths. This includes direction to influence the development of healthy public policy.

On September 29 2017, alPHa's Board of Directors reviewed the Advisory Panel's recommendations, and strongly endorsed their implementation. We were very pleased to note that you have already pledged to take comprehensive action to improve safety in sport for students and amateur athletes based on the Panel's report.

We look forward to providing input to the development of healthy public policy aimed at preventing concussions and to making our own contributions as part of our mandate in preventing injuries in our communities.

Yours sincerely,



Carment McGregor,
alPHa President

COPY: Hon. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Mitzie Hunter, Minister of Education
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care,
Population and Public Health Division

TITLE: **Public Health Supporting Early Learning and Care**

SPONSOR: **alPHa Board of Directors**

WHEREAS the report “With our Best Future in Mind” (Charles E. Pascal, 2009) has been provided to the Premier of Ontario and provides recommendations on early childhood development in Ontario; and

WHEREAS supporting families and healthy early childhood development is a core part of the mandate of public health; and

WHEREAS public health work is driven by the population health approach; and

WHEREAS the evidence supports investing in early childhood development as a strategy to enable health and resilience throughout life; and

WHEREAS high quality early childhood interventions are extremely cost effective with significant societal returns on investment; and

WHEREAS achieving a politically sustainable system to support early childhood development will require support from decision-makers and the general public across the political spectrum; and

WHEREAS local public health has a unique role in early childhood development as a community agency that can take early learning and development beyond the walls of centres to reach the most vulnerable children and their families in their preferred setting; and

WHEREAS both local and provincial public health agencies have a key role to play in guiding the overall approach to supporting early childhood development; and

WHEREAS a comprehensive approach to early childhood development needs to include core services for all children and families, locally adapted services to address community context and intensive services to address the individual needs of the most vulnerable children and families; and

WHEREAS local and provincial public health agencies should continue to work with partners to clearly define better outcome measures and disseminate information about progress toward early childhood development goals more broadly;

NOW THEREFORE BE IT RESOLVED that alPHa will actively engage in advocacy to strengthen public health programs to support families and healthy early childhood development;

AND FURTHER that alPHa will forward this resolution to the Ministry of Health and Long-Term Care, Ministry of Children and Youth Services, Ministry of Health Promotion and Sport, Ministry of Education, the Chief Medical Officer of Health and the Early Learning Advisor and in addition alPHa encourages all member agencies to transfer knowledge and information to decision-makers and the general public about the value of supporting early childhood development and the importance of adequate investment in early childhood development;

AND FURTHER that alPHa and both local and provincial public health agencies should work with partners to more clearly define, better measure and more broadly disseminate information about progress toward early childhood goals;

AND FURTHER that alPHa will advocate for the inclusion of early childhood development in political platforms;

AND FURTHER that alPHa commits to helping health units to share examples of best practices, useful approaches for local integration and examples of achieving seamless and integrated services.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

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the public health units
in Ontario.

alPHA Sections:

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Section

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Ontario Association of
Public Health Nursing
Leaders

Ontario Society of
Nutrition Professionals
in Public Health

Hon Kathleen O. Wynne
Room 281, Main Legislative Building,
Queen's Park
Toronto, Ontario M7A 1A1
Dear Premier Wynne,

July 21 2017

Re: Provincial Alcohol Strategy

On behalf of member Medical Officers of Health, Boards of Health, and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing today to request an update on your December 21 2016 announcement of a comprehensive Provincial Alcohol Strategy.

alPHA first called upon the Government of Ontario to develop a province-wide alcohol strategy in 2011 (see alPHA Resolution A11-1, attached), and we were very pleased to hear of your intention to answer that call, especially in light of the numerous and substantial changes that are being made to alcohol policy in Ontario.

Since that time, the most significant announcements from the Government of Ontario related to alcohol have been about the further expansion of access through increased availability of wine and beer in grocery stores. We find this troubling in the absence of any further news on the promised Provincial Strategy.

We have expressed our concerns about the negative social and health consequences of increasing access to beverage alcohol on many occasions in the past, and have been very clear that due consideration of the social responsibility imperative must be given alongside the economic drivers.

We do appreciate the commitment to ensuring that beverage alcohol is sold in a socially responsible way through strict rules about sales areas, limits on hours and package sizes and rigorous training for staff. But this is only a small part of what is required for a truly socially responsible system of beverage alcohol retail.

With your pledge to develop a Provincial Alcohol Strategy, we were reassured that some of the presumed impacts of increasing alcohol availability would be mitigated, as its "four pillars" basis (promotion and prevention, social responsibility, harm reduction and treatment) is well aligned with the approach to substance use and addictions that is favoured by public health.

We shall continue to carry out our duties under the Ontario Public Health Standards to evaluate the impacts of alcohol consumption and develop health promotion and protection strategies to prevent them. In the meantime, we would welcome more information on the implementation of the promised Provincial Alcohol Strategy.

Sincerely,



Carmen McGregor
alPHa President

COPY: Hon. Eric Hoskins, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, Ministry of
Health and Long-Term Care

Encl.

TITLE: **Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drank in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a \$456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

Ministry of Health
and Long-Term Care

Office of the Minister

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Tel. 416 327-4300
Fax 416 326-1571
www.ontario.ca/health

Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

Édifice Hepburn, 10^e étage
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Toronto ON M7A 2C4
Tél. 416 327-4300
Téléc. 416 326-1571
www.ontario.ca/sante



APR 13 2018

Dear Colleagues,

As a former medical officer of health, I know the vital role public health plays every day in protecting and promoting the health of all Ontarians. The release of the new Ontario Public Health Standards in January of this year outlined a new mandate for public health focused on outcomes, and included a strengthened accountability framework to demonstrate the impact of the work of public health.

Legislated requirements for board of health and LHIN engagement in the *Patients First Act* ensures public health plays a key role in integrated planning - to include upstream interventions that will improve health, reduce health inequities and assist in re-orienting the health system.

In order to support the integral role of public health as a unique sector within an integrated health system, I am pleased to announce a two percent base funding increase to all boards of health for the provision of public health programs and services. An additional one percent increment will be allocated based on local need as detailed in the board of health Annual Service Plans submitted to the ministry in March.

This totals an additional \$15M base funding investment in public health, on top of approximately \$16M in one-time funding for a number of initiatives associated with the delivery of public health programs in Ontario.

This investment demonstrates my government's commitment to ensure Ontarians are able to recognize, value and benefit from the excellent work of public health across the health system and in local communities.

Sincerely,

A handwritten signature in blue ink, appearing to read "H. Jaczek".

Dr. Helena Jaczek
Minister

C:

March 28, 2018

Premier Kathleen Wynne
Legislative Building
Queen's Park
Toronto, ON M7A 1A1

**Re: Dedicated funding for local Public Health agencies from cannabis sales
taxation revenue**

Dear Premier Wynne,

At its meeting on March 06, 2018, the Hastings Prince Edward (HPEPH) Board of Health passed the following motion:

THAT the HPEPH Board of Health urge the provincial government to dedicate a portion of the cannabis excise tax revenue from the federal government to local Public Health agencies in Ontario.

On December 12, 2017, the Federal Government announced that the revenue generated from the taxation of cannabis sales will be split with provinces and territories according to the following principals:

- Provinces and territories will receive 75% of this revenue while the federal government will retain 25%.
- The federal portion of cannabis excise tax revenue will be capped at \$100 million annually and any revenue above this limit would be provided to provinces and territories.
- With respect to this revenue, provinces and territories will work with municipalities according to shared responsibilities towards legalization.

Subsequently, on March 09, 2018 the Ontario Government sent a press release titled, **"Ontario Supporting Municipalities to Ensure Safe Transition to Federal Cannabis Legalization"**. In the release it was noted that it would: "Provide public health units with support and resources to help address local needs related to cannabis legalization." While this release made no specific reference to how much, or how resources would be invested within the Public Health system, it is reassuring that the Ontario Government recognizes the importance of investment in the comprehensive cannabis control strategy delivered by local public health agencies. To help meet the Government of Ontario's twin goals of creating a safe and sensible framework to

Page 200 of 266

manage legalized cannabis, and of having the lowest provincial/territorial smoking rate in Canada, it is essential to invest in the prevention pillar of the comprehensive cannabis control strategy and to provide adequate resources for the implementation and enforcement of the revised smoke-free legislation that now includes cannabis.

Local Public Health agencies are uniquely placed to increase public awareness of the health risks of cannabis use and driving under the influence of cannabis. Local Public Health agencies are also primed to prevent the renormalization of smoking through the legalization of cannabis. This Public Health work is foundational to helping keep our communities healthy and safe – a goal that we share with the Government of Ontario.

Although local Public Health agencies are partially funded by municipalities, we recognize that their ability to share funding from cannabis excise tax revenue with local Public Health agencies may be limited due to other conflicting priorities. With dedicated funding from this revenue, local Public Health agencies will be better resourced to provide the essential public awareness work, education and enforcement that is required with the legalization of cannabis. It is important that prevention be a pillar of cannabis legalization from the outset and dedicated funding to local Public Health agencies is an important component of supporting and strengthening this pillar.

We urge the Ontario Government to dedicate sufficient resources to local Public Health agencies to ensure that both education and enforcement are a priority.

Thank you for your consideration of this request. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,



Maureen Piercy

Chair

Hastings Prince Edward Public Health Board of Health

Copy

Honourable Charles Sousa, Provincial Minister of Finance

Honourable Dr. Helena Jaczek, Provincial Minister of Health and Long-Term Care

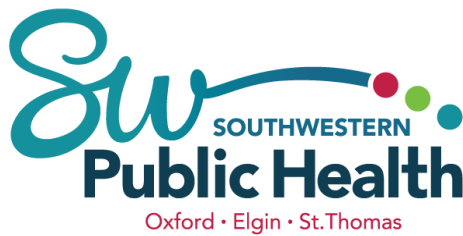
Mr. Todd Smith, MPP, Prince Edward-Hastings

Mr. Lou Rinaldi, MPP, Northumberland-Quinte West

Association of Local Public Health Agencies

Boards of Health in Ontario

Dr. Ian Gemmill, MOH HPEPH



News

April 19, 2018

Oxford County and Elgin St. Thomas announce new health unit board, name and logo

Public health services will continue as they are now when the new health unit takes effect on May 1

The communities of Oxford, Elgin and St. Thomas will be served by a new health unit on May 1, 2018: Southwestern Public Health. The new health unit will merge Elgin St. Thomas Public Health and Oxford County Public Health to form a new organization delivering public health programs and services to approximately 204,000 people in a geography spanning Oxford County, Elgin County and the City of St. Thomas.

A merger between the two health units was put forward in November 2017 as an opportunity to enhance programs and services by pooling resources, allowing Public Health to better respond to the unique needs of their small urban and large rural communities.

On April 11 at their respective meetings, the Board of Health for Elgin St. Thomas Public Health and Oxford County Council approved the municipal appointments to the Board of Health for Oxford Elgin St. Thomas Health Unit, which remains the legal name for the new health unit. Board members are:

- Heather Jackson (City of St. Thomas)
- Margaret Lupton (Oxford County)
- David Marr (County of Elgin)
- Larry Martin (Oxford County)
- David Mayberry (Oxford County)
- Sandra Talbot (Oxford County)
- Bernie Wiehle (County of Elgin)
- Steve Wookey (City of St. Thomas)

The new board of health becomes effective on May 1, the first day of operation for Southwestern Public Health. While the two organizations will continue to work through the process of integrating their operations beyond May 1 into the rest of 2018, people living in Oxford County, Elgin County and the City of St. Thomas will continue to receive the public health services they have now at the same locations in Woodstock and St. Thomas.

Telephone numbers, email addresses and the website will remain the same on May 1, with new contact information and a new website to be announced in June.

The Transition Governance Committee, which was formed to provide oversight on merger activities until the time that a new board could be legally appointed, is on target for completing all deliverables identified in the committee's terms of reference.

The health units are also introducing today the new logo for Southwestern Public Health. The logo, which emphasizes the "public health" in Southwestern Public Health, was designed to reflect a sense of strength, reaching out, and excitement for the future. It incorporates the names of the three municipal jurisdictions, Oxford, Elgin and St. Thomas. The new logo will begin appearing on public health materials after May 1.

Background

Attachment: Media backgrounder and timeline, "Forging a new path" (April 2018)

Attachment: Southwestern Public Health logo

About Elgin St. Thomas Public Health

Elgin St. Thomas Public Health (ESTPH) works together with its communities to promote and protect the health of people who live, work and play in Elgin County. The health unit delivers a variety of mandatory health programs and services set by the Province of Ontario in the Health Protection and Promotion Act. ESTPH works with its communities to promote wellness, to protect health, to prevent injury, and to advocate for positive change. ESTPH serves a population of just over 90,000 people. For more information about services, visit www.elginhealth.on.ca.

About Oxford County Public Health

Through its programs in prevention, protection and emergency response, Oxford County Public Health works to keep the people in Oxford's communities healthy and safe through programs that promote healthy lifestyles and that aim to prevent illness and disease in the community. Public Health is a service of Oxford County, a partnership-oriented, two-tier municipal government serving approximately 114,000 people across eight municipalities that are "growing stronger together." Learn more at www.oxfordcounty.ca/health

Contacts

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THE CHANGING FACE OF PUBLIC HEALTH

2018 alPHa Annual General Meeting & Conference

June 10, 11 & 12

Novotel Toronto Centre Hotel

45 The Esplanade, Toronto, ON



Recent changes in the Ontario public health system have resulted in public health units taking on new responsibilities in addition to their current mandate. The conference will explore these new commitments and provide perspectives on how to best deliver on them.

REGISTRATION NOW OPEN

Take advantage of the Early Bird rate (ends May 9) - Click [HERE](#) to register!

Learn more about registration [here](#)

BOOK YOUR ACCOMMODATIONS by MAY 22

A limited block of hotel guestrooms has been reserved; book early to avoid disappointment

Click [HERE](#) to book a room

Learn more about the hotel [here](#)



- | | | |
|---|-----------------|----------|
| ✓ Earlier time for final 2017-18 alPHa Board of Directors meeting. | Sunday, June 10 | 2 – 4 PM |
| ✓ Special pre-conference activity: A free guided walking tour of downtown Toronto's St. Lawrence neighbourhood led by a former chief planner for the city, Robert Millward, and Dr. Charles Gardner, MOH, Simcoe Muskoka District Health Unit, focusing on the built form and public health. Participation is optional. If attending, please pre-register by indicating as such in the online registration. | Sunday, June 10 | 4 – 6 PM |
| ✓ Sunday's registration desk will open earlier this year. Pick up your nametag and folder to avoid next day lineups. | Sunday, June 10 | 2 – 6 PM |

SEE NEXT PAGE FOR A DRAFT PROGRAM OUTLINE

LOOK FOR FURTHER PROGRAM DETAILS IN THE COMING WEEKS at www.alphaweb.org



THE CHANGING FACE OF PUBLIC HEALTH

2018 Annual General Meeting & Conference

June 10, 11 & 12

Novotel Toronto Centre Hotel

45 The Esplanade, Toronto

DRAFT PROGRAM OUTLINE *

*content subject to change; all sessions take place at conference hotel unless otherwise indicated

SUNDAY, JUNE 10

2 – 4 PM (new time!)	Final meeting of 2017-18 alPHa Board of Directors
2 – 6 PM	Registration
4 – 6 PM	Free guided walking tour; outdoors (rain or shine)
6 – 7 PM	Welcome Reception

MONDAY, JUNE 11

7 – 8 AM	Registration (incl. resolutions voting registration) & Breakfast
8 – 10 AM	AGM & Resolutions Session
10 AM – 4 PM	Plenary/Breakouts
6 – 8:30 PM	President's Reception & Awards Dinner

TUESDAY, JUNE 12

7:30 – 8:30 AM	Registration & Breakfast
8:30 AM – 12 PM	Section Meetings for Board of Health Members, MOHs/AMOHs
12:30 – 1 PM	Inaugural meeting of 2018-19 alPHa Board of Directors
1 PM	Conference Ends (following lunch)

SPECIAL THANKS TO THE FOLLOWING:

Platinum Supporter:



Bronze Supporter:



