



Algoma
PUBLIC HEALTH
Santé publique Algoma

April 28, 2021

BOARD OF HEALTH MEETING

Videoconference

www.algomapublichealth.com

Meeting Book - April 28, 2021, Board of Health Meeting

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Board of Health Meeting

AGENDA

April 28, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

*** Meeting held during the provincially declared emergency**

BOARD MEMBERS

Sally Hagman - Board Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Louise Caicco Tett
Lee Mason
Micheline Hatfield
Musa Onyuna
Brent Rankin
Matthew Scott

APH EXECUTIVE

Dr. Jennifer Loo - Acting Medical Officer of Health / CEO
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Programs
Joel Merrylees - Controller
Tania Caputo - Board Secretary

*** Proceedings are being recorded via Webex and will be available for public viewing.**

1.0 Meeting Called to Order

S. Hagman

- a. Declaration of Conflict of Interest

2.0 Adoption of Agenda

S. Hagman

RESOLUTION

THAT the Board of Health agenda dated April 28, 2021 be approved as presented.

3.0 Delegations / Presentations

4.0 Adoption of Minutes of Previous Meeting

S. Hagman

RESOLUTION

THAT the Board of Health meeting minutes dated March 24, 2021 be approved as presented.

5.0 Business Arising from Minutes

S. Hagman

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

J. Loo

- i. MOH Report - April 2021

RESOLUTION

THAT the report of the Medical Officer of Health/CEO for April 2021 be accepted as presented.

b. Finance and Audit

- i. Unaudited Financial Statements for the period ending February 28, 2021.

E. Pearce

- ii. Draft Audited Financial Statements for the period ending December 31, 2020.

E. Pearce

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending February 28, 2021, as presented and;

THAT the Board of Health approves the Draft Audited Financial Statements for the period ending December 31, 2020, as presented.

7.0 New Business/General Business

a. Chair of Boards of Health Meeting

S. Hagman

b. Algoma Vaccination Council Update

L. Caicco Tett

c. Evaluations Review

S. Hagman

8.0 Correspondence

S. Hagman

9.0 Items for Information

S. Hagman

a. alPHa Information Break - April 2021

b. alPHa Fitness Challenge

10.0 Addendum

S. Hagman

11.0 In-Camera

S. Hagman

For discussion of labour relations and employee negotiations, **matters about identifiable individuals, adoption of in-camera minutes**, security of the property of the board, litigation or potential litigation.

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting

S. Hagman

Resolutions resulting from in camera meeting.

13.0 Announcements / Next Committee Meetings:

S. Hagman

Governance Committee Meeting

Wednesday, May 12, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

Board of Health Meeting

Wednesday, May 26, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

Finance & Audit Committee

Wednesday, June 9, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

14.0 Evaluation

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.



Algoma
PUBLIC HEALTH
Santé publique Algoma

April 28, 2021

Report of the Medical Officer of Health / CEO



*APH Board of Health Chair, and
Blind River Mayor, Sally Hagman
receives her vaccination for
COVID-19.*

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

COVID-19 Response

The province of Ontario remains in a declared state of emergency, and Algoma, along with all Ontario health units, are under the provincewide shutdown and stay at home order as of April 8, 2021. Indoor or outdoor gatherings of any size are prohibited at this time. Additionally, the province has announced that elementary and secondary schools will be engaged in remote learning and that data will be assessed to determine the resumption of in-person learning.

At the time of writing, COVID-19 activity in Algoma continues to increase, with a weekly incidence of 32.3 cases per 100,00 from April 8 to 14, which would have corresponded to the Orange – Restrict category of the provincial response framework. High case and contact volumes continue to result in hundreds of Algoma families requiring to isolate, and continues to place significant pressures on APH's case and contact management capacity. Ongoing preventive messaging continues, in collaboration with enforcement and municipal partners, to reinforce the need for all residents to follow prevailing public health guidance.

A significant positive development is the federal funding of a safe voluntary isolation site program (SVISP) here in Sault Ste. Marie. On April 15, 2021, the Government of Canada announced the funding of \$336,000 to the District of Sault Ste. Marie Social Services Administrative Board. In partnership with APH, and local agencies including Pauline's Place and the United Way, Sault Ste. Marie social services will be able to leverage this funding to continue providing safe housing for people needing to isolate or quarantine, who do not have an appropriate space to do so in their existing living situation.

COVID-19 Immunization Update

The Algoma district continues in Phase One and is expanding into Phase Two of the provincial roll out of COVID-19 with [immunization clinic sites](#) in place in municipalities and First Nation communities across the district, operated by numerous primary care and hospital partners.

Three Algoma pharmacies have also begun to administer COVID-19 vaccine – two in Sault Ste. Marie, and one in Elliot Lake, offering additional channels for immunization.

APH's [immunization tracker](#) provides up-to-date information on Algoma's immunization coverage. As of April 19, 2021,

- 31.5% of eligible adults 16+, or 26.7% of the entire Algoma population, has received at least one dose of COVID-19 vaccine
- About 82% of Algoma adults 80+ have received at least one dose of vaccine
- About 80% of Algoma adults 75 to 79 have received at least one dose of vaccine
- An estimated 95% of Algoma long term care residents are fully immunized with two doses
- An estimated 84% of Algoma long term care staff have received at least one dose of vaccine

APH has built a team of casual RNs and RPNs who assist at mass immunization clinics district-wide. They also operate mobile clinics for those who have challenges accessing a mass immunization clinic, such as people who are homebound and those who live in congregate settings, such as shelters and correctional facilities. APH also provides administrative and logistical support for the above clinics, including

appointment booking, delivery of supplies, software training, and registration and data input so that clinics run as smoothly as possible.

Community agencies and partners, Indigenous communities, municipalities, primary care providers, and local businesses have been instrumental in the success of the various clinics occurring in the district of Algoma by securing the use of facilities, providing human resources and at times, on a voluntary basis, subsidizing food for staff and transportation for clients.

APH continues to budget, monitor, and track costs for both the COVID-19 response and immunization initiatives. APH has budgeted 26 FTE and \$2.9M for the COVID-19 response and 44 FTE and \$4.3M for the COVID-19 immunization initiative for 2021.

PROGRAM HIGHLIGHTS

Topic: Healthy Growth and Development Program Delivery – Pivoting to Recovery

From: Alana Brassard, Acting Manager, Healthy Growth and Development Program

Public Health Goal:

To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

Key Messages

- HG&D supports families and children in achieving optimal health through screening, interventions, and collaborating with partners
- The COVID-19 pandemic has interrupted all in-person service delivery; however, some benefits of virtual service delivery have been noted (e.g. mental health ease, removal of barriers for child care and transportation)
- In 2020, 74.1% of all babies born in Algoma received a postpartum HBHC Screen
- Many Algoma families struggle when it comes to having healthy pregnancies, addressing mental health concerns, and accessing primary care, compared to Ontario
- HG&D helps families foster healthy behaviours and works with community partners to strengthen community action

Healthy growth and development in Algoma

The Healthy Growth and Development (HG&D) Program at APH works to support families and children in achieving optimal health through programming focused on preconception health, healthy pregnancies, healthy sexuality, infant feeding, healthy parenting, and delivering the Healthy Babies Healthy Children (HBHC) Program. Optimal family health is the goal, with a focus on screening, child and parent interventions/skill-building, and collaborating with partners across Algoma.

All families in Algoma receive contact from a Public Health Nurse (PHN) within 48 hours of discharge from a hospital birth admission, with consent. This 48-hour call provides timely support for many

families, sets the stage for future interactions, and provides help to clients as they navigate the health system. To assess families for risk and provide support, information, and service coordination, a PHN administers the HBHC Screen. In 2020, 74.1% of all babies born in Algoma received a postpartum HBHC Screen, representing nearly 75% of families across Algoma being contacted by APH.

Algoma risk factors for healthy child development

Every year there are about 1,000 babies born in the Algoma district.¹ Many families struggle during and after pregnancy with health behaviours and risk factors related to the social determinants of health (SDOH). Table 1 outlines health behaviours and risk factors for healthy child development for Algoma and Ontario, 2018-19.^{2,3} As shown in Table 1, many mothers and families in Algoma struggle when it comes to having healthy pregnancies, addressing mental health concerns, and accessing primary care, compared to Ontario.

| | Algoma (%) | Ontario (%) |
|------------------------------------------------------------------------------|-------------------|--------------------|
| Smoking during pregnancy | 19.3 | 6.5 |
| Folic acid use prior to and during pregnancy | 20.2 | 32.8 |
| Maternal mental health concerns | 30.3 | 19.2 |
| Infant born into a family who has a parent with a mental illness | 44.9 | 19.1 |
| Infant born into a family with concerns about money | 9.3 | 3.7 |
| Infant born into a family who has been involved in Child Protection Services | 13.6 | 3.6 |
| Infant or mother does not have a primary care provider | 9.0 | 3.8 |

Behaviour change and the health system: An upstream focus on clients and partnerships

Despite the pivot in public health focus to the COVID-19 response, the HG&D Program continues to prioritize clients and families by continuing to accept referrals for families identified with risk (prenatal, postpartum and early childhood) until the child transitions to school. The HBHC program accepts referrals from primary care providers, community agencies, family and friends, and self-referrals. Virtual visits are conducted by telephone or secure video and if needed, in-person visits are arranged.

Developing personal skills

The provision of breastfeeding support is foundational to the HG&D Program. APH Lactation Consultants are available throughout the pandemic to all clients through virtual and in-office visits. Breastfeeding surveillance continues through phone contact with families, informing of trends in Algoma, and identifying opportunities for supporting families during COVID-19. In addition, the HG&D Program works to support mothers and encourage health-promoting behaviours by providing prenatal vitamins through the Canadian Prenatal Nutrition Program (CPNP), enrolling clients in APH's smoking cessation services via HBHC, education through online, self-directed prenatal classes called [InJoy](#) and addressing maternal mental health concerns through learnings obtained in the Mental Health First Aid training.

APH's sexual health information line is available to individuals seeking information about birth control, pregnancy, pregnancy options, emergency contraception, sexually transmitted infections (STIs), HIV, and access to sexual health services. Sexual health services at APH offer confidential and non-judgmental services via virtual and in-person visits.

Helping clients develop personal skills is one element of a fulsome health promotion approach, which also includes strengthening community action, creating supportive environments, reorienting health services, and building healthy public policy.⁴

Community partnerships for strengthened community action

Upstream public health work relies on the power of partnerships and their ability to help clients navigate the health system so that every Algoma citizen has the opportunity to obtain optimal health. For example, throughout COVID-19, the HG&D Program has remained strongly connected with partners to deliver the Canadian Prenatal Nutrition Program (CPNP) and the Learning, Earning And Parenting (LEAP) program.

The CPNP program is for pregnant women in financial need and provides help with milk, food, and vitamins, along with prenatal and postpartum education, support, and referrals to community programs and resources. The traditional drop-in service has moved to virtual service delivery, where families are currently contacted by phone. Since moving to this service delivery modality, enrolment into this program has increased.

In Sault Ste. Marie, the HG&D Program continues to work with the District of Sault Ste. Marie Social Services Administration Board to provide support to young parents between the ages of 16 and 25 enrolled in the Ontario Works LEAP program. Currently, the Nobody's Perfect group is a facilitated, community-based parenting program for parents of children from birth to age 5. The program is designed to meet the needs of parents who are young, single, socially or geographically isolated, or who have low income or limited formal education.

Evaluating virtual service delivery & supporting innovative community-based approaches to building healthy families

As APH staff and clients become more familiar and comfortable with virtual service delivery, APH is planning to increase prenatal education, parenting education, including Nobody's Perfect, Triple P, Kids Have Stress Too, and Community Kitchen sessions in an effort to reach at-risk families across Algoma.

Amidst the challenges that virtual service delivery has presented, there have been some benefits to this model, such as increased access for those who have barriers to attending in-person sessions due to mental health challenges (e.g. anxiety), transportation, and/or child care.

Preparing for recovery includes evaluation of virtual and in-person services to ensure that the needs of Algoma families are being met as much as possible. The HG&D Program is exploring methods for evaluating the work that occurred throughout the pandemic. Remaining flexible in service delivery will be crucial to providing equitable access to services and sharing valuable information with families.

Despite constraints on service delivery, APH has continued to work with partners to help identify and address community needs throughout the pandemic. For example, fathers play a vital role in the healthy growth and development of their children; however, they are underrepresented in APH services. APH staff have been trained to implement strategies to further engage fathers. As a member of the Child and Family Network in Algoma, APH is supporting a proposed project through the Government of Canada's Feminist Response and Recovery Fund to create curriculum to deliver a program that is dedicated to fathers and their families in Algoma.

The HG&D Program looks forward to future opportunities to improve both virtual and in-person service delivery so that APH and its partners can continue to optimize the health of families and children across Algoma.

References

1. Algoma Public Health (2018). Community Health Profile. Sault Ste. Marie, ON: Algoma Public Health. Retrieved from <https://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-release-digital-v2.pdf>
2. Public Health Ontario. (30 September 2020). Maternal Health Snapshot: Algoma Public Health: Smoking during pregnancy, overall per cent; Folic acid use prior to and during pregnancy, overall per cent; Maternal mental health concerns, overall per cent; 2018. Retrieved from <https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Maternal-health.asp>
3. Public Health Ontario. (30 September 2020). Risk Factors for Healthy Child Development: Algoma Public Health: Snapshots: No designated primary care provider for mother and/or infant; Infants with families who have concerns about money; Parent or partner with mental illness; Involvement with Child Protection Services, 2018-19. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/reproductive-and-child-health/healthy-child-development>
4. World Health Organization (1986). The 1st International Conference on Health Promotion. Retrieved from <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

**Algoma Public Health
(Unaudited) Financial Statements February 28, 2021**

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| | Actual YTD 2021 | Budget YTD 2021 | Variance Act. to Bgt. 2021 | Annual Budget 2021 | Variance % Act. to Bgt. 2021 | YTD Actual/ YTD Budget 2021 |
|-----------------------------------------------------|-----------------------|-----------------------|----------------------------------|--------------------------|------------------------------------|-----------------------------------|
| Public Health Programs (Calendar) | | | | | | |
| Revenue | | | | | | |
| Municipal Levy - Public Health | \$ 952,095 | \$ 952,095 | \$ 0 | \$ 3,808,378 | 0% | 100% |
| Provincial Grants - Cost Shared Funding | 1,444,402 | 1,451,352 | (6,950) | 12,816,879 | 0% | 100% |
| Provincial Grants - Public Health 100% Prov. Funded | 293,521 | 265,961 | 27,560 | 1,595,786 | 10% | 110% |
| Provincial Grants - Mitigation Funding | 172,968 | 172,968 | - | 1,037,800 | 0% | 100% |
| Fees, other grants and recovery of expenditures | 34,784 | 47,988 | (13,204) | 418,330 | -28% | 72% |
| Total Public Health Revenue | \$ 2,897,770 | \$ 2,890,364 | \$ 7,406 | \$ 19,677,173 | 0% | 100% |
| Expenditures | | | | | | |
| Public Health Cost Shared | \$ 2,108,251 | \$ 2,744,090 | \$ 635,839 | \$ 18,081,388 | -23% | 77% |
| Public Health 100% Prov. Funded Programs | 162,353 | 200,064 | 37,711 | 1,595,785 | -19% | 81% |
| Total Public Health Programs Expenditures | \$ 2,270,604 | \$ 2,944,154 | \$ 673,550 | \$ 19,677,173 | -23% | 77% |
| Total Rev. over Exp. Public Health | \$ 627,165 | \$ (53,791) | \$ 680,956 | \$ 1 | | |

Healthy Babies Healthy Children (Fiscal)

| | | | | | | |
|----------------------------------|-----------------|--------------|-----------------|-----------|----|------|
| Provincial Grants and Recoveries | \$ 979,011 | 979,010 | (1) | 1,068,011 | 0% | 100% |
| Expenditures | 995,635 | 979,177 | 16,459 | 1,068,011 | 2% | 102% |
| Excess of Rev. over Exp. | (16,624) | (167) | (16,458) | - | | |

Public Health Programs (Fiscal)

| | | | | | | |
|------------------------------------------|----------------|---------------|----------------|-----------|--|--|
| Provincial Grants and Recoveries | \$ 1,036,286 | 514,964 | (521,322) | 1,349,700 | | |
| Expenditures | 253,324 | 455,402 | (202,078) | 1,349,700 | | |
| Excess of Rev. over Fiscal Funded | 782,962 | 59,562 | 723,400 | - | | |

Community Health Programs (Non Public Health)

| | | | | | | |
|-------------------------------------------------------|------------------|------------------|-----------------|------------------|------------|-------------|
| Calendar Programs | | | | | | |
| Revenue | | | | | | |
| Provincial Grants - Community Health | \$ - | \$ - | \$ - | \$ - | | |
| Municipal, Federal, and Other Funding | 47,905 | 47,905 | - | 71,858 | 0% | 100% |
| Total Community Health Revenue | \$ 47,905 | \$ 47,905 | \$ - | \$ 71,858 | 0% | 100% |
| Expenditures | | | | | | |
| Child Benefits Ontario Works | 0 | - | - | - | #DIV/0! | #DIV/0! |
| Algoma CADAP programs | 44,932 | 47,905 | 2,974 | 71,858 | -6% | 94% |
| Total Calendar Community Health Programs | \$ 44,932 | \$ 47,905 | \$ 2,974 | \$ 71,858 | -6% | 94% |
| Total Rev. over Exp. Calendar Community Health | \$ 2,974 | \$ - | \$ 2,974 | \$ - | | |

Fiscal Programs

| | | | | | | |
|-----------------------------------------------------|---------------------|---------------------|---------------------|---------------------|-------------|------------|
| Revenue | | | | | | |
| Provincial Grants - Community Health | \$ 4,977,651 | \$ 5,303,209 | \$ (325,559) | \$ 5,800,757 | -6% | 94% |
| Municipal, Federal, and Other Funding | 125,775 | 119,247 | 6,528 | 119,247 | 5% | 105% |
| Other Bill for Service Programs | 35,115 | - | 35,115 | - | | |
| Total Community Health Revenue | \$ 5,138,541 | \$ 5,422,456 | \$ (283,915) | \$ 5,920,004 | -5% | 95% |
| Expenditures | | | | | | |
| Brighter Futures for Children | 115,560 | 104,910 | (10,650) | 114,447 | 10% | 110% |
| Infant Development | 447,909 | 590,791 | 142,881 | 644,317 | -24% | 76% |
| Preschool Speech and Languages | 522,266 | 563,251 | 40,985 | 614,256 | -7% | 93% |
| Nurse Practitioner | 146,060 | 148,807 | 2,747 | 162,153 | -2% | 98% |
| Community Mental Health | 2,973,901 | 3,239,613 | 265,712 | 3,539,060 | -8% | 92% |
| Community Alcohol and Drug Assessment | 524,305 | 651,554 | 127,249 | 710,786 | -20% | 80% |
| Stay on Your Feet | 77,701 | 91,666 | 13,965 | 100,000 | -15% | 85% |
| Bill for Service Programs | 28,277 | - | (28,277) | - | | |
| Misc Fiscal | 4,382 | 34,984 | 30,602 | 34,984 | -87% | 13% |
| Total Fiscal Community Health Programs | \$ 4,840,362 | \$ 5,425,575 | \$ 585,214 | \$ 5,920,004 | -11% | 89% |
| Total Rev. over Exp. Fiscal Community Health | \$ 298,180 | \$ (3,119) | \$ 301,299 | \$ 0 | | |

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 Two Months Ending February 28, 2021

(Unaudited)

| | Actual YTD 2021 | Budget YTD 2021 | Variance Bgt. to Act. 2021 | Annual Budget 2021 | Variance % Act. to Bgt. 2021 | YTD Actual/ Annual Budget 2021 | Comparison Prior Year: | | |
|-----------------------------------------------------|-----------------------|-----------------------|----------------------------------|--------------------------|------------------------------------|--------------------------------------|------------------------|------------------|-----------------|
| | | | | | | | YTD Actual 2020 | YTD BGT 2020 | Variance 2020 |
| Levies Sault Ste Marie | 670,847 | 670,847 | 0 | 2,683,388 | 0% | 25% | 667,344 | 667,344 | 0 |
| Levies District | 281,248 | 281,248 | 0 | 1,124,992 | 0% | 25% | 279,780 | 279,780 | 0 |
| Total Levies | 952,095 | 952,095 | 0 | 3,808,380 | 0% | 25% | 947,125 | 947,124 | 0 |
| MOH Public Health Funding | 1,451,356 | 1,451,352 | 4 | 8,708,100 | 0% | 17% | 1,224,152 | 1,044,594 | 179,558 |
| MOH Funding Needle Exchange | 0 | 0 | 0 | 0 | 0% | 0% | 10,784 | 10,783 | 1 |
| MOH Funding Haines Food Safety | 0 | 0 | 0 | 0 | 0% | 0% | 4,100 | 4,100 | 0 |
| MOH Funding Healthy Smiles | 0 | 0 | 0 | 0 | 0% | 0% | 128,316 | 128,317 | (1) |
| MOH Funding - Social Determinants of Health | 0 | 0 | 0 | 0 | 0% | 0% | 30,084 | 30,080 | 4 |
| MOH Funding Chief Nursing Officer | 0 | 0 | 0 | 0 | 0% | 0% | 20,252 | 20,252 | 0 |
| MOH Enhanced Funding Safe Water | 0 | 0 | 0 | 0 | 0% | 0% | 2,584 | 2,583 | 1 |
| MOH Funding Infection Control | 0 | 0 | 0 | 0 | 0% | 0% | 52,068 | 52,068 | 0 |
| MOH Funding Diabetes | 0 | 0 | 0 | 0 | 0% | 0% | 25,000 | 25,000 | 0 |
| Funding Ontario Tobacco Strategy | 0 | 0 | 0 | 0 | 0% | 0% | 72,268 | 72,267 | 1 |
| MOH Funding Harm Reduction | 0 | 0 | 0 | 0 | 0% | 0% | 25,000 | 25,000 | 0 |
| MOH Funding Vector Borne Disease | 0 | 0 | 0 | 0 | 0% | 0% | 18,116 | 18,116 | 0 |
| MOH Funding Small Drinking Water Systems | 0 | 0 | 0 | 0 | 0% | 0% | 11,600 | 11,600 | 0 |
| Total Public Health Cost Shared Funding | 1,451,356 | 1,451,352 | 4 | 8,708,100 | 0% | 17% | 1,624,324 | 1,444,760 | 179,564 |
| MOH Funding - MOH / AMOH Top Up | 56,525 | 25,346 | 31,179 | 152,086 | 123% | 37% | 26,041 | 25,348 | 693 |
| MOH Funding Northern Ontario Fruits & Veg. | 19,568 | 19,567 | 1 | 117,400 | 0% | 17% | 19,568 | 19,567 | 1 |
| MOH Funding Unorganized | 88,400 | 88,400 | 0 | 530,400 | 0% | 17% | 88,400 | 88,400 | 0 |
| MOH Senior Dental | 112,696 | 116,317 | (3,621) | 697,900 | -3% | 16% | 0 | 116,317 | 0 |
| MOH Funding Indigenous Communities | 16,332 | 16,332 | 0 | 98,000 | 0% | 17% | 0 | 0 | 0 |
| One Time Funding (Pandemic Pay) | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| OTF COVID-19 extraordinary costs mass imm | (6,954) | 0 | (6,954) | 4,108,779 | 0% | 0% | 0 | 0 | 0 |
| Total Public Health 100% Prov. Funded | 286,567 | 265,961 | 20,606 | 5,704,565 | 8% | 5% | 134,009 | 249,631 | 695 |
| Total Public Health Mitigation Funding | 172,968 | 172,968 | 0 | 1,037,800 | 0% | 17% | 0 | 134,756 | 0 |
| Recoveries from Programs | 1,760 | 1,680 | 80 | 28,010 | 5% | 6% | 1,672 | 4,588 | (2,916) |
| Program Fees | 27,773 | 24,676 | 3,098 | 105,320 | 13% | 26% | 31,275 | 33,547 | (2,272) |
| Land Control Fees | 2,550 | 10,000 | (7,450) | 160,000 | -75% | 2% | 6,436 | 10,000 | (3,564) |
| Program Fees Immunization | 1,748 | 8,332 | (6,584) | 45,000 | -79% | 4% | 19,442 | 19,167 | 275 |
| HPV Vaccine Program | 0 | 0 | 0 | 12,500 | 0% | 0% | 0 | 0 | 0 |
| Influenza Program | 0 | 0 | 0 | 25,000 | 0% | 0% | 0 | 0 | 0 |
| Meningococcal C Program | 0 | 0 | 0 | 7,500 | 0% | 0% | 0 | 0 | 0 |
| Interest Revenue | 952 | 3,300 | (2,348) | 20,000 | -71% | 5% | 7,336 | 6,667 | 669 |
| Other Revenues | 0 | 0 | 0 | 15,000 | 0% | 0% | (2,120) | 7,500 | (9,620) |
| Total Fees and Recoveries | 34,784 | 47,988 | (13,204) | 418,330 | -28% | 8% | 64,041 | 81,469 | (17,428) |
| Total Public Health Revenue Annual | 2,897,770 | 2,890,364 | 7,406 | 19,677,175 | 0% | 15% | 2,769,499 | 2,857,740 | 162,831 |
| Public Health Fiscal April 2020 - March 2021 | | | | | | | | | |
| Vaccine Refrigerators | 6,776 | 6,782 | (6) | 7,400 | 0% | 92% | | | |
| Infection Prevention and Control Hub | 616,670 | 616,670 | 0 | 740,000 | 0% | 83% | | | |
| Practicum | 9,174 | 9,168 | 6 | 10,000 | 0% | 92% | | | |
| Public Health CCM Solution | 22,644 | 22,638 | 6 | 25,300 | 0% | 90% | | | |
| School Nurses Initiative | 315,022 | 410,376 | (95,354) | 469,000 | 0% | 67% | | | |
| Sr Dental Capital Upgrades | 66,000 | 66,000 | 0 | 98,000 | 0% | 67% | | | |
| Total Provincial Grants Fiscal | 1,036,286 | 1,131,634 | (95,348) | 1,349,700 | 0% | 77% | 0 | 0 | 0 |

Algoma Public Health**Expense Statement- Public Health**

For Two Months Ending February 28, 2021

(Unaudited)

| | Actual YTD 2021 | Budget YTD 2021 | Variance Act. to Bgt. 2021 | Annual Budget 2021 | Variance % Act. to Bgt. 2021 | YTD Actual/ Budget 2021 | Comparison Prior Year: | | |
|--------------------------|-----------------------|-----------------------|----------------------------------|--------------------------|------------------------------------|-------------------------------|------------------------|---------------------|------------------|
| | | | | | | | YTD Actual 2020 | YTD BGT 2020 | Variance 2020 |
| Salaries & Wages | \$ 1,429,692 | \$ 1,918,802 | \$ 489,110 | \$ 12,378,300 | -25% | 12% | \$ 1,497,117 | \$ 1,569,555 | \$ 72,438 |
| Benefits | 375,701 | 395,326 | 19,625 | 2,565,216 | -5% | 15% | 412,591 | 381,881 | (30,711) |
| Travel | 8,675 | 26,818 | 18,143 | 172,909 | -68% | 5% | 30,885 | 31,833 | 948 |
| Program | 71,695 | 131,909 | 60,214 | 1,262,452 | -46% | 6% | 118,166 | 112,336 | (5,830) |
| Office | 10,895 | 13,230 | 2,335 | 57,040 | -18% | 19% | 11,542 | 11,283 | (259) |
| Computer Services | 138,448 | 168,767 | 30,319 | 979,676 | -18% | 14% | 123,107 | 120,112 | (2,995) |
| Telecommunications | 22,677 | 52,533 | 29,856 | 371,200 | -57% | 6% | 33,105 | 34,605 | 1,500 |
| Program Promotion | 5,644 | 9,629 | 3,984 | 82,773 | -41% | 7% | 2,293 | 15,529 | 13,236 |
| Professional Development | 2,872 | 10,500 | 7,628 | 113,000 | -73% | 3% | 11,686 | 22,583 | 10,897 |
| Facilities Expenses | 143,699 | 143,062 | (637) | 996,365 | 0% | 14% | 133,516 | 129,069 | (4,446) |
| Fees & Insurance | 17,750 | 19,883 | 2,133 | 290,300 | -11% | 6% | 34,001 | 18,980 | (15,021) |
| Debt Management | 76,816 | 76,816 | (0) | 460,900 | 0% | 17% | 76,816 | 76,817 | 0 |
| Recoveries | (33,960) | (23,120) | 10,840 | (52,959) | 47% | 64% | (13,724) | (13,724) | (0) |
| | \$ 2,270,605 | \$ 2,944,155 | \$ 673,550 | \$ 19,677,173 | -23% | 12% | \$ 2,471,101 | \$ 2,510,859 | \$ 39,758 |

Notes to Financial Statements – February 2021

Reporting Period

The February 2021 financial reports include two months of financial results for Public Health and Algoma Community Health programs. All other programs are reporting eleven-month result from operations year ending March 31 2021.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of February 28, 2021, Public Health calendar programs are reporting a \$674k positive variance.

Total Public Health Revenues are indicating a \$7k positive variance.

APH's Community Health (Non-Public Health) Fiscal Programs are eleven months into the fiscal year. These programs, which include Infant Development, Preschool Speech and Language, Community Mental Health, and Community Alcohol, and Drug Assessment Programs are all indicating positive variances associated with expenses because of inherent staff gapping.

Brighter Futures for Children has a deficit of \$11k. This is due to a significant increase in participation in this program whereby clients access program education and support including receipt of a grocery gift card each month.

Public Health Revenue (see page 2)

Overall, Public Health calendar funding revenues are within budget.

Mitigation funding from the province will continue for 2021.

APH received \$617k of the total \$740k for the Infection Prevention and Control (IPAC) Hub. APH was recently notified that a portion of this one-time funding could be carried over through to March 31, 2022. With this notification, APH has posted for a temporary IPAC position to aid our congregate living community partners in assisting them with education of IPAC practices.

The School Nurses Initiative for the fiscal period April 2020 – March 2021 provides \$469k in funding. Due to timing of the announced funding and the difficulty in the recruitment of qualified temporary public health nurses to fill these positions there will be a surplus in this program. The province withheld \$95k in funding in February.

The province also withheld \$137k in funding for the recovery of the surplus from one-time Temporary Pandemic Pay program from the summer of 2020.

Notes Continued...

Public Health Expenses (see page 3)

Salary & Wages

There is a \$489k positive variance associated with Salary and Wages or 6% under budget. This is a result of budgeted positions not yet filled. Also contributing the surplus is a total of 41 business days for 2 months (January 21 days and February 20 days). The average business days per month is 21.8. This represents 2.6 fewer business days over 2 months or approximately \$90k.

Benefits

There is a \$20k positive variance with Benefits due to budgeted positions not filled yet.

Travel

There is an \$18k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling throughout the district or attending meetings outside of the district.

Program

Program expense is indicating a \$60k positive variance. This is due to the timing of expenses. It is anticipated that APH is on track to be close to budget for Program expenses.

Computer Services

The \$30k positive variance is due primarily to being down 1.0 FTE by the IT service provider as finding a replacement is proving challenging.

Telecommunications

Telecommunications expense is indicating a \$30k positive variance. This is due to the timing of expenses. It is anticipated that APH is on track to be close to budget for Telecommunication expenses.

Recoveries

There is an \$11k positive variance for Recoveries. This is due to MCCSS funded programs permitting an increase to administrative recoveries until March 31, 2021 as a result of increased costs to support these programs due to COVID-19.

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. February YTD expenses were \$733k. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances are working in other public health programs. These expenses are expected to rise due to hiring more staff to support this initiative.

COVID-19 Mass Immunization

Notes Continued...

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. February YTD expenses were \$245k. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances are working in other public health programs. These expenses are expected to increase significantly and there will be significant hiring of staff, to support this initiative.

In 2020, the Ministry of Health reimbursed APH for COVID-19 extraordinary costs and they will continue this financial support for 2021.

Financial Statements of

ALGOMA PUBLIC HEALTH

And Independent Auditors' Report thereon

Year ended December 31, 2020

DRAFT

ALGOMA PUBLIC HEALTH

Financial Statements

Year ended December 31, 2020

Independent Auditors' Report

Financial Statements

| | |
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INDEPENDENT AUDITORS' REPORT

Opinion

We have audited the accompanying financial statements of Algoma Public Health (the "Board"), which comprise:

- the statement of financial position as at December 31, 2020
- the statement of operations and accumulated surplus for the year then ended
- the statement of change in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Board as at December 31, 2020, and its results of operations, its changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the **"Auditors' Responsibilities for the Audit of the Financial Statements"** section of our report.

We are independent of the Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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



In preparing the financial statements, management is responsible for assessing the Board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Board's financial reporting process.

Auditors' Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Board to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sault Ste. Marie, Ontario

April 28, 2021

ALGOMA PUBLIC HEALTH

Statement of Financial Position

December 31, 2020, with comparative information for 2019

| | 2020 | 2019 |
|----------------------------------------------|---------------|---------------|
| Financial assets | | |
| Cash | \$ 3,906,995 | \$ 3,456,984 |
| Accounts receivable | 935,870 | 433,414 |
| Receivable from participating municipalities | 69,618 | 74,976 |
| | 4,912,483 | 3,965,374 |
| Financial liabilities | | |
| Accounts payable and accrued liabilities | 1,660,233 | 1,579,445 |
| Payable to the Province of Ontario | 1,673,441 | 514,362 |
| Deferred revenue (note 4) | 286,418 | 281,252 |
| Employee future benefit obligations (note 5) | 3,117,450 | 2,910,195 |
| Term loans (note 9) | 4,466,918 | 4,836,784 |
| | 11,204,460 | 10,122,038 |
| Net debt | (6,291,977) | (6,156,664) |
| Non-financial assets | | |
| Tangible capital assets (note 6) | 18,530,766 | 19,301,093 |
| Contingencies (note 10) | | |
| Commitments (note 12) | | |
| Effects of COVID-19 (note 14) | | |
| Accumulated surplus (note 7) | \$ 12,238,789 | \$ 13,144,429 |

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Operations and Accumulated Surplus

Year ended December 31, 2020, with comparative information for 2019

| | 2020 | 2019 |
|-------------------------------------------------|---------------|---------------|
| Revenue: | | |
| Municipal levy - public health | \$ 3,559,233 | \$ 3,519,703 |
| Provincial grants: | | |
| Public health | 11,305,754 | 10,796,234 |
| Community health | 6,628,663 | 6,996,929 |
| Fees, other grants and recovery of expenditures | 812,915 | 1,267,644 |
| | 22,306,565 | 22,580,510 |
| Expenses (note 13): | | |
| Public Health Programs (Schedule 1) | 15,129,859 | 14,258,074 |
| Community Health Programs (Schedule 2) | | |
| Healthy Babies and Children | 1,074,945 | 1,060,788 |
| Child Benefits Ontario Works | 6,125 | 24,500 |
| Nurse Practitioner | 159,482 | 154,598 |
| CMH Transformational Supportive Housing | 95,748 | 135,733 |
| CMH/ASH Supportive Housing | 31,857 | 40,883 |
| Genetics Counseling | - | 118,193 |
| Stay on Your Feet | 90,857 | 104,887 |
| Community Alcohol and Drug Assessment | 647,539 | 718,792 |
| Remedial Measures | 12,993 | 7,760 |
| Community Alcohol and Drug Assessment | | |
| - Ontario Works | - | 71,166 |
| CHPI | 4,294 | 214 |
| Community Mental Health Housing | 34,585 | 131,506 |
| Community Mental Health | 3,184,222 | 3,350,379 |
| Garden River CADAP Program | 287,316 | 267,452 |
| Infant Development | 498,920 | 629,893 |
| CMH 1150 Units | 49,220 | 37,713 |
| Brighter Futures for Children | 141,067 | 129,237 |
| Preschool Speech and Languages Initiative | 28,689 | 152,335 |
| PSL Communication Development | 605,204 | 488,449 |
| Employee future benefits | 207,255 | 98,481 |
| Interest on long-term debt | 91,032 | 97,867 |
| Amortization on tangible capital assets | 830,996 | 962,867 |
| | 23,212,205 | 23,041,767 |
| Operating deficit | (905,640) | (461,257) |
| Accumulated surplus, beginning of year | 13,144,429 | 13,605,686 |
| Accumulated surplus, end of year | \$ 12,238,789 | \$ 13,144,429 |

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Change in Net Debt

Year ended December 31, 2020, with comparative information for 2019

| | 2020 | 2019 |
|---------------------------------------------|----------------|----------------|
| Operating deficit | \$ (905,640) | \$ (461,257) |
| Additions to tangible capital assets | (60,669) | (216,131) |
| Loss on disposal of tangible capital assets | - | 2,423 |
| Amortization of tangible capital assets | 830,996 | 962,867 |
| | (135,313) | 287,902 |
| Change in prepaid expenses | - | 20,790 |
| Net debt, beginning of year | (6,156,664) | (6,465,356) |
| Net debt, end of year | \$ (6,291,977) | \$ (6,156,664) |

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Cash Flows

Year ended December 31, 2020, with comparative information for 2019

| | 2020 | 2019 |
|----------------------------------------------------------|--------------|--------------|
| Cash provided by (used in): | | |
| Operating activities: | | |
| Operating deficit | \$ (905,640) | \$ (461,257) |
| Items not involving cash: | | |
| Amortization of tangible capital assets | 830,996 | 962,867 |
| Loss on disposal of tangible capital assets | - | 2,423 |
| Increase in employee future benefit obligations | 207,255 | 98,481 |
| | 132,611 | 602,514 |
| Change in non-cash working capital: | | |
| Decrease (increase) in accounts receivable | (502,456) | 59,160 |
| Decrease in receivable from participating municipalities | 5,358 | 750 |
| Increase in accounts payable and accrued liabilities | 80,788 | 234,061 |
| Increase in payable to the Province of Ontario | 1,159,079 | 170,057 |
| Increase (decrease) in deferred revenue | 5,166 | (147,089) |
| Decrease in prepaid expenses | - | 20,790 |
| | 880,546 | 940,243 |
| Financing activities: | | |
| Repayment of principal on term loans | (369,866) | (363,032) |
| Capital activities: | | |
| Additions to tangible capital assets | (60,669) | (216,131) |
| Increase in cash | 450,011 | 361,080 |
| Cash, beginning of year | 3,456,984 | 3,095,904 |
| Cash, end of year | \$ 3,906,995 | \$ 3,456,984 |

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

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

1. Significant accounting policies:

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

(a) Basis of accounting:

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

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

(b) Revenue recognition:

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

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

(c) Prior years' funding adjustments:

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

(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, 2020

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, 2020

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, 2020, \$Nil (2019 - \$Nil) was outstanding under the facility.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

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:

| | 2020 | 2019 |
|-------------------------------------|------------|------------|
| Deferred revenue, beginning of year | \$ 281,252 | \$ 428,341 |
| Funds received during the year | 11,240 | 40,511 |
| Expenses incurred in the year | (6,074) | (187,600) |
| Deferred revenue, end of year | \$ 286,418 | \$ 281,252 |

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 193 (2019 - 193) 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 \$1,397,106 (2019 - \$1,354,295) 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, 2020

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, 2020. The liabilities will be recovered from future revenues and consist of the following:

| | 2020 | 2019 |
|------------------------------|---------------------|---------------------|
| Post-retirement benefits (i) | \$ 1,209,932 | \$ 1,194,626 |
| Non-vested sick leave (ii) | 523,929 | 424,835 |
| Accrued vacation pay (iii) | 1,383,589 | 1,290,734 |
| | <u>\$ 3,117,450</u> | <u>\$ 2,910,195</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, 2020. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 2.5%
- Health Care Trend Rate 4.0% to 6.5%

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

| | 2020 | 2019 |
|------------------------------------------------|---------------------|---------------------|
| Accrued benefit obligations, beginning of year | \$ 1,194,626 | \$ 1,177,620 |
| Current service cost | 57,747 | 47,604 |
| Interest cost | 32,113 | 35,234 |
| Benefits paid | (60,237) | (40,588) |
| Amortization of actuarial gains | (14,317) | (25,244) |
| Accrued benefit obligations, end of year | <u>\$ 1,209,932</u> | <u>\$ 1,194,626</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, 2020

6. Tangible capital assets:

| Cost | Balance at December 31, 2019 | Additions | Transfers & (Disposals) | Balance at December 31, 2020 |
|-------------------------|------------------------------------|---------------|----------------------------|------------------------------------|
| Building | \$ 22,867,230 | - | - | 22,867,230 |
| Leasehold improvements | 1,572,805 | - | - | 1,572,805 |
| Furniture and equipment | 1,998,119 | 60,669 | - | 2,058,788 |
| Vehicle | 40,113 | - | - | 40,113 |
| Computer equipment | 3,252,107 | - | - | 3,252,107 |
| Total | \$ 29,730,374 | 60,669 | - | 29,791,043 |

| Accumulated Amortization | Balance at December 31, 2019 | Disposals | Amortization expense | Balance at December 31, 2020 |
|-----------------------------|------------------------------------|-----------|-------------------------|------------------------------------|
| Building | \$ 4,568,824 | - | 544,984 | 5,113,808 |
| Leasehold improvements | 789,943 | - | 105,938 | 895,881 |
| Furniture and equipment | 1,785,026 | - | 177,381 | 1,962,407 |
| Vehicle | 40,112 | - | 1 | 40,113 |
| Computer equipment | 3,245,376 | - | 2,692 | 3,248,068 |
| Total | \$ 10,429,281 | - | 830,996 | 11,260,277 |

| | Net book value, December 31, 2019 | Net book value, December 31, 2020 |
|-------------------------|-----------------------------------------|-----------------------------------------|
| Building | \$ 18,298,406 | 17,753,422 |
| Leasehold improvements | 782,862 | 676,924 |
| Furniture and equipment | 213,093 | 96,381 |
| Vehicle | 1 | - |
| Computer equipment | 6,731 | 4,039 |
| Total | \$ 19,301,093 | 18,530,766 |

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2020

6. Tangible capital assets (continued):

| Cost | Balance at December 31, 2018 | Additions | Transfers & (Disposals) | Balance at December 31, 2019 |
|-----------------------------|-----------------------------------------|----------------|----------------------------|-----------------------------------------|
| Building | \$ 22,732,421 | 134,809 | - | 22,867,230 |
| Leasehold improvements | 1,572,805 | - | - | 1,572,805 |
| Furniture and equipment | 1,936,987 | 73,245 | (12,113) | 1,998,119 |
| Vehicle | 40,113 | - | - | 40,113 |
| Computer equipment | 3,244,030 | 8,077 | - | 3,252,107 |
| Total | \$ 29,526,356 | 216,131 | (12,113) | 29,730,374 |
| Accumulated Amortization | Balance at December 31, 2018 | Disposals | Amortization expense | Balance at December 31, 2019 |
| Building | \$ 3,986,288 | - | 582,536 | 4,568,824 |
| Leasehold improvements | 684,004 | - | 105,939 | 789,943 |
| Furniture and equipment | 1,603,362 | (9,690) | 191,354 | 1,785,026 |
| Vehicle | 30,084 | - | 10,028 | 40,112 |
| Computer equipment | 3,172,366 | - | 73,010 | 3,245,376 |
| Total | \$ 9,476,104 | (9,690) | 962,867 | 10,429,281 |
| | Net book value, December 31, 2018 | | | Net book value, December 31, 2019 |
| Building | \$ 18,746,133 | | | 18,298,406 |
| Leasehold improvements | 888,801 | | | 782,862 |
| Furniture and equipment | 333,625 | | | 213,093 |
| Vehicle | 10,029 | | | 1 |
| Computer equipment | 71,664 | | | 6,731 |
| Total | \$ 20,050,252 | | | 19,301,093 |

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

7. Accumulated surplus:

Accumulated surplus is comprised of:

| | 2020 | 2019 |
|-------------------------------------|---------------|---------------|
| Invested in tangible capital assets | \$ 18,530,766 | \$ 19,301,092 |
| Reserve (note 8) | 1,152,894 | 1,145,116 |
| Operating | 139,496 | 445,200 |
| Unfunded: | | |
| Employee future benefits | (3,117,450) | (2,910,195) |
| Term loans | (4,466,917) | (4,836,784) |
| | \$ 12,238,789 | \$ 13,144,429 |

8. Reserves:

The Board has set aside reserves for specific purposes to be approved by the Board.

| | 2020 | 2019 |
|----------------------------|--------------|--------------|
| Balance, beginning of year | \$ 1,145,116 | \$ 831,407 |
| Additions to reserves | – | 300,000 |
| Investment Income | 7,778 | 13,709 |
| Balance, end of year | \$ 1,152,894 | \$ 1,145,116 |

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

9. Term loans:

| | 2020 | 2019 |
|--------------|---------------------|---------------------|
| Term loan #1 | \$ 4,205,903 | \$ 4,554,157 |
| Term loan #2 | 261,015 | 282,627 |
| | <u>\$ 4,466,918</u> | <u>\$ 4,836,784</u> |

Principal payment due on the term loans is as follows:

| Year | Annual payments |
|------------|-----------------|
| 2021 | \$ 377,164 |
| 2022 | 384,585 |
| 2023 | 392,152 |
| 2024 | 399,867 |
| 2025 | 407,735 |
| Thereafter | 2,505,415 |

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, 2031. Security is in the form of a first charge over the Board's building.

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, 2031. Security is in the form of a second charge over the Board's building.

Interest paid in the year is \$91,032 (2019 - \$97,867).

10. Contingencies:

The Board is periodically subject to legal claims or employee 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. Settlements, if any, resulting in a cost to the Board will be accounted for in the period the amounts can be determined.

11. Segmented Information:

The Board provides a wide range of services to citizens of the District of Algoma. For management reporting purposes, the Board's operations and activities are organized and reported by programs. Programs were created for the purposes of recording specific activities to attain certain objectives in accordance with special regulations, restrictions or limitations. Public health services are provided by programs and their activities are reported in these funds. Certain programs have been separately disclosed in Schedule 2 – Expenditures – Community Health Programs.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

12. Commitments:

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

| Year | Annual payments |
|------|-----------------|
| 2021 | \$ 168,021 |
| 2022 | 157,792 |
| 2023 | 163,228 |
| 2024 | 164,268 |
| 2025 | 134,712 |

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

13. Expenses by object:

| | 2020 | 2019 |
|------------------------|---------------|---------------|
| Salaries and benefits | \$ 18,074,368 | \$ 17,392,789 |
| Materials and supplies | 4,306,841 | 4,686,111 |
| Capital | 830,996 | 962,867 |
| | \$ 23,212,205 | \$ 23,041,767 |

14. Effects of COVID-19:

On March 11, 2020, the World Health Organization declared the Coronavirus COVID-19 (COVID-19) outbreak a pandemic. This has resulted in significant financial, market, and societal impacts in Canada and around the world.

From the declaration of the pandemic to the date of approval of these financial statements, the Board implemented the following actions in relation to the COVID-19 pandemic:

- Employees are practicing social distancing and when it is not possible wearing masks when working in close proximity.
- Work from home arrangements with staff where possible.

The ultimate duration and magnitude of the COVID-19 pandemic's impact on the Board's operations and financial position is not known at this time. These impacts could include a decline in future cash flows, changes to the value of assets and liabilities. An estimate of the financial effect of the pandemic on the Board is not practicable at this time.

ALGOMA PUBLIC HEALTH

Statement of Revenue and Expenses – Public Health Programs

Schedule 1

Year ended December 31, 2020, with comparative information for 2019

| | 2020 Budget | 2020 Total | 2019 Total |
|-------------------------------------------------------|----------------|---------------|---------------|
| Revenue: | | | |
| Provincial grant | \$ 11,870,371 | \$ 11,305,754 | \$ 10,796,234 |
| Levies | 3,559,232 | 3,559,233 | 3,519,703 |
| Recoveries | 620,814 | 516,087 | 698,343 |
| | 16,050,417 | 15,381,074 | 15,014,280 |
| Expenses: | | | |
| Salaries and wages | 9,888,134 | 9,903,137 | 8,850,883 |
| Benefits | 2,264,828 | 2,234,355 | 2,132,488 |
| Accounting and audit | 25,000 | 9,345 | 23,513 |
| Equipment | 65,746 | 268,964 | 258,544 |
| Insurance | 115,000 | 135,109 | 122,971 |
| Occupancy and renovations | 774,417 | 861,630 | 874,985 |
| Office supplies | 71,200 | 25,646 | 66,621 |
| Other | 41,000 | 45,010 | 40,681 |
| Professional development | 135,500 | 46,491 | 139,999 |
| Program promotion | 118,068 | 41,080 | 40,530 |
| Program supplies | 437,336 | 439,658 | 448,451 |
| Program administration (recovery) | (82,343) | (135,109) | (109,670) |
| Purchase professional services | 1,244,274 | 860,539 | 892,621 |
| Telephone and telecommunications | 300,257 | 290,551 | 260,123 |
| Travel | 191,100 | 103,453 | 215,334 |
| | 15,589,517 | 15,129,859 | 14,258,074 |
| Excess of revenue over expenses before the undernoted | 460,900 | 251,215 | 756,206 |
| Interest on long-term debt | - | 91,032 | 97,867 |
| Amortization | - | 830,996 | 962,867 |
| Excess (deficiency) of revenue over expenses | \$ 460,900 | \$ (670,813) | \$ (304,528) |

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs

Year ended December 31, 2020, with comparative information for 2019

| | Healthy Babies and Children | Child Benefits Ontario Works | Nurse Practitioner | Stay on Your Feet | Remedial Measures | Community Mental Health Housing | Garden River CADAP Program | Infant Development | Brighter Futures for Children | CHPI |
|----------------------------------|-----------------------------------|---------------------------------|-----------------------|----------------------|----------------------|------------------------------------------|----------------------------------|-----------------------|-------------------------------------|-------|
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Salaries and employee benefits: | | | | | | | | | | |
| Salaries | 823,287 | 3,903 | 108,983 | 66,100 | 12,993 | 23,107 | 197,213 | 321,450 | 77,910 | - |
| Employee benefits | 215,789 | 1,202 | 23,542 | 15,556 | - | 6,132 | 48,840 | 77,609 | 16,965 | - |
| | 1,039,076 | 5,105 | 132,525 | 81,656 | 12,993 | 29,239 | 246,053 | 399,059 | 94,875 | - |
| Supplies and services: | | | | | | | | | | |
| Equipment | 4,104 | - | - | - | - | - | - | 4,000 | - | - |
| Occupancy and renovations | - | - | 7,600 | - | - | - | - | 51,159 | 3,833 | - |
| Office supplies | - | - | 4,400 | - | - | - | - | 750 | - | - |
| Insurance | - | - | 1,200 | - | - | - | - | - | - | - |
| Audit fees | 2,239 | - | 2,035 | - | - | - | - | 2,035 | - | - |
| Professional development | 3,093 | - | 522 | 1,417 | - | - | 271 | 695 | - | - |
| Program administration | - | - | - | - | - | 4,789 | 39,674 | 21,293 | - | - |
| Program promotion | - | - | - | - | - | - | - | - | - | - |
| Program supplies | 3,525 | 1,020 | - | 7,758 | - | - | - | 3,200 | 42,183 | 4,294 |
| Purchased professional services | 7,333 | - | 6,800 | - | - | - | - | - | - | - |
| Telephone and telecommunications | 10,247 | - | 4,400 | - | - | 114 | 1,225 | 9,124 | 176 | - |
| Travel | 5,328 | - | - | 26 | - | 443 | 93 | 7,605 | - | - |
| | 35,869 | 1,020 | 26,957 | 9,201 | - | 5,346 | 41,263 | 99,861 | 46,192 | 4,294 |
| Total expenditures | 1,074,945 | 6,125 | 159,482 | 90,857 | 12,993 | 34,585 | 287,316 | 498,920 | 141,067 | 4,294 |

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs (continued)

Year ended December 31, 2020, with comparative information for 2019

| | Preschool Speech and Languages Initiative | PSL Communication Development | Community Alcohol and Drug Assessment | Community Mental Health | CMH Transformational Supportive Housing | CMH/ASH Supportive Housing | CMH 1150 Units | 2020 Total | 2019 Total |
|----------------------------------|----------------------------------------------------|-------------------------------------|------------------------------------------------|-------------------------------|-----------------------------------------------|----------------------------------|-------------------|---------------|---------------|
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Salaries and employee benefits: | | | | | | | | | |
| Salaries | 12,496 | 510,753 | 453,815 | 2,120,623 | 102,811 | - | - | 4,835,444 | 5,193,550 |
| Employee benefits | 2,227 | 70,573 | 118,240 | 504,757 | - | - | - | 1,101,432 | 1,215,868 |
| | 14,723 | 581,326 | 572,055 | 2,625,380 | 102,811 | - | - | 5,936,876 | 6,409,418 |
| Supplies and services: | | | | | | | | | |
| Equipment | - | 2,200 | 435 | 1,403 | - | - | - | 12,142 | 27,275 |
| Occupancy and renovations | - | 2,105 | 44,550 | 355,865 | (35,681) | 28,943 | 49,220 | 507,594 | 488,932 |
| Office supplies | - | 2,600 | (1,943) | 3,693 | - | - | - | 9,500 | 19,854 |
| Insurance | - | - | - | - | - | - | - | 1,200 | 1,200 |
| Audit fees | - | 2,239 | - | 21,262 | - | - | - | 29,810 | 23,895 |
| Professional development | - | 594 | 6,025 | 9,493 | - | - | - | 22,110 | 28,451 |
| Program administration | - | 5,000 | 10,404 | 34,715 | 8,205 | - | - | 124,080 | 97,670 |
| Program promotion | - | - | - | 2,000 | - | - | - | 2,000 | 2,000 |
| Program supplies | - | 3,127 | 2,764 | 11,010 | 20,413 | 2,914 | - | 102,208 | 175,776 |
| Purchased professional services | - | 1,800 | 6,063 | 22,345 | - | - | - | 44,341 | 97,324 |
| Telephone and telecommunications | - | 2,241 | 6,059 | 45,297 | - | - | - | 78,883 | 94,079 |
| Travel | 13,966 | 1,972 | 1,127 | 51,759 | - | - | - | 82,319 | 158,604 |
| | 13,966 | 23,878 | 75,484 | 558,842 | (7,063) | 31,857 | 49,220 | 1,016,187 | 1,215,060 |
| Total expenditures | 28,689 | 605,204 | 647,539 | 3,184,222 | 95,748 | 31,857 | 49,220 | 6,953,063 | 7,624,478 |

ALGOMA PUBLIC HEALTH

Summary of Public Health Programs

Schedule 3

Year ended December 31, 2020, with comparative information for 2019

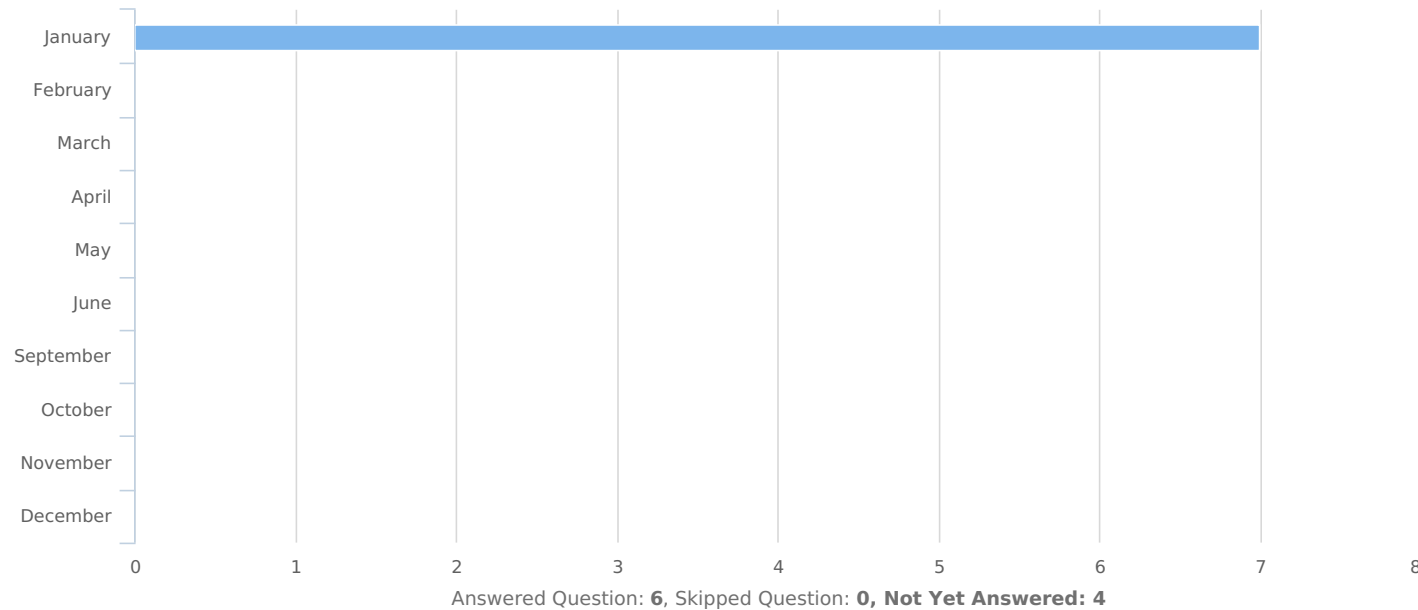
| | 2020 | 2019 |
|-----------------------------------------------------|------------------|-------------------|
| | Total | Total |
| Revenue: | | |
| MOH Public Health Funding | \$ 6,183,788 | \$ 7,344,900 |
| Levies | 3,559,223 | 3,519,703 |
| One Time Funding Mitigation | 1,037,800 | - |
| MOH Funding Healthy Smiles | 769,900 | 649,483 |
| Senior Dental | 682,017 | 229,227 |
| MOH Funding Unorganized | 530,400 | 530,400 |
| One Time Funding COVID-19 Extraordinary Costs | 385,100 | - |
| Social Determinants of Health | 339,200 | 180,500 |
| MOH Funding Smoke Free Ontario | 275,270 | 320,600 |
| Recoveries from Programs | 274,368 | 409,052 |
| Land Control | 206,872 | 157,920 |
| Medical Officer of Health Compensation | 179,525 | 155,563 |
| MOH Funding Infection Control | 155,610 | 222,300 |
| MOH Funding Harm Reduction | 150,000 | 150,000 |
| Northern Ontario Fruit and Vegetables | 117,400 | 117,400 |
| Diabetes Strategy | 105,000 | 150,000 |
| Unorganized - Indigenous Communities | 98,000 | - |
| One Time Funding COVID-19 School Nurses | 86,650 | - |
| Funding - Chief Nursing Officer | 30,375 | 121,500 |
| Interest | 27,775 | 60,543 |
| MOH Funding Vector Bourne Disease | 27,175 | 108,700 |
| MOH Funding Haines Food Safety | 24,600 | 24,600 |
| One Time Funding COVID-19 CCM software | 23,500 | - |
| MOH Funding Infection Control Nurse | 22,525 | 90,100 |
| MOH Funding SFO Youth Engagement | 20,000 | 80,000 |
| MOH Funding Safe Water | 17,400 | 69,600 |
| MOH One Time Funding Safe Water Enhanced Safe Water | 15,500 | 15,500 |
| MOH Funding PHI Practicum Student | 10,000 | 10,000 |
| Other | 7,073 | 73,251 |
| One Time Funding Mass Imms | 6,954 | - |
| One Time Funding COVID-19 Pandemic Pay | 6,298 | - |
| MOH Funding SFO Prosecution | 4,250 | 17,000 |
| MOH Funding SFO E - Cigarettes | 4,000 | 16,000 |
| One Time Funding Sr. Dental Start Up | 2,159 | - |
| Needle Exchange Program Initiative | (4,633) | 64,700 |
| One Time Funding North East Collaborative | - | 93,158 |
| New Purpose Built Vaccine Refrigerators | - | 14,500 |
| One Time Funding Legal Fees | - | 14,002 |
| One Time Funding School Vision | - | 6,500 |
| | 15,381,074 | 15,016,703 |
| Expenditures: | | |
| Public Health | 13,007,647 | 10,768,673 |
| Unorganized | 530,400 | 530,400 |
| Senior Dental | 682,017 | 229,227 |
| One Time Funding COVID-19 Extraordinary Costs | 385,100 | - |
| Land Control | 145,910 | 157,920 |
| Medical Officer of Health Compensation | 179,525 | 155,563 |
| Northern Ontario Fruit and Vegetables | 117,400 | 117,400 |
| 100% Funded Indigenous Communities | 98,000 | - |
| One Time Funding COVID-19 School Nurses | 86,650 | - |
| One Time Funding COVID-19 CCM software | 23,500 | - |
| PHI Practicum Student | 10,000 | 10,000 |
| One Time Funding Mass Imms | 6,954 | - |
| One Time Funding COVID-19 Pandemic Pay | 6,298 | - |
| One Time Funding Sr. Dental Start Up | 2,159 | - |
| Healthy Smiles | - | 649,483 |
| Smoke Free Ontario | - | 419,200 |
| Infection Control | - | 222,300 |
| Social Determinants of Health | - | 180,500 |
| Diabetes strategy | - | 150,000 |
| Harm Reduction | - | 150,000 |
| Vector Bourne Disease | - | 144,933 |
| Chief Nursing Officer | - | 121,500 |
| Safe Water | - | 92,800 |
| North East Collaborative | - | 92,566 |
| Infection Control Nurse | - | 90,100 |
| Needle Exchange Program Initiative | - | 64,700 |
| Haines Food Safety | - | 24,600 |
| Safe Water Enhanced | - | 15,500 |
| New Purpose Built Vaccine Refrigerators | - | 14,500 |
| Legal fees | - | 14,002 |
| School Vision | - | 6,500 |
| | 15,281,560 | 14,422,368 |
| Excess of revenue over expenses | \$ 99,514 | \$ 594,335 |

January 27, 2021 - BOH Meeting Evaluation

Total Invited to Survey: 10

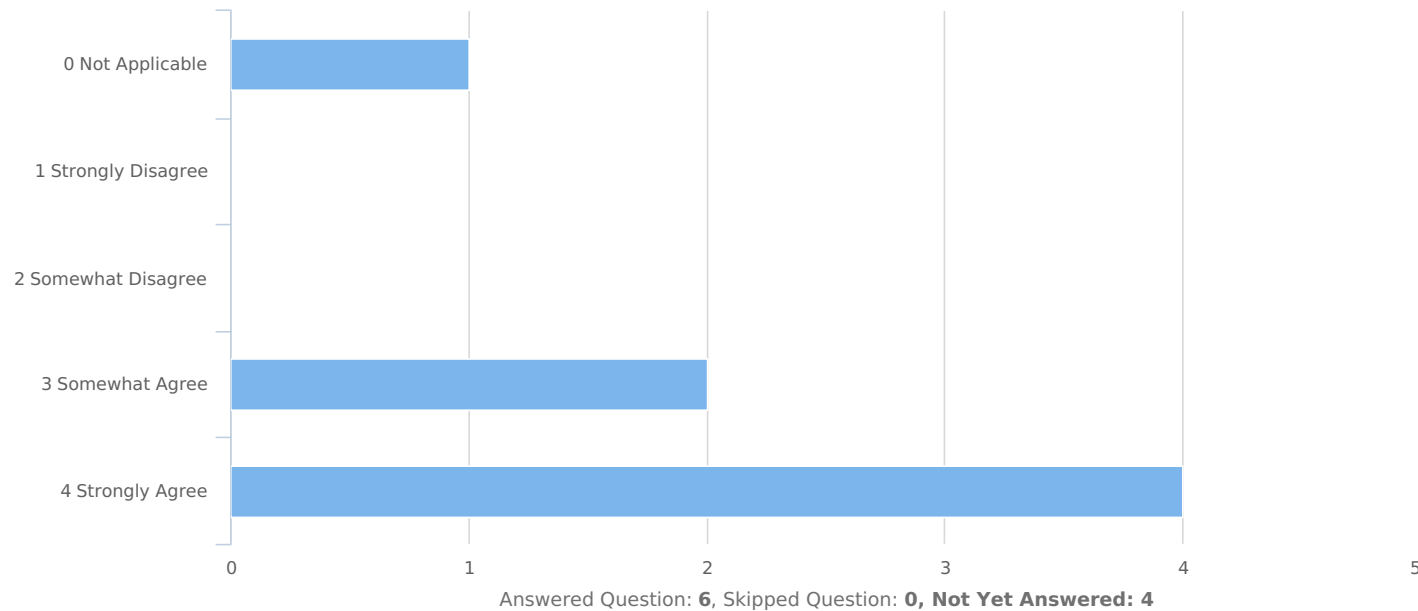
Total Finished Survey: 6

1. BOH Meeting Month :

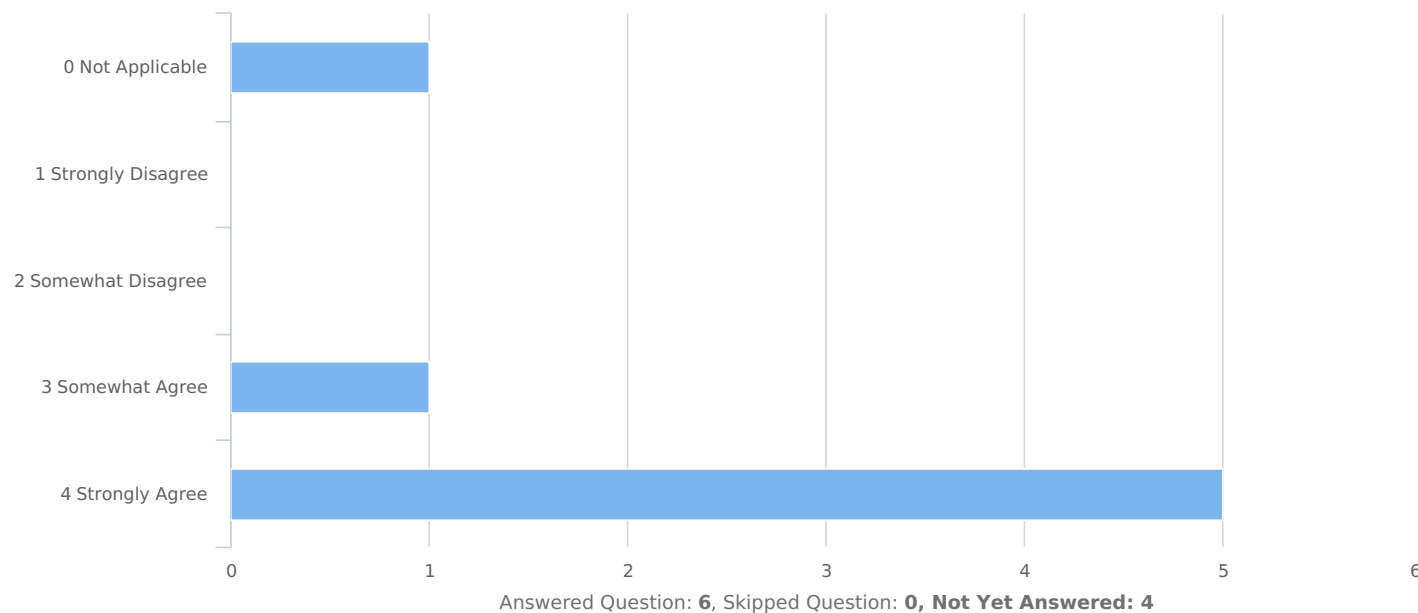


Please select one response for each question. If the question is not relevant select "Not Applicable"

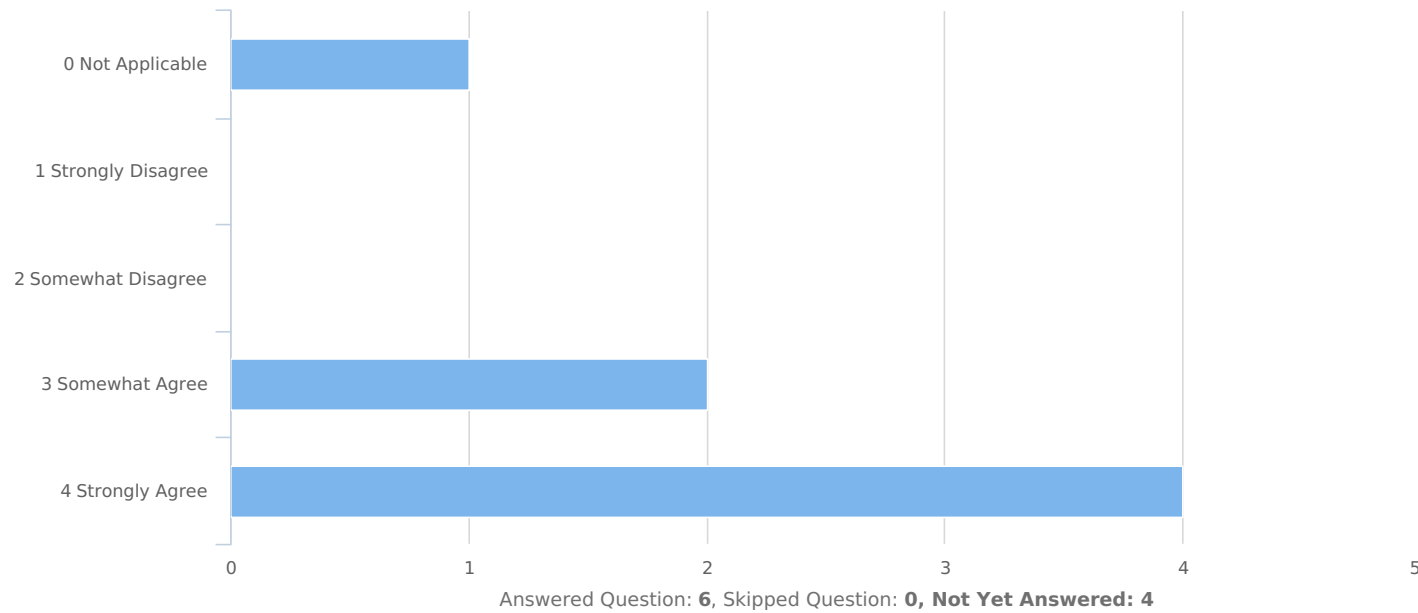
2. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.



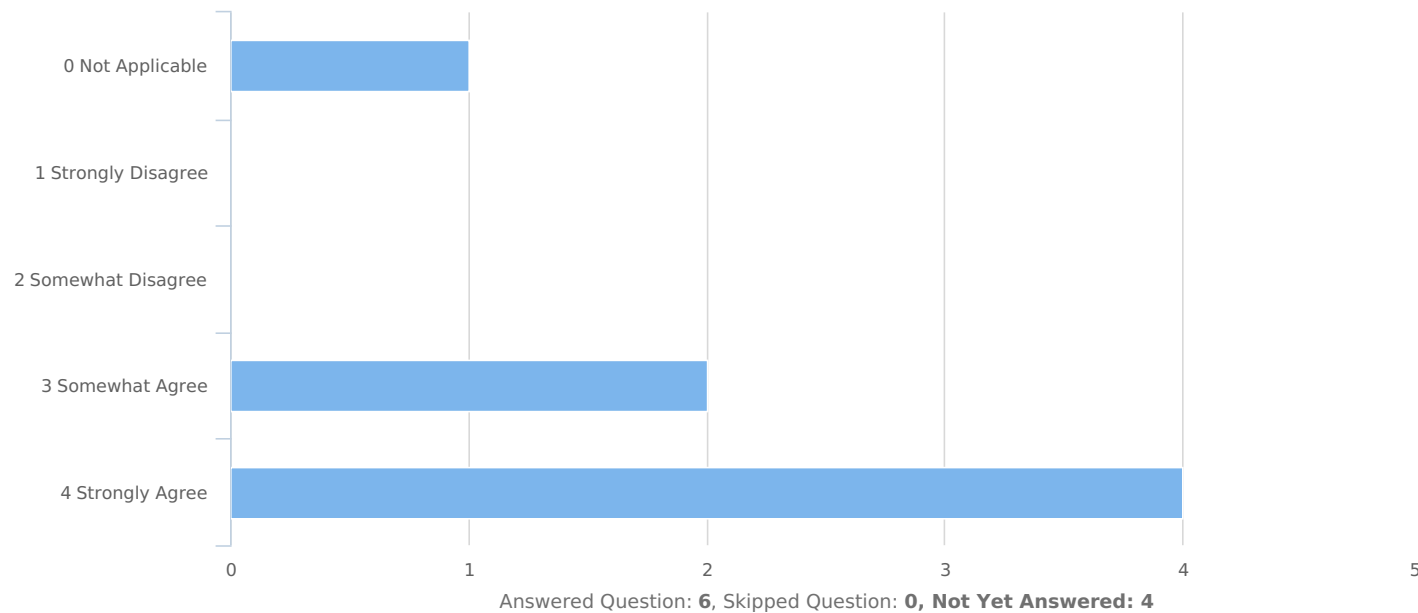
3. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.



4. The MOH/CEO report was informative, timely and relevant to my governance role.



5. Overall, the Board meeting was conducted in an active and responsible manner.



Comments

Anonymous on 2/17/2021 1:36PM

I was caught off guard being nominated as the Board Chair. I will work towards improving in this position! It is a true honour.

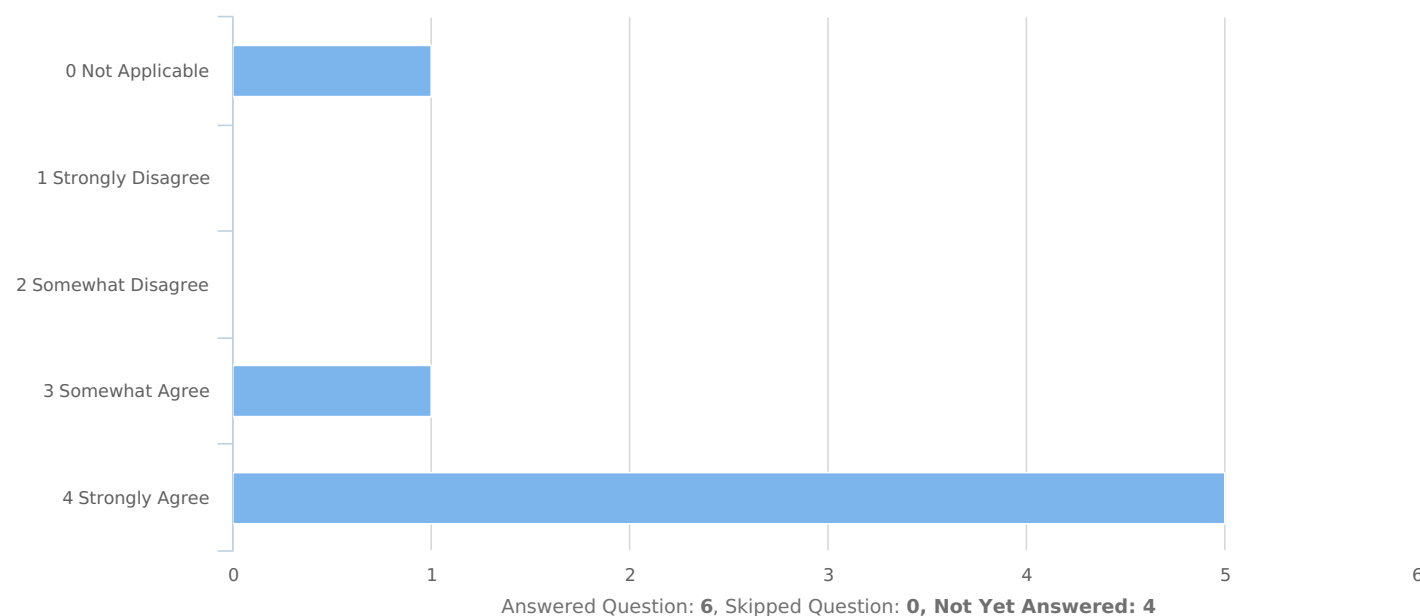
Anonymous on 2/17/2021 1:36PM

I was caught off guard being nominated as the Board Chair. I will work towards improving in this position! It is a true honour.

Anonymous on 2/18/2021 10:05AM

New chair was quick to respond to her new duties.

6. Overall, the meeting allowed me to seek clarification and provide input into issues.



7. Comments: (For example: what did you like / dislike about the meeting, what are your suggestions to improve future meetings, etc.)

Showing 4 responses

I was absent

Anonymous on 2/17/2021 10:34AM

Always miss the Face to Face and like it when everyone keeps their video cameron on

Anonymous on 2/17/2021 1:36PM

Showing 4 responses

Always miss the Face to Face and like it when everyone keeps their video camera on

Anonymous on 2/17/2021 1:36PM

A bit unprepared and unorganized with new leadership positions

Anonymous on 2/18/2021 10:05AM

Answered Question: **3**, Skipped Question: **3**, **Not Yet Answered: 4**

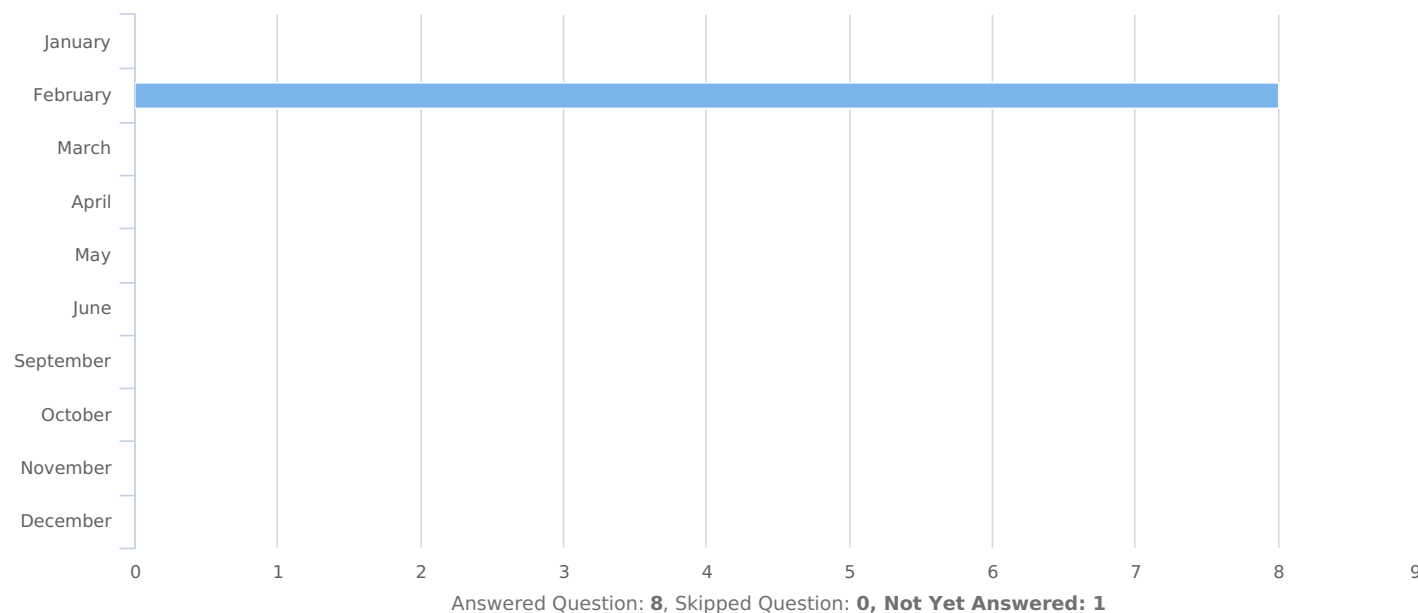
Thank you for your valuable feedback.

February 24, 2021, BOH Meeting Evaluation

Total Invited to Survey: 9

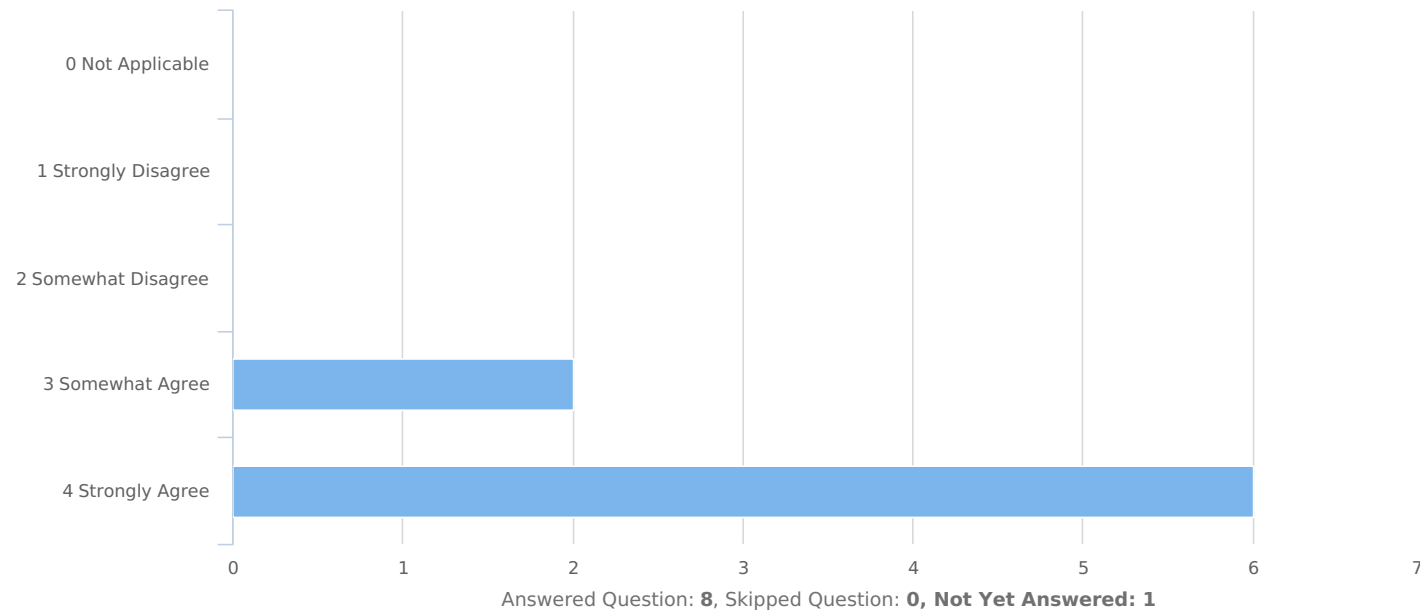
Total Finished Survey: 8

1. BOH Meeting Month :

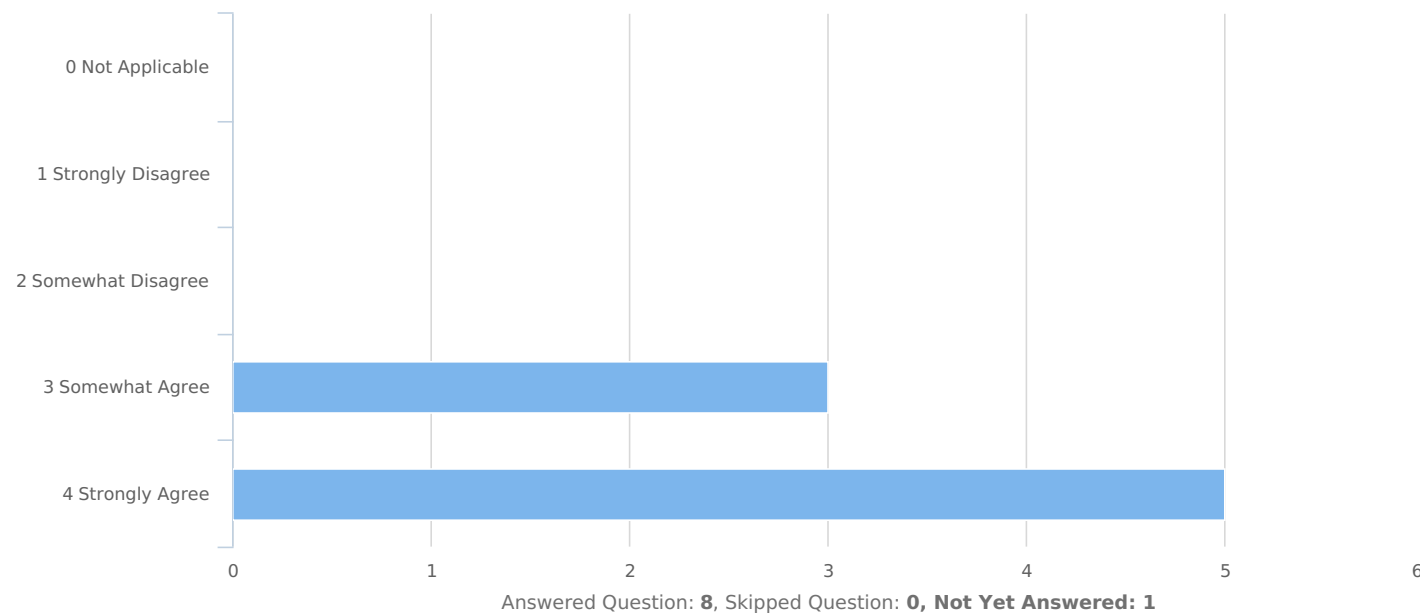


Please select one response for each question. If the question is not relevant select "Not Applicable"

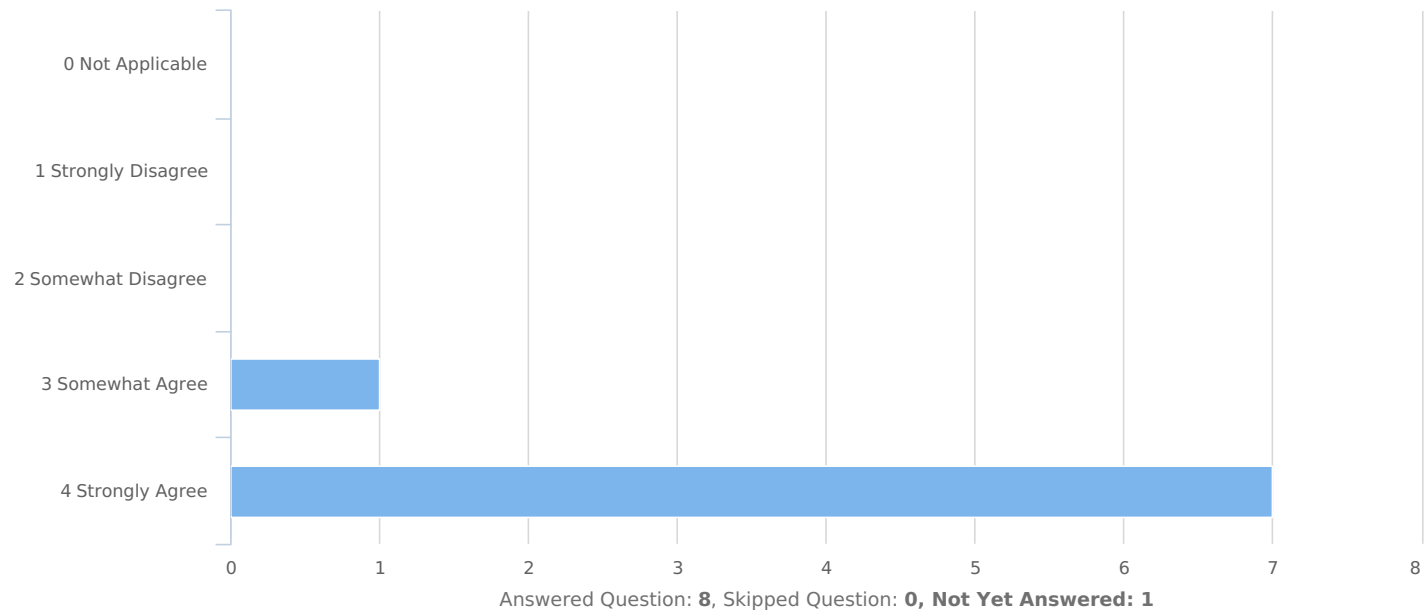
2. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.



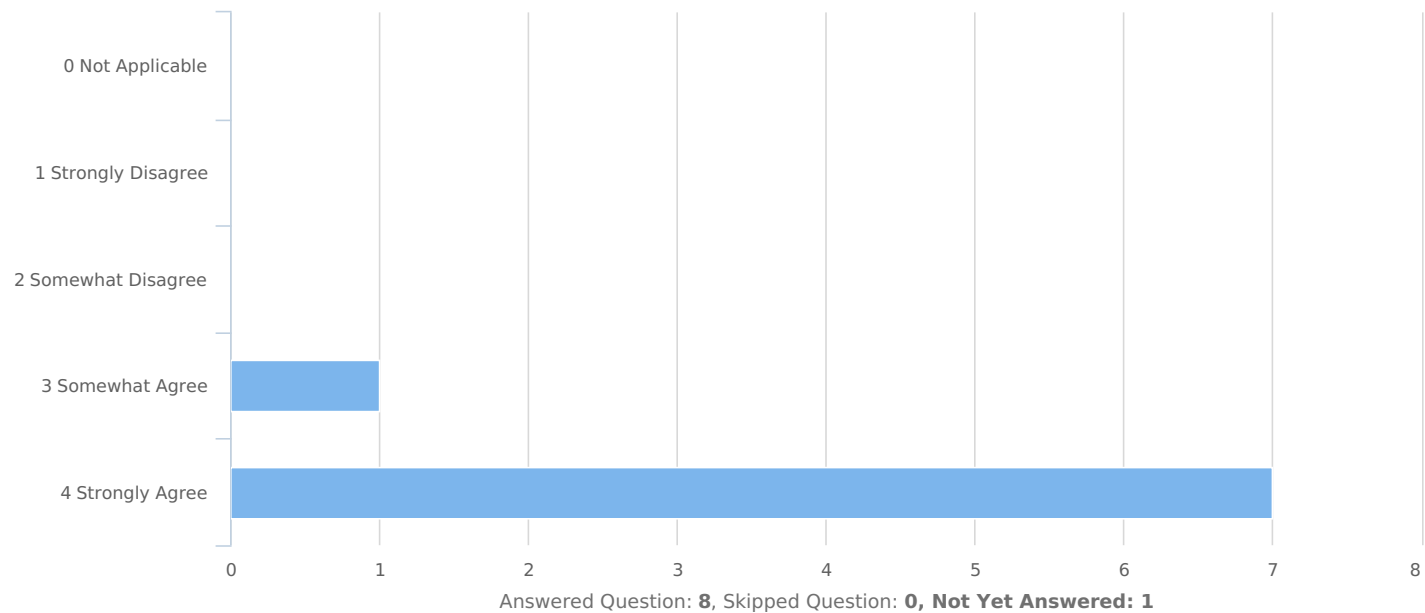
3. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.



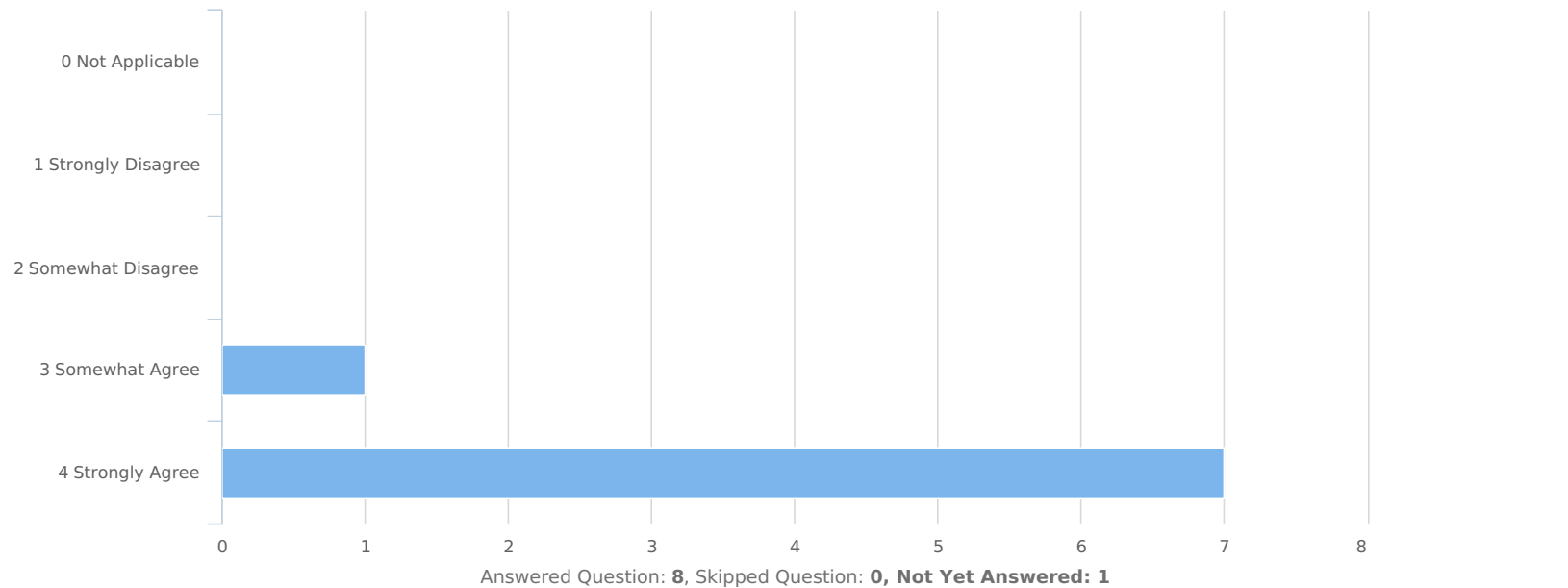
4. The MOH/CEO report was informative, timely and relevant to my governance role.



5. Overall, the Board meeting was conducted in an active and responsible manner.



6. Overall, the meeting allowed me to seek clarification and provide input into issues.



7. Comments: (For example: what did you like / dislike about the meeting, what are your suggestions to improve future meetings, etc.)

Showing 3 responses

None for now

2/26/2021 8:19AM

I liked Sally identifying each piece of correspondence and asking for comments or questions. Loved the enthusiasm of the two presenters! Please keep us apprised of further evaluations. While the report to the Board was all positive, I couldn't help but wonder what we weren't being told. It appears that one to one contacts are far more positive than social media. And I've seen some of those social media negative comments. How do we use those opportunities to learn and better engage with perhaps a marginalized group that is not going to pick up the phone and engage one on one? Keep us posted please! Thank you for all the hard work that you do.

2/27/2021 6:16AM

Everything went well. We didn't have a huge agenda but all expectations were met.

3/1/2021 7:43PM

Answered Question: 3, Skipped Question: 5, Not Yet Answered: 1

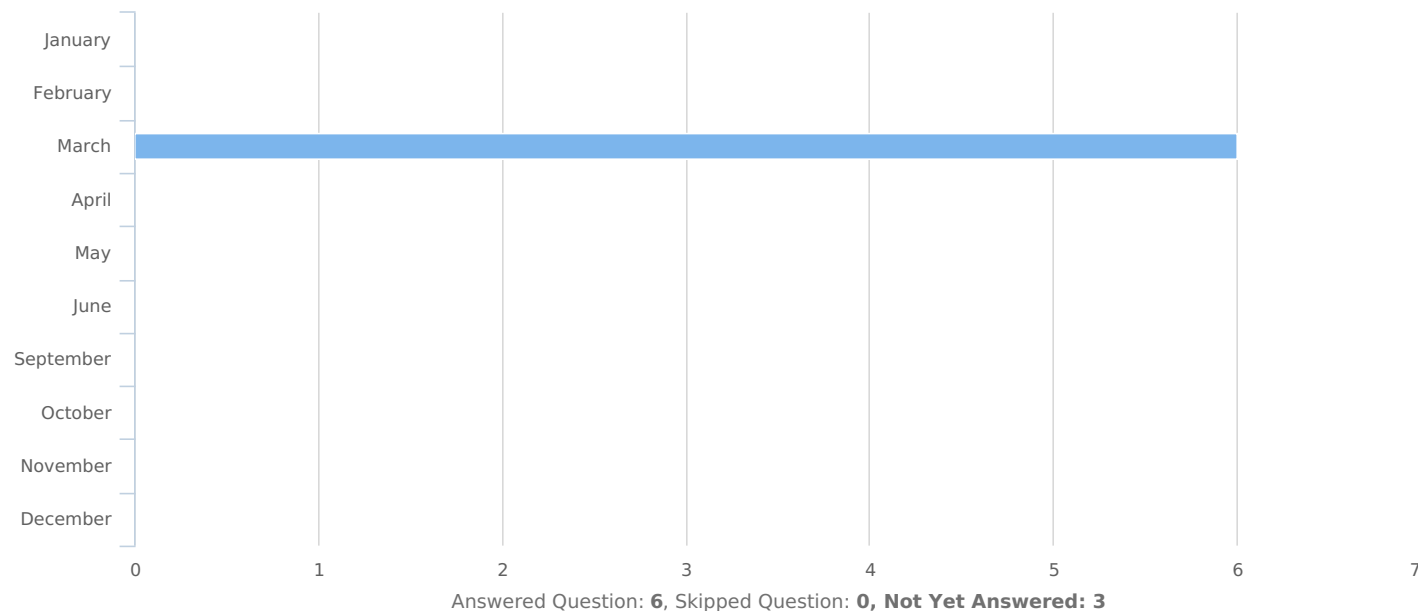
Thank you for your valuable feedback.

March 24, 2021, BOH Meeting Evaluation

Total Invited to Survey: 9

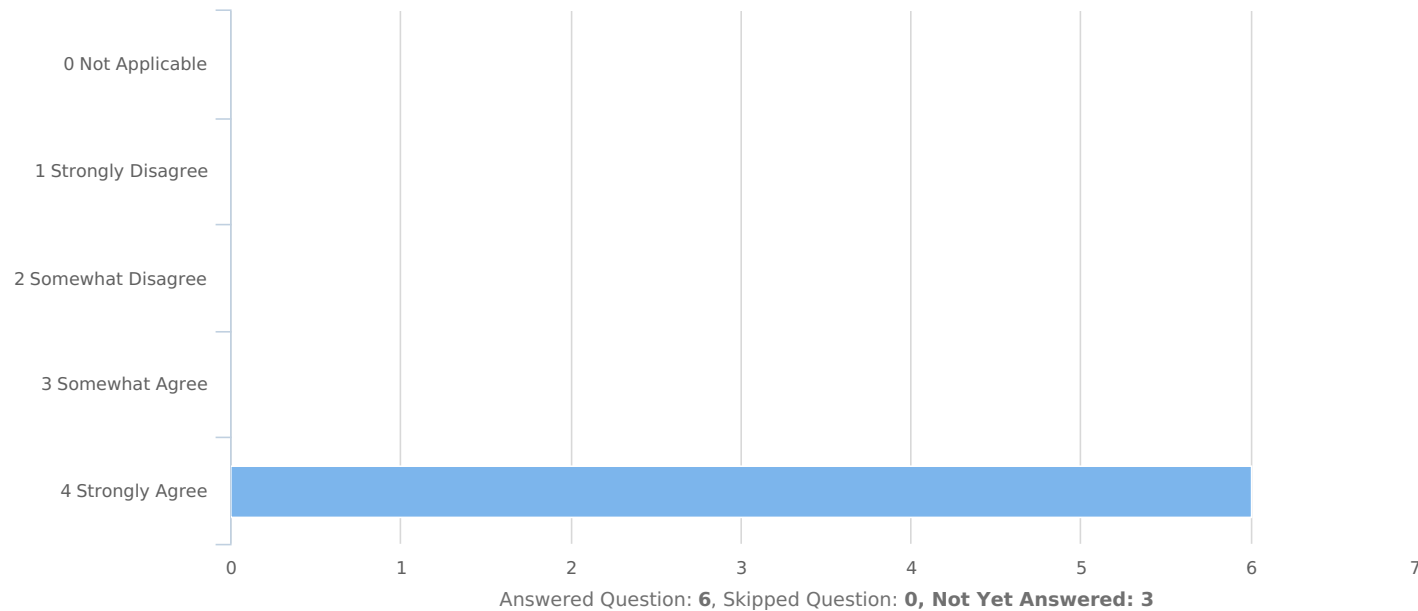
Total Finished Survey: 6

1. BOH Meeting Month :

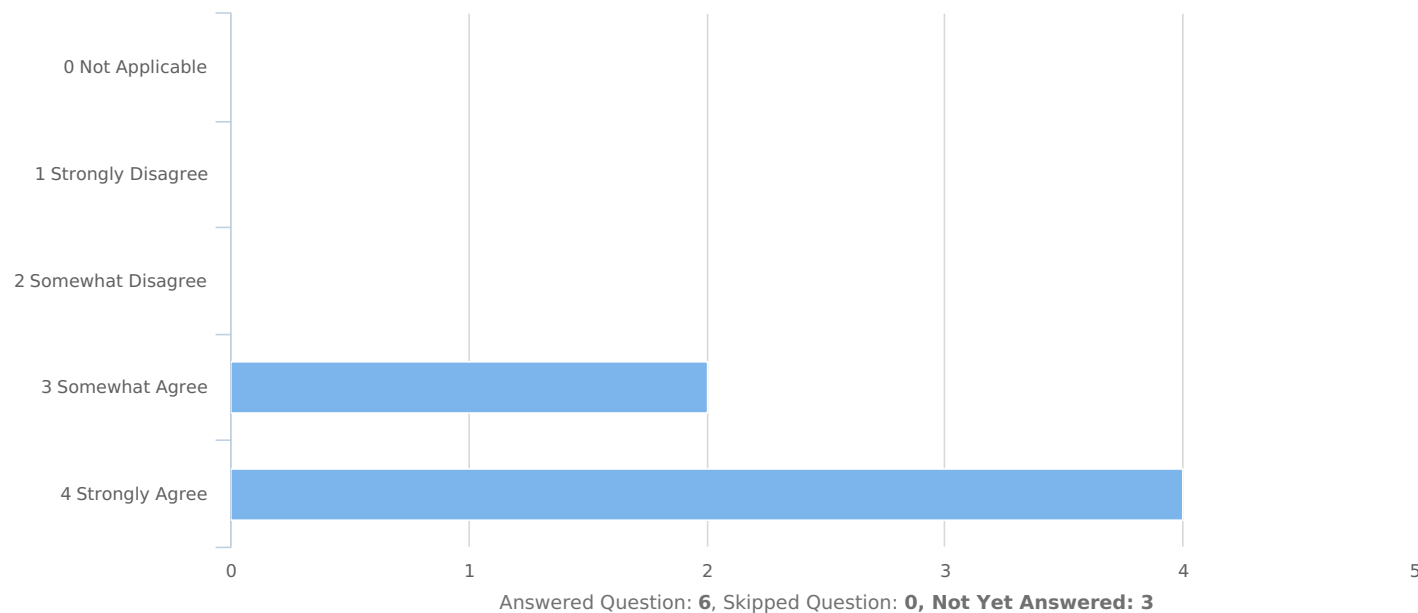


Please select one response for each question. If the question is not relevant select "Not Applicable"

2. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.



3. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.



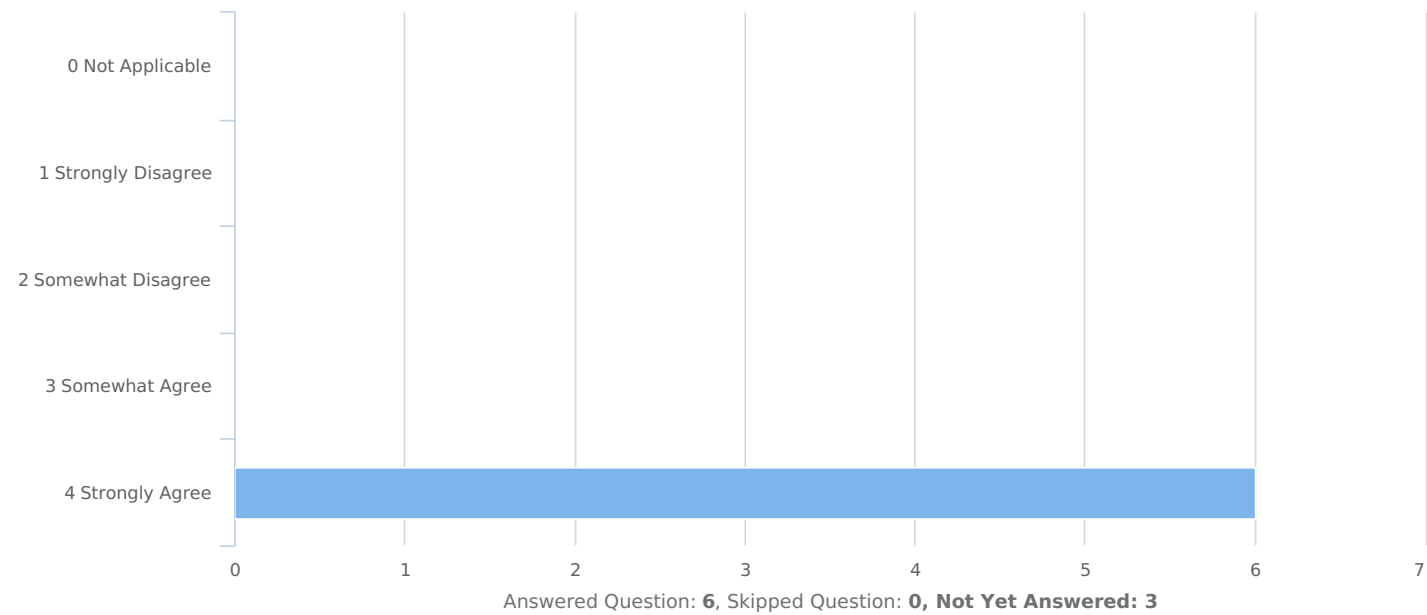
Comments

3/31/2021 7:48PM

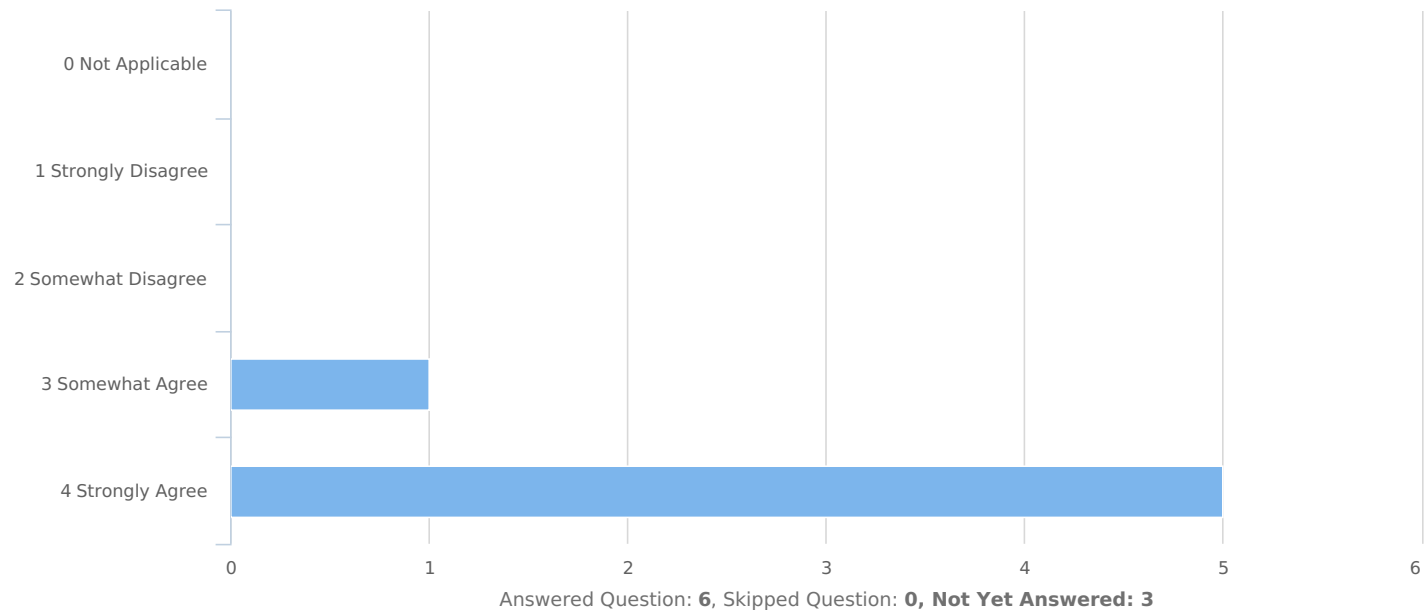
The presentation was a good informational overview and also provided important links to public health of what might seem an overwhelming

environmental issue with no direct impact in our everyday lives.

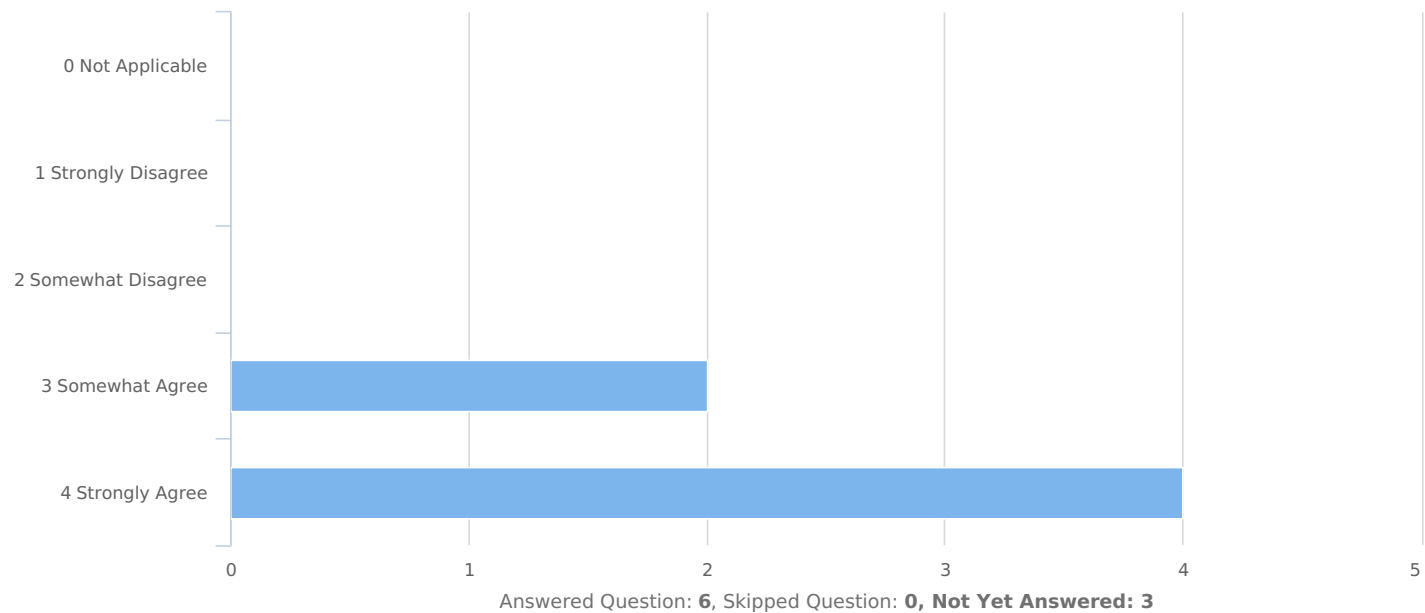
4. The MOH/CEO report was informative, timely and relevant to my governance role.



5. Overall, the Board meeting was conducted in an active and responsible manner.



6. Overall, the meeting allowed me to seek clarification and provide input into issues.



7. Comments: (For example: what did you like / dislike about the meeting, what are your suggestions to improve future meetings, etc.)

Showing 1 responses

The meeting moved along at a good pace, permitted everyone to take part and included an appropriate level of detail for an proper governance overview.

Answered Question: **1**, Skipped Question: **5**, **Not Yet Answered: 3**

Thank you for your valuable feedback.



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Q alPHA Annual Conference 2021

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Conference and Annual General Meeting

Ontario's Public Health System: Challenges – Changes – Champions

June 8, 2021

alPHA's 2021 Conference and Annual General Meeting is online this year. The event will continue the conversation on the critical role of Ontario's public health system and will include discussions on the response to COVID-19 and the future of public health. Don't forget to hold the date: June 8th!

A sponsorship package is available for the conference and can be accessed [here](#) .

Conference Information Now Available :

- Announcement flyer
- Notice and agenda for the 2021 alPHA Annual General Meeting
- Call for 2021 alPHA Resolutions
- Call for 2021 alPHA Distinguished Service Awards
- Call for Board of Health Nominations to the 2021-22 alPHA Board of Directors.

PROGRAM AND REGISTRATION INFORMATION COMING SOON!

Request for Photos

Do you have a photo showing alPHA members in action that we can share with attendees at the Annual Conference? We want to profile the key role that public health is playing in the pandemic response. Please send your images to: info@alphaweb.org

alPHA Fitness Challenge

The alPHA fitness challenge is back! And this time...no paperwork!

All members are encouraged to engage in masked and physically distant fitness activities (on their own or with those in their household) that are at least 30 minutes in length during the month of May. Participate and share a picture on your Twitter account, tagging @PHAagencies #alPHA2021. You will be highlighted in the alPHA e-newsletter and during the AGM June 8th .

The Fitness Challenge flyer can be found [here](#) .

With Thanks to our Generous Sponsors!

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2021-03-25

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2020-11-12

Ontario Budget 2020 - alPHA Summary

2020-06-26

alPHA Statement - Health Equity and COVID-19

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alPHA Executive Committee

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2021 AGM & CONFERENCE:
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2021 alPHa FITNESS CHALLENGE

alPHa

Association of Local
PUBLIC HEALTH
Agencies



The alPHa Annual Fitness Challenge is coming soon! All members - Medical/Associate Medical Officers of Health, Board of Health members and Affiliates - are encouraged to engage in masked and socially-distant fitness activities (on their own or with those in their household) that are at least 30 minutes in length during the month of May. The more often that you do this, the better!

New for 2021 - We are making things simple. No more paperwork! Participate and share it on your Twitter account. Don't forget to include in your tweet: a picture, @PHAgencies and #alPHa2021. We will also profile your Fitness Challenge activities on alPHa's Twitter account, e-newsletter, website and at the alPHa Conference which is taking place online on June 8th.



READY - Decide on an activity.

SET - Participation of a minimum of 30 minutes of physical activity.

GO! - Post your tweets with pictures and include @PHAgencies and #alPHa2021

REPEAT! - Keep participating!

Easy Tips to Get Active!

At Home - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, dig and pick up trash. Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes.

At Work - Many of us have sedentary jobs and many of us are also working at home and missing the active transportation that we used to have going to and from work. Stand or walk around while talking on the telephone.

At Play - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Do these regularly.

Thank you for participating in the 2021 alPHa Fitness Challenge!

**Chair's Report
Finance and Audit Committee
April 14, 2021**

1. 2020 Audit Findings and Financial Statement

The committee passed a motion to accept the Audit Findings Report as presented and forward to the Board for approval.

And I so move.

- a. Messrs. Marinovich and Paquette of KPMG provided an overview of the Audited Findings Report and stated that there were no significant adjustments required and no significant deficiencies noted.
- b. Mr. Merrylees provided an overview of the Draft Financial Statements for the period ending December 31, 2020, with comparables to 2019.
- c. A motion was passed to accept the Audited Financial Statements as presented and forward to the Board for approval.

And I so move.

Key points include;

- Financial Assets increased by just under \$1,000,000 while liabilities increased by less than \$100,000.
- Provincial grants were reduced by \$495,000 for public health \$360,000 for Community health.
- Other grants were reduced by \$450,000.
- Expenses increased by \$180,000
- The Operating deficit increased from \$461,000 to over \$900,000.
- The accumulated surplus was reduced from \$13.1 million to \$12.2 million.
- Net debt increased to \$6.3 million from \$6.1

2. Unaudited Financial Statements for February 28, 2021

- a. A motion was passed to accept the unaudited financial statement for the period ending February 28, 2021.

And I so move.

- b. Mr. Merrylees presented the unaudited Financial statement for the period ending February 28, 2021.

c. Key points include;

- Public Health revenues are projecting a \$7k positive variance
- Revenues are within budget.
- Mitigation funding from the province will continue in 2021.
- Salaries/Benefits and Travel are all below budget due to unfilled positions and lack of travel during the pandemic.
- Computer services Are under budget due to a shortage of personnel.

- Covid expenses to date are \$733,000, mainly due to salaries and benefits related to the pandemic.
- Mass immunization costs were \$245,000.
- Ministry of health reimbursed APH for extraordinary cost and will continue to do so.

3. Reserve Fund

- a. A motion was passed that states the committee had reviewed the policy and recommends that it be reviewed by the Governance committee after additional information has been supplied by staff.
- b. Due to the timelines involved, it is felt that the policy should be reviewed by the Board as a whole rather than the governance committee.
And I so move.

Algoma Vaccination Support Council Report April 28th meeting

This is a joint effort between the SSM Chamber of Commerce and Strive Young Professionals. The vision of the committee is to see high immunization levels in Algoma which will lead to the reopening of Algoma businesses, organizations, and tourism. There are currently 40 businesses represented from the Algoma region. Most of the representatives are from Sault Ste. Marie, however, the council is committed to supporting the vaccination efforts in the Algoma Region. We have been meeting weekly since the end of February.

At our weekly meetings, we have been getting updates from APH (thank you Leo), the Algoma Ontario Health Team, and our two subcommittees.

The Food and Beverage Subcommittee is overseeing feeding the volunteers lunch at our immunization clinics. The clinics include GFL, the Indian Friendship Centre, Batchewana, and Garden River. There is communication between the subcommittee and the APH nurses assigned to the district clinics. Several businesses have donated lunches and made donations. We are nearing \$20,000 re-injected into the local restaurants that are feeding the volunteers. The Chamber is accepting donations on their website, that would go towards more lunches for volunteers.

The Transportation Subcommittee, through the PUC, is offering taxis to those that need transportation. S&T and TD are offering gas cards to support volunteers. Volunteers on this committee and our service clubs are helping with getting meals delivered.

A third subcommittee – Communications – is getting organized. They are looking to elevate the evidence-based communications provided by APH, Health Canada, etc. There is particular interest in assisting with vaccine hesitancy. As members of the committee receive their vaccines, we have been asked to share a photo through the Chamber and Strive.

The Chamber has introduced a Rapid Test program, through the Ontario Chamber of Commerce. This is in the beginning stages.

A few of the larger organizations have expressed interest in hosting onsite vaccination clinics for their employees and their families, if this is possible.

At our next meeting. Liliana Bressan, and Jennifer Flood, from APH will present to the council on the topic of Vaccine Hesitancy and Workplaces.

Respectfully submitted

Louise Caicco Tett