



November 22, 2023

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

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

# Meeting Book - November 22, 2023, Board of Health Meeting

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## **15. Adjournment**

**Board of Health Meeting  
AGENDA**

**November 22, 2023 at 5:00 pm**

**SSM Algoma Community Room | Video/Teleconference**

**BOARD MEMBERS**

Sally Hagman - Chair  
Luc Morrisette - 1st Vice-Chair  
Deborah Graystone - 2nd Vice-Chair  
Julila Hemphill  
Donald McConnell  
Loretta O'Neill  
Matthew Shoemaker  
Sonia Tassone  
Suzanne Trivers  
Jody Wildman

**APH MEMBERS**

Dr. Jennifer Loo - Medical Officer of Health & CEO  
Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection  
Rick Webb - Director of Corporate Services  
Kristy Harper - Director of Health Promotion & Chief Nursing Officer  
Leo Vecchio - Manager of Communications  
Leslie Dunseath - Manager of Accounting Services  
Liliana Bressan - Manager of Effective Public Health Practice  
Tania Caputo - Board Secretary  
Trina Mount - Executive Assistant

**1.0 Meeting Called to Order**

*S. Hagman*

- a. Land Acknowledgment
- b. Declaration of Conflict of Interest
- c. Roll Call

**2.0 Adoption of Agenda**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting agenda dated November 22, 2023 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 October 25, 2023, 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 - November 22, 2023**

- Program Highlights – Exploring Barriers and Facilitators to Healthy Eating and Active Living (HEAL) Behaviours in Algoma: The Community Partner Interview Project
- Public Health Champion Awards

**RESOLUTION**

THAT the report of the Medical Officer of Health and CEO for November 22, 2023 be accepted as presented.

6.0 a. Finance and Audit

i. Unaudited Financial Statements ending September 30, 2023

L. Morrisette

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending September 30, 2023, as presented.

ii. 2024 Recommended Capital and Operating Budget Report

L. Morrisette

RESOLUTION

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee to approve the 2024 Public Health Capital and Operating Budget Report.

7.0 New Business/General Business

S. Hagman

8.0 Correspondence

S. Hagman

- a. Letter to Federal Ministers Freeland, Sudds, MacAulay, and Duclos from Sudbury District Public Health regarding **Support for a Funded Healthy School Food Program in Budget 2024** dated October 27, 2023.
- b. Letter to Premier Ford and Provincial Ministers Jones and Tibollo from Sudbury & Districts Public Health regarding **Public Health Strengthening and Chronic Disease Prevention** dated October 27, 2023.

9.0 Items for Information

S. Hagman

- a. **alPHa Information Break - November 2023**
- b. **AOHT (Algoma Ontario Health Team) - Board of Director Information Session and Discussion**
- c. **alPHa - Strenthening Public Health - Planning and Next Steps**
- d. **alPHa Summary - Fall Economic Statement**

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 the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

S. Hagman

**Board of Health**

Wednesday, January 24, 2024 - 5:00 pm  
SSM Algoma Community Room | Video Conference

**Finance and Audit Committee Meeting**

Wednesday, February 14, 2024 - 5:00 pm  
SSM Algoma Community Room | Video Conference

**14.0 Evaluation**

*S. Hagman*

**a. Evaluation**

**15.0 Adjournment**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting adjourns.



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

November 22, 2023

Report of the

# Medical Officer of Health / CEO

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

The work of APH teams this November continues to highlight the critical role of local public health in protecting our communities and advancing health equity through community engagement.

As detailed in this month's report to the BOH, the Community Partner Interview (CPI) project saw APH engage with over 30 local partners to identify how the pandemic impacted healthy eating and active living (HEAL) behaviours. Locally-driven data collection identified Algoma priority populations for interventions, as well as key facilitators and barriers in Algoma for improving HEAL behaviours. APH shared these findings with partners alongside targeted, actionable steps organizations could take to advance healthy eating and active living. This work strengthens local coalitions in advancing social determinants of health, such as transportation, income, and food insecurity, and exemplifies APH's role as a knowledge broker and enabler of community action in the realm of health promotion.

With regards to the province's intended changes to the public health sector, late in October, the Ministry of Health released an overview of its objectives related to voluntary mergers. These objectives involve increased capacity in terms of critical mass and organizational performance, human resources, and system alignment and partnerships. Of note, the Ministry intends to build critical mass through local public health agencies that have a minimum population base of approximately 500,000 while recognizing that "in limited circumstances, mergers of geographically large, remote and sparsely populated LPHAs may result in geographic challenges that outweigh the benefits of achieving a minimum population base of 500,000." To further understand how these objectives and criteria are intended to apply in our region, I, along with Dr. John Tuinema and Board of Health Chair Sally Hagman, recently met with the Chief Medical Officer of Health and senior Ministry officials in Sudbury, alongside our northeast counterparts. Further details on this topic are provided in a separate briefing note in an addendum to this month's BOH package, as well as recommendations to the BOH on next steps.

## PROGRAM HIGHLIGHT – The Community Partner Interview Project

### **Topic: Exploring Barriers and Facilitators to Healthy Eating and Active Living (HEAL) Behaviours in Algoma: The Community Partner Interview Project**

**From:** Hilary Cutler, Manager, School Health & Community Wellness

#### **Chronic Disease Prevention and Well-Being Program Standard Requirements<sup>1</sup> addressed in this report:**

- The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population. The program of public health interventions shall be informed by consideration of the following topics based on an assessment of local needs: built environment, healthy eating behaviours, and physical activity and sedentary behaviour.

#### **2021-2025 Strategic Priorities addressed in this report**

- [X] Advance the priority public health needs of Algoma's diverse communities.
- [X] Improve the impact and effectiveness of Algoma Public Health programs.
- [X] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

#### **Key Messages**

- Public health measures implemented during the COVID-19 pandemic impacted healthy eating and active living (HEAL) behaviours across Ontario.<sup>2</sup>
- The community partner interview (CPI) project explored barriers and facilitators to engaging in HEAL behaviours across the Algoma region. The top three barrier themes were lack of access to transportation, inadequate income, and food insecurity, and the top three facilitator themes were organizational resources, social and community resources, and built environment.
- Themes were shared back with community partners who participated in the interviews, as a brief report and infographic.
- The CPI project allowed HEAL team members to reconnect with community partners and begin to rebuild positive working relationships for future health promotion work.
- The results of the CPI project will inform strategic community advocacy, as well as Algoma Public Health program planning.

### **The Community Partner Interview Project: An Overview**

#### **Project Overview**

Public health measures implemented during the COVID-19 pandemic impacted the healthy eating and active living (HEAL) behaviours of Ontarians.<sup>2</sup> Throughout 2022-2023, public health units began to shift their focus from pandemic-response back to health promotion planning. To inform planning, a situational assessment was conducted to explore how COVID-19 impacted HEAL behaviours across Algoma and identify the priority populations for interventions, along with barriers and facilitators to improving HEAL behaviours.

#### **Materials and Methods**

From November 2022-March 2023, members of the internal HEAL working group met with 33 community partners across Algoma, including municipal representatives, Indigenous health partners, community health centres, charitable food programs, etc. Semi-structured interviews were conducted in-person, over the phone, or virtually through Microsoft Teams®. The interview questions were as follows:

1. Tell me about you/your organization (Prompts: What is the goal/mission? What programs/services are offered? Who is the target population?)
2. In your opinion, how do you think COVID-19 has impacted HEAL behaviours? (Prompt: Is the situation similar to before COVID-19? Better? Worse?)
3. In your opinion, who do you believe are the priority groups that would benefit most from improving HEAL behaviours?
4. Why do you believe these groups would benefit the most?
5. What are barriers to improving HEAL behaviours in these priority groups? (Prompt: Could include the social determinants of health or gaps in programs/services)
6. What are facilitators (or strengths) that could help improve HEAL behaviours in these priority groups? (Prompts: Could include characteristics/values of the group or programs/services that have worked before)
7. Is there any other information you would like to share?

After the interviews were complete, a qualitative thematic analysis was completed by the Research and Policy Advisor and the Community Wellness Dietitian. Codes were categorized separately into preliminary themes using an adapted Socioecological Model<sup>3,4</sup> and then collaboratively refined into final themes. The HEAL workgroup discussed appropriate knowledge translation techniques for our target audience of community partners and decision-makers. The final knowledge translation products included an infographic and plain-language report, which were shared back to the community partners that had participated in the interviews.

### **Results from CPIs**

The community partner interviews uncovered priority populations for public health interventions to support HEAL behaviours, including:

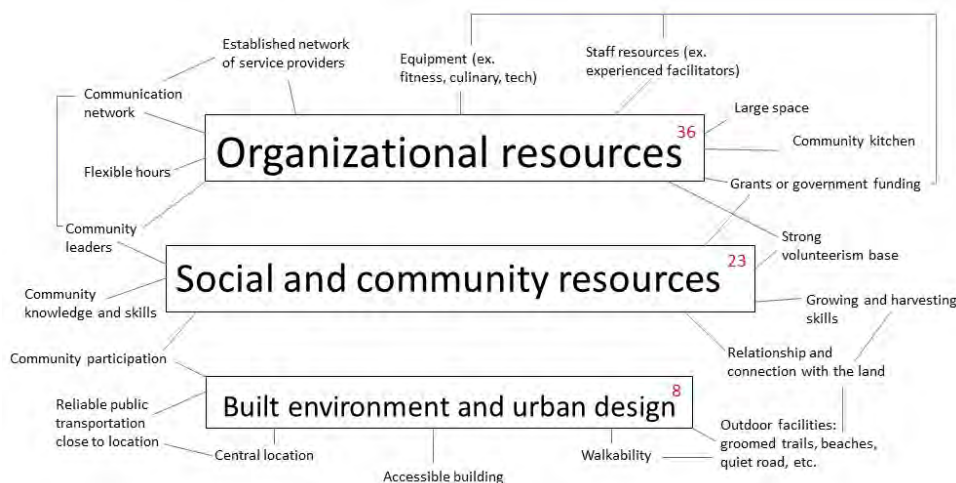
- people living with low income,
- seniors/intergenerational groups,
- parents/working age adults,
- youth/teens,
- people living with disability/chronic disease,
- international students, and
- First Nations/Indigenous populations

The thematic analysis identified 11 themes for improving HEAL behaviours including (1) lack of access to transportation, (2) inadequate income, (3) food insecurity, (4) organizational limitations, (5) accessibility barriers, (6) community engagement, (7) lack of HEAL literacy, (8) poor mental health, (9) lack of social and community resources, (10) social isolation, and (11) time poverty (see thematic map in **Figure 1**).

Three key facilitator themes for improving HEAL behaviours were identified, including (1) organizational resources, (2) social and community resources, and (3) built environment (see **Figure 2**).



**Figure 1. Barriers to improving HEAL behaviours.** The red number indicates the number of times this theme was identified. Font size positively correlates with frequency of the theme. Codes feed into each theme and form an interconnected web.



**Figure 2. Facilitators to improving HEAL behaviours.** The red number indicates the number of times this theme was identified. Font size positively correlates with frequency of the theme. Codes feed into each theme and form an interconnected web.

### Next Steps: 2024 and Beyond

The CPI project will inform health promotion work within the Community Wellness team into 2024. The knowledge translation products provided to community partners included actionable steps they could take to help improve HEAL behaviours by targeting the barriers identified. Through the CPI project, the HEAL working group was able to pave the way for further collaboration with community partners, including supporting ongoing advocacy efforts, consulting on workplace initiatives related to HEAL behaviours, supporting organizational capacity building, and providing health data and evidence to support grant applications or policy development.

## References

1. Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. Available from: [Ontario Public Health Standards: Requirements for Programs, Services and Accountability \(gov.on.ca\)](https://www.ontario.ca/gov/ontario-public-health-standards-requirements-for-programs-services-and-accountability)
2. Public Health Ontario. Negative Impacts of Community-Based Public Health Measures During a Pandemic (e.g. COVID-19) on Children and Families. 2020. Available from: [Negative Impacts of Community-Based Public Health Measures During a Pandemic \(e.g., COVID-19\) on Children and Families \(publichealthontario.ca\)](https://publichealthontario.ca/negative-impacts-of-community-based-public-health-measures-during-a-pandemic-e-g-covid-19-on-children-and-families)
3. Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health (Protocol) - Scientific Figure on ResearchGate. Available from: [https://www.researchgate.net/figure/Socio-ecological-model-of-food-and-beverage-intake-Adapted-from-CDC-2015\\_fig3\\_305700513](https://www.researchgate.net/figure/Socio-ecological-model-of-food-and-beverage-intake-Adapted-from-CDC-2015_fig3_305700513)
4. Bornstein, Daniel & Davis, William. (2014). The Transportation Profession's Role in Improving Public Health. Institute of Transportation Engineers Journal. 84. 19-24. Available from: [e Social-Ecological Model Adapted for Physical Activity 24 | Download Scientific Diagram \(researchgate.net\)](#)

**Algoma Public Health  
(Unaudited) Financial Statements      September 30, 2023**

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	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 3,141,913	\$ 3,141,912	\$ 1	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	6,640,411	6,645,900	(5,489)	8,861,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	1,693,855	1,714,012	(20,157)	3,363,439	-1%	99%
Provincial Grants - Mitigation Funding	778,354	778,350	4	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	404,948	370,538	34,410	452,384	9%	109%
<b>Total Public Health Revenue</b>	<b>\$ 12,659,481</b>	<b>\$ 12,650,712</b>	<b>\$ 8,768</b>	<b>\$ 17,904,039</b>	<b>0%</b>	<b>100%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 11,948,477	\$ 11,766,517	\$ (181,960)	\$ 15,618,691	2%	102%
Public Health 100% Prov. Funded Programs	1,873,581	1,714,012	(159,569)	2,285,349	9%	109%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 13,822,058</b>	<b>\$ 13,480,529</b>	<b>\$ (341,529)</b>	<b>\$ 17,904,040</b>	<b>3%</b>	<b>103%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ (1,162,578)</b>	<b>\$ (829,817)</b>	<b>\$ (332,761)</b>	<b>\$ 0</b>		

### Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 534,011	534,006	5	1,068,011	0%	100%
Expenditures	526,147	535,259	9,112	1,068,011	-2%	98%
<b>Excess of Rev. over Exp.</b>	<b>7,864</b>	<b>(1,253)</b>	<b>9,118</b>	<b>(0)</b>		

### Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 266,781	312,600	(45,819)	389,100	-15%	85%
Expenditures	432,429	207,900	(224,529)	389,100	108%	208%
<b>Excess of Rev. over Fiscal Funded</b>	<b>(165,648)</b>	<b>104,700</b>	<b>(270,348)</b>	<b>-</b>		

### Fiscal Programs

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 131,078	\$ 131,077	\$ 2	\$ 262,153	0%	100%
Municipal, Federal, and Other Funding	114,447	114,447	-	114,447	0%	100%
<b>Total Community Health Revenue</b>	<b>\$ 245,525</b>	<b>\$ 245,524</b>	<b>\$ 2</b>	<b>\$ 376,600</b>	<b>0%</b>	<b>100%</b>
<b>Expenditures</b>						
Brighter Futures for Children	46,402	57,224	10,822	114,447	-19%	81%
Nurse Practitioner	81,540	81,077	(464)	162,153	1%	101%
Stay on Your Feet	48,288	50,000	1,712	100,000	-3%	97%
<b>Total Fiscal Community Health Programs</b>	<b>\$ 176,230</b>	<b>\$ 188,300</b>	<b>\$ 12,070</b>	<b>\$ 376,600</b>	<b>-6%</b>	<b>94%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 69,295</b>	<b>\$ 57,223</b>	<b>\$ 12,071</b>	<b>\$ (0)</b>		

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 Nine Months Ending September 30, 2023

(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Bgt. to Act. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Annual Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Levies Sault Ste Marie	2,185,241	2,185,241	0	2,913,655	0%	75%	2,213,793	2,213,793	0
Levies District	956,672	956,671	1	1,275,561	0%	75%	928,119	928,119	0
<b>Total Levies</b>	<b>3,141,913</b>	<b>3,141,912</b>	<b>1</b>	<b>4,189,216</b>	<b>0%</b>	<b>75%</b>	<b>3,141,912</b>	<b>3,141,912</b>	<b>0</b>
MOH Public Health Funding	6,640,411	6,645,900	(5,489)	8,861,200	0%	75%	6,574,629	6,574,625	4
<b>Total Public Health Cost Shared Funding</b>	<b>6,640,411</b>	<b>6,645,900</b>	<b>(5,489)</b>	<b>8,861,200</b>	<b>0%</b>	<b>75%</b>	<b>6,574,629</b>	<b>6,574,625</b>	<b>4</b>
MOH Funding - MOH / AMOH Top Up	136,890	141,975	(5,085)	189,300	-4%	72%	136,265	141,975	(5,710)
MOH Funding Northern Ontario Fruits & Veg.	88,054	88,050	4	117,400	0%	75%	88,054	88,050	4
MOH Funding Unorganized	397,800	397,800	0	530,400	0%	75%	397,800	397,800	0
MOH Senior Dental	1,004,569	1,012,687	(8,118)	1,350,250	-1%	74%	800,923	824,258	(23,335)
MOH Funding Indigenous Communities	73,496	73,500	(4)	98,000	0%	75%	73,496	73,500	(4)
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%			0
OTF COVID-19 Extraordinary Costs	(6,954)	0	(6,954)	1,078,089	#DIV/0!	-1%	1,650,846	1,657,800	(6,954)
<b>Total Public Health 100% Prov. Funded</b>	<b>1,693,855</b>	<b>1,714,012</b>	<b>(20,157)</b>	<b>3,363,439</b>	<b>-1%</b>	<b>50%</b>	<b>3,147,384</b>	<b>3,183,383</b>	<b>(35,999)</b>
<b>Total Public Health Mitigation Funding</b>	<b>778,354</b>	<b>778,350</b>	<b>4</b>	<b>1,037,800</b>	<b>0%</b>	<b>75%</b>	<b>765,379</b>	<b>778,347</b>	<b>(12,968)</b>
Recoveries from Programs	9,009	27,500	(18,491)	10,000	-67%	90%	(26,880)	24,950	(51,830)
Program Fees	30,072	44,700	(14,628)	79,600	-33%	38%	27,513	38,721	(11,208)
Land Control Fees	166,975	195,000	(28,025)	225,000	-14%	74%	208,345	155,000	53,345
Program Fees Immunization	51,691	37,500	14,191	50,000	38%	103%	15,997	37,494	(21,497)
HPV Vaccine Program	9,996	7,125	2,871	9,500	40%	105%	0	0	0
Influenza Program	730	17,625	(16,895)	23,500	-96%	3%	0	0	0
Meningococcal C Program	1,479	5,250	(3,771)	7,000	-72%	21%	0	0	0
Interest Revenue	134,996	24,588	110,408	32,784	449%	412%	39,964	15,003	24,961
Other Revenues	0	11,250	(11,250)	15,000	-100%	0%	15,000	5,250	9,750
<b>Total Fees and Recoveries</b>	<b>404,948</b>	<b>370,538</b>	<b>34,410</b>	<b>452,384</b>	<b>9%</b>	<b>90%</b>	<b>279,939</b>	<b>276,418</b>	<b>3,521</b>
<b>Total Public Health Revenue Annual</b>	<b>12,659,481</b>	<b>12,650,712</b>	<b>8,769</b>	<b>17,904,039</b>	<b>0%</b>	<b>71%</b>	<b>13,909,243</b>	<b>13,954,685</b>	<b>(45,442)</b>
<b>Public Health Fiscal April 2023 - March 2024</b>									
Infection Prevention and Control Hub	0	0	0	0	#DIV/0!	0%			
School Nurses Initiative	175,000	175,000	0	175,000	0%	100%			
Needle Syringe Program	10,150	10,150	0	20,300	0%	50%			
New Purpose-Built Vaccine Fridge	5,546	5,550	(4)	11,100	0%	50%			
PHI Practicum Program	15,000	15,000	0	30,000	0%	50%			
Security System Upgrades	0	45,800	(45,800)	91,600	-100%	0%			
Upgrade Network Switches	61,085	61,100	(15)	61,100	0%	100%			
<b>Total Provincial Grants Fiscal</b>	<b>266,781</b>	<b>312,600</b>	<b>(45,819)</b>	<b>389,100</b>	<b>-17%</b>	<b>69%</b>	<b>0</b>	<b>0</b>	<b>0</b>



**Algoma Public Health**  
**Expense Statement- Public Health**  
For Nine Months Ending September 30, 2023  
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Salaries & Wages	7,932,210	8,124,797	192,587	10,833,060	-2%	73%	\$ 7,704,951	\$ 8,410,869	\$ 705,918
Benefits	2,080,084	1,906,035	(174,049)	2,541,380	9%	82%	1,851,847	1,965,181	113,334
Travel	138,599	119,100	(19,499)	158,800	16%	87%	94,526	141,529	47,003
Program	1,227,273	927,872	(299,401)	1,237,163	32%	99%	810,279	979,352	169,073
Office	44,825	61,800	16,975	82,400	-27%	54%	41,105	50,550	9,445
Computer Services	675,602	671,919	(3,683)	895,892	1%	75%	635,533	639,310	3,777
Telecommunications	219,961	198,749	(21,212)	265,000	11%	83%	252,252	245,646	(6,606)
Program Promotion	29,101	33,750	4,649	45,000	-14%	65%	31,219	63,699	32,480
Professional Development	39,716	60,318	20,602	80,424	-34%	49%	25,271	64,606	39,335
Facilities Expenses	741,359	693,000	(48,359)	924,000	7%	80%	957,792	829,794	(127,998)
Fees & Insurance	350,263	340,125	(10,138)	383,500	3%	91%	318,626	296,225	(22,401)
Debt Management	343,066	343,066	0	457,421	0%	75%	343,066	343,066	0
Recoveries	0	0	0	0	#DIV/0!	0%	(6,750)	(20,250)	(13,500)
	<b>\$ 13,822,059</b>	<b>\$ 13,480,531</b>	<b>\$ ( 341,528 )</b>	<b>\$ 17,904,040</b>	<b>3%</b>	<b>77%</b>	<b>\$ 13,059,717</b>	<b>\$ 14,009,577</b>	<b>\$ 949,860</b>

## **Notes to Financial Statements – September 2023**

### **Reporting Period**

The September 2023 financial reports include nine months of financial results for Public Health. All other non-funded public health programs are reporting six months of results from the operating year ending March 31, 2024.

### **Statement of Operations (see page 1)**

#### **Summary – Public Health and Non Public Health Programs**

In August 2023, APH received the 2023 Amending Agreement from the province identifying the approved funding allocations for APH's cost-shared and 100% funded programming. The annual budgets for public health programs have been updated to reflect these allocations. The following allocations/changes from the previous year are of significant note:

- A 1% or \$88,000 increase to base funding for cost-shared mandatory programs (pro-rated for the months of April through December)
- A \$129,800 annualized increase in base funding for the Ontario Senior Dental Care Program (pro-rated for the months of April through December).
- One time fiscal funding totaling \$328,000 for special initiatives (including COVID school focused nurses which were funded from April through June of 2023)

As of September 30, 2023, Public Health calendar programs are reporting a \$333K negative variance – which is driven by a \$342K negative variance in expenditures.

### **Public Health Revenue (see page 2)**

Our Public Health calendar revenues are within 1% of budget for 2023.

Although the province has confirmed that one-time extraordinary cost reimbursement for the COVID 19 programs will continue through 2023 (with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province), no allocations have been provided to date. Our Annual Service Plan was submitted to the Ministry on April 3, 2023 and our Q3 Standards Activity report was submitted to the Ministry on October 31, 2023 forecasting the need for \$621K in COVID 19 one-time funds for the 2023 calendar year.

For the fiscal year ending March 2024, funding has been approved totaling \$389K which includes continuation of the COVID School Focused Nurse initiative (which expired in June 2023) and \$61K of one time funding related to upgrading of essential IT network switches has been carried over from fiscal 2022-23 as approved by the Ministry in March 2023. Other initiatives for which one time fiscal funding has been provided for include the needle syringe program, new purpose-built vaccine fridge, PHI practicum and capital security system upgrades.

Although it has been confirmed that temporary IPAC Hub funding will continue into the 2023-24 fiscal year, APH has not yet received confirmed funding allocations. APH has shared with the Ministry, our input towards a 2023-24 budget for this program and we expect to receive feedback shortly.

No funding has been approved to date for COVID Recovery initiatives (\$650K was requested in 2022).

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

#### ***Salaries & Benefits***

There is a \$19K negative variance associated with salaries and benefits. This is driven by the increased cost of non-statutory benefits caused by significantly increased usage year over year.

#### ***Travel***

There is a \$19K negative variance associated with travel expenses. This is a result of management and front line staff increasing travel related to district recovery work and also increased travel related to professional development opportunities.

#### ***Programs***

There is a \$299K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs), physician coverage as well as increasing program demand for our Ontario Senior Dental program. We note that APH has requested an increase to base funding for the 100% funded Ontario Senior Dental program with the 2023 Annual Service Plan to fund these identified pressures. Although only a portion of our request has been approved to date, conversations with the Ministry related to required funding to maintain this program are ongoing and APH has been instructed to continue programming as planned, with in year funding opportunities to come to address ongoing pressures.

#### ***Telecommunications***

There is a \$21K negative variance associated with telecommunications driven by ongoing needs associated with implementation of retro-fitting our office telecommunication systems for current needs based on full staff return to the office (which will result in cost savings of at least \$3K per month moving forward).

### **COVID-19 Expenses**

#### ***COVID-19 Response***

This program includes case and contact management as well as supporting the information phone lines. August year to date expenses were \$192K (versus \$1,868K this time last year).

#### ***COVID-19 Mass Immunization***

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. August year to date expenses were \$167K (versus \$936K this time last year).

The majority of these costs consist of salaries and benefits costs of APH staff associated with the hours committed year to date to COVID response activities (versus work completed under normal 'home' program delivery).

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

APH's liquidity position continues to be stable and the bank has been reconciled as of September 30, 2023. Cash includes \$2.1M in short-term investments.

Long-term debt of \$4.1 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$239k of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

**Algoma Public Health**  
**Statement of Financial Position**  
(Unaudited)

	September 2023	December 2022
<b>Date: As of September 2023</b>		
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 4,591,425	\$ 6,759,408
Accounts Receivable	646,001	1,550,507
Receivable from Municipalities	21,630	6,482
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	5,259,056	8,316,397
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,018,930	1,319,570
Payable to Gov't of Ont/Municipalities	2,274,387	4,628,303
Deferred Revenue	271,319	317,901
Employee Future Benefit Obligations	2,849,656	2,849,656
Term Loan	3,702,106	3,702,106
<i>Subtotal Current Liabilities</i>	10,116,398	12,817,535
<b>Net Debt</b>	(4,857,342)	(4,501,139)
<b>Non-Financial Assets:</b>		
Building	23,012,269	23,012,269
Furniture & Fixtures	2,113,823	2,113,823
Leasehold Improvements	1,583,166	1,583,166
IT	3,284,893	3,284,893
Automobile	40,113	40,113
Accumulated Depreciation	-12,619,708	-12,619,708
<i>Subtotal Non-Financial Assets</i>	17,414,556	17,414,556
<b>Accumulated Surplus</b>	12,557,214	12,913,417



*Algoma*  
PUBLIC HEALTH  
Santé publique Algoma

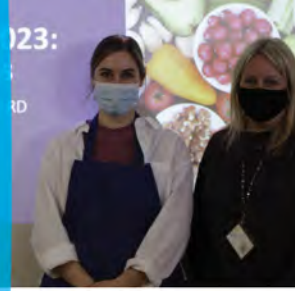
# 2024

## Recommended Capital and Operating Budget Report

To: Finance and Audit Committee of  
the Board of Health for the District of  
Algoma Health Unit

From: Dr. Jennifer Loo, Medical Officer  
of Health & Chief Executive Officer

**November 15, 2023**  
For discussion & decision





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## Issue

Approval is being sought for the recommended 2024 Capital & Operating Budget for Algoma Public Health (APH). The draft budget was developed by the Executive Team and is recommended by the Medical Officer of Health. It is to be reviewed at the November 15, 2023, meeting of the Board of Health Finance & Audit Committee.

## Recommended Action

**THAT the Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit approve the 2024 Capital & Operating Budget for Algoma Public Health in the amount of \$17,242,178.**

## Alignment to the Ontario Public Health Standards (2021)<sup>1</sup>

- As part of the *Organizational Requirements: Fiduciary Requirements Domain*, boards of health are accountable for using Ministry of Health (Ministry) funding efficiently and for its intended purpose and ensuring that resources are used efficiently and in line with local and provincial requirements.
- As part of the *Organizational Requirements: Good Governance and Management Practices Domain*, the board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: delivery of programs and services; organizational effectiveness through evaluation of the organization and strategic planning; stakeholder relations and partnership building; research and evaluation; compliance with all applicable legislation and regulations; workforce issues, including recruitment of medical officer of health and any other senior executives; financial management; and risk management.
- As part of the *Foundational Standard: Emergency Management*, the board of health shall effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts.
- The board of health shall ensure that administration implements appropriate financial management by ensuring that expenditure forecasts are as accurate as possible.
- To support municipal budget planning, APH attempts to advise contributing municipalities of their respective levies as early as possible.

## 1. Budget Summary

As context, the 2023 approved budget was \$17,740,689. This included \$1.1M in anticipated one-time COVID-19 extraordinary costs, based on the province's commitment to reimburse APH for further extraordinary COVID-19 expenses that could not be recovered by mandatory programs. As of September 30, 2023 (per APH's submitted third quarter standards activity report), it was forecasted that anticipated needs for COVID-19 extraordinary costs were \$621K versus the original ask of \$1.1M.

The **recommended 2024 budget for public health programs and services is \$17,242,178**. This represents a decrease of \$205,193 from the 2023-forecast budget.

The recommended budget is driven by historic and forecasted sub-inflationary provincial base funding, rises in inflation, and requirements to continue COVID-19 response and immunization work in the absence of Ministry COVID-19 extraordinary funding, which will end December 31, 2023, and impact mandatory public health program budgets.

The Executive Team has worked diligently in the current dynamic fiscal environment to balance pressures and ensure the maintenance and restoration of quality public health programs, as

<sup>1</sup> Ministry of Health. Ontario public health standards: Requirements for programs, services, and accountability: Protecting and promoting the health of Ontarians [Internet]. 2021 [cited 2023 Oct 28]. Available from: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/)



aligned with agency values of excellence, respect, accountability and transparency, and collaboration.<sup>2</sup>

The breakdown of the recommended 2024 operating budget of \$17,242,178 is provided in **Table 1.0**.

As a comparison of pre-pandemic (2019) to pandemic period budgets (2020, 2021, 2022, 2023 budget and forecast), a Budget Analysis is also provided in **Table 1.0**. Comparisons can be made between the recommended 2024 budget (\$17,242,178) and the 2023-forecast budget (\$17,447,372). The 2023-forecast budget presented is conservatively based on current funding allocations confirmed by the province combined with COVID-19 programming spend as forecasted with the third quarter standards activity report submitted to the province (as although COVID-19 one-time extraordinary funding for 2023 has been committed by the province, at the time of writing APH has yet to receive formal approval for same).

As evident in **Table 1.0**, and for all programs except those 100% provincially funded for 2024, APH's budget recommendation is built assuming there will a **6% or \$251,353 increase to the total municipal levy** rate applied as a district.

The following sections provide details on key 2024 budget factors.

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<sup>2</sup> Algoma Public Health. About us [Internet]. N.d. [cited 2023 Oct 28]. Available from: <https://www.algomapublichealth.com/>

**Table 1.0: Budget Analysis, 2019 – Recommended 2024**

Revenues Summary	2019 Actual	2020 Actual	2021 Actual	2022 Actual	2023 Budget	2023 Forecast	2024 Budget	% Change	
								2024 Budget vs 2023 Budget	2024 Budget vs 2023 Forecast
Province Portion of Jointly Funded Programs	7,523,200	8,703,177	8,712,804	8,773,422	8,795,200	8,861,200	10,020,210	13.9%	13.1%
100% Provincially Funded Programs	3,405,823	2,027,810	4,469,296	3,455,953	3,266,089	2,906,772	2,286,800	-30.0%	-21.3%
Province Mitigation Fund	0	1,037,800	1,037,800	1,037,800	1,037,800	1,037,800	0	-100.0%	-100.0%
Municipal Levies	3,519,703	3,559,232	3,808,378	4,189,216	4,189,216	4,189,216	4,440,569	6.0%	6.0%
Other Recoveries and Fees	688,282	503,127	455,882	459,114	452,384	452,384	494,600	9.3%	9.3%
<b>Total</b>	<b>15,137,008</b>	<b>15,831,146</b>	<b>18,484,160</b>	<b>17,915,505</b>	<b>17,740,689</b>	<b>17,447,372</b>	<b>17,242,179</b>	<b>-2.8%</b>	<b>-1.2%</b>
<b>Expenses:</b>									
Salaries and Wages	8,838,252	9,523,270	10,856,463	10,417,870	10,699,084	10,473,737	10,236,246	-4.3%	-2.3%
Benefits	2,148,254	2,225,203	2,098,164	2,408,728	2,512,002	2,503,588	2,665,034	6.1%	6.4%
Travel	214,809	103,453	143,484	138,138	158,800	156,338	174,525	9.9%	11.6%
Program	624,709	642,120	1,468,959	1,380,781	1,237,163	1,209,790	1,012,197	-18.2%	-16.3%
Equipment	75,417	89,026	103,245	82,545	20,000	20,000	30,000	50.0%	50.0%
Office	84,585	46,451	68,291	56,380	82,400	82,400	60,400	-26.7%	-26.7%
Computer Services	768,076	750,708	716,738	850,406	875,895	875,895	896,000	2.3%	2.3%
Telecommunications	260,123	290,550	365,098	326,935	265,000	273,840	244,000	-7.9%	-10.9%
Program Promotion	145,489	55,557	124,343	145,166	125,424	121,035	70,605	-43.7%	-41.7%
Facilities Leases	172,465	162,414	166,901	184,172	194,000	194,000	207,000	6.7%	6.7%
Building Maintenance	864,553	711,183	1,173,229	1,095,440	730,000	695,828	770,000	5.5%	10.7%
Fees & Insurance	238,689	251,994	311,961	362,383	383,500	383,500	418,750	9.2%	9.2%
Expense Recoveries	-109,670	-135,109	-82,613	-6,750	0	0	0	0.0%	0.0%
Debt Management (I & P)	460,900	460,900	460,900	457,420	457,421	457,421	457,421	0.0%	0.0%
<b>Total</b>	<b>14,786,651</b>	<b>15,177,719</b>	<b>17,975,163</b>	<b>17,899,614</b>	<b>17,740,689</b>	<b>17,447,372</b>	<b>17,242,178</b>	<b>-2.8%</b>	<b>-1.2%</b>
<b>Surplus/(Deficit)</b>									
	<b>\$ 350,357</b>	<b>\$ 653,426</b>	<b>\$ 508,997</b>	<b>\$ 15,891</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>		

## 2. 2024 Budget Background

To provide context for the recommended 2024 budget and increase in the total municipal levy rate applied to the district, a background is being shared to explain:

- **The state of public health funding and factors posing financial pressures for 2024**, including recent provincial announcements and anticipated public health sector changes, inflation and historic and forecasted sub-inflationary increases to public health provincial base funding, the end of extraordinary COVID-19 funding, and the addition of significant FTE during the pandemic years.
- **Strategies enacted by APH to mitigate the impact of financial pressures and recommend a balanced budget**, including maximizing sources of one-time and/or 100% provincial funding, seeking additional funding sources, identifying efficiencies and potential for cost-savings, aligning our work to the core functions of public health and partners, offering a voluntary retirement incentive program, and planning for workforce reduction.

The recommended budget, balanced through strategies enacted to mitigate the impact of financial pressures and recommended increase in municipal levy contributions, reinforces the minimum financial requirements needed to sustain COVID-19 response and immunization programming and continue the provision of mandatory public health programs and services to promote and protect community health and advance health equity across Algoma.<sup>2</sup>

### 2.1 State of Public Health Funding and Financial Pressures

Public health sector changes are anticipated in 2024-2026 and will impact the funding and responsibilities of local public health. There is uncertainty with regards to how this period of change will impact APH and the provision of public health services and programs to local communities.

However, there are four primary factors underpinning financial pressures being faced by local public health and reinforcing the need for (a) APH actions to mitigate the impact of financial pressures and (b) an increase in municipal levy to balance the proposed budget.

Four primary factors include:

- Recent provincial funding announcements and anticipated public health sector changes,
- Impacts of inflation and historic and forecasted sub-inflationary increases to public health provincial base funding,
- The end of extraordinary COVID-19 funding, and
- Public health workforce expansion during the pandemic response, which are described below.

#### 2.1.1 Provincial Announcements, Anticipated Changes, and Uncertainties

On September 27, 2023, a briefing note was provided to the Board of Health to provide situational awareness of public health sector changes anticipated in 2024-2026, and background on the structure and governance of local public health, funding of local public health, APH, and the local public health context in northeastern Ontario.<sup>3</sup>

In August 2023, the provincial government announced intentions to:

1. **Conduct a review of the Ontario Public Health Standards (OPHS)**<sup>1</sup>, with an intent to identify roles and responsibilities that can be refined or stopped, and/or “re-levelled” to a regional or provincial level and implement a revised OPHS by January 1, 2025.

The OPHS were established in 2009, and experienced comprehensive revision in 2018 with

<sup>3</sup> Loo J. Briefing note: BOH situational awareness of public health sector changes anticipated in 2024-2026 [Internet]. 2023 [cited 2023 Oct 28]. Available from: <https://www.algomapublichealth.com/media/6803/meeting-book-september-27-2023-board-of-health-meeting-website.pdf>

subsequent updates in specific program areas in June 2021, including the addition and broadening of several public health program areas.<sup>1,4</sup> The history of public health is characterized by an evolving tension over its scope – narrow and focused on combatting disease and sanitation, or expansive and focused on addressing a wide range of preventive and upstream factors known to affect population health.<sup>5</sup>

At the time of writing, outside of ongoing topic-specific opportunities to provide feedback to the OPHS, the province has not initiated a coordinated engagement of local public health units in the announced review of the OPHS. However, as part of routine work to evolve our public health programs and services to maximize our resources and avoid duplication of what other provincial and local partners are offering, APH has already been working to align prioritized work to the core functions of public health and services offered by provincial and local health and social service system partners, as further explained in **Section 2.2.4**.

2. **Support a coordinated approach to voluntary mergers of local public health units** through the development of criteria, parameters, and accountability mechanisms via stakeholder consultations in fall 2023, submission of proposals via the 2024 annual service plan (ASP) and budget submission, initiation of voluntary mergers by January 2025, with time-limited Merger Support Funding from 2024-2026 to resource merger implementation and facilitate business continuity.

Over the past century, Ontario has transitioned from having 800 boards of health to the current state of 34 public health units.<sup>4</sup> At the time of writing, the Ministry has released overarching objectives to support voluntary mergers, which cover critical mass, organizational performance, human resources, and system alignment and partnerships.<sup>6</sup> Of note, the Ministry's critical mass criteria sets a minimum health unit population base of 500,000, though it recognizes that in limited circumstances, mergers of geographically large, remote, and sparsely populated local public health agencies may result in geographic challenges that outweigh the benefits of achieving this minimum population base.<sup>6</sup>

An in-person meeting in November 2023 in the north east with the Chief Medical Officer of Health, senior ministry officials, and other northeastern Ontario medical officers of health is anticipated to further inform the engagement process and expected pathways forward on voluntary mergers in the region.

The presence of the new, 100% time-limited Merger Support Funding is expected to cover all merger-related transition costs, along with business continuity expenses.<sup>6</sup> However, the provision of funding is likely contingent on public health units proceeding with a provincially approved merger and the timing of merger support funding approval remains uncertain, possibly summer/fall of 2024, if the launch of the merger proposal submission process remains through the 2024 ASP, as originally proposed by the ministry.

3. **Conduct a review of the ministry's funding methodology for public health**, with a new funding approach to be communicated in spring of 2025 and implemented in 2026; and meanwhile provide stable funding for the local public health sector during this period of change by

- (a) **returning health unit base funding to levels previously provided in 2020** (i.e., prior to the change in the municipal cost-share ratio from 75:25 to 70:30); and
- (b) **providing an increase in base funding of 1% per year over the three years from 2024-2026.**

For historical context, in 2020, the province shifted the cost-share formula to 70% provincial, 30% municipal, and incorporated nine previously 100% funded programs into the general pool of mandatory programs that are cost-shared with municipalities. From 2020 to 2023, the province provided annual, one-time mitigation funding to public health units to offset increased public health program costs of municipalities because of the cost-sharing change. There was no increase to

<sup>4</sup> Association of local public health agencies (alPHA). Milestones and History: History of public health units in Ontario. N.d. [cited 2023 Sept 18]. Available from: <https://www.alphaweb.org/page/milestones>

<sup>5</sup> National Academies of Sciences, Engineering, and Medicine. A Population Health Workforce to Meet 21st Century Challenges and Opportunities: Proceedings of a Workshop [Internet]. 2023 [cited 2023 Nov 4]. Available from [https://nap.nationalacademies.org/catalog/27232/a-population-health-workforce-to-meet-21st-century-challenges-and-opportunities?utm\\_source=HMD+Email+List&utm\\_campaign=be6c81fa9d-EMAIL\\_CAMPAIGN\\_2023\\_08\\_29\\_06\\_29&utm\\_medium=email&utm\\_term=0\\_-be6c81fa9d-%5B%5D\\_EMAIL\\_ID%5D&mc\\_cid=be6c81fa9d&mc\\_eid=8b76a4e962](https://nap.nationalacademies.org/catalog/27232/a-population-health-workforce-to-meet-21st-century-challenges-and-opportunities?utm_source=HMD+Email+List&utm_campaign=be6c81fa9d-EMAIL_CAMPAIGN_2023_08_29_06_29&utm_medium=email&utm_term=0_-be6c81fa9d-%5B%5D_EMAIL_ID%5D&mc_cid=be6c81fa9d&mc_eid=8b76a4e962)

<sup>6</sup> Ministry of Health, Office of Chief Medical Officer of Health, Public Health. Strengthening public health: Outcomes and objectives to support voluntary mergers [Internal Document]. 2023 [cited 2023 October 30].

provincial mitigation funding from 2020-2023. Further, from 2019 to 2021, there were no provincial increases to public health base funding. A 1% increase was provided to provincial public health base funding in each of 2022 and 2023.

As explained in detail in **Sections 2.1.2 and 2.1.3**, provincial funding for local public health during the period of change from 2024-2026 continues to be insufficient to maintain operations. This is primarily due to inflation and sub-inflationary increases to public health funding that are anticipated to continue, and the end of extraordinary COVID-19 funding that will necessitate use of mandatory program budgets to cover costs associated with continued COVID-19 response and immunization that have not traditionally been managed within these budgets.

The Board Chair and Medical Officer of Health are seeking opportunities to engage with the Ministry of Health, alongside Northern Ontario municipal and Indigenous partners where appropriate, with regards to the provincial review of the funding methodology for public health, such that the realities of northern community health needs and public health service delivery in the north are accurately represented for consideration.

At the time of writing, APH has not yet been engaged in the review of the ministry's funding methodology for public health.

Provincial communication frames these initiatives as aiming to optimize capacity, stability, and sustainability in the public health sector. The province identifies its strategy as grounded in a locally driven approach, equipped with provincial resources to facilitate change while ensuring frontline jobs and local public health programs and services are retained and strengthened.

Engagement with Northern PHUs, partners, and the province is anticipated to begin in Fall 2023 and continue into 2024. These efforts will require time and resources from Executive and Leadership.

## 2.1.2 Inflation and Sub-Inflationary Increases to Public Health Funding

The historic and continued gap between provincial base funding and general inflation has resulted in ongoing financial pressures for local public health.

Since 2016, provincial increases to base funding for cost-shared programs has cumulatively amounted to 5.9%. This cumulative increase includes allocated mitigation funding which the province has committed to rolling back into base funding allocations in 2024.

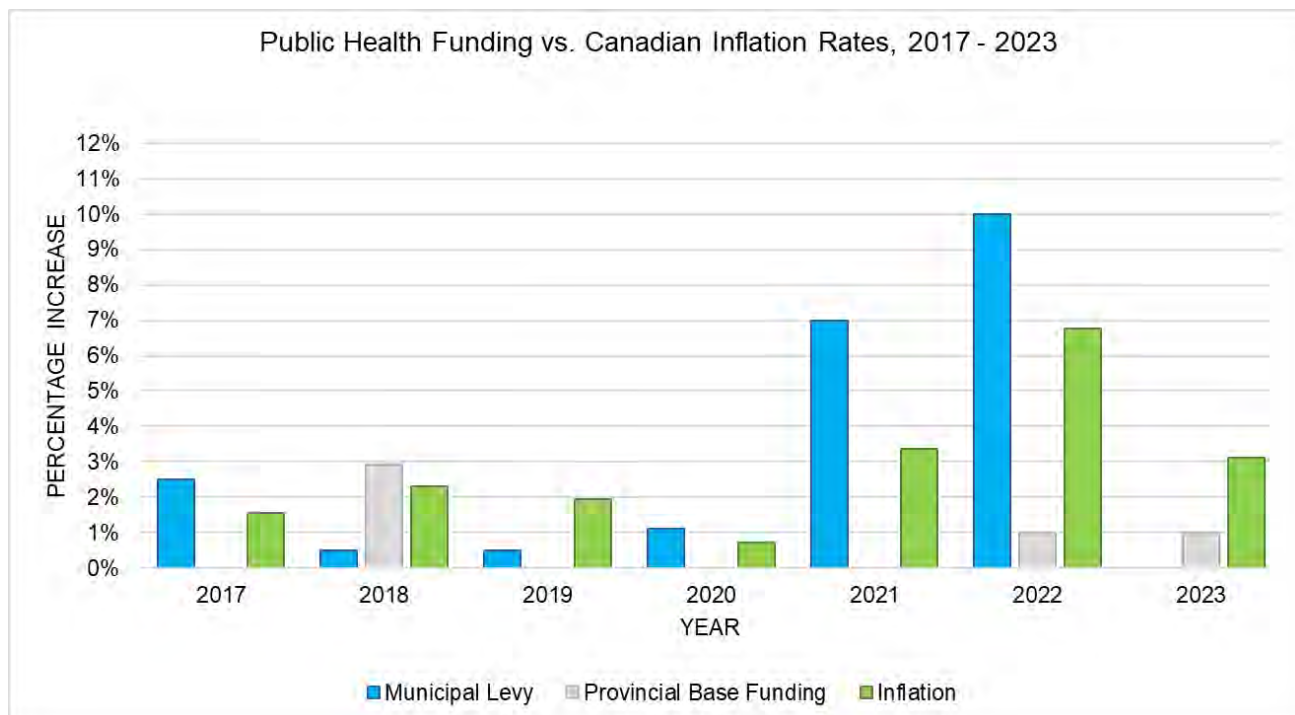
The status quo in provincial base funding (i.e., base funding returned to 2020 levels), with the announced 1% growth to base funding in 2024, remains insufficient to meet ongoing inflationary pressures which are estimated at **23.6%** since 2016.

During the pandemic, these inflationary pressures were not as restrictive in budget planning, as APH had access to one-time COVID-19 extraordinary dollars to fund the ongoing work required to address our response to COVID-19, which represented the bulk of APH's work in 2020 through 2022. This funding will end as of December 31, 2023 – adding additional pressure to current base funding dollars as we routinize COVID-19 work into standard program delivery.

**Figure 1.0** summarizes historical trends in APH funding (both provincial and municipal sources) as compared to average Canadian inflation rates.<sup>7</sup>

<sup>7</sup> Statistics Canada. Consumer price index, annual average, not seasonally adjusted [Internet]. 2023 [cited 2023 Oct 10]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000501&pickMembers%5B0%5D=1.2&cubeTimeFrame.startYear=2016&cubeTimeFrame.endYear=2022&referencePeriods=20160101%2C20220101>

**Figure 1.0: Public Health Funding vs. Canadian Inflation Rates<sup>7</sup>, 2017-2023**



As a summary of cumulative increases from 2016 -2023<sup>8</sup> displayed in **Figure 1.0**:

- Municipal levy increased 23.22%.
- Inflation has increased 23.60%.
- Provincial base funding, including temporary mitigation funding, increased 5.90%.

As depicted in **Figure 1.0**, aside from an increase to provincial base funding in 2018 alongside release of revised OPHS, provincial base funding has not kept pace with inflation, necessitating valuable contributions from municipal levy to sustain the core functions of public health and service to Algoma communities.

Provincial funding for public health, in addition to not keeping pace with inflation, remains a relatively low portion of Ministry of Health spending despite recognition that investment in public health generates significant return on better health, lower health care costs, and a stronger economy.<sup>9</sup> According to the 2018-19 former Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was about 2% of the total Ministry operating expenses.<sup>9</sup>

### 2.1.3 End of Extraordinary COVID-19 Funding

APH's robust COVID-19 response and immunization efforts have had tremendous success in protecting residents from a once-in-a-century infectious disease threat. The work associated with COVID-19 has required an unprecedented quantity of resources, including expenses reported to the Ministry for reimbursement as COVID-19 response and COVID-19 vaccine extraordinary cost.

From 2020 to 2023, approved one-time COVID-19 funding was provided to offset extraordinary costs associated with the pandemic response.

As of Q3 2023 projections, APH anticipates \$621,000 in COVID-19 response and immunization labour costs to be reimbursed through extraordinary funding for 2023.

Looking into 2024, COVID-19 has not and will not go away indefinitely, but will instead become a disease of public health significance that will require ongoing attention by public health. For response,

<sup>8</sup> Note: To derive 2017 percentage increases, 2016 values were used as a comparator, though not displayed in Figure 1.0.

<sup>9</sup> Association of Local Public Health Agencies. Public health matters. 2022 [cited 2023 November 6]. Available from: [alPHA\\_Public\\_Health\\_Matters\\_2022.pdf](https://www.alpha-public-health-matters.com) (ymaws.com)

this means that there will be ongoing need for COVID-19 activities within existing functions, including case and outbreak management, surveillance, public communications, immunization, and infection prevention and control support for facilities.

However, extraordinary funding will be ending as of December 31, 2023. Therefore, costs associated with continued COVID-19 response and immunization efforts into 2024 and beyond must be absorbed by mandatory program budgets.

**Table 2.0** and **Table 3.0** provide an overview of COVID-19 response and immunization hours, labour costs, and third-party expenses from 2020-2023, as compared to the number of outbreaks in Algoma and COVID-19 vaccines delivered at APH-led or supported clinics.

**Table 2.0: COVID-19 Outbreaks, Response Hours, and Labour Costs, 2020 – September 2023**

COVID-19 Response					
Year	2020 (Mar – Dec)	2021 (Jan – Dec)	2022 (Jan – Dec)	2023 (Jan – Sept)	Summary of 2020 –2023
<b>COVID-19 Outbreaks<sup>10</sup></b>	3	71	136	35	245
<b>Hours</b>	74,735	90,409	40,106	2,753	208,003
<b>Labour Costs</b>	\$4,221,601	\$4,783,861	\$1,783,671	\$173,191	\$10,962,324

**Table 3.0: COVID-19 Immunizations, Immunization Hours, Labour Costs, and Third-Party Health Service Costs, 2021 – September 2023**

COVID-19 Immunization				
Year	2021 (Jan – Dec)	2022 (Jan – Dec)	2023 (Jan – Sept) <sup>11</sup>	Summary of 2020 –2023
<b>COVID-19 Immunizations Administered at APH-led or supported clinics<sup>12</sup></b>	119,163	25,101	2083	146,347
<b>Hours</b>	62,615	20,108	1,527	84,250
<b>Labour Costs</b>	\$2,879,125	\$844,367	\$142,073	\$3,865,565
<b>3rd Party Health Services</b>	\$506,254	\$52,847	\$4,692	\$563,793

Coordinated efforts with health partners across Algoma has resulted in 83.8% of the eligible population in Algoma having at least one dose of COVID-19 vaccine, and 80.6% having completed their primary series as of October 30, 2023.<sup>13</sup>

As is evident through a comparison between years, labour costs for COVID-19 response and immunization overall have decreased from 2021 to 2023.

It is anticipated that COVID-19 related costs will continue to decline in 2024, though remain, as work to prevent, monitor, detect, and contain COVID-19, and organize and oversee the COVID-19 immunization campaign will continue to be part of the role of local public health.

<sup>10</sup> Public Health Case and Contact Management Solution (CCM) [Secure database]. 2023 [cited date 2023 Oct 31].

Note: Case and contact management guidance provided by the Ministry of Health changed throughout the pandemic, therefore, work associated with cases, contact tracing, and outbreak management changed from 2020-2023, and outbreak definitions were updated over time.

<sup>11</sup> Note: The immunization season does not commence until October, which pairs with the start of the annual respiratory season. Therefore, the number of immunizations for Fall 2023/2024 does not reflect the extent of administration that has and continues to occur across the district.

<sup>12</sup> IntelliHealth, COVAX [Secure database]. 2023 [cited date 2023 Oct 31].

Note: The volume of COVID-19 immunizations administered at APH-led or supported clinics was influenced by the COVID-19 vaccine rollout and the associated expansion of eligible groups, availability of doses, and the vast support provided by local partners (i.e., pharmacies, Indigenous health centres and organizations, primary care, hospitals, long-term care homes, and retirement homes, etc.).

<sup>13</sup> Capacity Planning and Analytics Division (CPAD). SAS Visual Analytics Hub. COVID-19 Vaccine resources [Secure database]. 2023 [cited 2023 Oct 31].

Note: A fall 2023/24 booster dose includes those eligible in Algoma who received a booster dose on or after September 14, 2023.

## 2.1.4 Public Health Workforce Expansion during the Pandemic Response

APH's public health workforce expanded during the pandemic period, to support COVID-19 response and immunization efforts. In the last five years, the largest increase in total FTE was noted between 2021-2022 (see **Table 4.0**).

**Table 4.0: FTE Analysis from 2019 (Pre-Pandemic) to 2023<sup>14</sup>**

FTE Analysis			
Year	Contract/Temp	Permanent	Total
2019	3	121	124
2020	5	118	123
2021	25	123	148 (+ 6 casual immunizers)
2022	18	144	162 (+ 3 casual immunizers)
2023	6	146	149 (+ 3 casual immunizers)

Within APH's 2022 Budget<sup>15</sup>, the Board of Health approved the addition of 15 permanent FTE, including front-line and management positions, due to the immense need to maintain COVID-19 response and immunization efforts, and critical public health work as part of the early stages of pandemic recovery.

There was uncertainty at that time of how long pandemic work would persist, requiring additional stable resources.

One-time funding was geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today and prepare for emergencies of tomorrow. However, particularly in the northern Ontario context, one-time funding was not amenable to the recruitment and retention of skilled public health professionals. Therefore, the 2022 budget supported the permanent addition of 15 FTE.

APH experienced success with recruitment of the new, permanent positions. However, as the pandemic response has ramped down, so has the required size of our workforce. From 2022-2023, APH experienced a reduction of contracted/temporary positions that more closely resembles pre- and early pandemic periods.

Workforce reduction, one of several strategies described below to reduce the impact of financial pressures, would not necessarily include a reduction of the same FTE created in 2022. This is due to the need to ensure alignment of public health human resources to current and anticipated priority public health work, as well as the need to support ongoing COVID-19 response and pandemic recovery catch-up (e.g., COVID-19 outbreak management, COVID-19 immunizations, school-based routine vaccine catch-up, RSV, mental health and substance use, etc.).

It is well understood that to meet the current needs of community health and reduce pressure on the health care system, there is a need for a workforce that is community and population health-oriented.<sup>16</sup>

<sup>14</sup> Note: One FTE = 1820 hours/year. Data for 2022 represents status as of November 7, 2022. Data for 2023 represents status as of November 6, 2023.

<sup>15</sup> Algoma Public Health. 2022 Recommended public health operating and capital budget report [Internet]. 2021 [cited 2023 Oct 28]. Available from: <https://www.algomapublichealth.com/media/4972/meeting-book-november-24-2021-board-of-health-meeting-website.pdf>

<sup>16</sup> Chiolerio A. Care, cure, and if possible, prevent. The Lancet [Internet]. 2023 Nov [cited 2023 Nov 4]; 402(10413):1625. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01415-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01415-0/fulltext)



## 2.2 Strategies to Mitigate the Impact of Financial Pressures

Due to factors imposing financial pressures described above, APH is unable to maintain all current operations and funding at status quo, as this would result in a deficit for 2024.

To achieve a balanced budget, APH recognizes that we must prioritize the health needs of our Algoma communities, and bear in mind the impacts that any significant levy increases or workforce reductions would have on local municipalities and public health program and service delivery.

Leadership has been working diligently since early 2023 to maximize one-time and 100% funded opportunities, seek additional funding opportunities, identify efficiencies, implement cost-saving measures, and align prioritized work to core public health functions and reduce duplication with provincial and community partners to aid with current financial pressures. In addition, a voluntary retirement incentive program was offered, and workforce reduction planning was initiated, all of which are further described below.

### 2.2.1 Maximizing One-Time and/or 100% Funding

To minimize the impact to public health cost-shared programs, APH continues to maximize one-time and/or 100% funding opportunities as available (e.g., Ontario Senior Dental Care Program (OSDCP), Infection Prevention and Control (IPAC) Hub, COVID-19 one-time funding for 2023).

### 2.2.2 Seeking Additional Funding

As part of routine operations, APH's finance, foundational, and public health teams have been identifying opportunities to apply for external grant and project funding for the medium and long term. Grant funding, pending requirements, can provide additional, time-limited financial support for retaining or recruiting FTE and supporting priority public health work.

Grant funding has provided benefit to APH in the past, to add FTE and conduct mandatory program work. For example, APH has previously received:

- Canada Summer Jobs wage subsidies, to create quality summer work experiences for young people aged 15 to 30, which has supported administrative and project work across the agency.
- Northern Ontario Heritage Fund Corporation (NOHFC) funding for internship positions, to support Human Resources, Communications, and Emergency Management.
- Health Canada HealthADAPT<sup>17</sup> funding, along with 6 other Northern health units in 2020, for a two-year project to conduct a climate change and health vulnerability and adaptation assessment for Northern Ontario public health units.

APH routinely explores and applies for relevant funding opportunities as they arise.

Despite adding value, one-time funding poses recruitment and retention challenges for new positions that are only temporary in nature.

In addition, reliance on one-time solutions to balance the budget for 2024 are not ideal, as current pressures are expected to outweigh funding growth for an indeterminable period.

### 2.2.3 Identifying Efficiencies and Potential for Cost-Savings

A leadership exercise was conducted in spring 2023 to identify efficiencies and implement cost-saving improvement projects. This included an intensive review of agency and program priorities, FTE, materials and supplies, travel, promotion, professional development, memberships, subscriptions, etc.

Few examples of efficiencies identified leading to cost-saving included:

- Information Technology (IT) and Corporate Services conducted a review of phone and IT related services, including internet provision, videoconferencing, fax services, etc. A review of phone lines

<sup>17</sup> Government of Canada. HealthADAPT [Internet]. 2023 [cited 2023 Oct 28]. Available from: <https://www.canada.ca/en/health-canada/programs/health-adapt.html>

and cell phone allocations has resulted in decreased number of lines and cell phones needed.

- Facilities management began work on a project with the assistance of a third-party provider to assess energy use and potential for efficiencies/reductions, which are anticipated to yield future cost savings.
- The implementation of an agency-wide district travel calendar to coordinate travel of staff throughout the district with delivery of program material and supplies between APH offices, which has reduced use of, and fees associated with, external delivery provider services.

Opportunities to restrict expenses outside of labour and benefits alone to balance the recommended 2024 budget were not feasible, as most items are non-discretionary (e.g., utilities, insurance, etc.) and this course of action would severely restrict program work moving forward that requires necessary resources for service delivery.

Therefore, the intention was to maximize the use of available dollars where possible to continue prioritized health promotion and protection programming, as well as required COVID-19 response and immunization efforts, while assessing agency-wide opportunities for cost savings to help with financial pressures.

## 2.2.4 Aligning Prioritized Work to Core Functions

Despite provincial government intention to conduct a review of the OPHS, with an intent to identify roles and responsibilities that can be refined or stopped, and/or “re-levelled” to a regional or provincial level, it is likely that the public health approach will remain focused on the core functions of public health, as have changes to the OPHS in the past.

The core functions of public health include<sup>18</sup>:

- Population health assessment
- Surveillance
- Disease and injury prevention
- Health promotion
- Health protection
- Emergency preparedness

In summer 2023, APH updated Standard Implementation Plans (SIPs) used for program planning and conducted thorough review at the program level of community health needs/priorities and anticipated public health work in 2024, along with required FTE and material resources.

To enact a population health approach, local public health must optimize cross-sector partnerships to maximize resource use and avoid duplication of services, as well as focus on upstream approaches to public health that are uniquely planned and implemented by public health.

Few examples of strategic realignment include:

- Working closely with community partners (i.e., pharmacies, primary care, hospitals, Indigenous health services, etc.) throughout the pandemic and into COVID-19 recovery to increase vaccine delivery channels and access to vaccination for Algoma residents. By optimizing cross-sector partnerships, access to influenza and COVID-19 vaccine across the district has significantly expanded. Unlike pre-pandemic years, APH has not had to divert resources from core programming to support immunization efforts in fall 2023, and instead can continue to provide the public health promotion and protection programming alongside seasonal vaccine campaigns. As of November 1<sup>st</sup>, 2023, for the Fall 2023/24 season, pharmacies have administered 66.5% of COVID-19 doses across Algoma.<sup>19</sup> Appointments for influenza and COVID-19 booster immunization continue to be available

<sup>18</sup> Canadian Public Health Association. Public health in the context of health system renewal in Canada [Internet]. 2019 [cited 2023 Nov 4]. Available from: <https://www.cpha.ca/public-health-context-health-system-renewal-canada>

<sup>19</sup> Capacity Planning and Analytics Division (CPAD). SAS Visual Analytics Hub. COVID-19 Vaccine resources [Secure database]. 2023 [cited 2023 Nov 1].

across the district for all age groups, and APH continues to offer appointments (by phone or walk-in) for priority groups, such as children aged 6 months to 2 years who are unable to access a primary care provider and unable to receive vaccination through local pharmacies.

- Pivoting in-person services to online options during the pandemic, and taking opportunity to pause, assess, and realign public health services to address emerging needs and priority populations. For example, prenatal classes continue to be available through an online platform (InJoy). The Healthy Growth and Development program has been conducting situational assessments to better understand community needs, priority populations, and evidence-informed programs that will meet community needs for prenatal and parenting support.
- Opting to end individual 1:1 smoking cessation services in 2024, as there are several free provincial smoking cessation services available. We will continue to support community providers in the promotion of tobacco cessation services at existing point-of-contact with clients. Public health is mandated to focus on comprehensive tobacco prevention, protection, and promotion, and there has been a long-standing need to shift resources from individual treatment to address the broader scope of our public health mandate to make an impact at the population level.
- Reviewing and changing the Sexual Health Information Line, as there is now a provincial Sexual Health Infoline Ontario providing free, anonymous, and inclusive services staffed by counsellors who provide information, support, and referrals to Ontarians on sexual health topics. By leveraging provincial resources and minimizing duplication, APH will align staff to focus on core population health interventions that complement and augment existing provincial resources and services, to maximize impact at the local level.

Although these program decisions precede the recognized financial pressures anticipated in 2024, they will positively contribute to maximizing use of public health human resources and skillsets, as well as material resources, to address priority public health issues and work towards health for all.

Similarly, throughout 2023, work on updating Algoma's Community Health Profile (CHP) has continued, which will provide a snapshot of health across Algoma. The report, anticipated to be released in 2024, will highlight both public health successes and priority health concerns that our communities need to focus on in the next few years.

Public health programs have begun using preliminary data, community partner insights, and evidence-informed frameworks to identify and plan for addressing public health priorities for 2024, which will require aligning public health resources accordingly (e.g., substance use prevention and harm reduction, prioritization of high-risk inspections, catch-up on school-aged immunizations, healthy sexuality/sexual health, mental health promotion, etc.).

### 2.2.5 Voluntary Retirement Incentive Program (VRIP)

As a measure to minimize impacts to our workforce, on October 12, 2023, APH shared information with all employees on the VRIP, an initiative providing access to a one-time only voluntary retirement incentive program that recognized and rewarded eligible employees for their service to the organization by providing them with the opportunity to apply to retire with certain retirement incentives.

We congratulate and express gratitude to the APH employees who will be retiring and provided years of dedicated, quality public health service to protect and promote the health of communities in Algoma.

### 2.2.6 Workforce Reduction Planning

Workforce reduction has been planned for amongst other strategies to come to a balanced budget for 2024 and minimize impact to the workforce. Workforce reduction strategies include (a) gapping existing vacancies where possible and (b) planning for permanent elimination of existing positions with consideration of our public health mandate and local public health priorities, as needed, based on the outstanding deficit projected after approval of municipal levy contributions for 2024.

As a temporary measure, APH began gapping vacant positions in 2023 and continues to conduct monthly review of gapped funding dollars. Consolidating and/or eliminating vacant positions is less

disruptive for individual staff and has already been implemented where possible.

Management-level FTE reductions have also been completed. At this time, compared to the beginning of 2023, the number of senior members of the executive team has been reduced by one, following the retirement of two directors, and the number of managers has also been reduced by two. In addition, several temporary staff contracts have been ended.

Leadership has been carefully reviewing program priorities and opportunities for strategic realignment to minimize the need to reduce FTE through layoffs. However, given the anticipated 2024 funding, it is necessary for a limited workforce reduction that would achieve a balanced budget and preserve our ability to deliver our OPHS mandate and strategic priorities.

An increase in municipal levy contributions would alleviate the magnitude of workforce reduction for 2024, as further outlined in **Section 7.1.3: Municipal** of the report.

Pending approval of the budget, any necessary workforce reduction would be communicated with staff and unions, and follow collective agreement processes, as appropriate.

Position elimination/layoff will continue to be reviewed and assessed based on any new retirements, leaves, or vacancies that arise in Q4 2023 and throughout early 2024.

### 3. Public Health Human Resource Overview

Despite historic challenges in recruitment and retention of skilled public health professionals in Northern Ontario and limitations posed by one-time funding, APH was successful in recruitment throughout 2023.

#### 2023 Recruitment Snapshot

A snapshot of 2023 health human resource recruitment indicators is provided below. From January – October 11, 2023:

- Eleven (11) new permanent full-time and eight (8) new temporary employees have filled vacant positions.
- Six (6) temporary staff hired in 2022/2023 were awarded permanent full-time positions.
- Eight (8) permanent employees were successful candidate for other permanent positions (e.g., in another program, leadership, or new position).
- Three (3) temporary full-time employees have secured other temporary positions (extending their contracts).
- Three (3) permanent positions remain vacant in active recruitment.

The total vacancies (3) in active recruitment at APH result in a 2.0% vacancy rate<sup>20</sup>, which is significantly lower than the vacancy rate experienced in October 2022 (11.04%).<sup>21</sup> With recruitment efforts continuing, it is assumed these positions will be filled in 2024.

#### Success Story: Recruitment of Public Health Inspectors

Despite past challenges with recruitment of certified public health inspectors (PHIs), an issue shared among Northern public health units, APH experienced high success with PHI recruitment in 2023.

PHIs working within the Infectious Diseases and Environmental Health programs have had a leading role in COVID-19 response, specifically with IPAC, outbreak management and application and enforcement of the *Reopening Ontario Act*.<sup>22</sup> Outside of COVID-19, PHIs routinely evaluate and monitor health and safety hazards and implement progressive and innovative approaches to control risks and

<sup>20</sup> Note: Based on the total permanent employee FTE as of October 11, 2023, including three vacancies in recruitment (n=155.7).

<sup>21</sup> Algoma Public Health. 2023 Recommended capital and operating budget report [Internet]. 2022 [cited 2023 Nov 4]. Available from: <https://www.algomapublichealth.com/media/6142/meeting-book-october-26-2022-board-of-health-meeting-website.pdf>

<sup>22</sup> Government of Ontario. Reopening Ontario (a flexible response to COVID-19) act, 2020, S.O. 2020, c. 17 [Internet]. 2020 [cited 2023 Nov 4]. Available from: <https://www.ontario.ca/laws/statute/20r17>

ensure compliance with government regulations that keep us safe.<sup>23</sup>

As of October 2022, there were 5 PHI vacancies, including vacancies in SSM (3), Blind River (1), and Elliot Lake (1).<sup>21</sup> As of November 6, 2023, there is only one (1) PHI vacancy outstanding in Blind River that remains in active recruitment.

This success can be attributed to enhanced posting of positions to professional association and public career pages, the Manager of Environmental Health attending job/career fairs and hosting information sessions for learners, and direct forwarding of information to interested students through academic institutions with an accredited program.

Recruitment has allowed the Environmental Health team to accelerate catch up on the backlog of inspections delayed due to pandemic response efforts and return to core health protection work and associated health promotion activities (e.g., food handler courses, food safety campaign, etc.).

## 4. 2024 Budget Financial Assumptions

Given the unknowns, several assumptions were required to base the 2024 estimated expenses and revenues. They are as follows:

- Base funding for cost-shared mandatory programming will be restored to the level previously provided under the 2020 cost-share formula by reinstating \$1,037,800 of mitigation funding back into base funding levels.
- Base funding for cost-shared mandatory programs will increase at a rate of 1.0% per year, for 2024 through 2026.
- Cost-sharing mitigation funding will be discontinued as of December 31, 2023.
- COVID-19 one-time extraordinary funding to support costs associated with APH's response to the COVID-19 pandemic that cannot be managed within mandatory programs will be discontinued as of December 31, 2023.
- One-time Infection Prevention and Control (IPAC) Hub funding will be discontinued as of March 31, 2024 (current allocation of \$603,400 for the 2023-24 fiscal year). APH has consistently received one-time funding for the IPAC Hub since fiscal 2020-21. Confirmation of further cycles of this funding has traditionally been communicated late in the fiscal year. At the time of writing, the Ministry has yet to provide communication regarding the potential of IPAC Hub funding continuing into the 2024-25 fiscal year, and as such this potential funding has been omitted from 2024 budget planning.
- The available upcoming 100% merger support funding is contingent upon public health unit commitment to a ministry-approved merger, which at the time of writing APH has not committed to. Should APH pursue a potential merger, any possible funding availability may not materialize until late summer/early fall 2024 (which is the typical time frame within which we would receive formal funding and accountability agreements from the province based on ASP submission). For this reason, this potential funding has been omitted from 2024 budget planning.
- No additional funding will be provided by the Ministry to fund COVID-19 recovery or workforce initiatives. These anticipated costs will be managed within mandatory program base funding, impacting the restoration of programs and services as public health continues with pandemic recovery.
- A 6% increase to the total municipal levy rate applied by the District of Algoma Health Unit will be implemented.
- As per the 2023 funding and accountability agreement, the Ministry will continue to support the Northern Ontario Fruit and Vegetable and Indigenous Communities programs at 100%, in addition to Mandatory Programs for Unorganized Territories, MOH/AMOH Compensation Initiative, and the

<sup>23</sup> Ministry of Labour, Immigration, Training and Skills Development. Inspectors in public and environmental health and occupational health and safety, NOC 2263. 2018 [cited 2023 Nov 6]. Available from: <https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=122372&CVD=122376&CPV=2263&CST=01012011&CLV=4&MLV=4>

Ontario Senior Dental Care Program (OSDCP).

Of note, for the 2023 funding year, APH was allocated 100% funding for the OSDCP program in the amount of \$1,382,700 to support ongoing pressures identified in this program (increased from \$1,252,900 in 2022). For the 2024 budget, the Executive Team assumed that 100% provincial funding for the OSDCP program will remain at 2023 funding allocation levels to meet program needs in the coming year.

- COVID-19 response and immunization incremental costs are to be managed within APH's base allocation for cost-shared mandatory programming and will be routinized as a part of APH's core infectious disease and immunization work.
- Assumptions related to staffing are as follows:
  - A vacancy factor of 2% has been incorporated into overall salaries, wages, and benefits (\$263K).

For comparison purposes, in pre-pandemic years (2018-2019) APH's vacancy rate is estimated to have ranged between 2% and 4%, peaking in 2021-2022 at an estimated 7-11% due to competitive labour markets and small labour pools, and has since been restored to an estimated 1-2% at time of writing in 2023.

- Fixed non-salary budgeted costs related to facilities, such as utilities and service contracts, have been estimated based on historical data, current contract rates, and assumed inflationary rates with a combined year over year increase of 12% over the 2023 approved budget. A contingency representing 15% of the budgeted service contracts has been factored to support unforeseen necessary costs.
- APH's debt payment plan will continue to be managed with existing resources.
- Notwithstanding the need to prioritize programming in the context of the COVID-19 pandemic recovery and identified local priorities, the requirements of boards of health remain the same, as articulated in the Health Protection and Promotion Act (HPPA)<sup>24</sup>, related regulations, the OPHS, and related protocols and guidelines.

## 5. 2023 Grant Approval

The 2023 Ministry Program Based Grant approval was received and last revised as of August 2023.

- APH was allocated a 1% increase to the Mandatory Cost-Shared Program base funding for total 2023 funding of \$8,883,200, increased from \$8,795,200 in 2022. The 1% increase for 2023 was pro-rated for the months of April through December, resulting in the true funding allocation for 2023 to be \$8,861,200 (a 0.75% increase over 2022).
- The grant allocation for the 100% provincial funding for Unorganized Territories/Mandatory Programs (\$530,400), Unorganized Territories/ Indigenous Communities Program (\$98,000) and the Unorganized Territories/Northern Fruit and Vegetable Program (\$117,400) remained unchanged.
- The Ontario Seniors Dental Care Program (OSDCP) was allocated an additional \$129,800 above 2022 funding levels based on current and ongoing pressures identified in the program. The 2023 funding levels are allocated at \$1,382,700, increased from \$1,252,900 in 2022. The increase for 2023 was pro-rated for the months of April through December, resulting in the true funding allocation for 2023 to be \$1,350,250.
- The MOH/AMOH compensation initiative will continue to be based on the actual status of current MOH and AMOH positions.

<sup>24</sup> Government of Ontario. Health protection and promotion act, R.S.O. 1990, c.H7 [Internet]. 2021 [cited 2023 Nov 4]. Available from: <https://www.ontario.ca/laws/statute/90h07>

## 6. Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency since 2017. Reserve funds have been accumulated via excess municipal contributions due to an overestimate of expenses.

Financial reserves are a prudent and expedient way to provide the agency with resources for unforeseen emergencies, known future infrastructure investments and future planned projects that support the mission, vision, and strategic goals of APH.

The reserve funds balance totals \$2.1M, which could support approximately 1.5 months of operations.

## 7. Recommended 2024 Budget

### 7.1 Operating Revenue

The 2024 operating revenues include Ministry funding for mandatory programs (historically cost shared), Ministry funding for other related programs (historically 100% provincially funded), Ministry Unorganized Territories funding, municipal funding by 21 municipalities, and interest and user fees.

There is no change in Unorganized Territories funding. The Executive team is recommending a 6.0% increase to municipal funding over 2023.

#### 7.1.1 Review of the Provincial-Municipal Cost Sharing Formula

As of November 2023, the province has stated that they do not have a specific cost-share ratio expectation for 2024 or beyond.

The province has intentions to conduct a review of the ministry's funding methodology for public health and communicate a new funding approach in spring of 2025, to be implemented in 2026. Public health units across the province currently have varying cost-share ratios; as indicated via current in year reporting, we are aware of municipal contributions to public health budgets as low as 25% and high as 40%.

Traditionally, the Board of Health for Algoma Health Unit has contributed more than the previously communicated cost-sharing ratio of 70:30, with the intention to contribute any surplus municipal levy contributions to the reserve funds.

For the recommended 2024 budget, the Executive Team assumed maintenance of a 70:30 cost-share ratio. At the recommended 6% overall increase in the levy from obligated municipalities within the District of Algoma Health Unit, the cost-share ratio would be estimated at 30.7:69.3.

#### 7.1.2 Provincial

The provincial government can grant funding to local public health as deemed appropriate and has shared responsibilities for the co-funding and delivery of provincial health programs, like public health, with municipal governments.<sup>25</sup>

*Pursuant to section 76 of the Health Protection & Promotion Act, the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.*<sup>24</sup>

There are few public health programs that receive one-time or 100% grant funding from the Ministry of Health (e.g., Ontario Senior Dental Care Program), with most programs and services being cost-shared.

<sup>25</sup> Smith R, Allin S, Rosella L, et al. Profiles of public health systems in Canada: Ontario [Internet]. 2021 [cited 2023 November 9]. Available from: <https://cnppps-ncchpp.ca/docs/2021-Profiles-of-Public-Health-Systems-in-Canada-Ontario.pdf>

### 7.1.3 Municipal

Municipal governments have a direct, legislated responsibility for financing public health programs and services and contribute to the funding of cost-shared programs.<sup>25</sup>

*Pursuant to section 72 of the Health Protection & Promotion Act, obligated municipalities in a health unit shall pay,*

- (a) The expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and*
- (b) The expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPA or any other Act.<sup>24</sup>*

As part of the recommended 2024 Operating & Capital Budget, the Executive Team is recommending a **6% overall increase** in the levy from obligated municipalities within the District of Algoma Health Unit. This equates to a **\$251,353 increase** in revenues apportioned across the 21 municipalities in Algoma. Rates apportioned among the municipalities reflect current population counts per the 2021 Census Profile issued by Statistics Canada<sup>26</sup> (see **Appendix A**).

For context, **Table 5.0** illustrates historical changes in municipal levy rates in Algoma from 2012 – 2024 (recommended).

**Table 5.0: APH Historical Approved Levy Increase, 2012 – 2024 (Recommended)**

Year	Levy Increase
2012	2.00%
2013	1.00%
2014	2.00%
2015	4.16%
2016	4.50%
2017	2.50%
2018	0.50%
2019	0.50%
2020	1.12%
2021	7.00%
2022	10.00%
2023	0.00%
<b>2024</b>	<b>6.00% (Budgeted)</b>

The approved levies from 2020 to 2023 apportioned among the 21 municipalities within Algoma, and comparison to the recommended levy for 2024 are detailed in **Appendix A**.

When compared to total municipal revenues for those municipalities which we were able to obtain current data (2021-2022), municipalities in the Algoma District have traditionally spent less than 1.5% of revenues on public health levies.

As evidenced through the programs and services provided by public health, municipalities across Algoma receive robust support for effective COVID-19 response and immunization, health protection, health promotion, and disease prevention among residents.

#### **Value for Money: Per Capita Rate**

When looking at the value for public health, as of 2023, the cost per capita in Algoma for public health services and programs was **\$40.44/person** when using population counts from the 2021 Census Profile

<sup>26</sup> Statistics Canada. Census profile, 2021 census of population [Internet]. 2022 [cited 2023 Oct 10]. Available from: <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>



by Statistics Canada <sup>26</sup> (\$46.01 when covered to MPAC 2018). The forecasted 2024 cost per capita is estimated at **\$42.87/person**.

When compared to Northern health units, as of 2023, APH's per capita rate ranked in the middle when using MPAC figures. Northern health unit per capita rates ranged from \$29.57/person to \$63.20/person, for those PHUs that responded to an APH inquiry on per capita rates conducted in fall 2023.

For context, the Board of Health has experienced the historical growth shown in **Table 6.0** with respect to the public health per capita rates in Algoma.

**Table 6.0: APH Historical Approved per Capita Rates, 2018 – 2024**

Year	Approved Rate
2018	\$33.63
2019	\$33.80
2020	\$34.18
2021	\$36.57
2022	\$40.23
2023	\$40.44
<b>2024</b>	<b>42.87 (Budgeted)</b>

When reviewing the cost of public health per capital, alongside the work by public health and projected work to recover from the pandemic and support community health and wellbeing, the 21 municipalities within Algoma **continue to receive exceptional value for local public health programs and services**.

**Table 7.0** demonstrates scenarios based on the percentage increase to the levy applied by the Board of Health, an estimated number of FTEs the applied increase would represent (based on an organization-wide average cost including benefits) and the resulting change to the funded portion of cost-shared programs, which the contributing municipalities would be responsible for.<sup>27</sup>

The final scenario provided (38.61% increase in municipal levy) is presented to illustrate the amount of municipal contribution that would be required to eliminate the need for workforce reduction initiatives as described above and is estimated net of budgeted non-labour related efficiencies.

The budgeted municipal levy increase for 2024 of 6% is equivalent to 2.49 FTE.

**Table 7.0: Scenarios Based on the Percentage Increase to the Levy Applied and Number of FTE the Increase Represents<sup>27</sup>**

Levy Applied	% Increase	\$ Increase	Estimated # of FTE (Based on Average Cost of \$101k)	Cost Share %
\$ 4,294,376.00	2.51%	\$ 105,160.00	1.04	30.0%
\$ 4,356,785.00	4.00%	\$ 167,569.00	1.66	30.3%
\$ 4,398,677.00	5.00%	\$ 209,461.00	2.07	30.5%
<b>\$ 4,440,569.00</b>	<b>6.00%</b> <b>(Budgeted)</b>	<b>\$ 251,353.00</b>	<b>2.49</b>	<b>30.7%</b>
\$ 4,503,407.00	7.5%	\$ 314,191.00	3.11	31.00%
\$ 4,608,138.00	10.00%	\$ 418,922.00	4.15	31.50%

Increase to the levy will reduce impacts of financial pressures to the local public health workforce, in addition to measures already implemented by the Executive team described above, and preserve health

<sup>27</sup> Note: Data in Table 7.0 includes estimates at the time of writing and are subject to change.

human resource capacity for the delivery of priority programming to promote and protect community health and advance health equity in Algoma.

## 7.2 Expenditures

As compared to the 2023 forecast, the 1.2% overall budget decrease is comprised of the following salary, benefit, and operating expense changes.

### 7.2.1 Salary and Benefit Changes

The 2024 expenditure comparisons with 2023 were made using the 2023 forecasted values (see **Table 1.0**). As compared with 2023, the salary and benefit budget lines reflect a decrease of 2.3% and an increase of 6.4%, respectively:

- **Salary:** As compared to 2023, salaries are budgeted at a decrease of \$237,491 or 2.3%. The decrease represents temporary staffing that was identified in the 2023 operating budget for COVID-19 response and immunization that is not anticipated to be needed in 2024, as well as additional workforce reduction as outlined in report **Section 2.2.6 Workforce Reduction Planning**.

Some savings associated with workforce reduction planning initiatives are not expected to be realized until post-2024 based on union and employment contract requirements such as salary and benefit continuance, vacation time payouts, etc. However, these scenarios are expected to support the longer-term financial health of APH as sub-inflationary provincial funding increases are expected to be experienced for the foreseeable future from 2024-2026.

The salary amount includes annual increases as required/anticipated under union collective agreements, staff movement along salary grids, and an assumed 2% vacancy factor.

- **Benefits:** As compared to 2023, benefits are budgeted at an increase of \$161,446 or 6.4%. Historical utilization is factored heavily in the projection of the rates, in addition to expected market fluctuations. There are several factors driving an expected increase to the cost of benefits, despite a reduced workforce. Factors include, but are not limited to:
  - APH's employee benefits with regards to life and long-term disability are due for renewal in August 2024. Health benefits are reviewed annually for utilization, any potential enhanced offerings, and current fee guides by providers.
  - Increased rates – To date in 2023, APH's benefits provider has identified substantial increases, particularly in the Ontario Dental Fee Guide (quoting they are arguably the highest increases they have experienced in 26 years). As forecasted by our provider, we can expect to continue to experience these pressures into 2024, with an 8.5% additional increase anticipated for this fee guide. APH's premium rates have also increased as a result of union bargaining enhancements (e.g., increasing vision and smoking cessation coverage).
  - Increased utilization – Upon review of first and second-quarter reports provided by our health benefits provider, APH's utilization rates have increased approximately 7% over 2023, with the bulk of the variance being driven by drug and dental claims.
  - When other public health units across Ontario were surveyed regarding their expectations for forecasted increases for benefits, responses varied across providers and packages. However, responses supported a resounding expectation of a double-digit increase in 2024 (at minimum), with some quoting up to a staggering 56% percent increase year over year based on market reviews provided by their providers. APH has budgeted an estimated 36% increase in non-statutory benefits as compared to the 2023 budget.

### 7.2.2 Operating Expenditure Changes

As compared with the restated 2023 budget or 2023 forecast, the 2024 recommended budget reflects an overall decrease of 1.2% (\$250,194).

Operating expenditures have been budgeted by the Executive Team with consideration of both historical pre/post-pandemic and pandemic spend levels, current inflationary projections, and with the assumption that regular program activities will continue recovering in 2024 concentrating on prioritized population health recovery initiatives.

Expenditure lines with significant changes are detailed below, following the order of appearance in the budget summary (**Table 1.0**):

- **Travel:** The increase in travel is related to the expectation that as regular mandatory programming continues to be restored, so will the need to travel throughout the Algoma district to ensure equitable access to services.
- **Program expenses:** Program expenses for 2023 are budgeted at a 16.3% decrease from 2023. Although APH is not anticipating material savings related to general program materials and supplies, the Executive Team has made the strategic decision to concentrate 100% funding for the OSDCP on staffing (versus historically being more evenly weighted between staffing and externally provided professional services).

Program expenses include general program materials and supplies, purchased services, and professional fees (e.g., physician and/or denture service fees).

- **Office:** The projected decrease in office expenses in 2024 assumes that we will continue to experience savings related to general office supplies which is driven by the virtual/electronic efficiencies implemented as necessary throughout the pandemic.
- **Telecommunications:** The decrease in telecommunications expenses is driven by efficiencies to be introduced with migration to a new phone system, migration to a Microsoft 365 platform, as well as the rightsizing of our phone line and cell phone requirements post-pandemic.
- **Program promotion:** The decrease in program promotion is driven by reduced budgeted media spend as associated with COVID-19 response and immunization programming, reduced anticipated recruitment costs, and reduced professional development spend based on both reduced staff levels and initiatives associated with workforce recovery nearing or coming to completion in 2023.
- **Facilities Leases:** The increase in facilities leases is driven by contracted renewal rates for each of our district offices.
- **Building maintenance:** The increase in building maintenance is driven by significantly increased anticipated cost associated with utilities and service contracts for our four offices, which are currently estimated to increase 26% and 9% respectively over the budgeted rate for 2023.
- **Fees and insurance:** The increase in fees and insurance is driven by aggressive increases to APH's general liability, property, and cyber-risk coverage (estimated at 20% for 2024).

## 8. Capital Budget

In accordance with APH's 2018-2030 Capital Asset Funding Plan (see **Appendix B**), the 2024 capital budget was forecasted to include \$25,000 for computer replacements, \$7,000 for a vaccine refrigerator, \$44,100 for pavement and curbing upgrades/maintenance, and \$122,000 for HVAC upgrades/maintenance.

At this point in time and based on current inventories, computer and vaccine refrigerator replacements are not considered necessary.

Instead, the Executive Team is recommending a 2024 capital budget estimated at \$60,000, which includes the following expenditures:

- An estimated \$25,000 for asphalt maintenance (line painting and crack filling) at 294 Willow Avenue, Sault Ste. Marie. This maintenance is overdue and considered to be a health and safety concern for safely controlling traffic through our parking lot. Furthermore, should the proper maintenance of the

asphalt be foregone, it is estimated that completing a more significant restoration in the future could be substantially more costly.

- An estimated \$35,000 for work required to be completed to provide spray foam insulation and fireproof intumescent coating to the structural beams housed on the second and third floors of 294 Willow Avenue, Sault Ste. Marie. This is maintenance that is required and caused by repeat water damage to our suspended ceilings. This work has been assessed, assigned the above-mentioned corrective action, and quoted as noted.

## 9. Conclusions

The recommended 2024 budget for public health programs and services is \$17,242,178, representing a decrease of \$205,194 under 2023 anticipated funding. At a 1.2% decrease over previous, the recommended budget is considered the minimum required to sustain the delivery of core public health programs and services in health protection and promotion based on prioritized community needs in Algoma and routinize COVID-19 response and immunization into core infectious disease and immunization programming, as mandated by the OPHS and required to support health for all.

Appendix A

Annual Municipal Levy Comparison, 2018 to Proposed 2024

Municipal Levy Historical Analysis	POP 2016 Census	2020 Approved Rate (after Refund) (\$)	2020 Approved Levy (after Refund) (\$)	2021 Approved Rate (\$)	2021 Approved Levy (\$)	2022 Approved Rate (\$)	2022 Approved Levy (\$)	POP 2021 Census*	2023 Approved Rate (\$)	2023 Approved Levy (\$)	2024 Proposed Rate (\$)	2024 Proposed Levy (\$)	Appointment of Costs (%)	Proposed Net Change (\$)	APH Levy as a Percentage of Municipality Revenue (%)
CITIES															
Sault Ste. Marie	73,368	34.18	2,507,836	36.57	2,683,386	40.23	2,951,725	72,051	40.44	2,913,655	42.87	3,088,475	69.55%	174,819	1.13%
Elliot Lake	10,741	34.18	367,146	36.57	392,852	40.23	432,137	11,372	40.44	459,870	42.87	487,462	10.98%	27,592	1.28%
TOWNS															
Blind River	3,472	34.18	118,679	36.57	126,986	40.23	139,685	3,422	40.44	138,382	42.87	146,684	3.30%	8,303	0.83%
Bruce Mines	582	34.18	19,894	36.57	21,286	40.23	23,415	582	40.44	23,535	42.87	24,947	0.56%	1,412	1.03%
Thessalon	1,286	34.18	43,958	36.57	47,034	40.23	51,737	1,260	40.44	50,953	42.87	54,010	1.22%	3,057	1.19%
VILLAGES/MUNICIPALITY															
Hilton Beach	171	34.18	5,845	36.57	6,254	40.23	6,879	198	40.44	8,007	42.87	8,487	0.19%	480	0.54%
Huron Shores	1,664	34.18	56,878	36.57	60,859	40.23	66,945	1,860	40.44	75,216	42.87	79,729	1.80%	4,513	1.09%
TOWNSHIPS															
Dubreuilville	613	34.18	20,953	36.57	22,420	40.23	24,662	576	40.44	23,293	42.87	24,690	0.56%	1,398	0.56%
Jocelyn	313	34.18	10,699	36.57	11,448	40.23	12,593	314	40.44	12,698	42.87	13,460	0.30%	762	0.84%
Johnson	751	34.18	25,670	36.57	27,467	40.23	30,214	749	40.44	30,289	42.87	32,106	0.72%	1,817	0.83%
Hilton	307	34.18	10,494	36.57	11,228	40.23	12,351	382	40.44	15,448	42.87	16,374	0.37%	927	0.88%
Laird	1,047	34.18	35,788	36.57	38,293	40.23	42,122	1,121	40.44	45,332	42.87	48,052	1.08%	2,720	1.33%
MacDonald, Meredith and Aberdeen Add'l	1,609	34.18	54,998	36.57	58,848	40.23	64,733	1,513	40.44	61,184	42.87	64,855	1.46%	3,671	1.44%
Wawa (formerly Michipicoten)	2,905	34.18	99,298	36.57	106,247	40.23	116,872	2,705	40.44	109,387	42.87	115,950	2.61%	6,563	0.71%
The North Shore	497	34.18	16,988	36.57	18,177	40.23	19,995	531	40.44	21,473	42.87	22,761	0.51%	1,288	0.90%
Plummer Add'l	660	34.18	22,560	36.57	24,139	40.23	26,553	757	40.44	30,612	42.87	32,449	0.73%	1,837	1.07%
Prince	1,010	34.18	34,524	36.57	36,940	40.23	40,634	975	40.44	39,428	42.87	41,793	0.94%	2,366	1.52%
St. Joseph	1,240	34.18	42,385	36.57	45,352	40.23	49,887	1,426	40.44	57,666	42.87	61,126	1.38%	3,460	0.95%
Spanish	712	34.18	24,337	36.57	26,041	40.23	28,645	670	40.44	27,094	42.87	28,720	0.65%	1,626	0.98%
Tarbutt	534	34.18	18,253	36.57	19,531	40.23	21,484	573	40.44	23,171	42.87	24,562	0.55%	1,390	1.22%
White River	645	34.18	22,047	36.57	23,590	40.23	25,949	557	40.44	22,524	42.87	23,876	0.54%	1,351	0.57%
Total	104,127		3,559,232		3,808,378		4,189,216	103,594		4,189,216		4,440,569	100.00%	251,353	
YOY % Increase			1.12%		7.00%		10.00%			0.00%		6.00%			
Note: * Statistics Canada. Census profile, 2021 census of population [Internet]. 2023 Mar 8 [cited 2023 Nov 3]. Available from: <a href="https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/search-recherche/results-resultats.cfm?Lang=E">https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/search-recherche/results-resultats.cfm?Lang=E</a>															

## **Appendix B**

### **2018-2030 APH Capital Asset Funding Plan**

See subsequent document.

## 2018 - 2030 Capital Asset Funding Plan

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*Algoma*  
PUBLIC HEALTH  
Santé publique Algoma

### **Algoma Public Health**

### **2018 - 2030 Capital Asset Funding Plan**

# 2018 - 2030 Capital Asset Funding Plan

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## 2018 - 2030 Capital Asset Funding Plan

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### **Purpose:**

The Board of Health for the District of Algoma (the Board) has undertaken the development of a Capital Asset Funding Plan (the Plan). The purpose of the Plan is to provide visibility to the Board with respect to capital asset needs. The Capital Asset Plan, in conjunction with APH's Reserve Fund Policy, will allow the Board of Health to set long-term financial goals.

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. In addition, APH leases several facilities which may require leasehold improvements. By maintaining adequate Reserves, APH will be able to offset the need to obtain alternate sources of financing.

### **Operating Budget versus Capital Asset Plan:**

The Operating Budget captures the projected incoming revenues and outgoing expenses that will be incurred on a daily basis for the operating year.

The Capital Asset Plan is a blueprint to identify potential capital expenditures and to develop a method in which to finance the associated expenditure. Capital expenditures are cost incurred for physical goods that will be used for more than one year.

The development of the Capital Asset Funding Plan serves as a risk management tool as it minimizes having large unforeseen budget increases in the future as a result of capital needs.

In addition, the Capital Asset Funding Plan will help the Board with contribution and withdrawal decisions to the Reserve Fund. Reserves can only be generated through unrestricted operating surpluses. As any unspent provincial dollars must be returned to the Ministry, the only mechanism to generate surplus dollars is through the Municipal levy. Maintaining adequate Reserves reduces the need for the Board of Health to further levy obligated municipalities within the district to cover unexpected expenses incurred by the board of health.

The Capital Asset Funding Plan was developed around the Building Conditions Assessment (the Assessment) that was completed on behalf of the Ministry of

## 2018 - 2030 Capital Asset Funding Plan

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Community and Social Services (the Ministry). The Assessment was conducted on November 20, 2015 with a final report received on February 20th, 2018. This Assessment report, specifically the Capital Reserve Expenditure schedule serves as the foundation of APH's Capital Asset Funding Plan over a 20 year period. In addition, the Assessment will help with Reserve Fund contribution decisions.

The Capital Asset Plan is a fluid document. The timing of planned expenditures may be moved up or pushed back depending on the situation.

### **Types of Capital Assets:**

In addition to the specific capital building needs, APH management included items related to Computer Equipment; Furniture and Equipment; Vehicles; and Leasehold Improvements (as APH leases office space within the District). These categories mirror those referenced in APH's Financial Statements which are amortized over a period of time.

#### *Computer Equipment/Furniture/Vehicles*

Investing in Computer Equipment, Furniture, and Vehicles is required to allow APH employees to provide services within the District of Algoma. Keeping staff well-equipped improves efficiencies while improving program outcomes.

#### *Facilities – Maintenance, Repair and Replacement*

APH owns and leases space. As a result, it is necessary to make improvements to the property (capital or leasehold improvements). As the owner of the facility located at 294 Willow Avenue in Sault Ste. Marie, APH is responsible for repairs and maintenance of the facility. Anticipating what repairs or improvements may be necessary, researching and estimating the related costs, determining the target amount needed and the approximate timing of the expenditure are all part of the capital budgeting process, along with developing funding strategies.

### **Types of Financing Options Available to the Board of Health:**

Depending on the nature and the associated cost of the expenditure, there are different financing options available to the Board of Health. Three examples include:

## 2018 - 2030 Capital Asset Funding Plan

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*Operating Dollar Financing* – can be used if APH is operating in a surplus position in any given year and the associated cost of the expenditure will still allow the Board to remain on target with respect to their annual operating budget. The nature of the expenditure would have to be admissible under the terms of the Ministry Accountability Agreement. Use of operating dollars for capital expenditures helps to minimize the amount of dollars that may have to be returned to the Ministry within any given year.

*Reserve Financing* – can be used if APH determines that the use of operating dollars is not feasible (i.e. cost of the expenditure would negatively impact the annual Operating Budget or the type of expenditure is inadmissible under the terms of the Ministry Accountability Agreement). The advantages of Reserve Financing are it minimizes the amount of debt the Board would otherwise incur and/or reduces the Levy that municipalities would have to contribute.

*Debt Financing* – can be used when the expenditure is large in scale such that operating dollars and Reserves would not support it.

Regardless of whether the expenditure is capital or operating in nature, APH's Procurement Policy 02-04-030 and Reserve Fund Policy 02-05-065 must be adhered to. As such, management may make capital expenditures with operating or reserve dollars provided the expenditure is within the Board approved spending limits as noted within each of the respective policies. Any debt financing would typically require Board approval.

**ALGOMA PUBLIC HEALTH  
CAPITAL ASSET PLAN**

Item	Actual Expenditure		Forecasted Expenditure											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
<b>Computer Equipment</b>														
Network Servers		4,000			200,000							200,000		400,000
Telephone System	150,000								150,000					150,000
Network Infrastructure		10,000	40,000		60,000									100,000
Polycom Video Conference System				28,000				28,000						56,000
Backup Data Storage		29,000									30,000			30,000
Computers	25,000	50,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	275,000
<b>Furniture and Equipment</b>														
Vaccine Refrigerators	29,000	14,500	7,000				7,000				7,000			21,000
Digital Sign	21,000													
<b>Vehicle</b>														
Truck (land control)						50,000								50,000
<b>Leasehold Improvements</b>														
Blind River Office		5,000												
Generator		30,000												
Elliot Lake Office					7,000									7,000
Wawa Office			5,000											5,000
<b>Owned Facility:</b>														
<b>294 Willow Avenue Building, Sault Ste. Marie</b>														
<b>Municipal/Utility Services</b>														
Water Supply														
Sanitary Supply														
Storm Sewer														
Gas Utility														
Hydro Utility														
Other Municipal/Utility Services														
<b>Site Finishes</b>														
Passenger Vehicle Parking Area - Pavement and Curbing							26,600							26,600
Roadways - Pavement and Curbing							17,500							17,500
Walkways, Sidewalks and Exterior stairs														
Exterior Light Standards														
Soft Landscaping and Picnic Facilities														
Signage														
Retaining walls and other Site Improvements														
Site Drainage														
Parking Gates														
Other Site Finishes														
<b>Structural</b>														
Building Substructure, including foundations and basement walls														
Building Superstructure														
Interior Stairs														
Roof Construction														
Other Structural														
<b>Building Exterior</b>														
Foundation Wall														
Cladding System														
Exterior Sealants and Caulking														
Entrances and Doors														
Windows Including Frames														
Parapets and Canopies														
Loading Dock														
Other Building Exterior														
<b>Roof</b>														
Roof Assembly (waterproofing membrane and roof surface)					165,000									165,000
Flashing														
<b>Roof Drainage (eaves troughs/downspouts, roof drains)</b>														
Chimneys/Boiler Stacks														
Skylights and other Roof Openings														
Roof venting, if any														
Other Roof														
<b>Building Interior</b>														
Interior Partitions and Doors														
Flooring														
Ceiling				60,000									60,000	120,000
Wall Finishes (Paint, Trim Baseboards, etc.)				45,000									45,000	90,000
Washroom Fixtures and Accessories (Towel dispensers, hand dryers, soap dispensers, change tables, partitions, etc.)														
Presence of Mould														
Other Building Interior														
<b>Mechanical and HVAC</b>														
Heating, Ventilating and Air Conditioning Systems							122,000							122,000
Building Automation Systems, if any														
Ductwork, if any														
Vertical Transportation Devices, if any														
Other Mechanical and HVAC														
<b>Plumbing</b>														
Plumbing fixtures														
Domestic water distribution														

**ALGOMA PUBLIC HEALTH  
CAPITAL ASSET PLAN**

Item	Actual Expenditure		Forecasted Expenditure											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Sanitary waster														
Rainwater drainage														
Water Fountain														
Electric														
Primary Feed and Main Switchgear														
Main Transformers														
Step-down Transformers														
Emergency Power Source or Generator														
Distribution Systems and Panels														
Interior Lighting														
Exterior Lighting (Building-Mounted)														
Automated Lighting Control System														
Other Electrical														
Fire Protection and Life Safety Systems														
Water Reservoir, if any														
Sprinkler and/or Standpipe System, if any														
Fire Extinguishers														
Fire Pumps, if any														
Fire Alarm System and Voice Communication Systems, if any														
Smoke and Heat Detectors and Carbon Monoxide Detectors, as applicable														
Emergency Lighting and Exit Signage														
Security System														
Fire/Emergency Plans														
Fire Separations (visual inspection and inclusion of info that is readily available)														
Automatic door closers														
Other Fire Protection and Life Safety Systems														
Hazardous Materials														
Asbestos														
PCB's														
Other Hazardous Materials														
Subtotal	225,000	142,500	77,000	158,000	457,000	75,000	198,100	53,000	175,000	25,000	62,000	225,000	130,000	1,635,100
Contingency (10%)	22,500	14,250	7,700	15,800	45,700	7,500	19,810	5,300	17,500	2,500	6,200	22,500	13,000	163,510
Subtotal Including Contingency	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610
Escalation Allowance	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-
Escalation Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimate Financial Projections	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610

Total Net Sq. Ft. of Owned Facility	74,000
Year Built	2011
Age (yrs.)	9
Reserve Term (yrs.)	20

**NOTES:**  
 1) Contingency of 10% has been carried to cover unforeseen items & cost increases.  
 2) Cost in 2017 dollars with no provision for escalation.  
 3) HST is excluded.



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

## Blind River

9 Lawton Street

## Elliot Lake

302 - 31 Nova Scotia Walk  
(ELNOS Building)

## Sault Ste. Marie

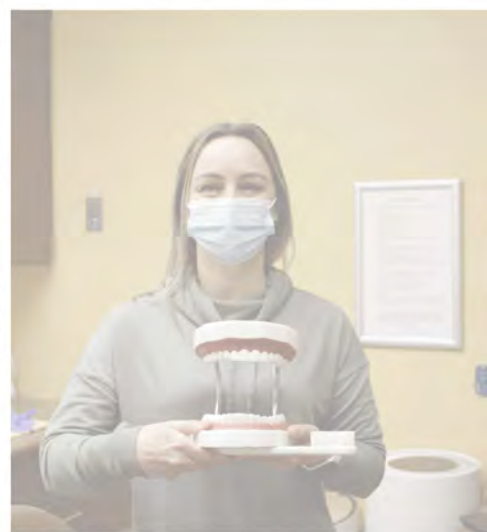
294 Willow Avenue

## Wawa

18 Ganley St.

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

@algomahealth







October 27, 2023

VIA ELECTRONIC MAIL

Honourable Chrystia Freeland  
Deputy Prime Minister and Ministry of Finance

Honourable Jenna Sudds  
Ministry of Families, Children and Social Development

Honourable Lawrence MacAulay  
Ministry of Agriculture and Agri-Food

Honourable Jean-Yves Duclos  
Ministry of Public Services and Procurement

Dear Federal Ministers Freeland, Sudds, MacAulay, and Duclos:

**Re: Support for a Funded Healthy School Food Program in Budget 2024 (Federal)**

At its meeting on October 19, 2023, the Board of Health for Public Health Sudbury & Districts carried the following resolution #61-23:

*WHEREAS a universal publicly funded student nutrition program can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success; and*

*WHEREAS the current provincial student nutrition program strives to offer a breakfast, snack, and/or lunch to students each school day, but not all schools have adequate financial and human resources to offer them; and*

*WHEREAS the annual monitoring of food affordability in Sudbury and districts demonstrates that some families may struggle to purchase food, and a universal fully-funded student nutrition program can help to ensure no child is left out of the program due to their family's ability to pay; and*

*WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion [02-20](#) supporting a universal publicly funded healthy school food program; and*

*WHEREAS although the Ontario government recently announced an additional \$5 million this year in the provincial Student Nutrition Program and the First Nations Student Nutrition Program, more support is needed to*

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Sudbury ON P3E 3A3  
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f: 705.522.5182

#### Elm Place

10 rue Elm Street  
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Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

#### Sudbury East / Sudbury-Est

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

#### Espanola

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

#### Île Manitoulin Island

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

#### Chapleau

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

#### toll-free / sans frais

1.866.522.9200

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*ensure a fully-funded universal student nutrition program; and*

*WHEREAS the federal government announced its commitment to work toward the creation of a National School Food Policy to help Canadian communities access healthy food in the [Food Policy for Canada](#); and*

*WHEREAS the Ontario Public Health Standards requires boards of health to support and participate with other partners in advancing school food policy and programming using population health assessment and surveillance, policy development; and*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts support the [recommendations](#) submitted by the Coalition for Healthy School Food to the Government of Canada as part of advance consultations for Budget 2024:*

*Allocate \$1 billion over five years and collaborate with provinces, territories, and Indigenous partners to provide them with an initial \$200 million as soon as possible to fund existing school food programs; and*

*Create a separate School Food Infrastructure Fund grants program of, at minimum, \$50 million; and*

*Negotiate independent School Food Policy agreements with First Nation, Inuit and Métis leadership to ensure long-term and sustainable funding for Indigenous school nutritious meal programs; and*

*THAT the Board calls on the Federal Minister of Families, Children and Social Development for investment in healthy school food in Budget 2024, as presented in the House of Commons' online [e-4586](#) (Food and drink); and*

*FURTHER THAT The Board share this motion with relevant stakeholders, including Ontario Boards of Health and the Association of Local Public Health Agencies (aIPHa).*

Currently, Canada is the only G7 country without a national school food program in place. In Ontario, the current student nutrition program faces inconsistent year-to-year funding, posing barriers to stability and sustainability and impacting full implementation of the program, such that all students can benefit from proper nourishment. The patchwork of funding sources compromises the quantity and quality of food served, and the availability of adequate infrastructure and human resources to offer a student nutrition program where all children are able to benefit from.

In the [Food Policy for Canada](#), the Government of Canada announced the intention to “engage with provinces, territories, and key stakeholder groups to work toward the creation of the National School Food Program”<sup>i</sup>. Despite this intention, there was no financial commitment made to establish a National School Food Program in the 2023 federal budget.



The Board of Health is pleased to join many leaders from across Canada in supporting a publicly funded universal school food program model that can positively impact student's nourishment, health and wellbeing, behaviours and attitudes, school connectedness, and academic success. The proposed universal program model with leadership by Canada, and Ontario's Ministries would enable all students to have the equal opportunity to eat healthy meals at school everyday, and that no child is left out due to their family's ability to pay.

Thank you for your attention on this important issue. Given the impact of nutrition related children's health and wellbeing, we trust you will advance this work quickly and so that no child is left out.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: Honourable Michael Parsa, Minister of Children, Community and Social Services  
Honourable Stephen Lecce, Minister of Education  
Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health  
Jamie West, Local Member of Provincial Parliament, Sudbury  
France Gélinas, Local Member of Provincial Parliament, Nickel Belt  
Michael Mantha, Local Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing  
Viviane Lapointe, Local Member of Parliament, Sudbury  
Marc Serré, Local Member of Parliament, Nickel Belt  
Carol Hughes, Local Member of Parliament, Algoma-Manitoulin-Kapuskasing  
Bruce Bourget, Director of Education, Rainbow District School Board  
Danny Viotto, Director of Education, Huron Superior Catholic District School Board  
Joanne Bénard, Director of Education, Sudbury Catholic District School Board  
Lesleigh Dye, Director of Education, District School Board Ontario North East  
Lucia Reece, Director of Education, Algoma District School Board  
Paul Henry, Directeur de l'éducation, Conseil scolaire catholique Nouvelon  
Sébastien Fontaine, Directeur de l'éducation, Conseil scolaire public du Grand Nord de l'Ontario  
Sylvie Petroski, Directrice de l'éducation, Conseil scolaire catholique de district des Grandes Rivières  
Debbie Field, Coalition for Healthy School Food  
Carol Dodge, Executive Director, Better Beginnings Better Futures  
Ontario Boards of Health

Letter to Federal Ministers Freeland, Sudds, MacAulay, and Duclos  
Re: Support for a Funded Healthy School Food Program in Budget 2024  
October 27, 2023  
Page 4 of 4

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<sup>i</sup> Government of Canada. (2020, November 17). *The Food Policy for Canada*.  
<https://agriculture.canada.ca/en/departement/initiatives/food-policy/food-policy-canada>



October 27, 2023

VIA ELECTRONIC MAIL

The Honourable Doug Ford  
Premier of Ontario

The Honourable Sylvia Jones  
Minister of Health

The Honourable Michael Tibollo  
Associate Minister of Mental Health and Addictions

Dear Premier Ford and Provincial Ministers Jones and Tibollo:

**Re: Public Health Strengthening and Chronic Disease Prevention**

On behalf of the Board of Health for Public Health Sudbury & Districts, please accept this correspondence highlighting our commitment to health promotion and chronic disease prevention.

At its meeting on October 19, 2023, the Board of Health carried the following resolution #60-23:

*WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring it addresses the public health needs and health equity in its catchment area, as aligned with board of health requirements under the Health Protection and Promotion Act and Ontario Public Health Standards; and*

*WHEREAS Health Promotion Ontario's White Paper on the Value of Local Health Promotion in Ontario recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis; and*

*WHEREAS the Board recognizes that there are opportunities for system improvements as part of the review of board roles and responsibilities announced under the government's Public Health Strengthening initiative, including an assessment of its role in chronic disease prevention through health promotion interventions; and*

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Sudbury ON P3C 5N3  
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**Sudbury East / Sudbury-Est**

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*WHEREAS chronic diseases are mostly preventable, are the cause of 75% of deaths in Ontario, and incur \$10.5 billion in direct health care costs in the province; and*

*WHEREAS as the scope and intensity of infectious disease risks increase in the context of finite resources, there is a risk of under-resourcing public health actions that work on longer horizon chronic disease prevention;*

*THEREFORE BE IT RESOLVED THAT in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health for Public Health Sudbury & Districts urges all health system actors to remain committed to maintaining appropriate investments in health promotion and chronic disease prevention, while ensuring health risks associated with its health protection work are managed;*

*AND FURTHER THAT the Board request that the Chief Medical Officer of Health ensure proactive local engagement in the sector-driven review of the Ontario Public Health Standards.*

Chronic diseases account for a substantial burden on the health of Ontarians and the health care system. They are the leading cause of death in Ontario, and they disproportionately impact populations who are socioeconomically disadvantaged, intensifying inequities. Chronic diseases are expensive to treat but they are largely preventable. Health promotion and chronic disease prevention work is critical to reducing the health and economic burden of chronic diseases.

The Board of Health respectfully urges the Provincial Government to ensure all health system actors, including local Public Health, are supported to invest in coordinated action to promote health and reduce the burden of chronic diseases, affecting so many Ontarians.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Heather Schramm, Acting Director, Health Promotion and Prevention Policy and Programs Branch, Ministry of Health  
Susan Stewart, Chair, Health Promotion Ontario Executive Committee  
Michael Sherar, President and Chief Executive Officer, Public Health Ontario  
Matthew Anderson, President and Chief Executive Officer, Ontario Health  
Brian Kytör, Chief Regional Officer, Ontario Health North East & North West  
France Gélinas, Member of Provincial Parliament, Nickel Belt  
Jamie West, Member of Provincial Parliament, Sudbury  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing  
All Ontario Boards of Health

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**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Members of Regional Health & Social Service Committees**

**All Senior Public Health Managers**

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**November 13, 2023**

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## **November 2023 InfoBreak**

*This update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

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### **Leader to Leader - A Message from alPHA's President - November 2023**



Recognizing the dedication the local public health sector brings to the population health of Ontarians, I'm humbled when I think of all that our members do every day. I am proud of alPHA's leadership role in the public health system. We accomplish much by working together as public health leaders. I want to thank our BOH Section, COMOH Section and Affiliate members for all that they do.

and years. To this end, alPHa will continue to strongly represent the local public health sector's interests with regards to the province's Strengthening Public Health initiative with the Office of the Chief Medical Officer of Health and other key stakeholders including the Association of Municipalities of Ontario. We also commit to keeping the membership up to date with the latest information that is available to us.

I would like to note our upcoming Fall Symposium, Section Meetings, and Workshops, taking place November 22-24, 2023. This highly anticipated symposium will amplify the critical role, value, and benefit of Ontario's local public health system and include discussions on voluntary mergers. Registrations are strong and we are pleased to see such interest in these important educational and networking events. Thank you to the alPHa staff, the University of Toronto's Dalla Lana School of Public Health, and the Eastern Ontario Health Unit for their generous support.

Thank you to those who have shown an interest in our new Boards of Health training courses — BOH Governance and Social Determinants of Health. These courses aim to enhance knowledge and strengthen local public health leadership in Ontario. We are pleased to see the interest and uptake.

In case you missed it, alPHa released a [new infographic](#) on World Mental Health Day. This is the latest addition to our Workplace Health and Wellness resources on the alPHa [website](#). During this time of change, we hope that you will find these tips and tools to be useful.

Since you're here, I'd like to also take a moment to remind members that *Information Break* is more than just a newsletter. Think of it as a member portal to all the recent updates for the sector across key issues, events, and the latest news related to the local public health system in Ontario.

Finally, I hope to see all of you at the alPHa Fall Symposium and to let you know the alPHa Winter Symposium is on February 14-16th, and the alPHa AGM and Conference is taking place from June 5-7th in Toronto. Our Executive Director, Loretta Ryan, will be in touch soon with further information about these events.

Sincerely,

*Dr. Charles Gardner*  
*alPHa President*

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**Update from the Ministry of Health: Strengthening Public Health**



The Office of the Chief Medical Officer of Health has released material in relation to the Strengthening Public Health strategy. The [memo](#) was sent to all local public health agencies (LPHAs) and provides planning materials and information on next steps regarding potential merger opportunities. More details can also be found in the Ministry's [slide deck](#).

As noted in the memo, in August 2023, the government announced the Ministry of Health's commitment to working closely with LPHAs, municipalities, and the broader public health sector on a strategy to strengthen public health, centred on three priorities:

1. Clarifying roles and responsibilities through the Ontario Public Health Standards.
2. Supporting voluntary mergers among LPHAs.
3. Providing stable, sustainable funding to LPHAs.

Members are encouraged to be involved in discussions at the local level with their respective LPHAs. In the coming days, the Ministry has indicated they will be reaching out directly to LPHAs and Boards of Health to facilitate regional engagement, and support proposal development for LPHAs interested in voluntary mergers. They will be working with the Associate Chief Medical Officers of Health to schedule meetings. The Ministry is encouraging LPHAs to engage with local communities and priority populations including Indigenous and Francophone communities early in the planning and assessment process.

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023, with merger proposal business cases due in March 2024. In the coming weeks, the Ministry will also provide updates on the Roles and Responsibilities and Funding workstreams of the Strengthening Public Health Strategy.

alPHA will continue to provide information as it becomes available and will work with key stakeholders including the Office of the Chief Medical Officer of Health and the Association of Municipalities of Ontario (AMO).

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**Final day to register for the alPHA 2023 Fall Symposium, Section Meetings, and Workshops is this week!**





**The final day to register for the alPHA 2023 Fall Symposium, Section Meetings, and Workshops is Wednesday, November 15!** This event will amplify the critical role, value, and benefit of Ontario's local public health system. Registration is \$399 plus HST and you can register [here](#). The draft program can be accessed by clicking [here](#).

Join us for online plenary sessions with public health leaders in the morning followed by the BOH Section and COMOH Section meetings in the afternoon.

Attendees are invited, at no additional cost, to participate in workshops called: *How to Use a Human Rights Based Framework in the Workplace* from 1-4 p.m. on November 22 and the *Importance of Risk Communication in a Changing World* from 1-4 p.m. on November 23. **Please note, both workshops will be held via Zoom and the log in information will be sent closer to the workshop dates.**

This gathering provides a unique opportunity to connect with public health leaders from all corners of the province. Together, we will delve into shared obstacles and strengthen the future of public health. Expect to gain access to invaluable tools and resources that will empower local public health and their communities.

Our lineup of speakers for the Symposium, taking place on November 24th, includes: Dr. Charles Gardner (President, alPHA), Dr. Kieran Moore (Chief Medical Officer of Health), Cynthia St. John (CEO, Southwestern Public Health), Maria Sánchez-Keane (Principal Consultant, Centre for Organizational Effectiveness), John Allen (Partner, Allen & Malek LLP), Dr. Robert Kyle and Steven Rebellato (alPHA ONCA Compliance Working Group), Michael Sherar, Colleen Geiger, Dr. Jessica Hopkins, Dr. Samir Patel, and Dr. Tamara Wallington (Public Health Ontario). Additionally, members of Dr. Kieran Moore's staff will be with him while he is presenting including Elizabeth Walker, Brent Feeney, Colleen Kiel, and Carol Ma. They will be available to assist with the question and answer session and ensure the presentation goes smoothly overall.

The Section meetings are also taking place that afternoon and you can find the preliminary agenda for the Boards of Health Section through [this link](#). The BOH Section meeting features Chair Carmen McGregor and alPHA's Executive Director, Loretta Ryan. Other speakers include Ian Cummins, Director (Ontario Health Teams (OHTs) Strategy, Ontario Health), Lindsay Jones, Michael Jacek, and Daniela Spagnuolo (Association of Municipalities of Ontario), James LeNoury (Principal,



meeting. The COMO H Section meeting agenda will be released at a later date.

alPHa would also like to thank all of the speakers and moderators for their participation in the Fall Symposium. A special shoutout also goes to Dr. Charles Gardner for moderating the event.

For further details, [check out our flyer](#), [Symposium program](#), and [BOH Section Meeting agenda](#). **New:** The Speakers' Bios have been added to the website. You can view them [here](#).

## Local Public Health Agencies

**2023 Fall Symposium,  
Section Meetings  
and Workshops**

**Hold the Date!**

# alPHA

Association of Local  
**PUBLIC HEALTH**  
Agencies

alPHA's Fall Symposium, Section Meetings, and workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

On November 24<sup>th</sup>, participate in online plenary sessions with public health leaders in the morning, followed by BOH and COMOH Section meetings in the afternoon.

Attendees will also be invited, at no additional cost, to participate in pre-symposium workshops on November 22<sup>nd</sup> & 23<sup>rd</sup>:

- How to Use a Human Rights Based Framework in the Workplace
- Importance of Risk Communication in a Changing World

Registration will open in September (date TBD) and will cost \$399 plus HST.

**Dalla Lana**  
School of Public Health



*Hosted by alPHA with generous support from the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit.*

*Please note that you must be an alPHA member to participate in the Pre-Symposium Workshops, Symposium or Section meetings.*





## alPHA Fall Symposium & Section Meetings November 24, 2023

Draft as of October 17, 2023. Note: Meeting is hosted via Zoom Webinar  
8:30 am to 4:30 pm - All times are Eastern Time (ET)

<b>Public Health Matters Infographics and Videos</b> We have a full program for the day and will be getting things underway right at 8:30 am! Attendees are encouraged to get started a few minutes early to check their internet connection, log into the Zoom webinar, test audio settings etc. alPHA's Public Health Matters Infographics and videos will play at this time and again during the morning break.	8:15 am - 8:30 am
<b>Call to Order, Greetings and Land Acknowledgement</b> Speaker: Dr. Charles Gardner, President, alPHA	8:30 am - 8:45 am
<b>Welcoming Remarks</b> Hon. Doug Ford, Premier of Ontario and Minister of Intergovernmental Affairs Invited Hon. Sylvia Jones, Deputy Premier and Minister of Health Invited Dr. Theresa Tam, Chief Public Health Officer Invited Colin Best, President, Association of Municipalities of Ontario Invited Professor France Gagnon, Acting Dean, Dalla Lana School of Public Health Invited	
<b>Update from the Chief Medical Officer of Health</b> Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Dr. Charles Gardner, President, alPHA	8:45 am - 9:45 am
<b>Reflections from Southwestern Public Health's Merger</b> Speaker: Cynthia St. John, Chief Executive Officer, Southwestern Public Health Moderator: Emma Tucker, Affiliate Representative, alPHA Board  After five years as a newly merged public health unit and adding in the largest pandemic response in a generation, Cynthia will share her reflections on the successes and on the challenges associated with developing a newly merged public health unit. She will cover the early days of how the Boards of Health connected to present day and learnings along the way.	9:45 am - 10:15 am
<b>Break</b>	10:15 am - 10:45 am
<b>alPHA Strategic Plan Session</b> Speaker: Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness  Strategic planning is a process in which an organization defines their vision for the future and identifies the organization's goals and objectives. Join public health colleagues to learn more about alPHA's 2024 to 2026 Strategic Plan.	10:45 am - 11:45 am

<b>Not-for-Profit Corporations Act, 2010 (ONCA) Update</b> (30 minutes) Speakers: John Allen, Partner, Allen & Malek LLP, and Dr. Robert Kyle, Chair, alPHA-ONCA Compliance Working Group and Steven Rebellato, member, alPHA-ONCA Compliance Working Group Moderator: Trudy Sachowski, Past President, alPHA  alPHA representatives and legal counsel will provide an update on the changes to the current Constitution, as required, to transition to a by-law to come into compliance with the Not-for-Profit Corporations Act, 2010.	11:45 am - 12:15 pm
<b>Lunch Break</b> Take a break, grab a sandwich, and come back for an important update from PHO.	12:15 pm - 1:00 pm
<b>Public Health Ontario Update</b> Michael Sherar, President and Chief Executive Officer Colleen Geiger, Chief, Strategy and Stakeholder Relations, Research, Information and Knowledge Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer Dr. Samir Patel, Chief Laboratory Science and Operations Officer Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer  Moderator: Dr. Hsui-Li Wang, Chair, COMOH Section  The development of Public Health Ontario (PHO)'s next Strategic Plan (2024-29) is well underway. Join Michael Sherar for an update on PHO's strategic planning process. This will be followed by a panel of PHO executives describing the services that PHO provides to local public health units.	1:00 pm - 1:30 pm
<b>Section Meetings</b> Members of the BOH Section and COMOH Section meet separately in the afternoon. Boards of Health members are asked to stay with the Zoom webinar platform. COMOH members will join a separate meeting. Agendas for these meetings are provided separately.	1:30 pm - 4:30 pm

This event is hosted by alPHA with generous support from:

**Dalla Lana**  
School of Public Health

**EOHU**  **BSEO**  
Eastern Ontario Health Unit Bureau de santé de l'est de l'Ontario

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# RISK COMMUNICATION

in a changing world

**November 23, 2023**  
Virtual Workshop 1:00-4:00 pm

Part of the alPHA Fall Symposium  
Stay tuned for more information  
[alphaweb.org](http://alphaweb.org)

**Presented by**  
  
**RONALD W. BRECHER, Ph.D., DABT, CChem**  
Toxicology & Risk Assessment Specialist  
[rbrecher@rogers.com](mailto:rbrecher@rogers.com)  
[riskpartners.ca](http://riskpartners.ca)

**Presented by**  
  
**TREVOR SMITH DIGGINS**  
Risk Communication Specialist  
[trevor@smithdiggins.com](mailto:trevor@smithdiggins.com)  
[riskpartners.ca](http://riskpartners.ca)

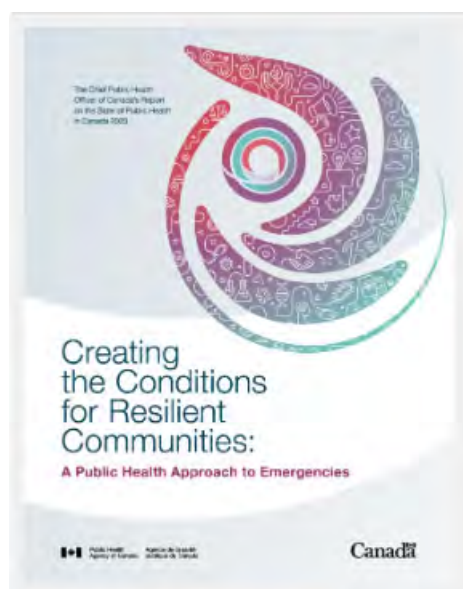
  
Half-day online workshop  
for scientists and public  
health professionals  
  
Apply real-world  
principles when you  
talk about public health  
and environmental risks

## How to Use a Human Rights Based Framework in the Workplace

# The Human Rights-Based Approach Framework

## A Guide to Policy and Program Development





On October 30, the Chief Public Health Officer of Canada released her [Report on the State of Public Health in Canada 2023: Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies](#).

The report proposes a health promotion approach to emergency management within which public health can work with partners in different sectors to build healthier and more resilient communities, with a strong focus on equity, by laying the foundations to better prevent, withstand, and recover from emergencies. The report concludes with a chapter entitled "[The Way Forward](#)", which outlines tangible actions to bring health promotion into emergency management policies and practice.

- The CPHO Statement can be read [here](#).
- Summary Presentation Slide can be viewed [here](#).
- PDF of the Report can be downloaded [here](#).

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## Participate in the National Collaborating Centre for Determinants of Health's fourth environmental scan



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

Participation is through an [online survey](#). The National Collaborating Centre for Determinants of Health's environmental scans have informed how they use their energy, time, and resources to respond to knowledge, build networks, and offer



relevant services. The survey will take 20 minutes to complete and will close on December 1, 2021.



alPHA's summary on the provincial government's 2023 Fall Economic Statement is now available. While there are no direct mentions of public health, there are several points that may be of further interest as they relate to public health programs and services. These include a coordinated Vaping Product Taxation Agreement with the federal government, an increase to minimum wage, and additional investments to health human resources. To read more, please click [here](#).

**Public Health Matters: A Business Case for Local Public Health now available in French**



The latest infographic, which covers a business case for public health, is now available in French. It covers topics such as reduced hospitalizations, safe communities, and

healthy children. To read more, click [here](#).

alPHa would also like to thank Eastern Ontario Health Unit for translating the infographic.

**New:** A video based on the infographic will be available soon!

---

## **Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!**



Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

### **BOH Governance training course**

Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

### **Social Determinants of Health training course**

Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. alPHa staff are currently coordinating the bookings and are pleased to see the uptake.

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## **Affiliates update**

# Affiliates

Association of Local Public  
Health Agencies



## Ontario Association of Public Health Nursing Leaders (OPHNL)

OPHNL is currently working with the Centre for Organizational Effectiveness to develop a 5-year strategic plan. Our aim is to refresh our [current strategic plan](#) to meet the needs of public health nursing leaders across Ontario and create strategic alignment with the priorities of our interdisciplinary public health colleagues. The finalized plan will be presented to OPHNL members at our fall AGM on November 23, 2023.

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## The Association of Supervisors of Public Health Inspectors of Ontario

The link to ASPHIO's [ASPHIO White Paper: Highlighting the Vital Role of Public Health Inspectors within a Responsive and Effective Public Health Workforce](#) (please click on the Advocacy tab) is now available. The report highlights the crucial contributions made by public health inspectors during the pandemic, their importance in supporting the delivery of public health programs and services and the vital role of public health inspectors within a responsive and effective public health workforce. The recommendations in the report provide potential opportunities and solutions to strengthen the public health workforce, and to build upon the adaptability and versatility demonstrated by public health inspectors during the pandemic.

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## AMO Health Transformation Task Force



AMO's Health Transformation Task Force builds on AMO's ongoing health advocacy and will continue to inform AMO's advice to the provincial government on future transformation of health services in Ontario. This may include transformation of the public health system, long-term care sector, community paramedicine, social determinants of health, and Ontario Health Teams, among other health system topics. The Terms of Reference can be found [here](#). Additionally, a number of alPha members sit on the Task Force representing their respective organizations. The membership list can be found [here](#). alPha would like to thank the public health representatives participating in the task force.

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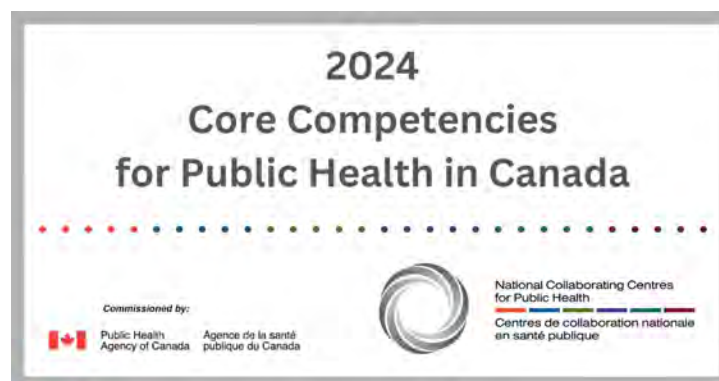
## **AMO's Municipal Employee Survey**



AMO has initiated a [Municipal Workforce Development Project](#) to address employee recruitment and retention challenges at Ontario's municipalities and municipal agencies. AMO is conducting a [survey of Ontario municipal employees](#) to learn about their educational background, career pathways, and overall job experience. The survey is open until Friday, November 24th. [Click here](#) for more survey information and resources to help you share with your colleagues and staff.

---

## **Invitation to Participate – 2024 Core Competencies for Public Health in Canada**



The [National Collaborating Centres for Public Health](#) are reaching out with an opportunity to participate in an important public health project. The Public Health



Agency of Canada has commissioned the National Collaborating Centres for Public Health to engage with the Canadian public health community in order to update the [2008 Core Competencies for Public Health in Canada](#).

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## BrokerLink Insurance



In partnership with alpha, [BrokerLink](#) is proud to offer exclusive discounts on personal home and auto insurance to members. Do you avoid the malls for your holiday shopping and opt for doing it online? Ensure that you don't become a victim to package pirates! Learn how you can keep your packages safe this season [here](#).

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## Anticipation is building for TOPHC 2024



Thank you to everyone who submitted abstracts for #TOPHC2024.

The anticipation is building! While you wait to hear back about abstract submissions, remember to save these important dates in your calendar:

- Abstract status notifications: by December 8, 2023
- Registration opens: Dec 15, 2023
- In-person workshops: March 26, 2024
- Virtual session: April 3, 2024

For more info, visit the TOPHC website: [tophc.ca](https://tophc.ca)

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## Boards of Health: Shared Resources



A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and for posting in the appropriate library. Resources available on the alPHA website include:

- [Orientation Manual for Boards of Health](#) (Revised Feb. 2023)
- [Review of Board of Health Liability, 2018, \(PowerPoint presentation, Feb. 24, 2023\)](#)
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [Obligations of a Board of Health under the Municipal Act, 2001](#) (Revised 2021)
- [Governance Toolkit](#) (Revised 2022)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System](#) (2021)
- [The Municipal Role of Public Health](#)(2022 U of T Report)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

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## **alPHA Correspondence**



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

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## Public Health Ontario



### New COVID-19 and Respiratory Virus Reports

- [Integrated Respiratory Virus Risk Indicators for Ontario](#)
- [COVID-19, Influenza and Respiratory Syncytial Virus Outbreaks in Long-Term Care and Retirement Homes in the 2023-24 Surveillance Period](#)

### Influenza

- [Influenza Vaccines for the 2023-24 Influenza Season](#)
- [Antiviral Medications for Seasonal Influenza: Public Health Considerations](#)
- [Influenza and Other Respiratory Infection Surveillance Package 2023-24 Respiratory Season](#)

### IPAC Resources

- [IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes](#)
- [Infection Prevention and Control \(IPAC\) Checklist for Long-Term Care and Retirement Homes](#)
- [Fact Sheet: Infection Prevention and Control Practices for Immunization Clinics](#)
- [Updated Fact Sheet! How to Protect Yourself and Others from Respiratory Viruses](#)

- [At-A-Glance: Goals-Based Evaluation for Health Promotion Programs](#)
- New Fermented Food Safety Guidelines Available for [plant-based cheese](#), [koji](#), and [kombucha & jun](#).
- [Updated Evidence Brief: Reducing Health Risks Associated with Backyard Chickens](#)

### Upcoming PHO Events

- Tuesday, November 21 – [Advancing Engagement in Antimicrobial Stewardship through Effective Communication Strategies](#)
- Thursday, November 23 – [Prevention System Quality Index 2023: Evidence and Data for Action](#)

Interested in PHO's upcoming events? Checkout their [Events](#) page to stay up-to-date with all of PHO's events.

Missed an event? Check out their [Presentations](#) page for full recordings of PHO's events.

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### Upcoming DLSPH Events and Webinars



- [Ethics, Uncertainty, and Artificial Intelligence in Medicine - JCB-WIHV Lecture series](#) (Nov. 15)
- [Biostatistics Seminar Series with Mohammad Khan on Variable Importance in ML Models](#) (Nov. 16)
- [Ge-iSEE Health Lab Student-led Seminar Presentation](#) (Nov. 21)
- [Celebrating the 100th Anniversary of the Nobel Prize for the Discovery of Insulin to Banting and Macleod: Impact and Legacy](#) (Nov. 27)
- [Healthy Planet, Healthy Lives: Climate Resilience and Sustainability in Health Care](#) (Dec. 1)
- [Statistical Sciences Applied Research and Education Seminar \(ARES\): Jean-François Bégin](#) (Dec. 4)

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### In case you missed it: A Blue Cities 2023 recap



Canadian Water Network hosted Blue Cities 2023 in October. This year, Blue Cities brought together decision-makers from the public health and municipal water management sectors to discuss shared strategic challenges. Some of the topics covered during the conference include:

- Integrating wastewater-based surveillance into public health systems.
- Water utility and public health decision-making in the face of natural disasters.
- The ethics of wastewater-based surveillance.

These discussions pave the way for the future of wastewater surveillance in Canada, as well as show us where collaborative efforts will be pivotal in addressing challenges faced by the public health and municipal water management sectors. The Canadian Water Network would like to thank ALPHA for being an in-kind sponsor of this event.

---

## **Start planning for your health unit's local data collection needs!**



Now is the time to plan for your health unit's 2024 local data collection needs and there are many reasons to choose RRFSS:

- Data can be collected in one, two or all three cycles in the year
- Sample size is also flexible and data can be collected by landline and cell phone (up to a 50 per cent/50 per cent mix).
- RRFSS fills in data gaps by providing local and customizable data not available from the CCHS
- Timely and relevant local data that is available three times per year

- Complete control over survey content, with the ability to choose (or even develop) locally-relevant questions
- RRFSS has hundreds of pretested survey questions available on most health-related topics [Questionnaires — RRFSS](#)
- RRFSS also allows for custom surveys based on specific budgets and customizable survey packages are available on most budgets.

The next cycle of data collection begins mid-January 2024. For further information about joining RRFSS, contact Lynne Russell, RRFSS Coordinator at: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca) or visit the RRFSS website: [www.rrfss.ca](http://www.rrfss.ca)

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## News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

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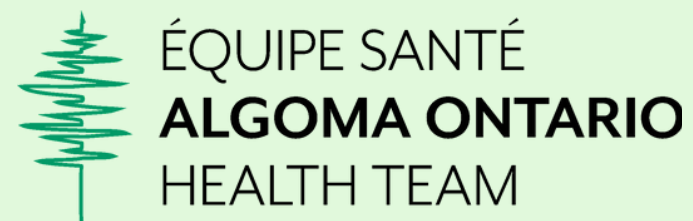


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# Board of Director Information Session and Discussion

Algoma Ontario Health Team| November 9, 2023





# Land Acknowledgement





**1** Overview & Progress Update

**2** Regional & Provincial Context

**3** Opportunities for Partner Boards

**4** Breakout Session & Report Out

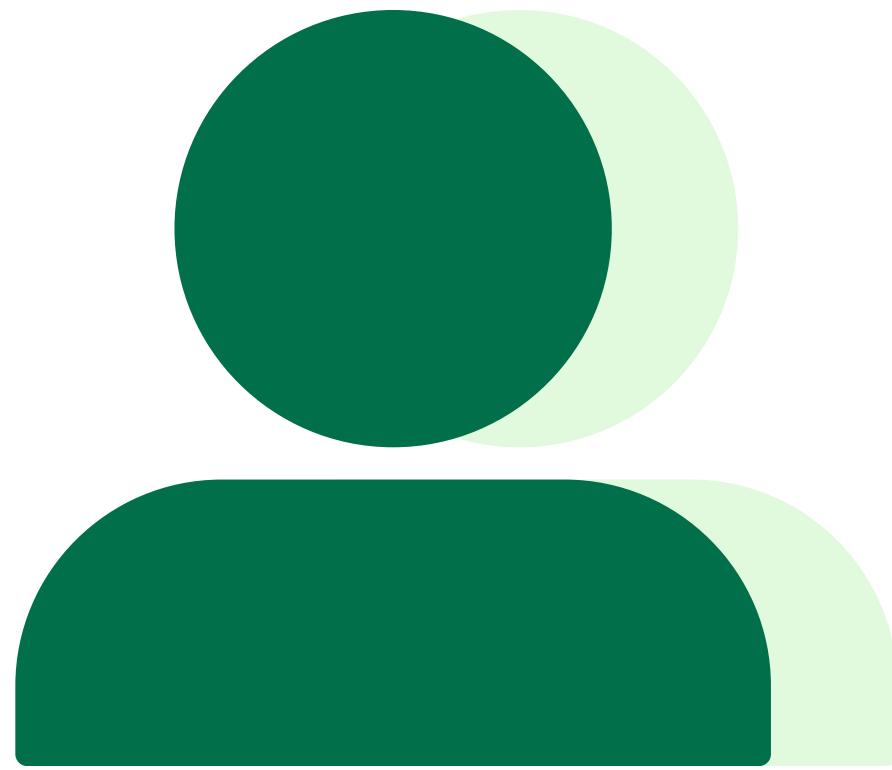


# What are today's objectives?

- To provide an update on the AOHT's progress in advancing integrated health and social care
- To learn about regional and provincial perspectives on the vision for integrated health and social care via OHTs
- To learn about next steps for board of directors and their member organizations

# What is Integrated Care?

Health and social services that are managed and delivered in a way that ensures people receive a continuum of care from health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care, and according to their needs, throughout their whole life.



**People** and communities, not diseases, are at the centre of health **systems**.  
**Empowering** people to take charge of their own health.

-  PRIMARY CARE
-  ACUTE CARE
-  MENTAL HEALTH AND ADDICTIONS SERVICES
-  LONG-TERM CARE
-  HOME CARE
-  COMMUNITY CARE
-  PUBLIC HEALTH
-  SOCIAL SERVICES
-  AMBULATORY CARE



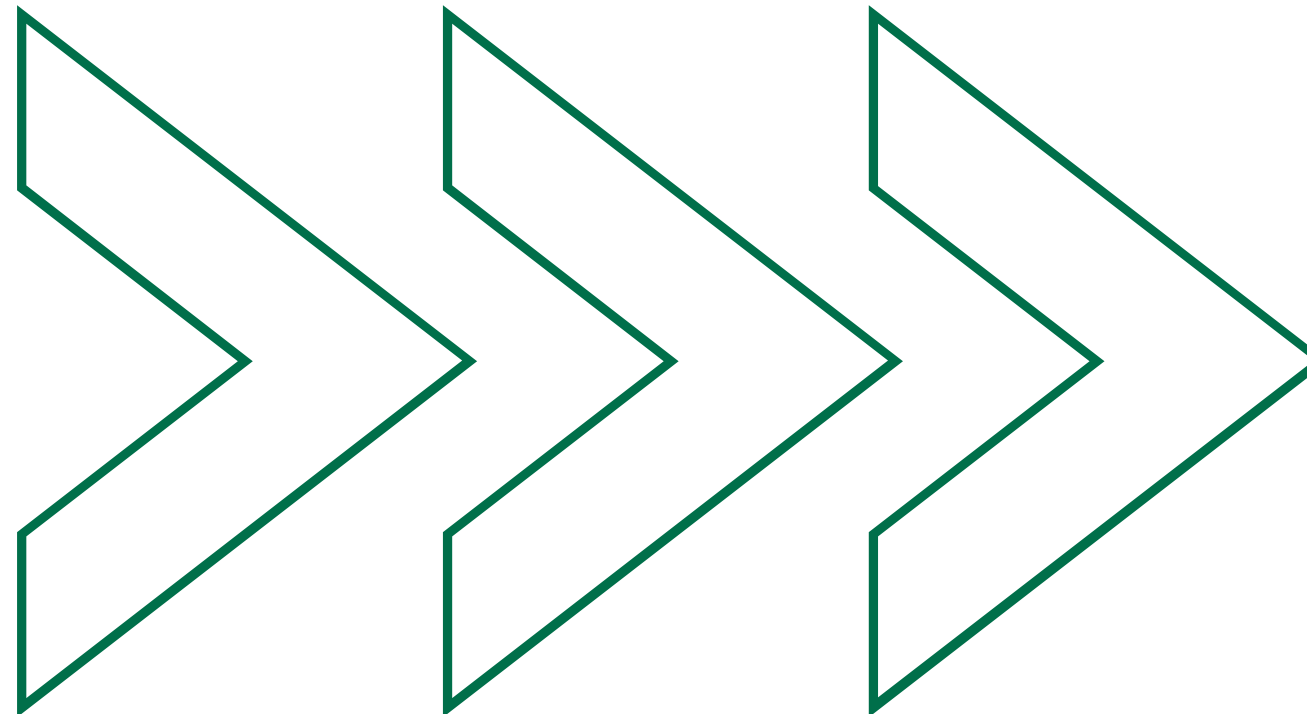
We want individuals to experience seamless transitions throughout their care journey in a system that is understandable, digitally-enabled, and collaborative.

# Ontario Health Teams

Organizing and delivering care with closer connections to local communities

Health and social providers work as one coordinated team

Clinical and fiscal responsibility for delivering a fully coordinated continuum of care



57  
approved  
OHTs

AOHT  
approved  
in 2020

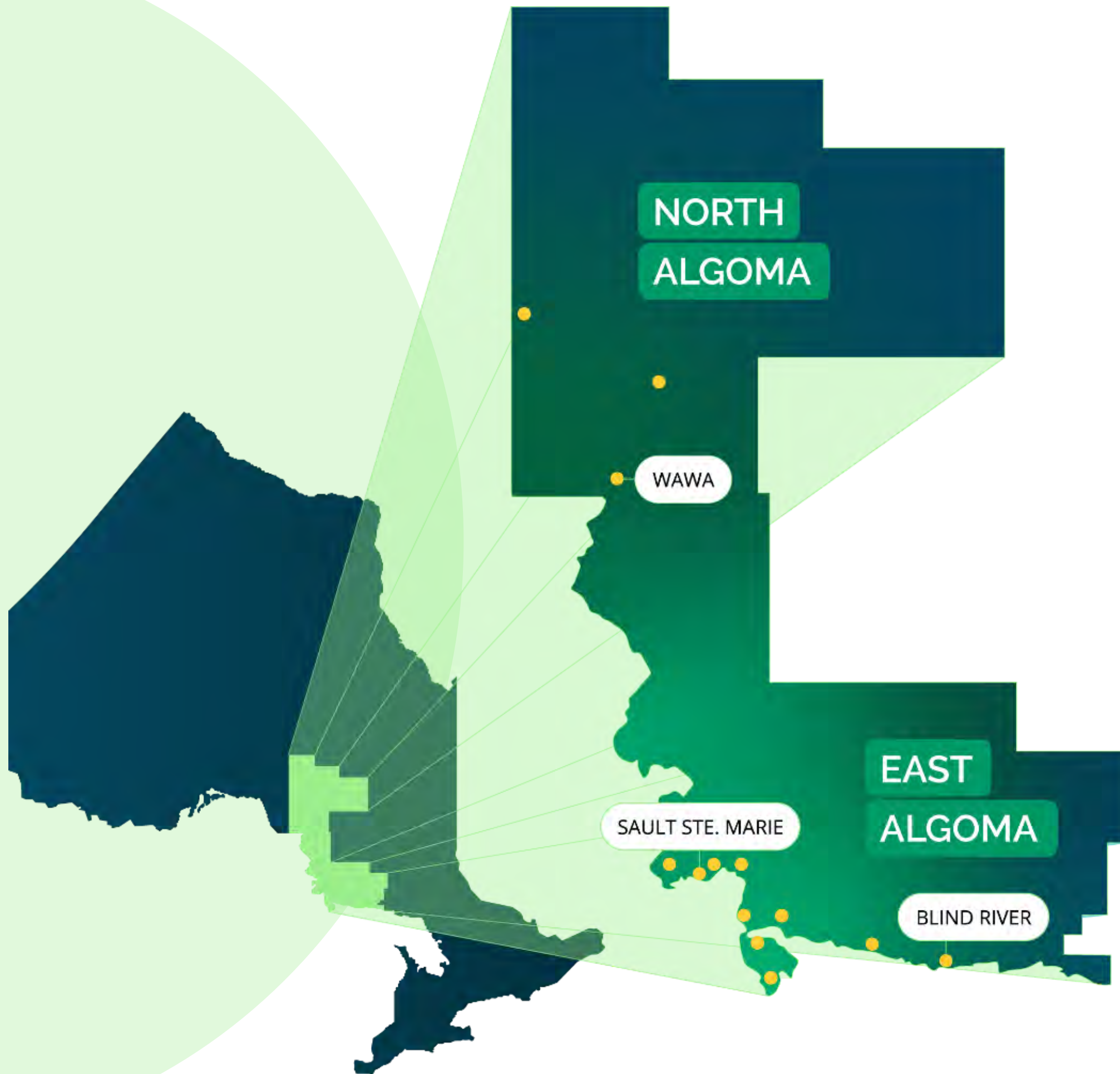
1 NE OHT  
awaiting  
approval





**We are a team of local health professionals, organizations, and community members working to create a network where citizens will have access to the right care, right team, and right care setting when they need it.**

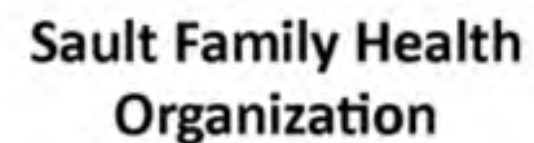




The total region covered by the AOHT is roughly **32,000 km<sup>2</sup>**, including **103,090 community members**.



# The Partners





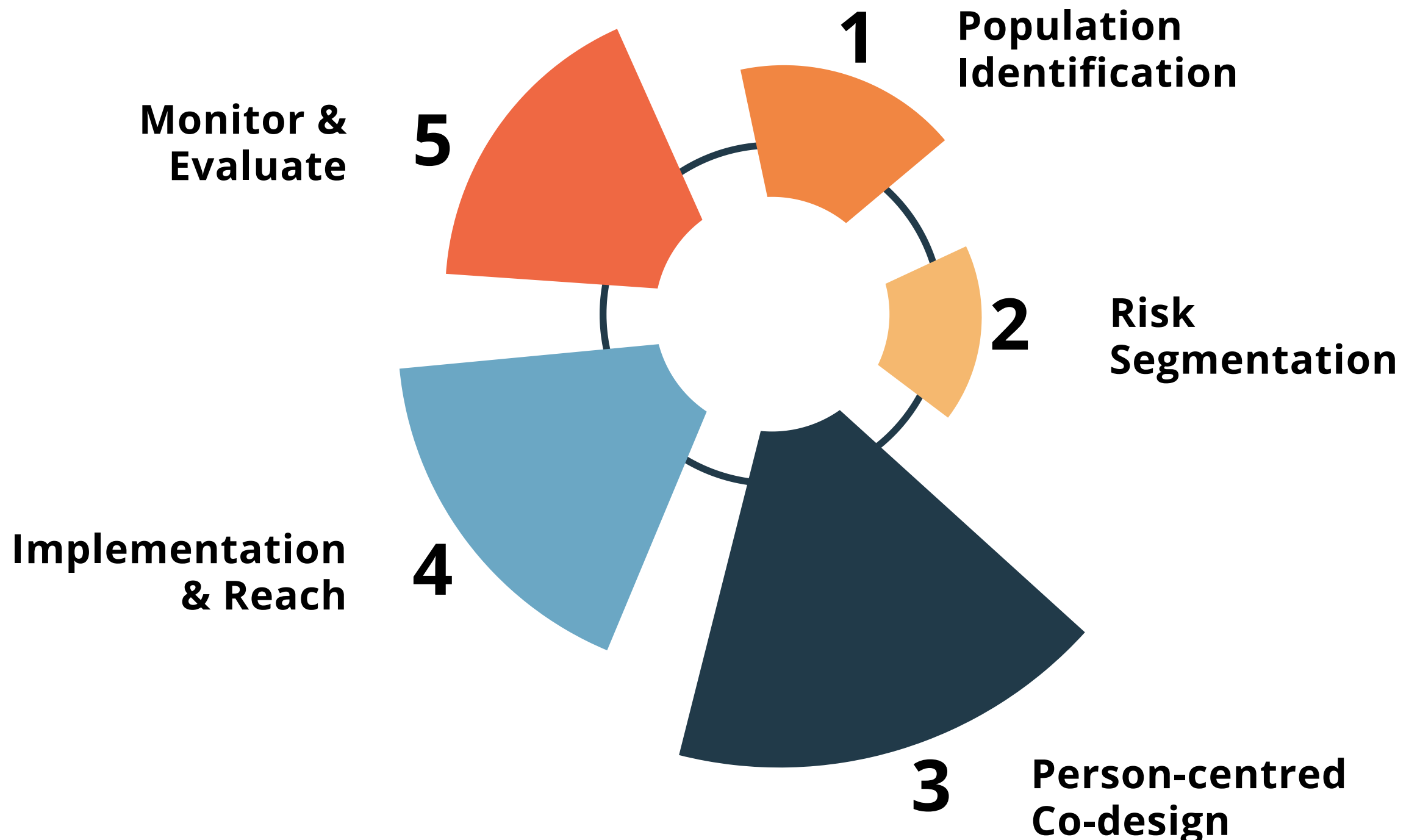
# Strategic Direction



# Population Health Management (PHM)

**Iterative** process which involves gathering data and insights across many **partners** (including non-traditional healthcare providers) about an entire defined population's **health and social needs**.

These insights inform the co-design of **proactive**, integrated, **person-centred**, cost effective, equitable and efficient solutions with the goal of **improving the health** of individuals.



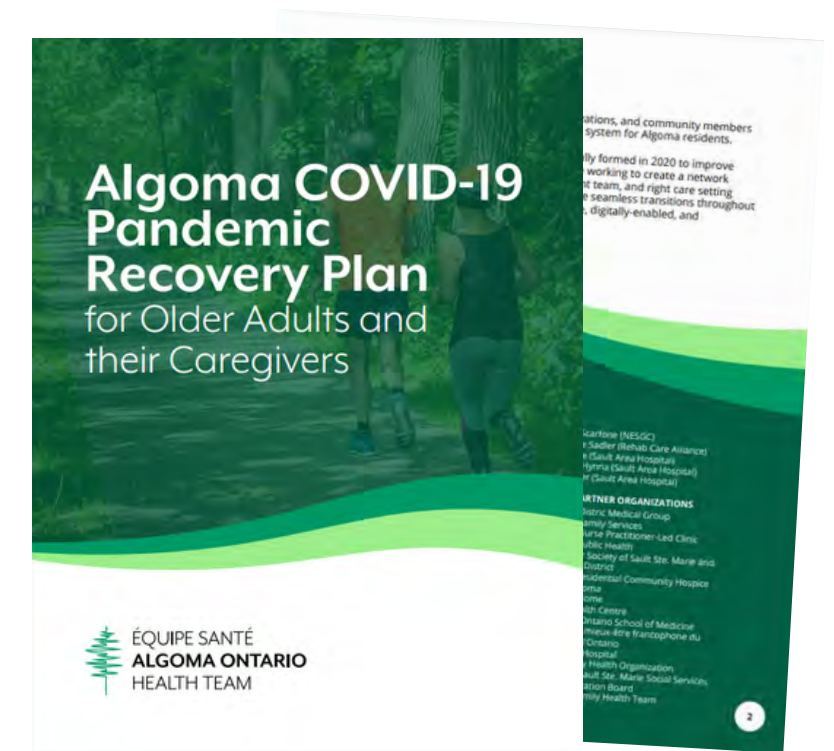
# Progress to Date



**COVID-19 Community Vaccine Hub**  
78,000 doses administered  
Over 17 organizations involved



**Community Wellness Bus**  
15,595 bus visits since  
inception



**Healthy Aging**  
**Coordinated Access:** 99  
referrals received  
**Frailty ID:** 54 referrals to  
community programs  
**Post-Fall Pathway:** 25  
patients enrolled



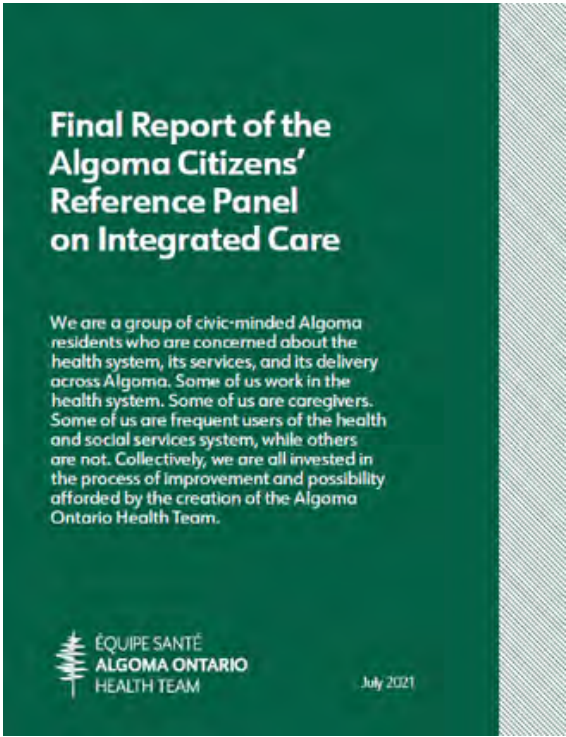
# Progress to Date



**Community Partnership Toolkit**  
Adopted by the Ministry of Health with French translation



**Caregiver ID**  
Over 500 caregivers onboarded  
Expansion to the North Shore Health Network  
29 caregivers participating in Phase 2 Focus Groups



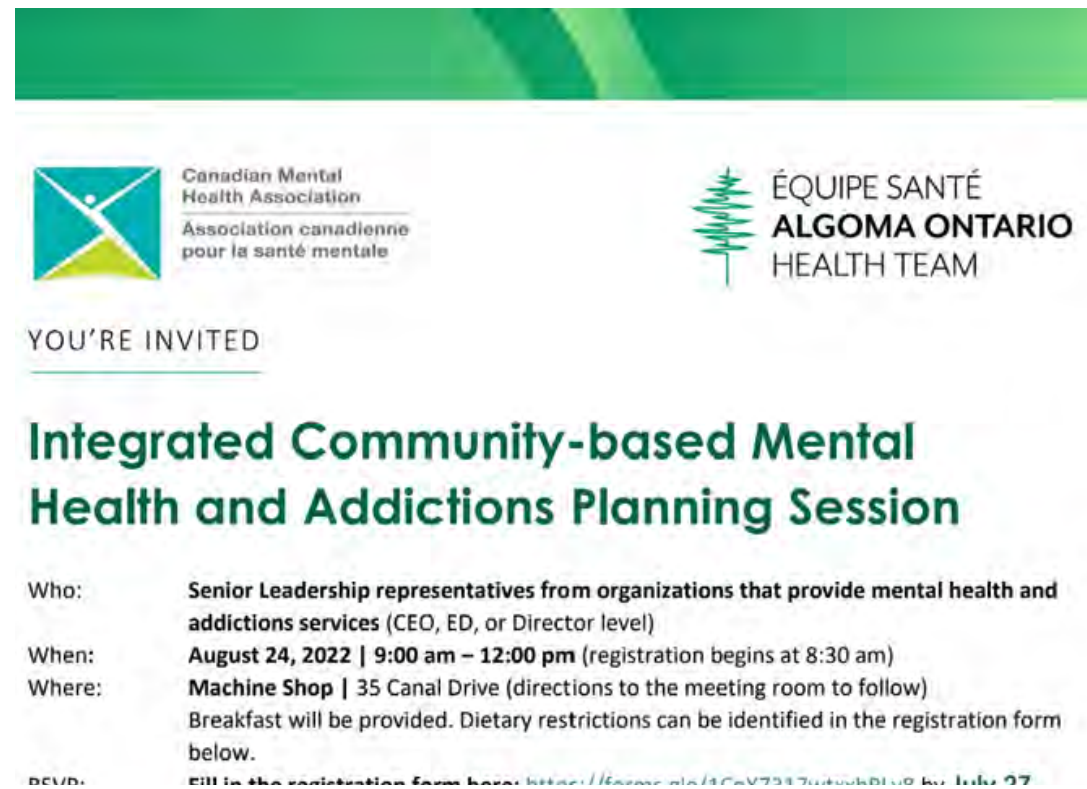
**Algoma Citizens' Reference Panel**  
Over 33 citizens convened representative of Algoma



**Project Percolator**  
Over 500 attendees since inception



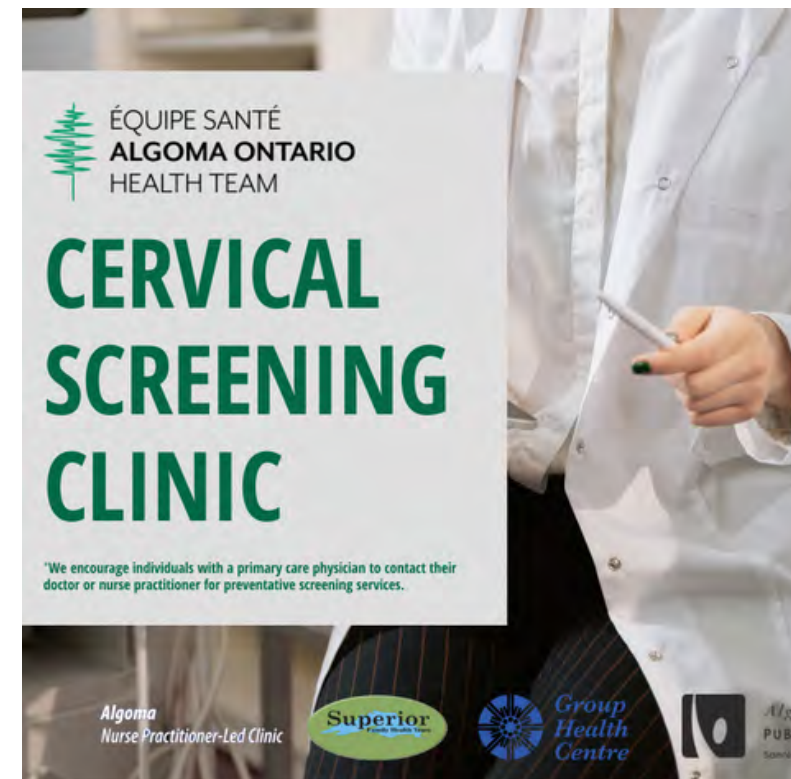
# Progress to Date



## Mental Health and Addictions Planning Session

Over 27 organizations in attendance

Systems planning table convened with a work plan in place



## cQIP Development

186 patients screen for cervical cancer

## ALGOMA OHT GUIDING VALUES AND PRINCIPLES

This organization has adopted the

### Patient, Family and Caregiver Declaration of Values for Ontario<sup>1</sup>

This means that we strive to uphold the following values when providing care:

- Accountability
- Empathy & Compassion
- Equity & Engagement
- Respect & Dignity
- Transparency



This organization has also adopted

### Principles for Advancing Integrated Care<sup>2</sup>

These principles guide how we work with others to improve Algoma's health system:

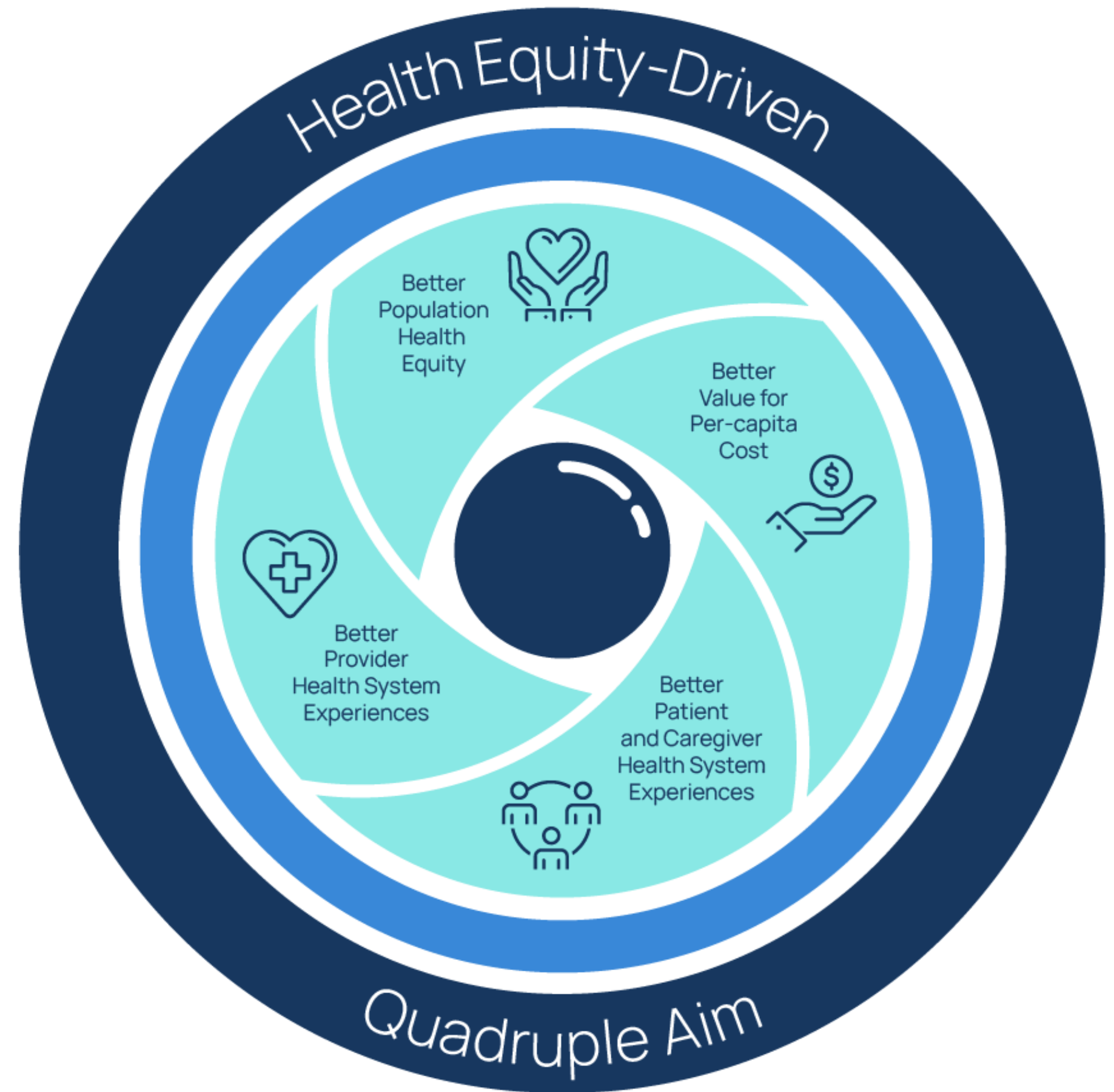
- Patient-centred and Culturally Safe
- High Quality
- Universally Accessible
- Community-led
- Strengthens Population Health with Primary Health Care

## Guiding Values and Principles

Adoption by multiple partners

# Health Equity-Driven Quadruple Aim

Measuring Ontario Health Team  
success



*Source: Middlesex London Ontario Health Team, 2023*





# Mental Health and Addictions: Community Wellness Bus



ÉQUIPE SANTÉ  
**ALGOMA ONTARIO**  
HEALTH TEAM



# Project Overview

- Launched in **April 2021** with more than **10 partners**
- Evidence-based **mobile outreach model of care** to improve access and outcomes and reduce gaps in mental health and addictions care
- Leverages organizational programs and expertise to address **unmet needs in the downtown core**
- More than **15,436 visits** since inception
- Provides **on-site medical assessments and care, basic necessities, harm reduction supplies, peer support, health and social service referrals**

Gore Street

 Community  
Wellness Bus

Salvation Army

Soup Kitchen

# Success of the Partnership

## Sharing resources and working toward a common goal.

- Operates via in-kind resources from over 10 service, community, and co-location partners
- Staffing and resources are primarily provided by 6 lead organizations
- Agreed-upon objectives

## Partnership is built on trusting relationships.

- Governed by a Partnership Agreement
- Frequent communication
- Clearly defined roles and responsibilities



ÉQUIPE SANTÉ  
**ALGOMA ONTARIO**  
HEALTH TEAM



Canadian Mental  
Health Association  
Association canadienne  
pour la santé mentale



**Algoma Family Services**  
SERVICES AUX FAMILLES D'ALGOMA



SAULT AREA  
HOSPITAL  
HÔPITAL DE  
SAULT-SAINTE-MARIE



**Social Services | Services Sociaux**  
**Zhawenimi-Anokiitaagewin**  
Sault Ste. Marie District



**Group  
Health  
Centre**



**Community  
Wellness Bus**

# NEXT STEPS FOR THE AOHT

Expand AOHT membership, specifically in North and East Algoma

Refresh decision making structures through a Collaborative Decision Making Arrangement

Prioritize work over the next 3 years via a Logic Model exercise





# Building OHTs to Last: Ministry of Health Guidance

In November 2022, the Ministry of Health released **The Path Forward**, identifying priorities towards OHT maturity.

1. Common **structure** to progress to full implementation
  - Establishing a new not-for-profit corporation
2. Consistent collaboration in **decision making**
  - Standardizing groups that must be involved in decision making
3. Clinical **pathways** to improve patient care
  - Implementing common integrated clinical pathways for OHTs
4. **Sustainable** operational capacity
  - Identifying an operational support provider for back-office functions
5. **Consistency** in OHT-led public communications
  - Setting a consistent and recognizable approach to communications



# OHT Acceleration: Key Takeaways

On September 27<sup>th</sup>, 2023, the MOH announced the next steps to accelerate Ontario Health Team progress and impact.

- **Twelve OHTs will be supported to advance rapidly towards maturity** and be considered for designation under the *Connecting Care Act, 2019*.
- The twelve OHTs will **share lessons learned** to support continuous learning and readiness for the next phase of implementation for all OHTs, and will help **inform the processes, guidance, and templates that other teams will follow**.
- Starting in **Q3 23/24**, the ministry and Ontario Health plan to **release guidance, resources, and supports for OHTs on key elements of *The Path Forward***, including primary care networks and governance (re: OHT not-for-profit, back-office support through operational support providers).
- **The ministry is developing an ‘OHT Maturity Framework’** that will help OHTs in their journey from the current state to a mature state. OHTs will have the opportunity to inform the framework through various channels.

# OHT Acceleration: Key Takeaways

The 12 Ontario Health Teams will be supported to achieve a set of standardized **structural** and **patient-facing** milestones.

Structural	Patient-Facing
Create a <b>not-for-profit corporation</b>	Put in place a standardized <b>patient navigation</b> solution that integrates with Health811
Establish a <b>primary care network</b>	Implement two or more <b>integrated clinical pathways</b>
Standardize <b>back-office supports</b>	Continue work on <b>local signature initiatives</b> tailored to local populations
Develop a <b>home care readiness plan</b> for the eventual delivery of home care	

# OHT Acceleration:

## What does this mean for the AOHT?

- Focus on:
  - Building a strong foundation
  - Expanding relationships
  - Community-level needs of Algoma residents



# BREAKOUT SESSION



20 minutes



Pre-designated  
Small Groups



Report Back

# Discussion Questions



1. What does being involved in the A0HT mean for your organization?
2. How do you support senior leadership in participating in A0HT projects?
3. What further information do you need to keep informed?

# Report Out



Top 3 (new) comments to discuss with the group?





# Keep the Conversation Going

- Share post-session material with your respective board members
- AOHT Monthly Director updates at board meetings
- Incorporate feedback from the session into Logic Model exercise
- Attend Project Percolator meetings



# Reach out!

**Victoria Aceti Chlebus**  
Director, Integrated Care

[Victoria.aceti@algomaohht.ca](mailto:Victoria.aceti@algomaohht.ca)  
[www.algomaohht.ca](http://www.algomaohht.ca)



**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** [All Health Units](#)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] Message for alPha Members - Strengthening Public Health – Planning Materials and Next Steps  
**Date:** Tuesday, October 31, 2023 1:25:23 PM

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Hello,

Yesterday, the Ministry of Health sent a [memo](#) to all local public health agencies providing planning materials and information regarding potential merger opportunities for local public health agencies (LPHAs). Details can be found in the memo and in the Ministry's [slide deck](#). (These documents are posted on the members' side of the alPha website. You will need to log in to access the files and then click on the links in this email.)

As noted in the memo, in August 2023, the government announced the Ministry of Health's commitment to working closely with LPHAs, municipalities, and the broader public health sector on a strategy to strengthen public health, centred on three priorities:

1. Clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS).
2. Supporting voluntary mergers among LPHAs.
3. Providing stable, sustainable funding to LPHAs.

alPha members are encouraged to be involved in discussions at the local level with their respective LPHAs. In the coming days, the Ministry has indicated they will be reaching out directly to LPHAs and Boards of Health to facilitate regional engagement, and support proposal development for LPHAs interested in voluntary mergers. They will be working with the Associate Chief Medical Officers of Health to schedule meetings. The Ministry is encouraging LPHAs to engage with local communities and priority populations including Indigenous and Francophone communities early in the planning and assessment process.

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023, with merger proposal business cases due in March 2024. In the coming weeks, the Ministry will also provide updates on the Roles and Responsibilities and Funding workstreams of the Strengthening Public Health Strategy.

alPha will continue to provide information as it becomes available and will work with key



stakeholders including the Office of the Chief Medical Officer of Health and the Association of Municipalities of Ontario (AMO).

Members are encouraged to participate in alPha's upcoming [Fall Symposium](#) where key public health issues, including voluntary mergers, will be discussed.

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP

Executive Director

**Association of Local Public Health Agencies (alPha)**

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Toronto, ON M5G 1V2

Tel: 416-595-0006 ext. 222

Cell: 647-325-9594

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[www.alphaweb.org](http://www.alphaweb.org)



**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** [All Health Units](#)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] alPHa Summary - Fall Economic Statement  
**Date:** Thursday, November 2, 2023 4:43:41 PM

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**alPHa Summary**  
***2023 Ontario Economic Outlook and Fiscal Review***  
***Building a Strong Ontario Together***

The 2023 Economic Outlook and Fiscal Review was released on November 2<sup>nd</sup>, 2023. In keeping with the priorities that the Ontario Government has clearly signaled since its election, there is a heavy and literal emphasis on building, with investments in natural resources (mining), manufacturing, energy production, transportation (highways and transit), housing, and other infrastructure (hospitals, long-term care, schools).

There is no direct mention in the report of public health, but there are several points that may nonetheless be of interest for further examination as they relate to public health programs and services.

- Coordinated Vaping Product Taxation Agreement with the federal government.
- Legislated increase to minimum wage (from \$15.50 to \$16.55).
- Additional investments in health human resources.
- Expansion of breast cancer screening to those 40-49 of age.
- Improving access to medical services for youth, including mental health.

Information was also provided about the launch of the 2024 pre-budget consultation, the online portal for which can be accessed [here](#).

Links to the official documents:

- Landing page for the 2023 Ontario Economic Outlook is [here](#).
- The full statement can be read online or downloaded [here](#).
- Highlights of the Report are provided [here](#).
- The News Release is [here](#).

We hope that you find this information useful.

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP

Executive Director

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