ALGOMA PUBLIC HEALTH

BOARD OF HEALTH MEETING

NOVEMBER 23, 2016

SAULT STE MARIE ROOM A&B, 1ST FLOOR

294 WILLOW AVE, SAULT STE MARIE, ON

www.algomapublichealth.com

November 23, 2016 Meeting Book - Board of Health

Table of Contents

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
NOVEMBER 23, 2016 @ 5:00 pm
SAULT STE MARIE ROOM A&B, SSM
A*G*E*N*D*A

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

a. Declaration of Conflict of Interest

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

Resolution

THAT the agenda items dated September 21, 2016 be adopted as circulated; and
THAT the Board accepts the items on the addendum.

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

Resolution

THAT the Board of Health minutes for the meetings dated October 26, 2016 be adopted as circulated.

4.0 Delegations/Presentations.

a. Infectious Diseases — Ms. Deborah Antonello, Public Health Nurse

i. Health Equity and Public Health

5.0 Business Arising from Minutes

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Report — Dr. Tony Hanlon, CEO

i. November 2016 MOH/CEO Report
ii. Attachment: Communique #1: SNS

Resolution

THAT the report of the Medical Officer of Health and CEO for the month of November 2016 be adopted as presented.

b. Finance and Audit Committee Report — Mr. Ian Frazier, Committee Chair

i. Committee Chair Report for November 2016
ii. Draft Financial Statements for the Period Ending September 30, 2016

Resolution

THAT the Finance and Audit Committee report for the month of September 2016 be adopted as presented; and

THAT the Financial Statements for the Period Ending September 30, 2016 be approved as presented; and

iii. APH 2017 Public Health Operating & Capital Budget

Resolution

THAT the Board of Health approves the draft APH 2017 Public Health Operating & Capital Budget as presented.

iv. Replacement of APH Network Servers

Resolution
THAT the Board of Health approves:
1. *The tendering of quotes related to network IT servers; and*
2. *The quotes will require board approval based on APH's procurement Policy. Management requests the Board of Health to instruct it to purchase network IT servers with the condition that APH's 2016 Operating Budget can support the purchase.*

v. Telephone Integrated Solution Upgrade

Resolution
THAT the Board of Health approves:
1. A *new 5-year contract with Bell Canada Ltd to continue to provide and upgrade APH's IPVPN; and*
2. *Sole source procurement for the Telephony and Data infrastructure as well as the change management of the phone system of all APH offices with Bell Canada Ltd.*

vi. Approved minutes September 14, 2016 ***– for information only***

c. Governance Standing Committee Report — Mr. Ian Frazier, Committee Chair

i. Committee Chair Report for November 2016

Resolution
THAT the Governance Standing Committee report for the month of November 2016 be adopted as presented.

ii. Strategic Directions – Qualitative Report November 2016

Resolution
THAT the Board of Health accepts the Qualitative Report November 2016 as presented.

iii. Anti-Contraband Tobacco Campaign

Resolution
WHEREAS information referenced from a 2012 slide deck by Imperial Tobacco Canada Ltd. (ITCL) demonstrates that the National Coalition Against Contraband Tobacco (NCACT) and the Ontario Convenience Store Association (OCSA) have worked on behalf of ITCL to convince Ontario municipalities of the importance of the contraband tobacco problem; and

WHEREAS this referenced information makes clear that the anti-contraband campaign pursued by the NCACT and the OCSA in Ontario is designed in part to block tobacco excise tax increases and regulation of tobacco products generally; and

WHEREAS contrary to tobacco industry messaging, impartial research by the Ontario Tobacco Research Unit at the University of Toronto has shown that tobacco excise tax increases do not lead to large increases in contraband; and

WHEREAS municipalities within the District of Algoma have previously passed smoke-free bylaws and support protection of the public from second-hand tobacco smoke.

THEREFORE BE IT RESOLVED THAT Algoma Public Health requests all municipalities within the District of Algoma to explicitly reject motions from tobacco industry and/or its front groups and to call on the Ontario Ministry of Finance to; (a) raise tobacco excise taxes and (b) enhance enforcement activities designed to reduce the presence of contraband tobacco in Ontario communities.

FURTHERMORE THAT this resolution be shared with the Ministry of Finance, Federal Members of Parliament, the Association of Local Public Health Units, Ontario Public Health Units, the Federal Minister of Health and the Ontario Campaign for Action on Tobacco.

iv. Approved Minutes September 14, 2016 – ***for information only***

7.0 New Business/General Business - None Mr. Lee Mason, Board Chair

8.0 Correspondence Mr. Lee Mason, Board Chair

a. HPV/Immunization Program Funding

i. Letter to Minister Hoskins from Grey Bruce Health Unit dated November 8, 2016 **- Support for APH resolution 2016-50**

b. Nutritious Food Basket

i. Letter to Honourable Ministers from Peterborough Public Health dated November 4, 2016

9.0 Items for Information - None Mr. Lee Mason, Board Chair

10.0 Addendum

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

Resolution
THAT the Board of Health goes into committee.

Agenda Items:

a. Adoption of previous in-committee minutes dated October 26, 2016
b. Labour Relations and Employee Negotiations

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

Resolution
THAT the Board of Health goes into open meeting

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

14.0 Board Meeting Monthly Evaluation Mr. Lee Mason, Board Chair

15.0 Announcements: Mr. Lee Mason, Board Chair

Next Board Meeting:
January 25, 2017 at 5:00pm
Sault Ste. Marie, Room A&B, Sault Ste. Marie

16.0 That The Meeting Adjourn Mr. Lee Mason, Board Chair

Resolution
THAT the Board of Health meeting adjourns

Health Equity and Public Health

EQUALITY is treating everyone the same but...

EQUITY is everyone getting what they need to succeed!

Health Equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions

Health Inequities are the health differences in population groups that are *unfair* and *avoidable*

Type-2 diabetes has been found to be four times higher among Canada's lowest income group than its highest income group.

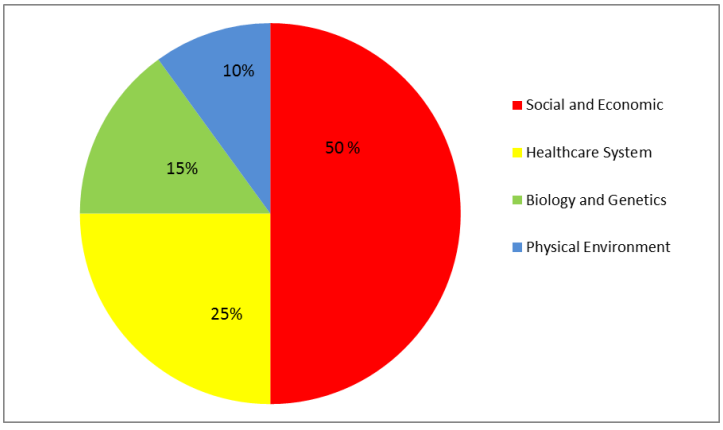
Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy.

Algoma PUBLIC HEALTH Santé publique Algoma

Inequity is About Disadvantage

Algoma PUBLIC HEALTH Santé publique Algoma

50% of Health Outcomes are Related to Social and Economic Conditions



Algoma PUBLIC HEALTH Santé publique Algoma

Social Determinants of Health

Income and Social Status
People with higher income and social status have more control over life's circumstances, as well as more financial and social resources to cope with stress.

Biology and Genetic Endowment
Genetic makeup predisposes some people to certain diseases and health problems; however, early diagnosis and treatment can lessen their impacts.

Health Services
Timely access to health care can restore health, prevent disease, and promote wellness. However, many people cannot afford services such as dental care, prescription drugs, and mental health counselling.

Education and Literacy
Health improves with level of education by providing knowledge and skills to solve problems, obtain employment, and to understand information to stay healthy.

Gender
Society assigns specific roles, personality traits, and attitudes to men and women, including gender-based health issues (eg. women are more likely to suffer from depression than men).

Physical Environment
Our physical and emotional well-being is significantly affected by the safety of our air, water, and soil, as well as the design of our communities and transportation systems.

Employment and Working Conditions
Paid work provides income, as well as a sense of identity and purpose, social contacts and opportunities for personal growth.

Social Support
Care and support from family, friends and communities fosters a sense of well-being and the ability to cope more effectively with life's challenges.

Personal Health and Coping Practices
People who are able to cope with life's challenges are more likely to adopt and sustain healthy lifestyles and behaviours.

Social Environment
Communities that promote strong social networking opportunities, such as volunteerism and community involvement, create social stability, acceptance of diversity, and other benefits that reduce risks to health (eg. crime and family violence).

Culture
Some persons or groups face additional health risks due to marginalization, stigmatization, loss or devaluation of culture and language, and lack of access to culturally appropriate health care and services.

Healthy Child Development
A child's development, particularly from conception to age six, is greatly affected by family income, poverty, parental education, access to nutritious food and physical recreation, genetic makeup, and access to medical and dental care.

Algoma PUBLIC HEALTH Santé publique Algoma

Creating Better Health for All

Some people have more obstacles to attaining good health than others

Algoma PUBLIC HEALTH Santé publique Algoma

Different People Require Different Levels of Support

Algoma PUBLIC HEALTH Santé publique Algoma

The Work of Public Health

Algoma PUBLIC HEALTH Santé publique Algoma

Teaching Grade One Students about Health Equity

Algoma PUBLIC HEALTH
Santé publique Algoma

Algoma
PUBLIC HEALTH
Santé publique Algoma

MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER
BOARD REPORT
NOVEMBER 2016

Prepared by Tony Hanlon Ph.D., CEO and Dr. Alex Hukowich, Associate MOH

Table of Contents

APH AT-A-GLANCE

Dr. Jennifer Loo, a 5th year resident in the Public Health Program from the University Of Toronto successfully completed her 4 week management rotation. During her placement, Dr. Loo participated in management meetings, community partner meetings as well as interacting with managers and staff on operational issues. She made a very positive contribution during her stay and we wish her well as she pursues a career in public health.

Tony Hanlon, CEO and Justin Pino, CFO, presented an overview of APH programs and services as well as an overview of revenues and expectations to the City of Sault Ste. Marie Council. This was part of an initiative by the City Council to have presentations from all organizations that receive funds from Council for operations. Attending in the audience was Mr. Ian Frazier, Vice-chair APH Board Finance and Audit Committee, Ms. L. Zeppa, Director, Health Promotion & Prevention, Ms. S. Cleaves, Director, Health Protection & Prevention and Dr. J. Loo.

The 2016/2017 Flu Campaign has seen 3,805 vaccines administered throughout the District of Algoma by APH staff from October 20 – November 15, 2016. In 2015 4,431 doses of vaccine were administered during the same time period. A total of 23, 656 doses of vaccine have been distributed to and physician offices and APH district offices. This year the Ministry is providing vaccine directly to pharmacies. Clinics are being offered in all district offices.

RISK MANAGEMENT

ENVIRONMENTAL HEALTH

Director: Sherri Cleaves
Manager: Jonathon Bouma

Program: Health Hazard Prevention and Management

Topic: Benzene

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Health Hazard Prevention and Management: Req #9: The board of health shall maintain systems to support timely and comprehensive communication with all relevant health care and other community partners about identified health hazard risks.

This report addresses the following Strategic Directions:

- Collaborate Effectively
- Be Accountable

Background	In 2008, a comprehensive chemical analysis including testing for benzene and perfluoralkyl substances (PFAS) was conducted at Pointe des Chenes campground located west of Sault Ste. Marie. Benzene was detected at levels above the Ontario Drinking Water Standards (ODWS). It was discovered that the source of the contamination was the Sault Ste. Marie airport site. To protect the staff and customers of the campground APH placed a drinking water order on the campground and ensured that signs were posted to not drink the water. In addition to ensure the local homeowners and residents in the adjacent neighborhood were not at a health risk, APH conducted a survey of residential well water at a number of locations surrounding the campground. The study found that benzene and PFAS were not detected in any of the residential wells.
Risk	Due to benzene detection in the well water at Pointe Des Chenes Campground above the ODWS, in 2008, a do not drink order was given to the campsite and do not drink the water signs have been posted. The signs are maintained and inspected by the staff at the park, the Public Utilities Commission (PUC) and by Public Health Inspectors. The adjacent neighborhoods have not been resampled to ensure that the benzene or PFAS has not contaminated their well water since the 2008 sampling.
Mitigation/ Recommendations	Algoma Public Health requested Transport Canada (TC) and the Ministry of Environment and Climate Change (MOECC) to resample the neighboring residential areas to ensure there was no chemical contamination in their private drinking water wells. TC and affiliates; BluMetric Environmental Inc., and the MOECC are now going to monitor the neighborhood wells for chemical contaminates by collecting well water samples from participating homes. The study will take place November 14th to 17th of this year.

Key Points	APH is working collaboratively with TC and MOECC to conduct the study and provided information from the 2008 survey. APH notified the selected residences, which are the same locations as used in 2008 about the study. Written communication has gone out to each residence including: specific program parameters, a benzene and PFAS fact sheet and a link to the 2008 study on our website. http://www.algomapublichealth.com/media/2247/2008-benzene-pdc-survey-project-report-final-130201.pdf
Analysis	APH will support homeowners once results are received and work with TC and the MOECC in mitigation and remediation of the contaminated site itself to ensure residents have safe drinking water.
Action	TC has granted a contract to PUC for the installation and commissioning of Granular Activated Carbon Filters (GAC) at the existing Water Treatment Plant (WTP) at the Pointe Des Chenes Campground. PUC is currently monitoring the efficiency of this system in order to provide potable water to park-goers in the 2017 season. APH will not permit the removal of the "Do Not Drink" Order until adequate data has been presented to ensure its safety. Results of the 2016 residential well water study will determine the next course of action for APH and governmental partners.
Financial/Staffing Implications	Staffing time for the project is budgeted to be approximately 0.2 FTE. Other costs include site visits and mail-out costs to residents.

PROGRAM HIGHLIGHTS

CHRONIC DISEASE PREVENTION AND CHILD HEALTH

Director: Laurie Zeppa
Manager: Jennifer Flood

Topic: Philosophy and Approach to Healthy Weights

This report addresses the following requirements of the Ontario Public Health Standards (2014):
Chronic Disease Prevention:

- Requirement 7: The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to healthy weights; and
- Requirement 11: The board of health shall increase public awareness on Healthy Weights

Child Health:

- Requirement 4: The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of 37 healthy policies and the creation or enhancement of supportive environments to address Healthy Weights; and
- Requirement 5: The board of health shall increase public awareness of Healthy Weights

This report addresses the following Strategic Directions:

- Improve Health Equity
- Collaborate Effectively

The Healthy Kids Workgroup, an internal committee at Algoma Public Health [APH] adopted an agency philosophy and approach to healthy weights. In adopting this approach APH will focus on health for all individuals, regardless of weight, and support population health approaches that make healthy behaviours the easy choice.

The literature indicates that a weight-centred approach to weight loss is difficult to maintain over the long-term, with many not achieving the benefits of improved morbidity and mortality. In addition, there are many unintended consequences of a weight-focused paradigm, including reduced self-esteem and weight stigmatization, which can have a detrimental effect on mental wellness. Therefore, weight loss does not necessarily lead to improved overall health. It is important to recognize that weight is only a single component and other dimensions, including physical, mental, emotional, social, spiritual, economic and environmental health, create the sum of one's health.

A "shadow epidemic" of weight bias is happening alongside the current obesity epidemic. With approximately half of Canadians being overweight or obese, most of them, including children and youth, will experience some form of weight bias. This "shadow epidemic" poses a real threat to population health and well-being. Research shows strong links between weight bias and harm to mental health and well-being, including low self-esteem, poor body image, depression, anxiety and other psychological disorders, and suicidal thoughts and actions. In addition to mental health, weight bias can contribute to physical harm through resulting unhealthy weight control practices which may lead to obesity, disordered eating and eating disorders. In addition, obese and overweight people may avoid physical activity and medical care due to weight bias (Technical Report: From Weight to Well-Being: Time for a Shift in Paradigms? BC Provincial Health Services Authority, January 2013).

Currently the Healthy Kids Workgroup is meeting to develop key messages and a plan for employee education with a focus on how to adopt this approach when working with individuals and community partners. An aspect of staff training will include Healthy Kids Workgroup members attending team meetings to provide an in-service on this philosophy. This philosophy will provide staff a framework when making decisions to participate in community events/initiatives, ensuring that they represent a healthy weights approach. There may be opportunities to educate community partners on how they can adopt this approach and philosophy within their own settings and environments.

Examples of health units who have adopted a similar philosophy or position include Sudbury & District Health Unit, Elgin St. Thomas Health Unit and Haldimand-Norfolk Health Unit.

HEALTH EQUITY

Director: Laurie Zeppa
Manager: Hannele Dionisi

Topic: Social Determinants of Health Public Health Nurses Initiative

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: *The Ontario Public Health Standards incorporate and address the determinants of health throughout, and include a broad range of population-based activities designed to promote the health of the population and reduce health inequities by working with community partners.*

This report addresses the following Strategic Direction: Improve Health Equity.

In 2011, the government invested in 2 full-time Social Determinants of Health Public Health Nurse (SDOH PHN) positions to each of the 36 health units, as part of the 9000 Nurses Initiative. These nursing positions were expected to provide expertise on and supports to:

- identified priority populations as per surveillance and assessment activities
- address program/service needs of specific populations impacted negatively by determinants of health

The public health nurses assigned to these positions at Algoma Public Health influence and support the organization and the staff to build health equity capacity for fulfilling our Strategic Direction mandate, using the widely adopted *Public Health Roles for Improving Health Equity* and *Health Equity Indicators for Ontario Local Public Health Agencies* frameworks. The following are the public health roles for improving health equity:

1. **Assess and report on the existence and impact of health inequities and effective strategies to reduce these inequities.**
    - SDOH PHNs, in collaboration with the epidemiologist, provide consultation to staff around applying a health equity lens to program planning, data collection and agency reports.

2. **Modify and orient interventions and services to reduce inequities for priority populations.**
    - SDOH PHNs support staff in considering opportunities for adapting programs and services to meet the needs of priority populations. For example, outreach flu clinics are now being provided at the Sault Ste. Marie Community Soup Kitchen and at the Canadian Mental Health Association.

3. **Engage in community and multi-sectoral collaboration to address the needs of priority populations who are experiencing or are at risk of experiencing health inequities.**
    - The SDOH PHNs have taken a leadership role in bringing community partners together to form local poverty networks in Sault Ste. Marie and Central Algoma. They are exploring opportunities to establish additional poverty networks throughout the district.

4. **Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvements in health determinants and inequities.**
    - The SDOH PHNs participate on the alPHa OPHA Health Equity Work Group, where provincial discussions around emerging health equity issues take place. As part of a broader campaign, our Board of Health endorsed a resolution to support the concept of Basic Income Guarantee.

5. Advance health equity work by building organizational capacity and infrastructure.

- The SDOH PHNs participate in and provide support for agency-wide Strategic Direction planning and implementation. Additionally, the nurses recently offered Health Equity 101 training for all staff.

PRESCHOOL SPEECH AND LANGUAGE SERVICES

Director: Laurie Zeppa
Manager: Leslie Wright

Topic: Special Needs Strategy-Integrated Rehabilitation

This report addresses the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: The Special Needs Strategy (SNS) was developed in 2014 and included the four ministries: Ministry of Community and Social Services, Ministry of Child and Youth Services, Ministry of Education and Ministry of Health and Long Term Care.

This report addresses the following Strategic Directions: Collaborate Effectively

Special Needs Strategy focuses on three main areas: a screening tool (currently being developed by a provincial committee), Coordinated Service Planning and Integrated Rehabilitative Services.

The Integrated Rehab committee is working to provide speech and language, OT and PT to children in the district of Algoma in a seamless manner. The communiqué attached shows the progress to this date of the Integrated Rehab Committee and how the community is working towards providing Speech and Language services, Occupational Therapy (OT) and Physical Therapy (OT) to children with special needs from ages 0-18 (until they leave school).

APH Preschool Speech and Language Program provides speech and language services to children 0-5 within the district of Algoma and we have been involved with the committee since 2014. Through Integrated Rehab Speech and Language Pathology (SLP) services will be provided to children who have a mild to significant speech and/or language challenges from birth to the end of school. The focus of SLP services will be to reduce speech and language challenges with emphasis on capacity building for the adults who support the child i.e. parents and educators. SLP services will be provided in the environments that are most conducive to attaining the family/child/youth's vision and goals.

The Committee will continue to meet to further develop the Integrated Rehab proposal with full implementation of the plan in 2017.

PARTNERSHIPS

L. Zeppa and T. Hanlon attended the Sault Ste. Marie Health Link Steering Committee meeting November 17, 2016. The purpose of health Link is to improve integrated care for patients with multiple conditions and medically complex needs. The terms of reference, 2016/17 work plan and budget were reviewed. An update on progress & accomplishments to date was provided. A follow up session to review findings from the pilot phase and discuss future directions and actions was held November 18, 2016.

Respectfully submitted,
Tony Hanon, Ph.D., CEO and Dr. Alex Hukowich, Associate MOH

Communique #1:
Special Needs Strategy (SNS) Integrated Rehabilitation
Nov, 2016

The Special Needs Strategy- Integrated Rehabilitation (SNS- IR) Steering Committee is pleased to share our first Communique highlighting our activities since May 2016. As you are all aware, parents from across the province informed government that the processes related to accessing and delivering rehabilitation services were not meeting child, youth and family needs. In response, the government implemented a three pronged approach to improving three systems- early identification; service coordination and integrated rehabilitation. Throughout the summer and fall of 2015 the parents, youth, front-line staff and leadership met to identify what was working and what needed to improve in the Algoma region.

Algoma submitted a high-level proposal to the Ministry for review in Nov 2015. Algoma's proposal clearly outlined the intent to develop the details of the plan with input from leadership, front-line staff, youth and families, prior to implementation.

ACTIVITIES, ACTIONS AND EVENTS

Here is a chronology of happenings since the Nov 2015 submission date:

May 20, 2016: Teleconference with the Ministry

- The Ministry provided feedback on Algoma's SNS-IR proposal.
- Feedback from the Ministry indicated they supported parts of the plan i.e. No Wrong Door the vision and guiding principles. The Ministry identified that Algoma's proposal did not fully meet the Ministries' vision related to improving the system and rehabilitation services for children, youth and families; the proposal was not sufficient in its transformational elements. In addition the Ministry requested Algoma's proposal be further developed to provide a clearer picture of what services would look like on a day to day basis for children, youth and families, prior to receiving final Ministry approval.

June 2016: Program Guidelines

- In June 2016 the Ministry released Program Guidelines for the Integrated Delivery of Rehabilitation Services. These guidelines outline the minimum provincial expectations that all Integrated Rehabilitation Service proposals must meet. The guidelines provide specific requirements for each step of the service pathway and also reference benchmarks and outcome measures that will be used across the province to measure each region's progress.

The Algoma SNS-IR Steering Committee has been meeting bi-monthly since July 2016. The Steering Committee has been focusing on- clarifying which aspects of the original plan meet the Ministry's guidelines and what parts need to be tweaked to ensure the minimum provincial expectations are met or exceeded.

The SNS- IR Steering Committee has reached consensus on the following:

VISION FOR ALGOMA'S SPECIAL NEEDS INTEGRATED REHABILITATION

Our vision is an Algoma where children and youth with special needs and their families get the right services at the right time and place in order to participate fully at home, school, in the community and prepare to achieve their goals for adulthood.

Algoma will use a three-phase process to achieve this vision which includes: creating the environment; working together and making it happen.

PRINCIPLES GUIDING THE VISION FOR ALGOMA'S SPECIAL NEEDS INTEGRATED REHABILITATION

a. The needs, values and preferences of children/youth and families take priority over agencies and staff.
b. Determination of service eligibility will be based on the functional needs of the child/youth and family vs diagnosis
c. Agency leaders create positive and collaborative environments for delivering rehabilitation services to children/youth with special needs and their families.
d. Strong partnerships and effective working relationships exist among agencies and providers.
e. Agencies and providers collaborate and cooperate with each other and reach beyond existing policies and mandates to meet the needs of children/youth and families.
f. Rehabilitation service policies are integrated among agencies.
g. Multiple access points are available and well known in the community.
h. Following the intake process, children/youth and families will have an assessment within 3 months and will begin services in 5 months (pre-school) or 8 months (school age).
i. Once admitted to one agency, child/youth and family are eligible to access services of other Integrated Delivery of Rehabilitation Service (IDRS) agencies.
j. A continuum of rehabilitation services is provided to children/youth and families; it addresses the changing needs from birth to the end of high-school and the transition to adult services.
k. Treatment approaches are flexible, evidence-informed and delivered across Algoma District using a tiered approach.
l. Communication among providers and families will be supported by timely sharing of pertinent information with informed parental consent.
m. Each team member's knowledge and skills are used effectively.
n. Warm, seamless transfers between providers and agencies. [1]
o. Rehabilitation service providers work closely with other community agencies, primary care and pediatricians to ensure that children/youth and families receive appropriate care and support in their language of choice.
p. Rehabilitation service providers and agencies will honour the cultural sensitivities and social mores of the children/youth and families they support i.e. French, Aboriginal, immigrants, etc.
q. Quality improvement strategies are integrated throughout all rehabilitation services.
r. Agency leaders will ensure that equitable rehabilitation services will be provided across the district of Algoma

COLLECTIVE IMPACT MODEL

Algoma's original proposal identified the need for the Ministry to fund a Project Manager position. The Project Manager responsibilities included guiding the work related to developing and implementing the detailed plan. Since the submission of the Nov 2015 proposal, the Ministry has confirmed there is no additional funding available to allocate to hiring a Project Manager. The SNS- IR Steering Committee has determined proceeding with the original recommendation, without additional financial support from the Ministry, would have a negative impact on the ability of Algoma to achieve the vision and goals for this project.

As such, the SNS-IR Steering Committee has decided to adopt a Collective Impact Model[1] which will centralize the functions of the Program Manager and the Lead Agency with a Backbone Agency.

The Backbone Agency will be selected using the same process that was utilized by the Special Needs Strategy- Service Coordination Committee to select the Lead Service Coordination Agency i.e. submission of a letter of interest and an interview process. The selection process will be led by neutral members of the SNS-IR Steering Committee and a parent representative.

NEXT STEPS

- A Backbone Agency will be selected.
- The SNS-IR Steering Committee will continue to meet regularly to finalize the framework that will be used to guide development of the detailed SNS- IR plan.
- Once the framework is finalized front-line staff, youth and families will be invited to provide input on specific aspects of the expected deliverables.

The SNS- IR Steering Committee Members:

Brent Vallee/Kelly Colter (ADSB); Leslie Wright (APH); Renee Lefebvre/Tracy Rossini (CSCNO); Lyse Boisvert/Diane Zannier (CSPGNO); Rosanne Zagordo/Jack Stadnyk (HSCDSB); Mary Tasz (NECCAC); Susan Vanagas-Cote/Maxine Orr (THRIVE Child Development Centre)

[1] Collective Impact Model- multiple agencies abandon their own agendas in favour of a common agenda, shared measurement and alignment of effort. Collective impact models have a centralized infrastructure known as a backbone agency, which helps the participating organizations shift from acting alone to acting in concert. Staff remain employed by their home agency but maybe co-located in the community or school offices.

ALGOMA PUBLIC HEALTH

FINANCE AND AUDIT COMMITTEE REPORT

FOR THE NOVEMBER 23, 2016 BOARD MEETING

Meeting held on: November 9, 2016 – Started at 4:34 pm

In attendance:

Justin Pino, Joel Merrylees, Tony Hanlon, Ian Frazier, Lee Mason, Candace Martin, Dennis Thompson

Secretary – Christina Luukkonen

Justin provided an overview of the September 2016 financial statements. It was noted that the budgeted figures were adjusted to reflect the one-time funding awarded to the Health Unit. A number of questions were raised regarding travel and promotional expenditures with satisfactory answers. The Committee also inquired about the HST Recovery being singled out. For efficiency the Health Unit contracted with another company to review the 2015 expenditures to ensure the Unit had maximized its recovery of HST. Additional recoveries were identified. Management expressed that going forward internal staff should capable of completing this task. The Committee also discussed the process of allocating and recognizing deferred revenue. A few minor adjustments to the financial statements were identified and will be made going forward. The Committee recommends to the Board the approval of the September 2016 financial statements.

The draft 2017 budget was presented to the Committee and discussed. The Committee was greatly appreciative of the efforts of Justin and Joel to provide a more detailed summary this year to explain adjustments and identifying key expenditures. It was recognized that Management had completed a thorough review of expenditures, cut where possible and are implementing cost saving measures identified through this process and throughout the year. The budget being presented to the Board with the Committee's recommendation includes a 2.5% levy increase to the municipalities. This is mainly due to the province changing the funding model and our Unit being projected to receive again a 0% increase in funding for the 2017 year. This has caused any budgetary increase being downloaded to the municipalities. The 2017 budget has been presented with an approximate 0.6% increase.

Management presented to the Committee for review the request to tender quotes for the replacement of the IT servers. The replacement of the IT servers was not specifically identified as one of the Unit's top risks for 2016 but the integrity and functionality of the IT services was specified as a top risk. The Committee recommends and put forth to the Board for approval the tendering of quotes and that the purchase of this equipment is on the condition that the 2016 operating budget can support such a purchase.

Management presented to the Committee for review the request to integrate and upgrade the telephony and data infrastructure by way of a single source procurement; which was identified as a cost saving measure and an improvement in services. It was discussed the option to go to tender for this service but Management provided reasoning for the single sourcing of services with Bell Canada. The Committee was not unanimous but does put forth the recommendation to the Board for approval of the sole sourcing and upgrade of the telephony and data infrastructure utilizing Bell Canada by way of a five year contract.

The Committee then went into in-committee to be briefed on labour relations and employee negotiation type matter.

As Chair of the Committee for the past two years the membership (both Board Members and Management) was recognized and thanked for their dedication and support throughout this period as it was greatly appreciated.

Next meeting is scheduled for February 8, 2017.

Meeting was adjourned at 6:48 pm.

Dan M Brangel

Chair, Finance and Audit Committee
Algoma Public Health

11/11/16

Date

Algoma Public Health
Financial Statements **September 30, 2016**

Algoma Public Health
Statement of Operations
September 2016

	Actual YTD 2016	Budget YTD 2016	Variance Act. to Bgt. 2016	Annual Budget 2016	Variance % Act. to Bgt. 2016	YTD Actual/ YTD Budget 2016
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ 2,556,269	$ 2,549,843	$ 6,426	$ 3,399,791	0%	100%
Provincial Grants - Public Health 75% Prov. Funded	5,513,096	5,481,900	31,196	7,309,200	1%	101%
Provincial Grants - Public Health 100% Prov. Funded	1,806,771	1,806,750	21	2,718,300	0%	100%
Fees, other grants and recovery of expenditures	543,528	618,153	(74,625)	824,204	-12%	88%
Provincial Grants - Funding for Prior Yr Expenses	139,000		139,000			
Total Public Health Revenue	$ 10,558,664	$ 10,456,646	$ 102,018	$ 14,251,495	1%	101%
Expenditures						
Public Health 75% Prov. Funded Programs	$ 8,394,084	$ 8,679,012	$ 284,927	$ 11,533,195	-3%	97%
Public Health 100% Prov. Funded Programs	1,722,961	1,791,400	68,439	2,718,300	-4%	96%
Total Public Health Programs Expenditures	$ 10,117,045	$ 10,470,411	$ 353,366	$ 14,251,495	-3%	97%
Excess of Rev. over Exp. 75% Prov. Funded	$ 218,809	$ (29,115)	$ 247,924	$ 0		
Excess of Rev. over Exp. 100% Prov. Funded	83,810	15,350	68,460	(0)		
Provincial Grants for Prior Yr Expenses	139,000		139,000			
Total Rev. over Exp. Public Health	$ 441,619	$ (13,765)	$ 455,384	$ (0)		
Public Health Programs - Fiscal 16/17						
Provincial Grants	$ -	-	-	133,500		
Expenditures	-	-	-	133,500		
Excess of Rev. over Fiscal Funded	-	-	-	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ 801,011	$ 801,008	$ 3	$ 1,068,011	0%	100%
Municipal, Federal, and Other Funding	185,145	184,841	304	266,455	0%	100%
Dental Benefits Ontario Works Recoveries	328,282		328,282			
Total Community Health Revenue	$ 1,314,438	$ 985,850	$ 328,589	$ 1,334,466	33%	133%
Expenditures						
Healthy Babies and Children	$ 790,040	$ 801,008	$ 10,969	$ 1,068,011	-1%	99%
Child Benefits Ontario Works	16,742	18,105	1,363	24,135	-8%	92%
Dental Benefits Ontario Works	296,837		(296,837)			
Algoma CADAP programs	150,517	166,740	16,223	242,320	-10%	90%
Total Calendar Community Health Programs	$ 1,254,136	$ 985,853	$ (268,282)	$ 1,334,466	27%	127%
Total Rev. over Exp. Calendar Community Health	$ 60,303	$ (4)	$ 60,307	$ 0		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ 2,721,216	$ 2,790,650	$ (69,433)	$ 5,581,299	-2%	98%
Municipal, Federal, and Other Funding	422,448	378,230	44,218	800,253	12%	112%
Other Bill for Service Programs	18,048		18,048			
Total Community Health Revenue	$ 3,161,711	$ 3,168,880	$ (7,168)	$ 6,381,552	0%	100%
Expenditures						
Northern Ontario Fruit & Vegetable Program	57,690	62,681	$ 4,991	117,400	-8%	92%
Brighter Futures for Children	50,243	57,316	7,073	114,447	-12%	88%
Infant Development	318,450	315,968	(2,483)	631,935	1%	101%
Preschool Speech and Languages	274,717	307,128	32,411	614,256	-11%	89%
Nurse Practitioner	62,063	61,427	(636)	122,853	1%	101%
Genetics Counseling	183,817	189,403	5,586	378,806	-3%	97%
Community Mental Health	1,652,448	1,697,349	44,901	3,394,698	-3%	97%
Community Alcohol and Drug Assessment	361,723	341,079	(20,644)	682,157	6%	106%
Healthy Kids Community Challenge	117,571	99,722	(17,848)	225,000	18%	118%
Stay on Your Feet	41,560	50,000	8,440	100,000	-17%	83%
Bill for Service Programs	25,104	-	(25,104)	-		
Misc Fiscal	0	-	-	-		
Total Fiscal Community Health Programs	$ 3,145,386	$ 3,182,072	$ 36,686	$ 6,381,553	-1%	99%
Total Rev. over Exp. Fiscal Community Health	$ 16,325	$ (13,192)	$ 29,518	$ (1)		

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

and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement
For the Nine Months Ending September 30, 2016

	Actual YTD 2016	Budget YTD 2016	Variance Bgt. to Act. 2016	Annual Budget 2016	Variance % Act. to Bgt. 2016	YTD Actual/ YTD Budget 2016	*Comparison Prior Year:* YTD Actual 2015	YTD BGT 2015	Variance 2015
Levies Sault Ste Marie	1,772,134	1,772,134	0	2,362,846	0%	75%	2,031,795	1,477,094	554,702
Levies Sault Ste Marie Capital	0	0	0	0		0%	220,215	220,215	0
Levies Vector Bourne Disease and Safe Water	44,575	44,575	0	59,433	0%	75%	49,466	49,466	0
Levies District	739,560	733,134	6,426	977,512	1%	76%	889,110	603,320	285,790
Levies District Capital	0	0	0	0		0%	89,947	89,947	0
Total Levies	**2,556,269**	**2,549,843**	**6,426**	**3,399,791**	**0%**	**75%**	**3,280,533**	**2,440,042**	**840,492**
MOH Public Health Funding	5,379,571	5,348,375	31,196	7,130,900	1%	75%	5,614,937	5,639,325	(24,388)
MOH Funding Vector Bourne Disease	81,525	81,525	0	108,700	0%	75%	81,453	81,525	(72)
MOH One Time Funding Dental Health			0			0%	25,632	25,500	132
MOH Funding Safe Water	52,000	52,000	0	69,600	0%	75%	52,167	52,200	(33)
Total Public Health 75% Prov. Funded	**5,513,096**	**5,481,900**	**31,196**	**7,309,200**	**1%**	**75%**	**5,774,189**	**5,798,550**	**(24,361)**
MOH One Needle Exchange	38,032	38,025	7	50,700	0%	75%	33,592	38,025	(4,433)
MOH Funding Haines Food Safety	18,450	18,450	0	24,600	0%	75%	18,397	18,450	(53)
MOH Funding CINOT/Healthy Smiles	577,425	577,425	0	769,900	0%	75%	320,654	307,950	12,704
MOH Funding - Social Determinants of Health	135,377	135,375	2	180,500	0%	75%	135,328	135,375	(47)
MOH Funding Chief Nursing Officer	91,131	91,125	6	121,500	0%	75%	91,050	91,125	(75)
MOH Enhanced Funding Safe Water	11,625	11,625	0	15,500	0%	75%	11,615	11,625	(10)
MOH Funding Unorganized	375,227	375,225	2	515,100	0%	73%	326,917	375,225	(48,308)
MOH Funding Infection Control	234,304	234,300	4	312,400	0%	75%	234,207	234,300	(93)
MOH Funding Diabetes			0	60,000					
Funding Ontario Tobacco Strategy	325,200	325,200	0	433,600	0%	75%	321,176	342,825	(21,649)
One Time Funding				234,500					
Total Public Health 100% Prov. Funded	**1,806,771**	**1,806,750**	**21**	**2,718,300**	**0%**	**66%**	**1,492,936**	**1,554,900**	**(61,964)**
Funding for Prior Yr Expenses	**139,000**	**0**	**139,000**						
Recoveries from Programs	24,793	7,546	17,247	10,061	229%	246%	5,030	7,546	(2,515)
Program Fees	171,368	185,357	(13,990)	247,143	-8%	69%	162,420	185,357	(22,937)
Land Control Fees	100,300	120,000	(19,700)	160,000	-16%	63%	123,720	120,000	3,720
Program Fees Immunization	141,337	120,000	21,337	160,000	18%	88%	144,986	120,000	24,986
HPV Vaccine Program	5,729	7,500	(1,771)	10,000	-24%	57%	867	7,500	(6,633)
Influenza Program	1,525	45,000	(43,475)	60,000	-97%	3%	760	45,000	(44,240)
Meningococcal C Program	3,529	7,500	(3,971)	10,000	-53%	35%	255	7,500	(7,245)
Interest Revenue	8,414	1,500	6,913	2,000	461%	421%	8,390	1,500	6,890
Other Revenues	86,533	123,750	(37,217)	165,000	-30%	52%	19,982	123,750	(103,768)
Funding Holding		0	0	0		0%	0	0	0
Total Fees, Other Grants and Recoveries	**543,528**	**618,153**	**(74,625)**	**824,204**	**-12%**	**66%**	**466,410**	**618,153**	**(151,743)**
Total Public Health Revenue Annual	**$ 10,558,664**	**$ 10,456,646**	**$ 102,018**	**$ 14,251,495**	**1%**	**74%**	**$ 11,014,068**	**$ 10,411,645**	**$ 602,424**
Public Health Fiscal									
Panorama	0	0	0	74,600		0%	0	0	0
Rabies Software	0	0	0	28,900		0%			
Smoke Free Ontario NRT	0	0	0	30,000		0%			
First Nations Inititative -One Time	0	0	0	0		0%	112,214	0	112,214
Total Provincial Grants Fiscal	0	0	0	133,500		0%	112,214	0	112,214

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

Algoma Public Health

Expense Statement- Public Health

For the Nine Months Ending September 30, 2016

	Actual YTD 2016	Budget YTD 2016	Variance Act. to Bgt. 2016	Annual Budget 2016	Variance % Act. to Bgt. 2016	YTD Actual/ YTD Budget 2016	*Comparison Prior Year:* YTD Actual 2015	YTD BGT 2015	Variance 2015
Salaries & Wages	$ 5,959,005	$ 6,229,133	270,128	$ 8,397,259	-4%	71%	$ 5,811,106	$ 6,097,472	$ (286,366)
Benefits	1,453,629	1,558,668	105,040	2,099,349	-7%	69%	1,427,327	1,522,496	(95,169)
Travel - Car Allowances	0	0	-	0		0%	39,767	46,470	(6,703)
Travel - Mileage	86,840	109,947	23,107	147,784	-21%	59%	101,273	94,085	7,188
Travel - Other	48,370	71,288	22,918	95,301	-32%	51%	49,525	94,731	(45,206)
Program	529,728	409,333	(120,395)	579,202	29%	91%	724,162	543,187	180,975
Office	94,607	69,000	(25,607)	92,750	37%	102%	52,486	98,962	(46,477)
Computer Services	484,563	671,931	187,367	861,936	-28%	56%	543,525	577,297	(33,771)
Telephone Charges	24,063	29,250	5,187	39,750	-18%	61%	23,757	36,197	(12,440)
Telecommunications	248,371	133,612	(114,759)	181,233	86%	137%	126,910	128,221	(1,311)
Program Promotion	69,846	160,564	90,718	229,085	-56%	30%	91,495	158,687	(67,192)
Facilities Expenses	584,165	610,443	26,278	821,424	-4%	71%	523,663	569,326	(45,664)
Fees & Insurance	293,510	180,904	(112,607)	391,305	62%	75%	243,358	209,618	33,740
Debt Management	310,440	342,000	31,560	456,000	-9%	68%	342,000	342,000	0
Recoveries	(70,094)	(105,662)	(35,569)	(140,883)	-34%	50%	(67,565)	(107,106)	39,541
	$ 10,117,045	$ 10,470,412	$ 353,367	$ 14,251,495	-3%	71%	$ 10,374,789	$ 10,753,644	$ (378,855)

	Current YTD	*2015*	*Total*	Total Budget	*Total % Spent*
Elliot Lake Renovations	411,935	277,890	689,825	724,960	95%

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

Notes to Financial Statements – September 2016

Reporting Period

The September 2016 financial reports include nine months of financial results for Public Health and the following calendar programs; Healthy Babies & Children, Child & Dental Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting six month results from operations year ended March 2017.

NOTE: Algoma Public Health received the 2016 Public Health Program-Based Grants approval letter from the Ministry of Health and Long-Term Care on September 23rd, 2016. APH will be receiving up to $237,112 in additional base funding and up to $368,000 in one-time funding for the 2016-2017 funding year to support the provision of mandatory and related public health programs and services within the District of Algoma. The September 2016 financial statements have been adjusted to reflect these funding changes with regards to the annual budget. Funding is expected to be received November 30th, 2016.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of September 30th, 2016, Public Health programs are reporting a $455k positive variance.

Revenues are indicating a positive $102k variance. Fees, Other Grants & Recoveries are indicating a negative $75k variance. In an effort to balance the budget, recognition of deferred revenue was planned for 2016. Management has determined this is not required which is impacting the negative variance related to Other Revenues. This negative variance is being offset with HST recoveries APH has received. Provincial Grants – Funding from prior years is showing a positive variance of $139k. This is associated with 2015 approved and settled one-time funding requests related to the Interim CEO Position and New Purpose-Built Vaccine Refrigerators.

There is a positive variance of $353k related to Public Health Expenses being less than budgeted. The $270k positive variance associated with Salary & Wages is driving this positive variance. This is a result of vacant positions which have been gapped and yet to be filled. In addition, the vacant MOH position is impacting the noted variance. As communicated in the August notes to the financial statements, management has re-allocated eligible dollars to 100% provincially funded programs. Management is developing a plan to ensure any anticipated surplus dollars are spent by December 31/16 based on the needs of APH.

Community Health Calendar programs are reporting a $60k positive variance.

On the revenue side, $328k positive variance is associated with Dental Benefits Ontario Works as these funds were not originally budgeted. This is being offset by the corresponding $297k negative variance related to expenses within the Dental Benefits Ontario Works program that have also not been budgeted. This represents an agreement between APH and Ontario Works where Ontario Works Compensates APH for Dental Service administration. Costs incurred are absorbed by the Revenues received.

On the expense side, a $16k positive variance is associated with the Algoma CADAP program. This is a result of timing of expenditures not yet incurred.

Community Health Fiscal programs are reporting a $29k positive variance.

Notes Continued...

Timing of receipt of Municipal, Federal, and Other Funding – Community Health is generating a $44k positive variance.

On the Expense side, Preschool Speech and Language is showing a positive $32k variance. This is a result of the timing of payment to the Children's Rehab Center for purchased services. The Healthy Kids Community Challenge is indicating a negative variance of $17k. This is a result timing of program purchases made within the program. As the year progresses, it is anticipated that the Healthy Kids Community Challenge Program will be within budget.

Public Health Revenue (see page 2 for details)

Public Health funding revenues are showing a positive $102k variance.

The municipal levies are operating within budget.

Funding Grants are operating within budget.

There is a negative variance of $75k associated with Fees, Other Grants & Recoveries. In an effort to balance the budget, recognition of deferred revenue was planned for 2016. Management has determined this is not required which is impacting the negative $37k variance related to Other Revenues. The negative $20k variance associated with Land Control Fees and the negative $43k variance related to the Influenza Program should be reduced as the year progresses. APH typically captures the bulk of its fees between the spring and fall months. Somewhat offsetting these negative variances are the positive $17k variance associated with Recoveries from Programs and the positive $21k variance associated with Program Fees Immunization. The positive variance associated with Recoveries from Programs is a result of HST recoveries. Management anticipates Program Fees Immunization to be in line with the budget by the end of the year.

Public Health Expenses (see page 3)

Travel (Mileage, Other)
Travel (Mileage) is showing a positive $23k variance. Travel (Other) is showing a positive $23k variance. Management is anticipating actual expenses to be less than budgeted. The 2017 Operating Budget will be revised to more accurately reflect actual travel expenses.

Program
Program expense is indicating a negative $120k variance. The purchased services for the Acting MOH and Associate MOH roles are driving the noted variance. The positive variance associated with Salary & Wages is offsetting the added purchased services expenses. In addition, actual program material and supplies in the Sexual Health and VPD programs are greater than what was budgeted. The budget was reduced in 2016 but will be revised to reflect actual costs for 2017.

Notes Continued...

Office
Office expense is indicating a negative $26k variance. This is a result of Xerox expenses being budgeted in Facilities and Maintenance expenses and being charged to Office Expense. Management will be revising the 2017 budget to ensure Xerox expenses are budgeted and charged to Office expense.

Computer Services
Computer Services is showing a positive variance of $187k. APH's 2016 Operating Budget was approved by the Board of Health in November of 2015 and included the buy-back of IT equipment. In December of 2015, the decision was made to buy-back leased IT equipment prior to 2016. This is driving the noted positive variance. In addition, the Cisco phone contract was budgeted in Computer Services but was charged to Telecommunications. Management will be revising the 2017 budget to ensure the Cisco phone contract expenses are budgeted and charged to Telecommunications.

Telecommunications
Telecommunications is indicating a negative variance of $115k. This is a result of the Cisco phone contract being budgeted in Computer Services but charged to Telecommunications. Management will be revising the 2017 budget to ensure the Cisco phone contract expenses are budgeted and charged to Telecommunications. In addition, upgraded network technology related to APH's new Elliot Lake offices is contributing to this negative variance.

Program Promotion
Program Promotion is showing a positive variance of $91k. This is a result of budgeted Media dollars aligned to general agency needs that have historically been unspent. Revisions to the budgeted Program Promotion figure will be implemented in the 2017 APH Budget.

Fees & Insurance
Fees & Insurance is indicating a negative variance of $113k. This is due to the $83k payment of the annual insurance premium paid in full during the month of February. In addition, APH has incurred legal expenses regarding a Public Health policy matter. APH has submitted and been approved for a one-time funding request associated with these costs. Funds are expected to be received November 30/16.

Recoveries
Recoveries are indicating a negative variance of $35k. This is a result of recoveries being less than budgeted. Revisions to the budgeted Recoveries figure will be implemented in the 2017 APH Budget.

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

All Non Public Health Programs are operating without budget issues.

Notes Continued...

Financial Position - Balance Sheet (see page 7)

Our cash flow position continues to be stable and the bank has been reconciled as of September 30th, 2016. Cash includes $324k in short-term investments.

Long-term debt of $5.961 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $348,000 of the loan relates to financing of the Elliot Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no material collection concerns for accounts receivable.

Algoma Public Health
Statement of Financial Position

Date: As of September 2016		September 2016		December 2015
Assets				
Current				
Cash & Investments	$	**2,033,055**	$	2,368,709
Accounts Receivable		**491,026**		658,510
Receivable from Municipalities		**24,151**		5,134
Receivable from Province of Ontario				
Subtotal Current Assets		**2,548,233**		3,032,353
Financial Liabilities:				
Accounts Payable & Accrued Liabilities		**1,462,678**		1,490,132
Payable to Gov't of Ont/Municipalities		**154,847**		641,766
Deferred Revenue		**760,534**		664,615
Employee Future Benefit Obligations		**2,453,960**		2,453,960
Capital Lease Obligation		**0**		107,264
Term Loan		**6,173,490**		6,173,490
Subtotal Current Liabilities		**11,005,509**		11,531,227
Net Debt		**-8,457,276**		-8,498,874
Non-Financial Assets:				
Building		**22,732,421**		22,732,421
Furniture & Fixtures		**1,914,772**		1,914,772
Leasehold Improvements		**1,169,635**		1,169,635
IT		**3,029,040**		3,029,040
Automobile		**40,113**		40,113
Accumulated Depreciation		**-6,880,999**		-6,880,999
Subtotal Non-Financial Assets		**22,004,981**		22,004,981
Accumulated Surplus		**13,547,705**		13,506,107

Algoma Public Health

2017 Public Health Operating & Capital Budget

Table of Contents

EXECUTIVE SUMMARY:

Issue:

The Management of Algoma Public Health (APH) is seeking approval of the 2017 Public Health Operating and Capital Budget for mandatory programs and services. The recommended budget has been reviewed and is recommended by the Board of Health Finance & Audit Committee.

Recommended Action:

"That the Board of Health for the District of Algoma Health Unit approves the 2017 Public Health Operating Budget as presented".

Budget Summary:

The 2017 APH Operating & Capital Budget is designed to ensure the Board of Health for the District of Algoma Health Unit is fulfilling its mandate as per the requirements set out in the *Health Protection and Promotion Act*, Ontario Public Health Standards, Ontario Public Health Organizational Standards, the Public Health Accountability Agreement, and APH's strategic plan. The 2017 budget reflects no changes in the current service offerings to the clients within the District of Algoma.

The proposed 2017 budget for mandatory programs and services is $14,038,040 and as compared to the 2016 Board of Health approved budget, represents a 0.3% overall increase. The 0.3% increase while very minimal, results in a proposed 2.5% increase in the municipal levy due to a 0% increase in the provincial grant. The requested incremental levy dollars will be used to support a 0.3% decrease in receipts and a 0.3% increase in expenses as compared to 2016.

2017 Financial Assumptions:

- The increase in the 2017 budget relative to 2016 is under 0.5%
- No decrease in service offerings to the clients within the District of Algoma
- 0% increase in the 2017 provincial portion of funding as a result of APH (along with 25 other PHU's) currently being above the new Public Health Funding formula model-based share
- 2.5% overall increase in the 2017 municipal levies
- Salary increases from collective bargaining agreements are planned to reflect recent collective bargaining agreements of other public health units within the Province

- Salary increases for non-union employees and Management are planned to reflect other public health units within the province.
- Associate Medical Officer of Health (AMOH) position is built into the budget
- Non-salary costs are based on historical data and where possible efficiencies introduced; adjustments for inflation have been incorporated where appropriate
- Capital and debt repayment plans will be managed within approved (existing) resources

PUBLIC HEALTH BUDGET BACKGROUND:

Provincial Government:

In 2015, the Ministry of Health & Long Term Care implemented a new equity-adjusted population model public health funding formula for mandatory programs. This was a result of recommendations made by the *2013 Public Health Funding Review Working Group*. The adopted public health funding model identifies an "appropriate" share for each board of health that reflects needs in relation to other boards of health. While the model attempts to lessen the impact of a region's population to account for equity and needs of a region, the weight given to a region's population is still driving the formula. It appears that 10 health units with a high population density are the ones that are below their model-based share and will benefit from the new funding formula.

Boards of Health have been advised by the Ministry that any growth funding available would be distributed proportionately to health units that were below their model-based share. Health units were advised that base funding for mandatory programs would not be reduced.

The Ministry continues to advise all public health units to plan for no growth funding for the foreseeable future.

APH 2016 Grant Approval:

In 2016, 10 out of 36 public health units in Ontario were below their model-based share with a 1% increase in growth funding distributed proportionately to these 10 public health units. APH is one of 26 public health units above their model-based share and as a result did not receive any growth funding as it related to mandatory programs. As a result, APH received a 0% increase in mandatory program funding in 2016.

One-time funding requests received in 2016 which are 100% funded by the province include:

- Immunization of School Pupils Act – Regulatory Amendments Implementation ($13,800)
- Outbreaks of Diseases: Rabies Module Software Change ($28,900)
- Outbreaks of Diseases: IPAC Lapse ($55,800)
- Panorama ($74,600)
- Pharmacists Integration into the UIIP Program ($4,800)
- Public Health Inspector Practicum ($10,000)
- Public Health Program Legal Costs ($150,100)
- Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Population ($30,000)

For context, the Board of Health for the District of Algoma Health Unit has experienced the following historical growth in provincial MOHLTC funding for mandatory programs:

Year	Growth (%)
2016	0.00%
2015	0.00%
2014	2.00%
2013	1.50%
2012	2.00%
2011	2.52%

The 0% or flat-lined adjustment for mandatory programs means revenue constraints for the long-term with continued inflationary pressures related to operating expenses and cost of living and collective bargaining considerations related to salary and benefits. These revenue constraints require APH to ensure all potential sources of revenue and a broad range of cost reduction initiatives are considered.

Program and Service Requirements:

Under the *Health Protection and Promotion Act*, a Board of Health has legal responsibilities for ensuring the delivery of health services and programs in accordance with the *Act* and Regulations. The Public Health Accountability Agreement commits Boards of Health to achieving fourteen mandatory performance indicators and one monitoring indicator.

RECOMMENDED 2017 PUBLIC HEALTH BUDGET:

Action Plan to Manage Funding Formula Impact:

- Development of 2017 Public Health Budget to ensure it is aligned with APH's strategic directions and MOHLTC Accountability Agreement
- Continue to submit one-time funding requests to the MOHLTC through the Program-Based Grants Process
- Control spending by ensuring APH is receiving "value for dollars" spent
- Identification of process improvements and improved efficiency opportunities
- Utilization of additional funding opportunities (i.e. through the Northern Ontario Heritage Fund)

2017 Revenue Generating & Cost Savings Initiatives:

Identification of revenue generating and cost savings opportunities is necessary in order to attain a balanced budget for 2017 and in anticipation of ongoing funding pressures. Management and the Finance and Audit Committee have worked extremely hard in the context of significant fiscal pressures to achieve this important goal. Below is a summary of key initiatives built into the 2017 Public Health Budget that will result in savings to APH.

2017 Cost Savings/Revenue Generating Initiatives

#	Initiative	Amount
1	HST Recovery Services In-House	$ 39,000
2	Refinancing of Long-term Debt	$ 6,372
3	Travel Vaccine Price Increase	$ 1,000
4	Phone System Support In-House (MicroAge)	$ 6,000
5	Migration of Anti-Virus Software to Integrated Solution	$ 2,000
6	Elimination of Quarterly IT Lease Payment	$120,606
TOTAL		**$174,978**

As a result of APH being above the model-based share, APH may only request a 0% increase in growth funding for mandatory programs from the Ministry of Health & Long Term Care and a proposed 2.5% increase in municipal levies.

Revenues

Cost-shared programs and services are funded through the province, municipalities and other sources of revenue, such as interest revenue, and user fees. The province also contributes funding for services to Unorganized Territories.

Provincial

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.

In 2015, the Ministry of Health & Long Term Care began the process of implementing a new public health funding formula for mandatory programs. As a result of a 0% increase in mandatory funding from the Ministry in 2016, APH received $142,617 less than it would have otherwise received assuming 2% growth.

The 100% provincially funded Diabetes Prevention Program will now be funded by Public Health Division of the MOHLTC. Revenues in the form of Provincial grants have been adjusted for 2017 to reflect this.

Municipal

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 HPPPA or any other Act.

In 2015 at least 14 of the 36 public health units in Ontario assessed their respective municipalities at 30% or higher of the total Public Health Cost Shared Funding. As a result of the MOHLTC implementing the new equity-adjusted population model public health funding formula for mandatory programs, APH's current funding ratio is 73% provincial funding and 27% municipal funding.

As a means of ensuring no changes in service offerings to the clients within the District of Algoma, a 2.5% increase subject to Board approval will be requested from obligated municipalities.

For context, the Board of Health for the District of Algoma Health Unit has experienced the following historical growth with respect to the municipal levy.

Year	Levy Increase	
2012	2.00%	
2013	1.00%	
2014	2.00%	
2015	4.16%	
2016	4.50%	
2017	*2.50%*	*proposed*

User Fees

Health Equity serves as one of APH's strategic directions. APH is very mindful that a strong public health system ensures access to public health programs and services for those groups of people within our population that most need them. As such, when assessing the costs and benefits of increasing user fees, APH has taken a strategic view.

A nominal prices increase is built into the 2017 Public Health budget related to Vaccine Preventable Disease travel vaccines. It should be noted that travel vaccines are not publicly funded in Ontario.

Expenses

Expenses are primarily driven through staff salary and benefits in the form of collective bargaining, goods and service contracts and through inflation.

Both bargaining units' collective agreements are set to expire March 31st, 2017. With regards to staffing, APH continues to review "value-for-dollar" for each role within the organization.

APH's current contracts for its Internet Protocol Virtual Private Network (IPVPN) are in a position to be renegotiated. As such, APH has explored consolidating phone and data infrastructure and the management of APH's phone system. This is designed to provide APH with more efficient monitoring and management of APH's IPVPN, upgrade performance of inter-site communications between APH offices and generate further cost savings to the agency that have not been factored into the 2017 Public Health Budget.

Inflationary pressures will continue to place upward pressures on APH's operating costs.

The Consumer Price Index five-year average is as follows:

- Canada: 1.68%
- Ontario: 1.82%

Many progressive agencies add 0.25% investment factor when assessing the impact of inflation to not only maintain but also generate sustainable growth. When assessing the value of the levy, maintaining a levy increase similar to the rate of inflation may be a factor to consider.

Salary and Wages

Salary and Wages expenses are projected to increase by 1.3% compared to 2016.

For the first 3 months of the calendar year, salary and wages expenses will remain consistent with 2016 levels. As both CUPE and ONA collective agreements expire on March 31st, 2017, an estimate is built into the budget with regards to salary and wages for all Public Health employees for the remaining nine months that management believes is representative of Public Health collective bargaining increases throughout the province. Compared to 2016, the Public Health Full Time Equivalent (FTE) count has contracted by 2 FTE from 122 in 2016 to 120 in the 2017 Public Health Budget. This is a result of attrition and re-allocation of FTEs to Community Health Programs to more fairly align to the work of staff.

Benefits

Benefit expenses are projected to decrease by 4.3% compared to 2016.

This is a result of amending benefits expenses for contract employees who receive salary in lieu of benefits to more accurately reflect actual benefit expenses.

Travel

Travel expenses are projected to decrease by 14.1% compared to 2016.

This is a result of revising the travel budget to more accurately reflect actual travel expenses incurred in 2016.

Program

Program expenses are projected to increase by 16.3% compared to 2016.

The introduction of the Diabetes Prevention Program will result in an additional $43k in Program Materials & Supplies. In addition, Program Materials & Supplies has increased in the Sexual Health and in the Vaccine Preventable Disease program. The increase in these respective program budgets is to better align the 2017 budget with actual expenses incurred in 2016.

Equipment

Equipment expenses are projected to decrease by 79.2% compared to 2016.

This is a result of the removal of budgeted dollars from the 2017 budget associated with the buy-back of leased IT equipment. APH purchased all leased IT equipment in December 2015, after the 2016 operating budget was approved.

Office Expenses

Office expenses are projected to increase by 55.2% compared to 2016.

This is a result of moving $37k of Xerox costs from Building and Maintenance line item to Offices Expense line item to more accurately reflect the category of the expense. Reallocating cost associated with the Xerox Contract to the more appropriate Office Expense line item is cost neutral for APH. An additional $10k has been added to Office Expenses in 2017 to more accurately reflect actual costs incurred in 2016. APH continues to explore cost savings initiatives within each program such as utilization of public sector vendor of record (VOR) program, gradual transition of centralizing APH's procurement processes allowing APH to capitalize on volume discounts and developing staff procurement expertise.

Computer Services/Equipment

Computer Services/Equipment expenses are projected to decrease by 8.4% compared to 2016.

This is a result of moving the Cisco Phone contract from Computer Services/Equipment line item to Telecommunications line item. Reallocating cost associated with the Cisco Phone Contract to the more appropriate Telecommunication line item is cost neutral for APH. Outsourcing of Computer Services support will continue for 2017 based on the five-year Service Level Agreement that APH entered into in 2014. MicroAge continues to be a valued partner with regards to APH's IT strategy development and meeting APH's operational IT needs.

Telecommunications

Telecommunications expenses are projected to increase by 43.9% compared to 2016.

This is a result of moving the Cisco Phone contract from the Computer Services/Equipment line item to the Telecommunications line item. As noted above, APH is cost neutral with this cost reallocation. In addition, upgraded network technology for APH's new Elliot Lake offices is included in the 2017 Telecommunications budget.

Program Promotion

Program promotion expenses are projected to decrease by 20.2% compared to 2016.

This is a result of the reduction of Media dollars aligned to general agency needs that have historically been unspent and limiting spending where appropriate to keep the overall budget increase at 0.3%. In addition, recruitment dollars that were allocated to MOH/CEO recruitment in the 2016 budget have been removed in the 2017 budget. Promotional activities continue to be in line with APH's strategic plan.

Facility Leases

Facility Leases expense is projected to increase by 1.3% compared to 2016.

This is a result of APH occupying space related to the Elliot Lake offices for the full calendar year.

Building Maintenance

Building Maintenance expenses are projected to decrease by 2.4% compared to 2016.

$37k related to the Xerox contract has been removed from Building Maintenance expense line item and placed into Office Expenses line item. Reallocating cost associated with the Xerox Contract to the more appropriate Office Expense line item is cost neutral for APH. An additional $21k was added to Building Maintenance for any unexpected costs as a form of risk management. Some Building Maintenance expenses can be unpredictable in nature. Management is continuously monitoring these costs in an attempt to ensure APH is receiving optimal pricing.

Fees & Insurance

Fees & Insurance expenses are projected to remain relatively consistent with a modest 0.4% increase compared to 2016.

Expense Recoveries

Expense Recoveries are projected to decrease by 51.4% compared to 2016.

Expense Recoveries are administrative allocations from Community Health programs to Public Health programs. An example would be Public Health charging a Community Health program for administrative services related to clerical support or financial reporting. In order to more accurately reflect the work of a Community Health Program

employee, the administrative charge (allocation) has been removed from the Public Health Budget.

Debt Management

Debt Management expenses are projected to increase by 1.1% compared to 2016.

APH debt servicing costs will be financed through operations. The slight increase is a result of financing a portion of the Elliot Lake office renovations. This is offset by a decrease in principal and interest payments of $531 per month compared to 2016 as a result of refinancing all of APH's long-term debt.

Capital Expenses

In 2016, the Board of Health refinanced its long-term debt associated with the 294 Willow Avenue building and the Elliot Lake office renovations.

APH is now well positioned with regards to its office infrastructure to support the clients within the District of Algoma.

APH is currently seeking a building conditions assessment. This will help to facilitate a formal Building Capital Plan. Until such time, APH will continue to ensure adequate maintenance of its owned facility located at 294 Willow Avenue in Sault Ste. Marie.

2017 Operating & Capital Plan Recommendation

"That the Board of Health for the District of Algoma Health Unit approves the 2017 Public Health Operating Budget as presented".

Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Board of Health

From: Dr. Tony Hanlon, CEO
Justin Pino, CFO

Date: November 23, 2016

Re: Replacement of APH Network Servers

☐ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

Algoma Public Health's (APH) current network servers are past their useful life. Network servers are used as the central depository of data and various programs that are shared by all users on APH's network.

APH purchased its current servers in January of 2011(almost 6 years old). The normal life-cycle for a network server is approximately 5 years. Furthermore, APH's servers are currently out of warranty.

Projections are indicating surplus dollars that could be used to purchase new servers and position APH with this critical IT infrastructure for years to come. The Board of Health has identified, "ensuring core IT services are available to staff and that data is secure" as a key APH objective with regards to APH's Risk Management model. As such, the purchase of new servers will mitigate risk associated with this objective.

As per APH's procurement policy, the Board of Health must approve purchases greater than $50,000.

RECOMMENDED ACTION:

It is recommended that the Finance and Audit Committee recommend approval to the Board of Health for:

1. The tendering of quotes related to network IT servers
2. The quotes will require board approval based on APH' Procurement Policy. Management requests the Board of Health to instruct it to purchase network IT servers with the condition that APH's 2016 Operating Budget can support the purchase.

BACKGROUND:

APH's current network IT servers are past the typical useful life. As such, the probability that issues may arise with the servers is elevated. Furthermore, the warranty originally associated with the servers is no longer available.

If APH servers were to fail, they are not compatible with any new equipment. This would require APH finding used or refurbished gear to replace or repair any item related to the hardware of the servers. As a result, the potential for delayed downtime increases.

Currently APH is just exceeding the limit of our redundancy goal of being capable of running all servers from either data center. APH currently has two data centers.

New servers will provide more than enough power for APH over the next 5 years. Furthermore, new servers would come with a 5 year warranty thus minimizing any downtime risk.

APH Management has asked MicroAge to define the specifications required for APH with regards to its server needs.

Once the specifications have been defined, a request for quotation will be issued with price being the primary evaluation in the tendering process.

Once the quotes have been received, approval will be required as per APH's procurement policy.

FINANCIAL IMPLICATIONS:

The financial commitment of new network servers will be based on the recommended specifications provided by APH's IT strategic partner, MicroAge.

Management will then determine what is feasible based on APH's 2016 Operating budget. Management will assess if all servers can be replaced or only a select few based on surplus budget dollars available.

In 2011, the total IT server infrastructure replacement cost was approximately $307,000 plus applicable taxes. It is management's goal to leverage and utilize some of the existing server-related equipment for non-critical applications that will not impede the organization. The new server purchase would be for critical IT-related functions with the intent of controlling costs.

CONTACT:

J. Pino, Chief Financial Officer

Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Board of Health

From: Dr. Tony Hanlon, CEO
Justin Pino, CFO
Matt Dunlop, Manager of IT (MicroAge)

Date: November 23, 2016

Re: Telephone Integrated Solution Upgrade

☐ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

Algoma Public Health's (APH) current contracts for its Internet Protocol Virtual Private Network (IPVPN) are in a position to be renegotiated. The IPVPN encompasses APH's voice infrastructure (phone connectivity) and data infrastructure (computer connectivity allowing the secure use of Internet and various business applications). Currently APH has contracts in place with Bell for its phone infrastructure. APH has contracts in place with Ontera and Shaw for its data infrastructure. Note: Ontera is a now a subsidiary of Bell. APH currently uses Synnapex for its phone management needs. As such, APH has explored consolidating phone and data infrastructure and the management of APH's phone system. This is designed to provide APH with more efficient monitoring and management of APH's IPVPN, upgrade performance of inter-site communications between APH offices and generate cost savings to the agency.

Section 6.1 Contract/Leases of APH's Procurement policy states the following

The Board of Health must approve contracts where:

a) Irregularities preclude the award of a contract to the lowest bidder in the Tendering and Request for Quotation process and the 'total acquisition costs' exceeds $50,000
b) A bid solicitation has been restricted to a single source supply and the total acquisition cost of such goods or services exceeds $50,000
c) The contract/lease is for multiple years and exceeds $50,000

Conditions b) and c) are relevant in this case, therefore require board approval.

RECOMMENDED ACTION:

It is recommended that the Finance and Audit Committee recommend approval to the Board of Health for:

1. Bell to continue to provide and upgrade APH's IPVPN
2. Approve the contract provided by Bell

BACKGROUND:

APH currently uses:

- Bell for its phone infrastructure
- Ontera (now a subsidiary of Bell) and Shaw for its data infrastructure
- Synnapex for it phone configuration changes as needed

The goal of consolidating these highly integrated services is to improve process efficiencies, system performance and achieve cost savings. The benefit of consolidating these services is it provides APH with a single point of contact thus eliminating accountability issues currently experienced with various service providers. Bell is a service provider within all of APH's office locations that is capable of providing the full integrated solution.

FINANCIAL IMPLICATIONS:

The financial commitment of the IPVPN contract is noted below. It is a 5 year agreement.

Current IPVPN system annualized costs:	$163,000
Proposed IPVPN solution annualized costs:	$135,000
Total annualized savings:	**$28,000**

Total approximate Savings over Contract Period: $140,000

Total value of Contract $674,875

Note: one-time phone installation upgrade cost total approximately $7,500; all other installation costs have been waived

CONTACT:

J. Pino, Chief Financial Officer

Appendix 1

ALGOMA PUBLIC HEALTH
SOLE SOURCE PROCUREMENT JUSTIFICATION FORM

Date Submitted:	November 23, 2016
Program:	Administration – IT
Product/Service:	**Bell Professional Services for Communications Upgrade**
Budget Code:	6141-10-100
Provider:	Bell Canada
Staff requesting:	
Program Manager:	Manager IT (MicroAge)
Program Director:	CFO/Director of Operations

Situational Assessment:
Algoma Public Health's current contract with Bell Canada Ltd. is in a position to be renewed.

The services provided include the IPVPN infrastructure to all sites for the current Cisco phone system used at all offices.

In addition to APH's current phone and data infrastructure, new services to be included in the integration are:

- End- to-end performance and uptime monitoring of district office network communications
- Greatly enhanced data and voice performance (3Mbps to 50Mbps)
- Monitoring of phone system health
- Management of day-to-day phone system operations
- Continual maintenance and upgrades to APH phone system
- Service Level Agreement that provides for quick and guaranteed turnaround time for configuration and uptime

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

- Compatibility of a purchase with existing equipment, facilities, or services is a paramount consideration
    - Bell currently has the equipment in place for the existing phone system
    - The existing configuration of critical server and phone infrastructure is reliant upon the setup of Bell equipment
    - This upgrade will not require changing any of the critical APH equipment configurations.

- Where it is most cost effective or beneficial to APH
    - Consolidation of all the data and telephony infrastructure and phone system change management allows APH to leverage package savings due to Bell providing multiple services
    - Due to the fact that Bell already has the equipment in place, Bell will waive significant installation fees that normally are required to set this type of connection up

- When the procurement is for technical services in connection with the assembly, installation or servicing of equipment of a highly technical or specialized nature
    - Bell is the only known provider who can provide all of these services in all of the local and district APH offices
    - All of these services are very technical in nature and require correct configuration
    - All of these services are connected and rely upon each of the other services running correctly

Staff and Management recommend that APH procure the services of Bell Canada Ltd. for the Telephony and Data infrastructure, as well as the change management of the phone system of all of APH's offices.

Program Manager Signature: _____

Program Director Signature: _____

Chief Executive Officer Signature (if required) _____

Board Chair Signature (if required): _____

ALGOMA PUBLIC HEALTH
FINANCE AND AUDIT COMMITTEE MEETING
SEPTEMBER 14, 2016
PRINCE MEETING ROOM, 3RD FLOOR, SSM
MINUTES

PRESENT:	**Board Members**	**APH Executive**	
	Ian Frazier	Justin Pino	Chief Financial Officer
	Candace Martin	Christina Luukkonen	Recording Secretary
	Lee Mason	Joel Merrylees	Manager of Accounting, Budget Analysis and Purchasing

Teleconference: Dennis Thompson

1) CALL TO ORDER:
Mr. Frazier called the meeting to order at 4:31pm.

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

3) ADOPTION OF AGENDA ITEMS

FC2016-33 Moved: L. Mason
Seconded: C. Martin

THAT the agenda items for the Finance and Audit Committee dated September 14, 2016 be adopted as circulated.
CARRIED.

4) ADOPTION OF MINUTES

FC2016-34 Moved: C. Martin
Seconded: L. Mason

THAT the minutes for the Finance and Audit Committee dated June 8, 2016 be adopted as circulated.
CARRIED.

5) FINANCIAL STATEMENTS

a. Draft Financial Statements for the Period ending July 31, 2016
Mr. Pino provided a summary of the financial statements that were included in the meeting package. The committee asked questions regarding the various positive and negative variances noted in the financial statements, the impact on the budget due to reduced flu clinics and when will we hear about one-time funding requests. Mr. Pino answered all questions to the satisfaction of the committee. Reduced flu clinics will not impact our budget and one-time funding requests are typically announced in the fall.

b. Briefing Note: Revised Presentation of Monthly Financial Statements

c. New Financial Statement Template

Mr. Pino summarized the briefing note on the revised monthly financial statements template that was provided in the meeting package. A copy of the financial statements completed in the new template was also provided in the meeting package. The changes to the template are based on the feedback received from the committee members and APH's financial team. A suggestion was made to separate out the levies into geographical groupings such as North and East Algoma and Sault Ste. Marie. The committee requests schedules to be added to the audited financial statements and that line items that have nothing for the month are identified.

The committee also discussed the benefit of reviewing the cheque registry. It was decided that this would be added to the Finance & Audit Committee's workplan and at the discretion of the chair would be added to the agenda when requested.

FC2016-35 Moved: L. Mason
Seconded: C. Martin

THAT the Finance and Audit Committee recommends the draft puts forth to the Board of Health for approval:

1. The draft financial statements for the period ending July 31, 2016
2. The changes to the financial statement reporting template

CARRIED.

6) BUSINESS ARISING FROM MINUTES

a. Capital Assets Fund Study Services Update
Mr. Pino provided a summary of the briefing note that was provided in the meeting package regarding the status of the building conditions assessment. An assessment of the 294 Willow Ave building is scheduled for Friday, September 16, 2016.

b. Mortgage Renewal Update
Mr. Frazier informed the committee that the renewal of the two loans is now complete.

7) NEW BUSINESS/GENERAL BUSINESS - None

a. Infant Development Program Reconciliation – *For Information only*
The Infant Development Program annual reconciliation was provided for information only to the committee. The reconciliation will go to the September Board meeting for approval.

b. Renewal of Building Automation and Security Services Contract
Mr. Pino summarized the briefing note that was provided in the meeting package. There is a significant increase in the annual cost but the new cost includes a software update that was not included in the previous cost schedule.

Mr. Pino informed the committee that an inventory of contracts is being conducted so that contracts for renewal can be identified with adequate time to complete the necessary steps for renewal prior to the expiration date.

FC2016-36 Moved: L. Mason
Seconded: C. Martin

THAT the Finance and Audit Committee recommends the puts forth to the Board of Health for approval:

1. Sole source procurement of HVAC control services and security services related to building card access system for its 294 Willow Ave. location
2. The execution of the building automation and security services contract/lease with Siemens Canada Ltd.

CARRIED.

8) Addendum

9) IN-COMMITTEE

FC2016-37 Moved: L. Mason
Seconded: C. Martin

THAT the Finance and Audit Committee goes in-committee at 5:43pm for:

a. Adoption of in-committee minutes dates April 19, 2016

CARRIED.

10) OPEN MEETING

FC2016-39 Moved: L. Mason
Seconded: C. Martin

THAT the Finance and Audit Committee goes into open meeting at 5:46pm.

CARRIED.

11) Items Identified to be brought forth to the Board of Health

The committee decided that this agenda item is not needed as all items to be brought forth to the Board are passed by resolution.

12) NEXT MEETING: Wednesday, November 9, 2016

13) THAT THE MEETING ADJOURN:

FC2016-40 Moved: L. Mason
Seconded: C. Martin

THAT the meeting of the Finance and Audit Committee adjourns at 5:52pm.

CARRIED.

ALGOMA PUBLIC HEALTH

GOVERNANCE COMMITTEE REPORT

FOR THE NOVEMBER 23, 2016 BOARD MEETING

Meeting held on: November 9, 2016 – Started at 6:54 pm

In attendance:

Tony Hanlon, Justin Pino, Antoniette Tomie, Sherri Cleaves, Laurie Zeppa (via telephone), Ian Frazier, Sue Jensen, Candace Martin, Lee Mason

Secretary – Christina Luukkonen

Communication with the Municipalities is an ongoing business matter for the Committee. The Committee was updated that the City of Sault Ste. Marie requested APH attend their budgetary council meeting and make a presentation. Tony and Justin made the presentation and it was noted that they represented APH well. It was also mentioned that a number of Executive and a Board member attended in support. To continue this process Tony was asked to extend an invitation to the other municipalities for APH to attend and make a presentation. It will also be conveyed that if an individual presentation is not possible that APH will ask to make a presentation at the ADMA meeting in the spring of 2017.

The update to Bylaw 95-1 was deferred to the next meeting.

The Committee reviewed the Qualitative Performance Report. It was noted the appreciation of the efforts of Management in providing this information and the report is improving each year and progress can be seen within the Health Unit to embrace and move forward with the Strategic Plan.

As we move toward our new MOH/CEO being on site, the Committee briefly discussed that the Board will need to develop goals and quantitative/qualitative measures with the MOH/CEO. This will be an agenda item for the next Board meeting.

As an Addendum, the Committee was presented with a Briefing Note regarding the Anti-Contraband Tobacco Campaign. Upon review the Committee recommends and put forth to the Board for approval the resolution regarding this campaign.

The Committee then went into in-committee to adopt Minutes from its previous meeting and to be briefed on a labour relations and employee negotiation type matter.

As Chair of the Committee for the past year and a half the membership (both Board Members and Management) was recognized and thanked for their dedication and support throughout this period as it was greatly appreciated.

Next meeting is scheduled for February 8, 2017.

Meeting was adjourned at 7:59 pm.

Dan M Brazeau

Chair, Governance Committee
Algoma Public Health

11/11/16

Date

STRATEGIC DIRECTIONS – QUALITATIVE REPORT TO THE BOARD OF HEALTH
NOVEMBER 2016

IMPROVE HEALTH EQUITY

Executive Lead: Laurie Zeppa

To advance the Health Equity strategic direction, the organization continues to work with employees to advance health equity skills and work with clients and partners to improve health, economic and social conditions.

Develop and implement a client engagement framework:
Awareness and understanding are keys to developing a successful agency client engagement strategy. The two-day session organized in partnership with the Sudbury and District Health Unit, Health Canada and the First Nations communities along the North Shore moved the organization one step closer to First Nations client engagement. The goal of the two-days was to increase participants' understanding of the role public health and to explore common areas for future collaborative engagement. In addition, a broader organizational client engagement framework is being explored. A task group is reviewing strategies-frameworks that focus on a "measurable" health equity approach.

Enhance employee skills and competencies:
Health equity 101 training sessions was provided to 164 staff. These sessions provided staff with an understanding of the impact of social and economic circumstances on health outcomes, the role of public health in creating better health for all, and strategies for advancing health equity with clients and the community at large. Evaluations from these sessions indicated that almost 100% of respondents strongly agree or agree that it is important to integrate health equity into public health work and that having local data about their community helps them to provide better service.

Engage community partners in a health equity strategy:
Mobilizing and supporting poverty reduction networks continued and resulted in two networks moving forward. The Sault Ste. Marie Poverty Round Table has received endorsements from the City of Sault Ste. Marie Council and the Algoma Leadership Table. The network will work on five identified streams: food security, essential service, engagement/communication, housing and workforce entry. The North Channel Poverty Network has identified food security as a priority. A collaborative stream of this network entitled "Central Algoma Food for Everyone" has been established. A $75 000 Trillium Seed grant was recently awarded to this collaborative to do an environmental scan, and increase food security, availability, and agri-food economic development. To further support networks across the district, poverty awareness sessions are planned for Elliot Lake, Blind River and Wawa.

Additional support related to poverty will be offered to the communities in spring 2017. APH will be hosting a cultural competency awareness education session. Elaine Weir, Trainer and Facilitator of "Bridges out of Poverty" has been secured for May 17-18th, 2017. This session will provide insight into the realities of poverty and in turn influence practice and organization service delivery.

COLLABORATE EFFECTIVELY
Executive Lead: Sherri Cleaves

Partnership analysis
In collaboration with the leadership team and the partnership strategic task group a comprehensive list of all the partnerships that APH has fostered and is currently working with was drafted. The first step involved the leadership team working together to update and create a table listing direct partnerships with agencies. The second step of the process is defining the type and intensity of the relationship in order to provide a baseline for future evaluations. This definition of type of relationship involves characteristics such as data sharing, funding, MOU, in kind contributions and defines the frequency of formal interaction including scheduled meetings. The goal of this table is to define our interactions with agencies with similar goals and clients and enable the identification of population health to help guide services and practices.

In addition with the implementation of the Patient's first and the LHIN's new roles a similar table was used to highlight the current APH partnerships defined as LHIN and non LHIN agencies.

In 2017 this baseline assessment will be used to draft a survey document that we can send to some of our key and instrumental partners. We will be evaluating the effectiveness of the partnerships and hope to build a stronger relationship.

Program service outline document
In 2016 we are completing a document for internal use that highlights each of the services that we offer district wide at APH. This document will outline the key parameters of our service including how to access the service, if referrals are required and the basic type of service provided. APH wants to foster internal collaboration and help our clients access all services needed in our agency knowing that there is 'no wrong door'. By enhancing employees' knowledge of APH programs and services we are helping our staff to assist our clients to improve health outcomes and provide more comprehensive client services.

On a similar note the agency also completed a Key Messages brochure for the BOH to highlight some key factors for APH from program services to economic impact in Algoma and included statistics on how public health works for all communities.

In 2017 we will take the lessons learned, comments and ideas generated from the internal service document and expand into an external website and external printed document that we can share with our partners the general public and use when we are in our communities. Our goal for this document will be to ensure our key partners, clients and agencies district wide know what public health does for them and how to access our services. This will assist in our ability to effectively market and promote our programs and services.

BE ACCOUNTABLE
Executive Lead: Justin Pino

Algoma Public Health's Strategic Plan 2015-2020 set the "road map' for the organization over the next 5 years. 2016 has been a very successful year for the Be Accountable Strategic Direction. Year 2 of the Be Accountable Strategic Direction focused on improving operational efficiencies and identifying cost savings opportunities.

Improve Operational Efficiencies (2016)
A task group was formed to develop a framework to capture staff "good ideas". Items being evaluated by the task group include but are not limited to:

- Forum for staff to submit their good ideas
- How will submitted ideas be evaluated
- Who will evaluate the submitted ideas
- Follow-up to those employees whose ideas will move forward
- Follow-up to those employees whose ideas will not be going any further
- Reward system for all employees who participate in submitting ideas

A Year 2 summary of other items related to the Be Accountable Strategic Direction is noted below:

D**evelop and Implement consistent Program Plans**

- ✓ 2016 Program plans designed to include a measurement component to monitor performance outcomes

Develop & Publish Stakeholder Reports

- ✓ 2015 Annual Report published
- ✓ Annual financial statements available on APH website

Enhance Board Accountability

- ✓ Revised Agency By-laws and continuous review and updating of Board Policies
- ✓ All day board orientation
- ✓ Training Opportunities provided to board members (alPHa Conference, Community Board Governance Workshop hosted by Children's Rehabilitation Center)
- ✓ Board Finance Committee and Board Governance Committee well established

Enhance Employee Accountability

- ✓ Employee Code of Conduct established

ENHANCE EMPLOYEE ENGAGEMENT

Executive Lead: Antoniette Tomie

A number of key initiatives were implemented in 2016 to have employees involved, committed and proud to work at Algoma Public Health.

Improve internal communications

The Algoma Public Health Code of Conduct policy was developed and implemented in 2016. All employees received a Code of Conduct booklet and signed a code of conduct compliance form. Information sessions on the Code of Conduct were presented in each office. On an annual basis the policy will be reviewed and amended if necessary, and all employees will be required to sign the code of conduct compliance form.

Establish an employee wellness committee

An employee wellness committee was formed in January 2016. The committee developed and conducted an employee wellness survey and topics of interest from the survey results include: emotional health, physical activity and healthy eating. The committee will be developing a plan for 2017 and beyond to address the above mentioned topics. The committee also organized "Employee Wellness Week" during the week of October 24-28, 2016 and some of the activities included a health fair, pedometer challenge, walking tours, and pot lucks.

Develop a comprehensive orientation program

A detailed Orientation Checklist was developed and implemented. The Orientation Checklist highlights different documents/activities/training required and timelines to be completed during the first six months of employment.

A comprehensive Agency Orientation session was also developed and implemented in 2016. Agency programs and services as well as corporate structure, strategic planning, and some employee policies are highlighted throughout the day long event. Three sessions were presented in 2016 and a total of thirty (30) new employees hired in 2015 and 2016 attended.

Continue to address the results of the 2015 employee engagement survey

A task group was formed in 2016 to continue to review the 2015 employee engagement survey. The task group will be identifying goals to achieve in a number of the factors identified in the survey. Some of the factors include: clear leadership and expectations, organizational culture and recognition and reward.

Develop a comprehensive mentorship program

A task group was formed in 2016 to develop an Agency wide mentorship program. The task group is in the process of developing materials for a mentorship information package.

Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

www.algomapublichealth.com

To: The Board of Health

From: Tony Hanlon, CEO
Laurie Zeppa, Director of Health Promotion and Prevention
Jennifer Flood, Program Manager

Date: November 23, 2016

Re: Anti-Contraband Tobacco Campaign

☒ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

The Association of Local Public Health Agencies (alPHa) recently shared a 2012 slide deck with Public Health Units, from Imperial Tobacco Canada Ltd (ITCL) describing the industry's anti-contraband campaign in Ontario, Quebec and at the federal level.
The content revealed that in addition to contraband reduction, campaign objectives include prevention of further tobacco excise tax increases and blocking of additional tobacco regulation.

It described key roles of the National Coalition Against Contraband Tobacco (NCACT) and the Ontario Convenience Store Association (OCSA) in delivering these messages. Although specific industry funding amounts for these groups is not described, the way the groups are portrayed in the slides strongly infers that they receive substantial industry financial support.

This information and issue is relevant to Algoma Public Health's (APH) 5 in five strategy and program work aligned with Smoke Free Ontario (SFO). In 2015 APH's Board of Health passed a resolution to support a call to action to reduce smoking rates in the district of Algoma by 5% in five years. This was a result of a 2015 Algoma Cancer report that identified increased rates of lung cancer and smoking rates in Algoma. This district wide approach brought together partners from a variety of sectors including health care and business, APH has taken responsibility for coordinating the communication campaign.

The SFO strategy is funded by the Ministry and Health and Long Term Care and combines programming, policies, laws, and public education aiming to; (a) help smokers quit, (b) protect against second hand smoke, and (c) encourage young people to never start smoking.
In order to create long term sustainable change and impact smoking rates environmental supports and policies are required.

RECOMMENDED ACTION:

As Boards of Health across Ontario are preparing for November meetings and reports, the Ontario Campaign for Action on Tobacco (OCAT) recommends that Boards of Health be asked to endorse the following motion, and that the motion then be forwarded to municipal councils for action where appropriate.

Motion: That all municipalities within the District of Algoma explicitly reject motions from tobacco industry and/or its front groups and to call on the Ontario Ministry of Finance to; (a) raise tobacco excise taxes and (b) enhance enforcement activities designed to reduce the presence of contraband tobacco in Ontario communities.

BACKGROUND:

During the campaign's high-activity phase in 2009-12, a number of Ontario municipalities were visited by the NCACT and/or the OCSA and their endorsements sought for the campaign. About 40-50 Ontario municipalities complied without being aware of the true nature of the campaign.

ASSESSMENT OF RISKS AND MITIGATION: N/A

FINANCIAL IMPLICATIONS: N/A

OPHS STANDARD:

Chronic Diseases and Injuries Prevention
Requirement 6 - The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding comprehensive tobacco control

STRATEGIC DIRECTION:

Improve Health Equity
Be Accountable

CONTACT:

Jennifer Flood
Program Manager of Smoke Free Ontario, Chronic Disease Prevention,
Injury Prevention, and Genetics

ALGOMA PUBLIC HEALTH
GOVERNANCE STANDING COMMITTEE MEETING
SEPTEMBER 14, 2016 @ 5:30 PM
PRINCE MEETINGROOM, 3RD FLOOR, SSM
MINUTES

PRESENT:	**Board Members**	**APH Executive**	
	Ian Frazier	Justin Pino	Acting CEO/Chief Financial Officer
	Candace Martin	Antoniette Tomie	Director of HR and Corporate Services
	Lee Mason	Laurie Zeppa	Director of Promotion & Prevention
		Sherri Cleaves	Director of Protection & Prevention
		Christina Luukkonen	Recording Secretary

ABSENT: Sue Jensen

1) CALL TO ORDER:
Mr. Frazier called the meeting to order at 5:57 pm.

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

3) ADOPTION OF AGENDA ITEMS

GC2016-44 Moved: C. Martin
Seconded: L. Mason

THAT the agenda items for the Governance Standing Committee dated September 14, 2016 be adopted as amended.
CARRIED.

4) ADOPTION OF MINUTES

GC2016-45 Moved: L. Mason
Seconded: C. Martin

THAT the minutes for the Governance Standing Committee dated June 8, 2016 be adopted as amended.
CARRIED.

5) BUSINESS ARISING FROM MINUTES

a. Communication with Municipalities – Key Messages

A draft pamphlet was presented to the committee. The committee requested a more robust listing of APH's programs be added and our contact information. The pamphlet would be a tool that is used when presenting to each municipal council meetings.

A final copy of the pamphlet to be presented at the Board Orientation on October 15, 2016.

b. Terms of Reference Review

The committee reviewed the changes to the Terms of Reference for the Governance Standing Committee and the Finance & Audit Committee. The changes reflect changes to Bylaw 95-1 and changes to have a more standard template.

The committee suggested identifying non-voting member to resource and that the appointment of members needs to be defined in the future.

GC2016-46 Moved: L. Mason
Seconded: C. Martin

THAT the Governance Standing Committee recommends and puts forth to the Board of Health for approval the revised Terms of Reference for the Governance Standing Committee and the Finance and Audit Committee as amended.
CARRIED.

c. Bylaw 95-1: To Regulate the Proceeding of the Board of Health

The committee discussed the revisions to Bylaw 95-1. Questions arose regarding the automatic appointment of the Vice-chair to chair of one of the committees. Some felt this could be a deterrent for some members. The committee approved recommending the changes as amended and that the co-vice chairs option to be discussed further at the Board meeting.

GC2016-47 Moved: L. Mason
Seconded: C. Martin

THAT the Governance Standing Committee recommends and put forth to the Board of Health for approval the revisions to Bylaw 95-1: To Regulate the Proceeding of the Board of Health as amended.
CARRIED.

Ms. Martin put forth to the committee that Bylaw 95-1 To Regulate the Proceedings of the Board of Health needs further review. The committee decided to form an ad hoc governance committee to facilitate the review of Bylaw 95-1. Ms. Martin will chair the committee; Mr. Mason volunteered to assist Ms. Martin. A suggestion was put forth to the committee to invite non-governance committee members to participate.

GC2016-48 Moved: L. Mason
Seconded: I. Frazier

THAT the Governance Standing Committee creates an ad hoc Bylaw 95-1 task group with the purpose of updating and integrating formal procedures of the Board of Health and to include Governance and non-Governance members with a draft copy to be presented at the November 2016 Governance Standing Committee meeting.
CARRIED.

6) NEW BUSINESS/GENERAL BUSINESS

a. Legalization of Cannabis – Provincial Collaboration
   i. Briefing Note
   ii. Cannabis Collaborative Response to Public Input
   iii. Draft Board Resolution

Mr. Pino highlighted a draft resolution to the Board regarding support for staff in their alignment with the "Provincial Marijuana Collaboration". Resolution to be presented to the Board of Health at the October 26, 2016 meeting.

GC2016-49 Moved: C. Martin
Seconded: L. Mason

THAT the Governance Standing Committee supports and puts forth to the Board for approval a resolution on "A Public Health Approach to the Legalization of Cannabis" as presented.
CARRIED.

b. Board Orientation – Saturday, October 15, 2016

Mr. Frazier reminded committee members of the upcoming Board Orientation on October 15, 2016.

7) ADDENDUM – N/A

8) IN COMMITTEE

GC2016-50 Moved: L. Mason
Seconded: C. martin

THAT the Governance Standing Committee goes in-committee at 7:21pm.
Agenda items:

a. Adoption of Minutes dated June 8, 2016
b. Labour Relations or Employee Negotiations
c. Personal Matter of an Identifiable Individual

CARRIED.

9) OPEN MEETING

GC2016-52 Moved: C. Martin
Seconded: L. Mason

THAT the Governance Standing Committee goes into open meeting at 7:43pm.
CARRIED.

10) Items Identified to be brought forth to the Board

The committee decided this agenda item is not needed as all items to be brought forth to the Board will be made in a resolution.

11) NEXT MEETING: Wednesday, November 9, 2016

12) THAT THE MEETING ADJOURN:

GC2016-53 Moved: L. Mason
Seconded: C. Martin

THAT the Governance Standing Committee meeting adjourns at 7:44pm.
CARRIED.

November 8, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Minister Hoskins:

Re: HPV/Immunization Program Funding

On October 28, 2016 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from the Board of Health for Peterborough Public Health regarding the annual funding for the Vaccine Preventable Disease Program. The following motion was passed:

Motion No: 2016-97

Moved by: Arlene Wright **Seconded by: Mitch Twolan**

"THAT, the Board of Health for the Grey Bruce Health Unit endorse the correspondence from the Peterborough Public Health Board of Health regarding the HPV/Immunization Program Funding."

Carried

Sincerely,

Christine Kennedy

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC
Medical Officer of Health & CEO

Cc: Hon. Dr. Bob Bell, Deputy Minister, MOHLTC
Roselle Martino, Executive Director, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Lisa Thompson, MPP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
All Ontario Boards of Health

Encl.

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

October 6, 2016

Hon. Dr. Eric Hoskins, MPP
Minister of Health and Long-Term Care
ehoskins.mpp.co@liberal.ola.org

Dear Minister Hoskins:

At the September 14, 2016 meeting of the Board of Health for Peterborough Public Health, a motion was passed to endorse the resolution shared by Algoma Public Health regarding "Changes to the HPV Immunization Programs". As this resolution clearly articulates, while expansion of public health delivery of expanded immunizations is a positive move for public health, the funding model for these expanded programs is inadequate. We, therefore join the Board of Algoma Public Health in urging the Ministry of Health and Long-Term Care (MOHLTC) to increase the annual funding for the Vaccine Preventable Disease Program to levels necessary to meet the mandate.

Public Health is the most appropriate agency to deliver vaccination programs to school-aged children. The expansion of the publicly funded human papillomavirus (HPV) vaccination program to boys in grade 7 will see a potential 154,000 additional students in Ontario receiving the benefits of this vaccine. The current model of funding for this program however, at $8.50 per dose, does not reflect the real cost of programs delivery. Calculations based on experience at Peterborough Public Health is that the real cost of supplies, needle disposal, nursing and clerical staff time are approximately $14.25 per dose. We are concerned that as the immunization programs expand, it will inevitably lead to the erosion of other important public health programs.

The Board of Health commends the MOHLTC for its commitment to effective immunization programs and the recognition for the role of Public Health in delivering it to students across the province. Please take the proposed actions to ensure adequate funding for full delivery. Thank you for your consideration.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/ag
Encl.

cc: Hon. Dr. Bob Bell, Deputy Minister, MOHLTC
Roselle Martino, Executive Director, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

Algoma
PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

May 31, 2016

The Honourable Eric Hoskins
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor St.
Toronto, On M7A 2C4

Dear Minister Hoskins:

RE: Changes to the HPV Immunization Progra.

At its meeting on May 25, 2016, The Board of Health for the District of Algoma Health Unit carried the following resolution #2016-50.

WHEREAS Ontario is expanding the publicly funded human papillomavirus (HPV) vaccination program to include boys in Grade 7; and

WHEREAS Algoma Public Health supports the immunization of boys to help prevent the spread of HPV and prevent cancer; and

WHEREAS the HPV vaccine will continue to be provided to girls in Grade 8 for the transition year until all grade 7 students receive the vaccination; and

WHEREAS the Ministry estimates about 154,000 students will be eligible to receive the vaccine each year; and

WHEREAS APH, similar to other PHUs, plans to deliver the vaccination program over the course of three school visits in order to avoid giving more than two doses of vaccine per student per visit, which will increase the number of school clinics by approximately 33% (previously two visits per year); and

WHEREAS the Ministry of Health and Long-Term Care's (MOHLTC) Immunization 2020 Strategy strives to "reduce health risks related to vaccine-preventable diseases in the province"; and

WHEREAS the MOHLTC has not increased funding to the Vaccine Preventable Disease (VPD) program despite adding responsibilities and new vaccines to the program.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health commends the Ministry of Health and Long- Term Care for its commitment to expand its HPV vaccination program to young males who are starting grade 7 this September; and

FURTHERMORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health urges the MOHLTC to consider increasing the annual funding for the VPD program in order to provide the staff resources to meet the above mandate.

FURTHERMORE BE IT RESOLVED that a copy of this resolution be forwarded to the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, Roselle Martino, Executive Director, Ministry of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health for the Ministry of Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Medical Officers of Health, and Ontario Boards of Health, and member municipalities.

Sincerely,

Lee Mason
Board of Health Chair

cc: The Honourable Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Roselle Martino, Executive Director, Ministry of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
The Association of Local Public Health Agencies
Ontario Medical Officers of Health
Ontario Boards of Health
Member municipalities.

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

November 4, 2016

Hon. Chris Ballard, MPP
Minister Responsible for the Poverty Reduction Strategy
cballard.mpp.co@liberal.ola.org

Hon. Dr. Eric Hoskins, MPP
Minister of Health and Long-Term Care
ehoskins.mpp.co@liberal.ola.org

Hon. Helena Jaczek, MPP
Minister of Community and Social Services
hjaczek.mpp@liberal.ola.org

Dear Honourable Ministers:

Re: Results of 2016 Nutritious Food Basket for Peterborough Public Health

We are writing to provide an update on food insecurity in our community. The results of the 2016 Nutritious Food Basket Costing for Peterborough Public Health was accepted at the October 12, 2016 Board of Health Meeting, and released to the public raising the concern that local poverty and food insecurity rates continue to rise. There is an urgent need to address the economic barriers that people living with low incomes experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Peterborough City and County in May 2016 for a reference family of four (male between 31-50 years of age, female between 31-50 years of age, 14-year old boy, 8-year old girl) is $907 per month. This represents a 22% increase in food costs since 2010. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do not have enough money to pay for their basic needs including shelter and healthy food. This issue poses serious health risks for our community. Of particular concern in our community are those who live on fixed incomes and the 23.6% of children under the age of 18 years who live in households reporting moderate and severe food insecurity.

A single mother with two children whose source of income is Ontario Works can expect 48% of her income to be required for rent. According to Canada Mortgage and Housing, housing is affordable when it costs 30% or less of monthly income. Based on the Nutritious Food Basket calculations, this family would need to spend 34% of total income to eat a nutritious diet. After this mother pays for shelter and a healthy diet, she has only $372 for all other monthly expenses. A single man receiving Ontario Works in Peterborough could expect 87% of their income to cover rental costs. In order to cover the costs of both shelter and a healthy diet, they would be in a deficit of $204 each month. It is clear that social assistance rates in Ontario do not reflect the actual costs of shelter and nutritious food. Access to a healthy diet can impact positively impact health.

We ask that you consider these real-life scenarios when considering decisions at the Cabinet table and within your Ministry that can impact food insecurity and the livelihoods and health of all Ontarians. In particular, we urge you to continue provincial monitoring of food insecurity rates through participation in the Canadian Community Health Survey Household Food Security Survey Module. We also request that the Ontario government participates in the development and implementation of a pan-Canadian government-led strategy that includes coordination of policies and programs to ensure all households have consistent and sufficient income to be able to pay for basic needs, including food. Both of these actions were proposed in the recent Dietitians of Canada Household Food Insecurity Reports.

We will be following the advancement of Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. We recommend that yearly Nutritious Food Costing, completed by Ontario's Public Health Agencies, be used to inform the process of determining Social Assistance Rates. We also look forward to seeing the Honourable Hugh Segal's discussion paper related to the design and implementation of a Basic Income Pilot for Ontario.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/ag

cc: Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health