Algoma
PUBLIC HEALTH
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BOARD OF HEALTH MEETING

JANUARY 24, 2018

5:00PM

Sault Ste. Marie Community Rooms A and B

www.algomapublichealth.com

January 24, 2018 - Board of Health Meeting Book

Algoma Public Health Board of Health Meeting Table of Contents

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
JANUARY 24, 2018 @ 5:00 PM
SAULT STE MARIE ROOM A, SSM
A*G*E*N*D*A

1.0 Meeting Called to Order — Dr. Marlene, Spruyt, MOH/CEO

a. Declaration of Conflict of Interest

2.0 Election of Officers

a. Appointment of Board of Health Chair

Resolution
THAT the Algoma Public Health Board of Health appoints _____as Chair for the year 2018.

b. Appointment of the Board of Health First Vice-Chair — Board Chair

Resolution
THAT *the Algoma Public Health Board of Health appoints _____as First Vice-Chair and Chair of the Finance and Audit Committee for the year 2018.*

c. Appointment of the Board of Health Second Vice-Chair — Board Chair

Resolution
THAT the Algoma Public Health Board of Health appoints _____as Second Vice-Chair and Chair of the Governance Standing Committee for the year 2018.

d. Call for Committee Members for the Finance & Audit Committee and the Governance Standing Committee — Board Chair

3.0 Adoption of Agenda Items — Board Chair

Resolution
THAT the *agenda items dated January 24, 2018 be adopted as* circulated.

4.0 Adoption of Minutes of Previous Meeting — Board Chair

Resolution
THAT the Board of Health minutes for the meeting dated November 22, 2017 be adopted as circulated.

5.0 Delegations/Presentations.

a. Safe Water and Septic Systems — Mr. Jonathon Bouma, Program Manager

6.0 Business Arising from Minutes — Board Chair

a. 02-05-015 - Conflict of Interest Policy

Resolution
THAT the Board of Health approves policy 02-05-015 – Conflict of Interest as presented.

7.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Report — Dr. Marlene Spruyt, Medical Officer of Health/CEO

i January 2018 Report

Resolution
THAT the report of the Medical Officer of Health and CEO for the month of January 2018 be adopted as presented.

ii New Ontario Public Health Standards: Organizational Requirements

b. Financial Report

i. Draft Financial Statements for the Period Ending November 30, 2017 — Mr. Justin Pino, CFO

Resolution
THAT the Board of health approves the Financial Statements for the Period Ending November 30, 2017 as presented.

ii. 2017 Financial Controls Checklist — Mr. Justin Pino, CFO

Resolution
That the Board of Health received the 2017 Financial Controls Checklist submission.

iii. 2018-19 CAPS Budget — Mr. Justin Pino, CFO

Resolution
THAT the Board of Health reviewed and accepts the Community Accountability Planning Submission (CAPS) report as presented.

iv. 2018 Insurance Renewal — Mr. Justin Pino, CFO

Resolution
THAT the Board of Health approve the renewal of the 2018 Insurance coverage for APH; and

THAT the Board of Health provides the authority to the Finance & Audit Committee to commit to any incremental changes with respect to insurance coverage. The Finance & Audit Committee would provide an update to the Board of Health of the changes at the February board meeting and highlight any costs associated with the changes.

c. Committee Reports

i. 2017 Finance and Audit Committee Year End Report — Mr. Ian Frazier, Committee Chair

ii. 2017 Governance Standing Committee Year End Report — Ms. Deborah Graystone, Committee Chair

Resolution
THAT the Board of Health accepts the Finance and Audit Committee and Governance Standing Committee yearend report for 2017 as presented

8.0 New Business/General Business

9.0 Correspondence Board Chair

- **a.** Cannabis
  - i. Letter to APH from Minister of Justice and Attorney General of Canada dated December 8, 2017
- **b.** Expert Panel
  - i. Letter to Minster Hoskins from the Town of Spanish dated December 11, 2017
  - ii. Resolution from Township of Dubreuilville dated December 1, 2017
- **c.** Food Insecurity/Nutritious Food Basket Costing
  - i. Letter to Premier Wynne from Sudbury & District Health Unit dated December 5, 2017
- **d.** Income Security
  - i. Letter to Minister Jaczek from Ontario Public Health Association and the Association of Local Public Health Agencies dated January 5, 2018
- **e.** Smoke-Free Ontario Strategy Modernization
  - i. Letter to Minster Hoskins from Peterborough Public Health dated November 23, 2017

10.0 Items for Information

11.0 Addendum

12.0 That The Board Go Into Committee Board Chair

Resolution
THAT the *Board of Health goes into committee.*

Agenda Items:

a. Adoption of in-committee minutes dated October 25, 2017
b. Litigation or Potential Litigation
c. Labour Relations and Employee Negotiations

13.0 That The Board Go Into Open Meeting Board Chair

Resolution
THAT the Board *of Health goes into open meeting*

14.0 Resolution(s) Resulting from In-Committee Session Board Chair

15.0 Announcements: Board Chair

Next Board Meeting:
February 28, 2018 at 5:00pm
Sault Ste. Marie, Room A&B, Sault Ste. Marie

16.0 That The Meeting Adjourn Board Chair

Resolution
THAT the Board of Health meeting adjourns

Safe Water and Septic Systems

Jon Bouma, MSc., CPHI(C)
Manager of Infectious Diseases

January 24, 2018

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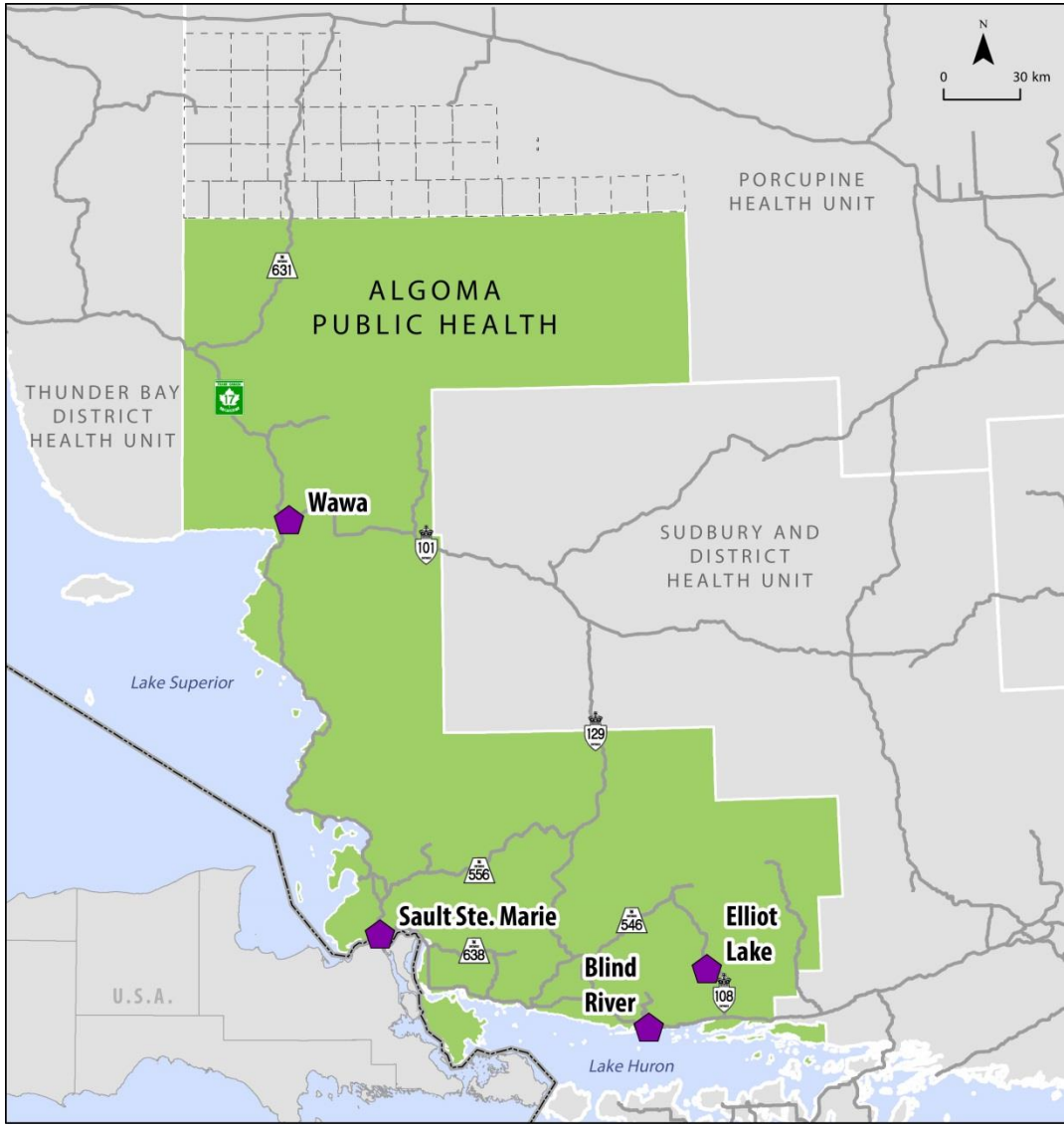
District of Algoma



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Presentation scope

Safe Water (Ontario Public Health Standard)

- Drinking water:
  - Reg 170 vs Reg 319 systems under Safe Drinking Water Act
  - Private well water

Septic systems

Influence on health

- Waterborne disease from animal or human wastes
- Blue green algae
- Aquifer protection

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1309

The city of London prohibits the “casting of filth from houses into the street and lanes of the city, 1309

Regulation 170

- Regulation 170 systems are large municipal systems (such as Elliot Lake, Wawa and Blind River's drinking water) that are regulated and inspected by the Ministry of Environment and Climate Change (MOECC).
- Public health participates in individual parameters for response (ie.sodium and trihalomethanes (THM's)
- Lead in schools, lead in SSM with PUC
- Issues Boil Water Advisories and Orders

Types of Reg 170 systems

- **Large residential**
  Serve 100+ private residences.
- **Small residential**
  Serve 6 to 100 private residences.
- **Large non-residential**
  Supply water to designated facilities (e.g., day cares, schools, hospitals) at a rate **greater** than 2.9 litres per second.
- **Small non-residential**
  Supply water to designated facilities (e.g., day cares, schools, hospitals) at a rate **less** than 2.9 litres per second.

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Regulation 319

- Are systems that are regulated by public health (as of Dec 1, 2008)
- Require risk assessments on a determined frequency (RCAT- risk categorization assessment tool)

RCAT

- Public health inspectors (PHI) conduct a site-specific risk assessment for every small drinking water system in Algoma
- Based on the assessment, they will determine what owners and operators must do to keep their drinking water safe, and will issue a directive for the system.
- The directive may include requirements for water testing, treatment options or training. This reflects a customized approach for each small drinking water system depending on the level of risk.

Requirements for SDWS

- Treatment equipment
- Testing and sampling
- Operational Checks
- Records
- Operator training

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Things that impact the risk assessment:

- Water source: secure vs. insecure (e.g. drilled well or lake water, water tight casing, depth of well, secure well cap)
- Ground formation around well
- Service reservoirs (e.g. cistern)
- Nearby sources of contamination (e.g. proximity to septic system)
- Existing treatment
- Area prone to seasonal flooding
- Number of connections and size of the distribution system
- Unprotected or protected distribution system (e.g. above ground or below ground)
- Interior plumbing (e.g. lead) and age of the pipes
- Sampling history and results

Frequency of inspection

- High every 2 years
- Low and medium every 4 years
- total of 273 Rcats due every 2 or 4 years

Private Wells

- Homeowners test via the Public Health Lab
- APH responds to inquiries and adverse water results (such as E.coli and Total coliforms)

Drinking Water Wells

Types of Wells

- Large-Diameter Shallow Wells
- Sand Point / Driven Wells
- Drilled Wells

Legal

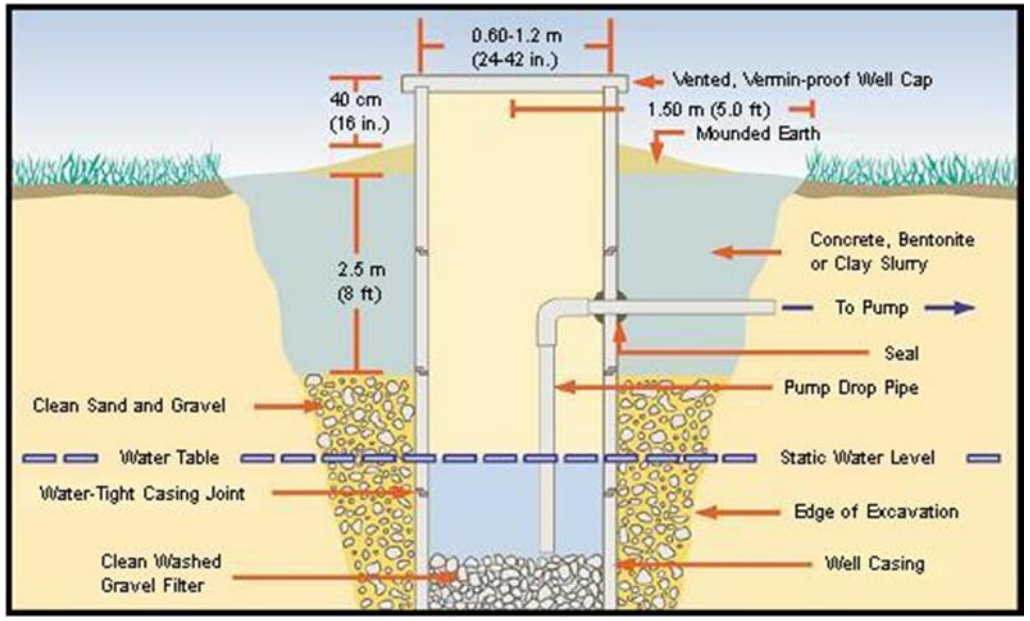
- Well construction is regulated by the Ministry of Environment
- Wells must be installed by a licensed well driller.
  - Drillers are required to register the well (well log) after construction.

Large-Diameter Wells

Dug Wells

- Formerly dug by hand, most dug wells are created with excavation equipment.
- Dug wells are usually no more than 9 metres (30 ft) deep.
- During dry periods, shallow dug wells can have low water levels.
- Because they are shallow, dug wells are vulnerable to contamination.

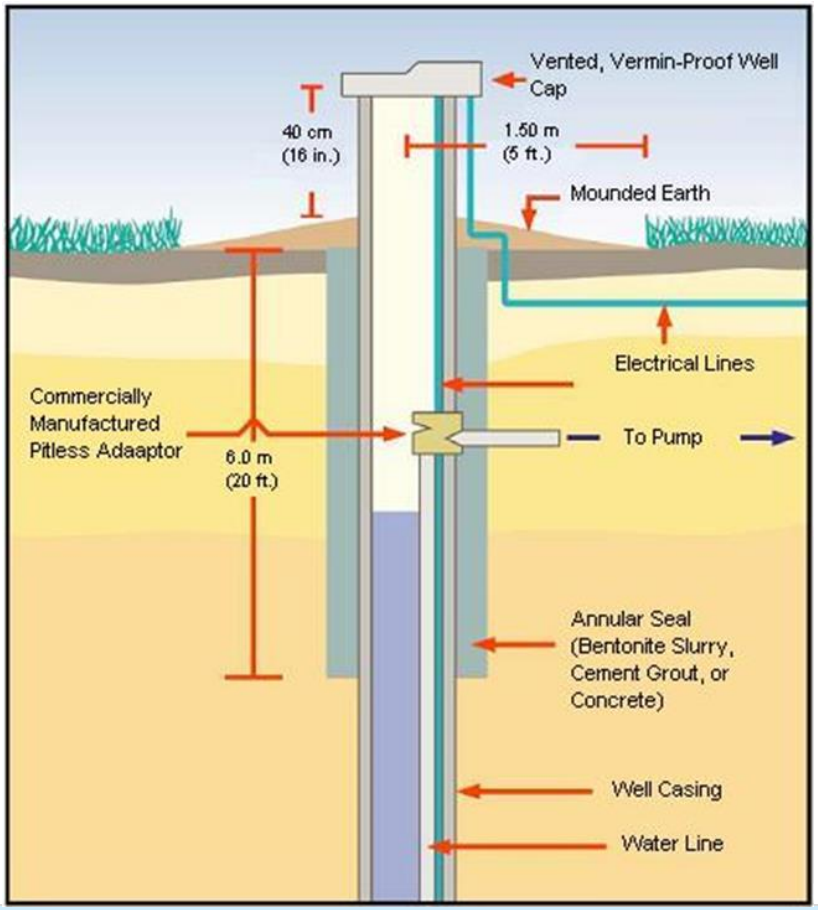
Look for: large-diameter casing of 60-120 cm (24-48 in).



Drilled Wells

Look for: small-diameter casing of

10-20 cm (4-8 in).



Drilled Wells

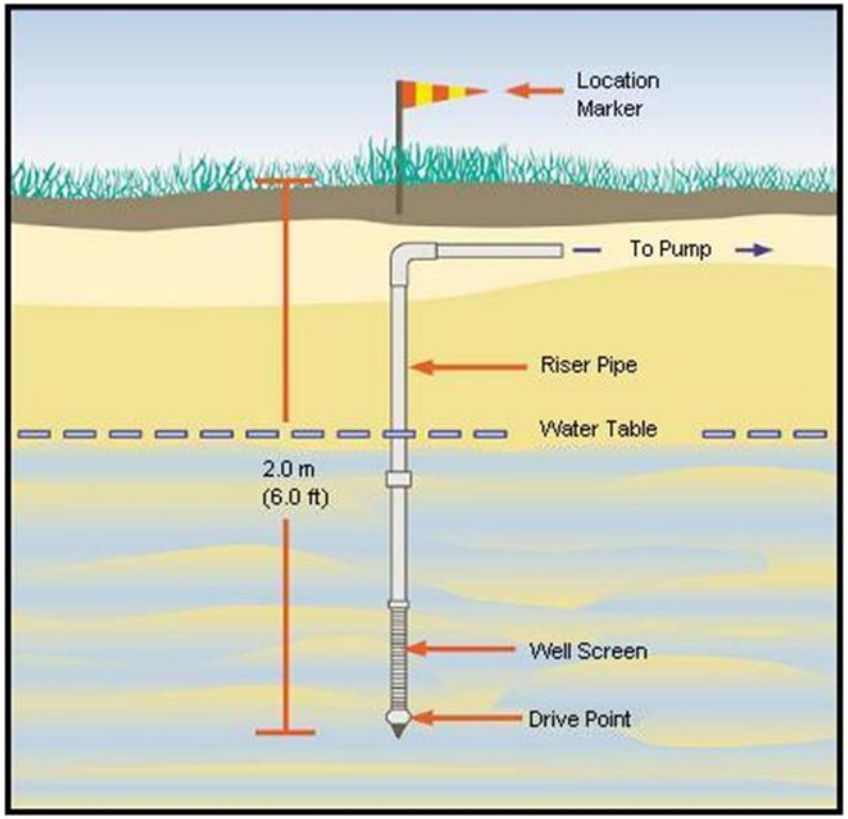
- Drilled wells are generally the least vulnerable to contamination, assuming that they are properly built, sealed and maintained.
- In Ontario, new wells must meet the requirements of Provincial water regulations.
- Installed by a well driller.

Well (or Sand) Points

Look for: small-diameter casing of 2.5-5 cm (1-2 in). Often below grade.

Well (or Sand) Points

- A small-diameter casing located in a shallow, sandy area may be a well (or sand) point.
- Well or sand points are vulnerable to near-surface contamination, and shortage during dry periods.
- Can be installed by hand.



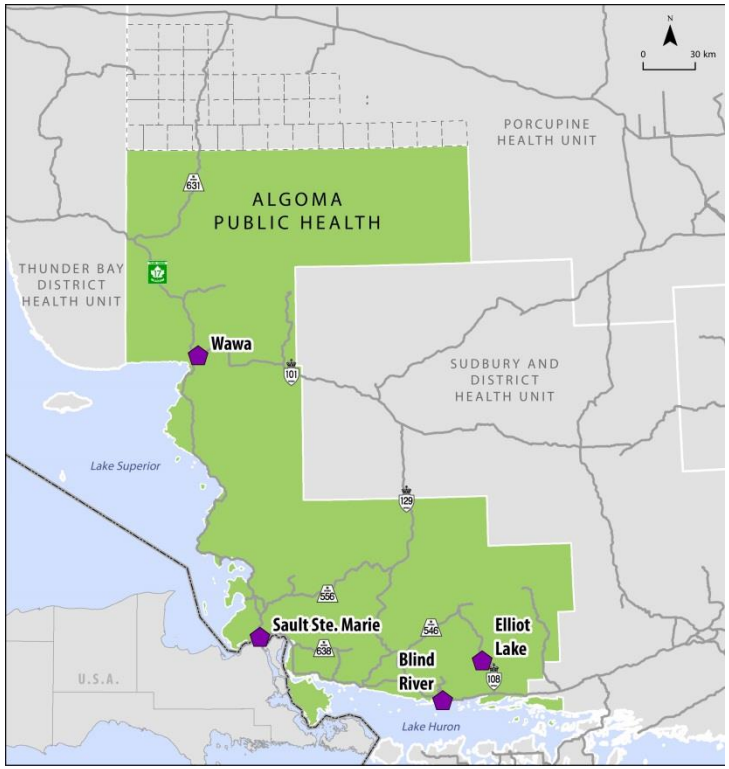
Surface Water Source

Surface Water Source

- Can be as simple as a 1.5 in. water line in 1 to 3 m water depth.
- Highly susceptible to contamination.
- Require filtration and treatment.
- Pending on installation they can be for permanent or temporary use.
- Many seasonal cottages draw from a surface water source.
- The majority of municipal systems draw water from a surface water source.
- Can also be constructed as a pit.

On-site Sewage Systems

The Board of Health is prescribed under Division C Section 1.7 of the Ontario Building Code to enforce the provisions of the Act and OBC related to Sewage Systems for all municipalities and territories without municipal organization located in the Algoma Health Unit.



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What is a Sewage System?

The OBC – Part 8 identifies the requirements for proper treatment of human generated sewage.

A sewage system is a means to return the waste generated through black or grey water disposal safely back into the environment.

Typical operation involves a septic tank and leaching field sized in to accommodate the expected maximum Daily Sewage Flow and on site soil drainage conditions.

Types of Septic Systems

All *sewage systems* shall be classed as one of the following:

(a) Class 1 — a chemical toilet, an incinerating toilet, a recirculating toilet, a self-contained portable toilet and all forms of privy including a *portable privy*, an *earth pit privy*, a *pail privy*, a *privy vault* and a composting toilet system,

(b) Class 2 — a *greywater* system,

(c) Class 3 — a cesspool,

(d) Class 4 — a *leaching bed* system, or

(e) Class 5 — a system that requires or uses a *holding tank* for the retention of *hauled sewage* at the site where it is produced prior to its collection by a *hauled sewage system*

Septic

- Inspect before installation and renovations
- No re-inspection program (change to OBC or municipal bylaw needed to implement)
- Septic failure
- complaints

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Authority

Algoma Public Health is responsible for all private sewage systems with a design capacity of 10,000L/day or less, that are wholly contained on an individual lot.

Scope: All residential and most small scale commercial properties that are not served by municipal sewer services.

All new builds not connected to city service require an approval for an on-site sewage system from APH prior to the issuance of a structural building permit from a local municipality.

Unorganized? A permit and approval is still required by APH.

APH Role

APH is required to Issue or Refuse an application for construction of a sewage system within 10 days.

Applications are a standard form developed by the Ministry of Municipal Affairs and Housing.

Applications and approvals are required for all new construction, renovations, additions, repairs, alterations, change of use and decommissions/demolitions.

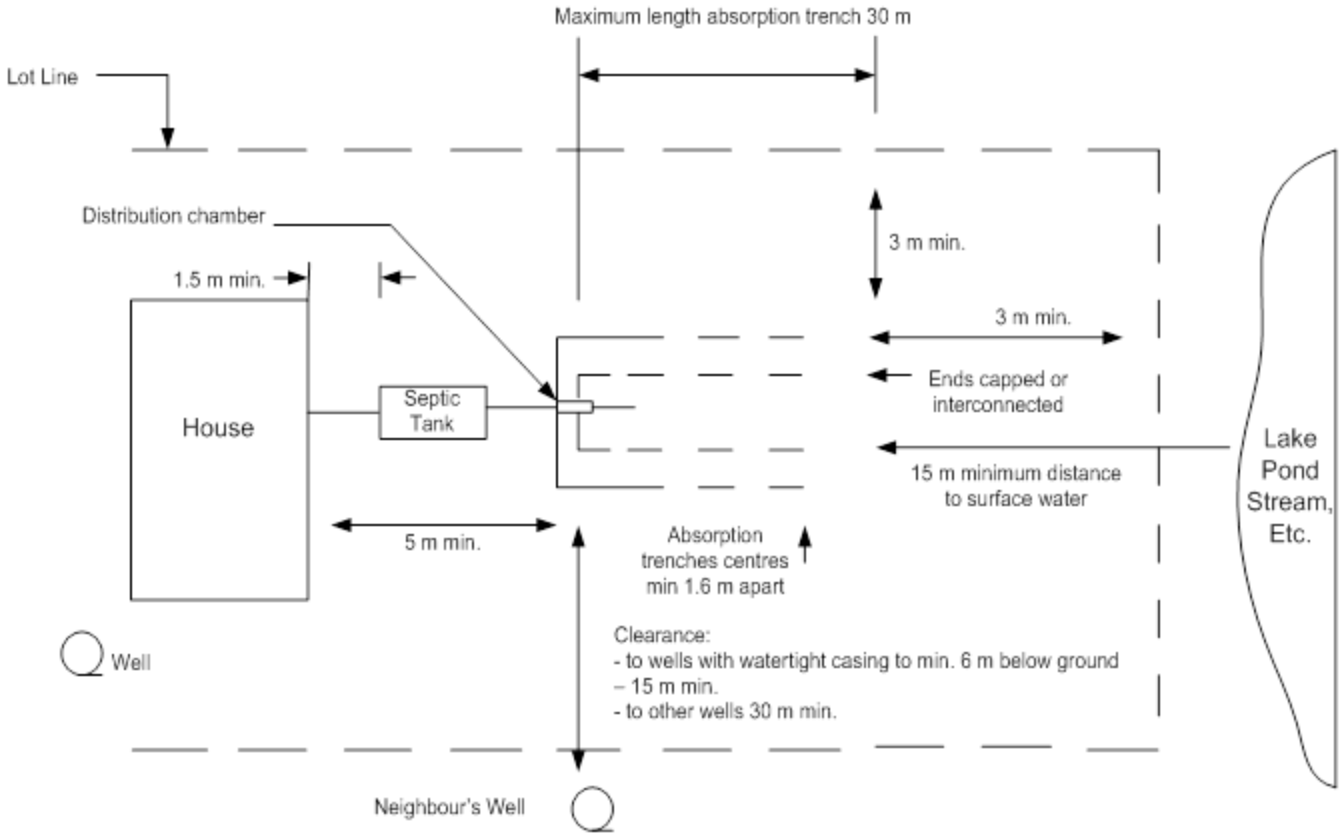
APH is involved in land use planning: severances, minor variances, subdivision, etc.

Flow calculations

Daily sewage flow calculations:

- Based on Hydraulic Loads for Number of Bedrooms (occupancy) **and** the greater of Fixtures **or** Floor Area
- Other factors:
  - Soil profile type
  - Setbacks to lot lines, surface water, well, buildings

Setbacks


Maximum length absorption trench 30 m
Lot Line
Distribution chamber
1.5 m min.
House
Septic Tank
3 m min.
3 m min.
Ends capped or interconnected
Lake Pond Stream, Etc.
15 m minimum distance to surface water
5 m min.
Absorption trenches centres min 1.6 m apart
Well
Clearance:
- to wells with watertight casing to min. 6 m below ground – 15 m min.
- to other wells 30 m min.
Neighbour's Well

APH Inspection Process

Initial Inspection:

- Application review
- Designed Sewage Flow validation
- Site validation
- Compliance validation with OBC, Act and other applicable law (ie. zoning bylaws, official plans, planning act, etc.)

Final Inspection:

- Verifies construction compliance (Division B – Part 8)
- Verifies compliance with original application
- Required prior to issuance of “Occupancy Permit” by local municipality.

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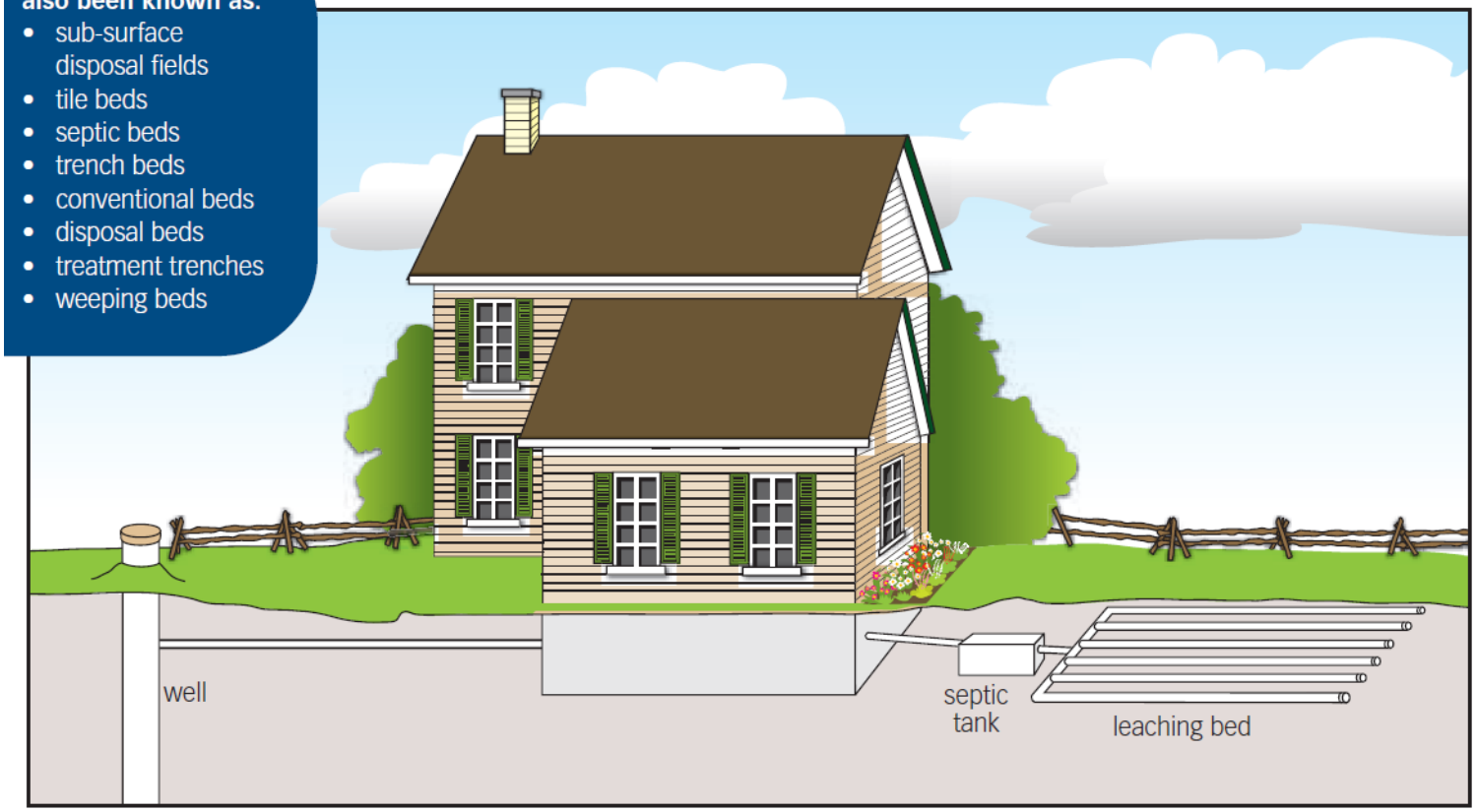
Class 4 – Leaching Beds

Leaching beds have also been known as:

- sub-surface disposal fields
- tile beds
- septic beds
- trench beds
- conventional beds
- disposal beds
- treatment trenches
- weeping beds



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ON-SITE SEWAGE SYSTEM PERMIT AND INSPECTION NOTICE

Permit No: _____ Date Issued: _____

Property Address: _____ Township: _____

Legal Description: _____

Roll Number: _____

Designer: _____ BCIN: _____ Contractor: _____ BCIN: _____

Permit Type

- ☐ Class 2 – Grey Water System
- ☐ Class 3 – Cesspool
- ☐ Class 5 – Holding Tank
- ☐ Sewage system Demolition
- ☐ Class 4 – Septic Tank & Leaching Field
  - ☐ Replacement Septic Tank
  - ☐ Replacement Leaching Field
- ☐ Other:

Applicant Name: _____ Owner Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

No changes, alterations, or additions to this project may be undertaken without prior approval of Algoma Public Health.
This Building Permit must be posted at the construction site for the duration of the project.

Issued by: _____ _____ Date: _____

Public Health Inspector *Print*

for: *Sherri Cleaves, CPHI(C), BASc, CIC, OHS Chief Building Official – OBC Part VIII*

TO REQUEST AN INSPECTION CALL 1-866-892-0172.
AFTER BUSINESS HOURS PLEASE LEAVE A DETAILED MESSAGE.
NOTE: 5 DAYS ADVANCE NOTICE MUST BE GIVEN FOR THE FOLLOWING INSPECTIONS.

- ☐ Completion of site preparation and readiness to construct sewage system, prior to importation of fill
- ☐ Completion of grey water pit installation (Class 2)
- ☐ Completion of cesspool installation (Class 3)
- ☐ Completion of substantial components inspection (Class 4 or 5 only) prior to backfilling
- ☐ Completion of demolition of septic tank or holding tank

The owner and contractor share responsibility for ensuring compliance with the Ontario Building Code, and for ensuring that all construction is performed in accordance with the by-laws of Algoma Public Health, the Ontario Building Code, Municipal by-laws, and any other applicable law.

POST THIS PERMIT ON SITE

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SUBSTANTIAL COMPONENTS INSPECTION

CLASS 4 SEWAGE SYSTEM

❒ Tank Only ❒ Leaching Field Only

Application No.:

OWNER: _____ ROLL NUMBER _____

APPLICANT _____ LEGAL: _____

SITE ADDRESS: _____ DATE: _____

_____ INSTALLER _____

MUNICIPALITY : _____ DESIGNER: _____

Work authorized by the Building Permit and Inspection Notice has been satisfactorily completed and includes: SEPTIC TANK with a total working capacity of 4141 litres.

Constructed of: ❑ Concrete ✓ Plastic ❑ Fiberglass ❑ Metal

Serving 2 bedrooms with 14.5 fixture units and 112m^2 floor space.

OR _____

Daily Designed Sewage Flow (Q) = 1100 L

MAKE AND MODEL OF SEPTIC TANK:	INFILTRATOR IM-1060
	GPS: N46.58907 W084.34258

✓ **LEACHING BED:** 76.8M (252ft) of Infiltrator Chamber E24 laid in 5 runs of 12.8M (42ft) spaced 1.5M (5ft) apart.

❒ Approved reduction. Equivalent to ____ M of pipe and stone trench bed.

❒ **FILTER BED:** _____ M of _____ (material) laid in _____ runs of _____M spaced _____M apart.

Total filter bed area of _____ M^2. Aggregate provided from: _____

SYSTEM FED BY: ✓ Gravity ❒ Raw sewage lift pump (_____ L chamber)

❒ Effluent lift pump (_____ L chamber)

DRINKING WATER SOURCE:	✓ Water tight (>6m) ❒ Not watertight ❒ Surface Water ❒ Not yet installed
	GPS: N46.58916 W084.34205

Under the provisions of the Ontario Building Code Act / Ontario Building Code the on-site sewage system installation / alteration / repair has been verified by this Agency.

This system must be backfilled prior to rendering it operational. All side slopes must be stabilized, vegetation provided on leaching field bed and surface drainage diverted from leaching bed area.

To obtain an occupancy permit (if required) a copy of this report must be provided to the issuing authority for your jurisdiction.

INSPECTED BY:	TITLE: PUBLIC HEALTH INSPECTOR	DATE:

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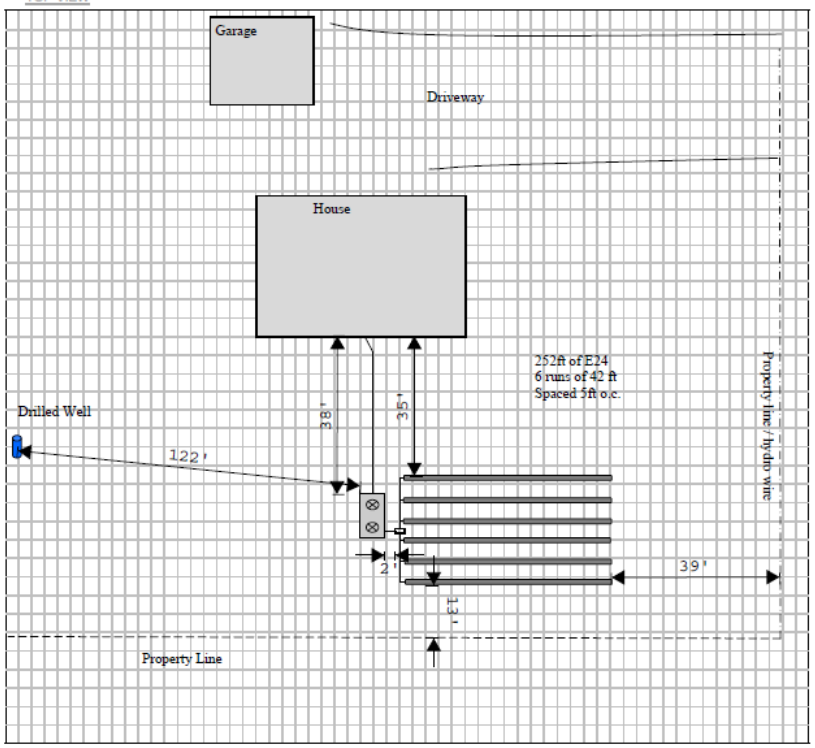
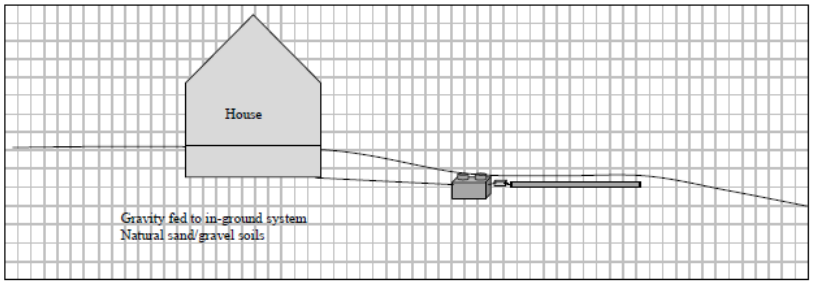
TOP VIEW



SIDE PROFILE



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Leaching Beds

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Filter Beds

Inspection Points

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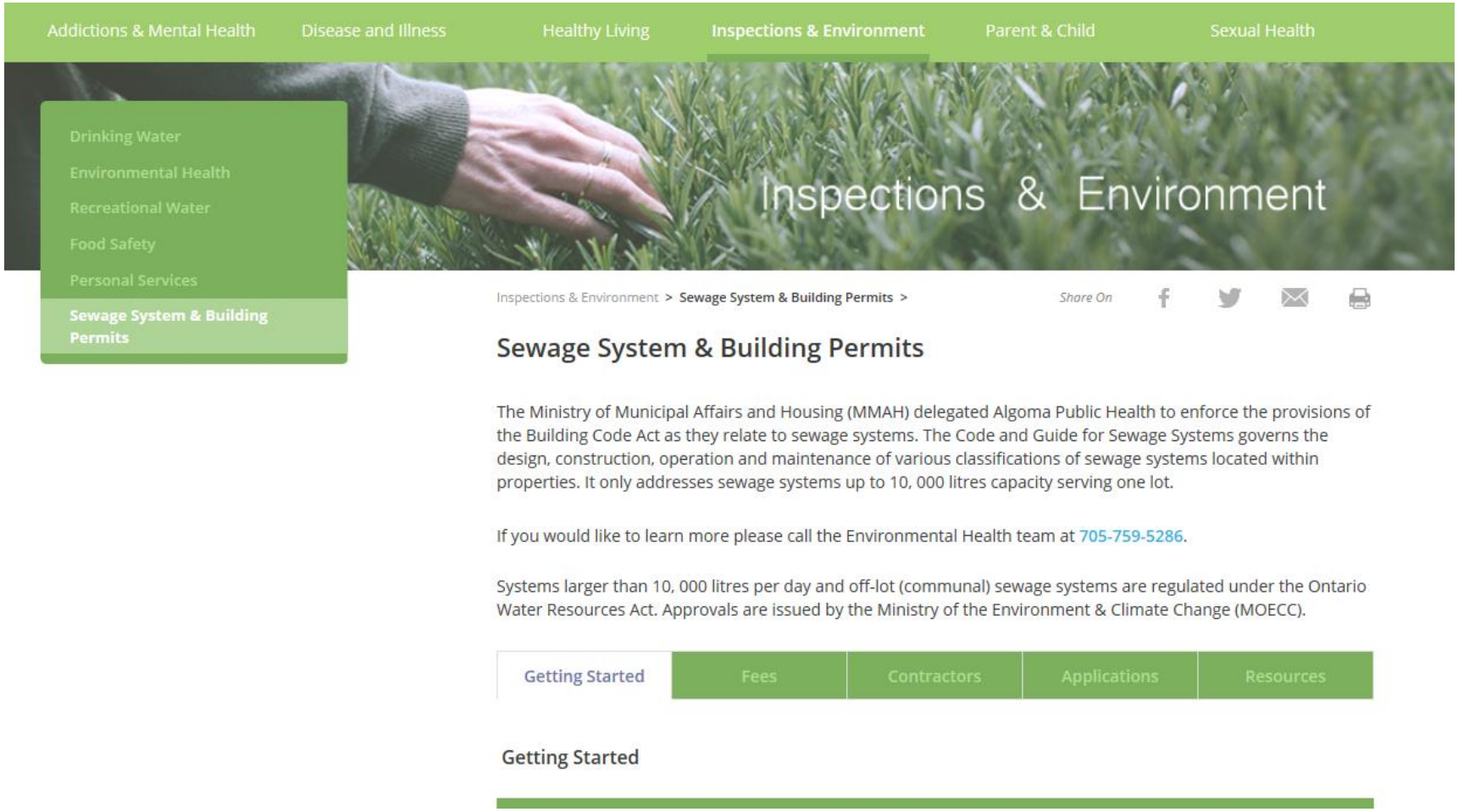
APH Website



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APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-015
DATE:	O: January 18, 1995 Revised: October 28, 2015 Revised: September 27, 2017	**SECTION:**	Board
PAGE:	1 of 2	**SUBJECT:**	Conflict of Interest

POLICY:

Each member of the Board of Health has the obligation to avoid ethical, legal, financial or other conflicts of interest and to ensure that their activities and interests do not conflict with their obligations to the Board of Health of the Algoma District Health Unit (operating as Algoma Public Health) or its welfare.

It is the responsibility of the individual to disclose any conflicts of interest to the meeting

If there is any doubt as to a perception of conflict the member shall discuss with the chair and/or Board of Health for direction.

A board member should not use information that is not public knowledge, obtained as a result of his or her appointment, for personal benefit.

No board member should divulge confidential information obtained as a result of his or her appointment unless legally required to do so.

A Board member shall remove oneself from the Board of Health if Employment at APH is being sought.

The purpose of the Conflict of Interest Policy is to:

i) assist individual board members in determining when his or her participation on a board decision/discussion has the potential to be used for personal or private benefit, financial or otherwise;
ii) protect the integrity of the Board as a whole and its members by following the conflict of Interest Policy and Procedures

Definitions: A conflict of interest situation arises where a member either on his/her own behalf or while acting for, by, with or through another, has any direct or indirect non-pecuniary or pecuniary interest in any contract or transaction with the Board or in any contract or transaction that is reasonably likely to be affected by a decision of the Board.
Where the board member or their close relative or friend or affiliated entity uses the board member's position with the APHU to advance their personal or financial interests;

Actual conflict of interest: a situation where a board member has a private or personal interest that is sufficiently connected to his or her duties and responsibilities as a board member that it influences the exercise of these duties and responsibilities

Perceived conflict of interest: a situation where reasonably well-informed persons could have a reasonable belief that a board member may have an actual conflict even where that is not the case in fact

PROCEDURE:

1) At the beginning of every Board meeting, the Board Chair shall ask and have recorded in the minutes whether any board member has a conflict to declare in respect to any agenda item.

2) If a board member believes that he or she has an **actual conflict of interest** in a particular matter, he or she shall,

   (a) prior to any consideration of the matter, declare to the Chair of the Board or the Chair of the relevant Committee that he or she has a conflict of interest that prevents him or her from participating;

   (b) not take part in the discussion of or vote on any question in respect of the matter;

   (c) leave for the portion of the meeting related to the matter; and

   (d) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other councillors or committee members or the decision relating to that matter.

3) Should the Board be in an in-camera session the board member shall leave the room until the agenda item has been decided.

4) In situations where a board member declares **a perceived conflict of interest** the Board will determine by majority vote whether the member(s) participate in the discussion and vote on the item. The minutes should reflect the discussion and the Board decision on the matter. Alternately the board member may decide on his or her own accord to not participate in the discussion and to not vote on the agenda item in question.

5) Prior to seeking employment with programs administered by the Board the member shall provide a letter of resignation; however, the member may seek re-appointment if not successful in the job competition.

Where a conflict of interest is discovered during or after consideration of a matter it is to be declared to the Board at the earliest opportunity and recorded in the minutes. If the board determines that the involvement of the member declaring the conflict influenced the decision on the matter, the Board shall re-examine the matter and may rescind, vary, or confirm its decision. Any action taken by the Board shall be recorded in the minutes

Where there has been a failure on the part of a Board member to comply with this policy, unless the failure is the result of a bona fide error in judgement as determined by the Board, the Board shall request that the Chair, :

i) Issue a verbal reprimand ; or
ii) Issue a written reprimand; or
iii) Request that the Board member resign or

Seek dismissal of the Board member based on regulations relevant as to how the board member \ was appointed.

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MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER BOARD REPORT JANUARY 24, 2018

Prepared by: Dr. Marlene Spruyt, Medical Officer of Health/CEO

and the Leadership Team

On Friday January 5th, 2018 APH Parent Child Services staff participated in a Superhero Party at the Canadian Bush Plane Heritage Centre hosted by Child Care Algoma and supported by many community partners. Parent Child Services were highlighted as part of this event and families had an opportunity to talk with public health nurses and a dental health educator about nutrition, physical activity, and oral health. Approximately 425 children and families attended the event.

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APH AT-A-GLANCE

Although somewhat belated….Happy New Year greetings to all,

It's been a busy month….as we begin implementation of the new Ontario Public Health Standards and the associated organization restructuring to support this work. Change is often difficult for staff and we are doing what we can to minimize the impacts to our employees. We will be implementing in a phased in approach and HR is available to all staff to support individuals and answer their questions.

The Board of Health approved its 2018 Public Health Operating and Capital Budget at its November 2017 Board meeting. In 2018, the Ministry has introduced a new budgeting tool called the Annual Service Plan(ASP), designed to link program and service plans to the operating budget. The ASP is built around the new Ontario Public Health Standards. Therefore, our Finance Team has done considerable work already creating a new chart of accounts to meet these requirements.

As part of the new standards implementation you will see along with this monthly program report a review of the new Organizational Requirements for Boards of Health. We have gone through the document and identified areas where we are currently in compliance and those where we still need to do some work.

In this time of fiscal restraint we are always looking for ways to improve our efficiency and reduce costs. One such project in the early exploration phase is assessing if there are areas where regional cost sharing might bring added value, expertise and revenue saving to the involved health units. Along with NE partners we have submitted a request for one-time funding to organize a thorough and objective review.

During 2018 we are celebrating 50 years of public health services in the District of Algoma. Prior to 1968 public health was essentially a municipal responsibility and municipalities made individual arrangements for Medical Officer of Health services (which were often only temporary during an outbreak). During the 1960's and 1970's the work of public health changed from that focused primarily on the prevention of infectious disease. With increased availability of a number of immunizations outbreaks of diseases such as polio, measles and pertussis diminished. Attention to clean water and sanitary services greatly reduced typhoid and salmonella cases and public health work expanded to include prevention of chronic diseases. This required more long term planning and public health interventions could not just be turned on during an outbreak. Larger communities were the first to implement permanent full time public health departments and in Algoma 1968 marked the year where the SSM Board of Health expanded its mandate to provide services to almost all of the district (Elliot Lake did not join until 1978) and was approved by the province to be a district Board of Health. There will be activities and events throughout the year and throughout the district in celebration of our "golden" anniversary. Free skating was provided in SSM on January 20th and other events will be shared with you as the arrangements fall into place.

PROGRAM HIGHLIGHTS

HARM REDUCTION AND LOCAL RESPONSE TO OPIOIDS

Submitted by: Jennifer Loo, Associate Medical Officer of Health

Public Health Goal: To reduce the burden of preventable injuries and substance use

Program Standard Requirements addressed in this report:

- The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to injuries and substance use and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
- The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

2015-2020 Strategic Priorities addressed in this report:

- Improve Health Equity
- Collaborate Effectively

Key Messages

- Algoma rates of opioid-related emergency department visits, hospitalizations, and deaths are higher than the average rates for Ontario, and a substantial proportion of Algoma residents are at risk for opioid-related harms due to either prescribed opioid use or illicit substance use.
- In accordance with ongoing MOHLTC direction related to its Harm Reduction Program Enhancement funding, APH is expanding the distribution of naloxone to community agencies, engaging first responders in opioid overdose early warning and surveillance, and developing a communications strategy aimed at harm reduction, prevention and stigma reduction.

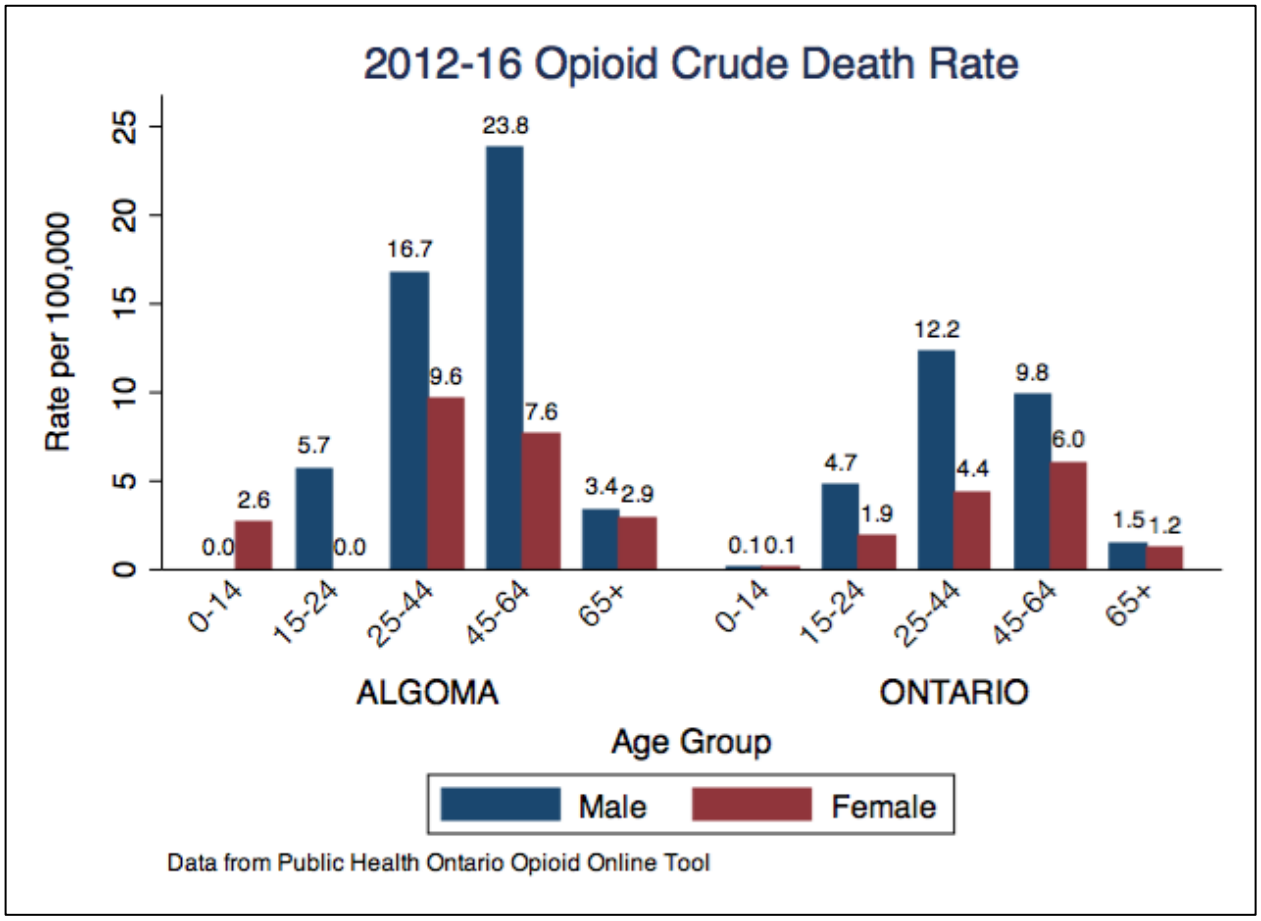
Introduction

Opioids are a class of substances which are prescribed for pain control (e.g. codeine, morphine), for the treatment of opioid addiction (e.g. methadone) and also used recreationally (e.g. heroin, street fentanyl). In Ontario, rising morbidity and mortality due to opioid overdose has resulted in multiple responses from the provincial government, including new Harm Reduction Program Enhancement (HRPE) funding from the MOHLTC. ***Harm reduction*** – "meeting people where they are at" and reducing the harms of a behavior without changing the behavior itself – is a key pillar of a comprehensive public health approach to substance use and misuse. Through the HRPE, public health units are mandated to

- facilitate the expansion of ***naloxone*** distribution (an "antidote" medication which can temporarily reverse opioid overdose)
- conduct local surveillance for opioid overdose, and
- engage in a local opioid response that may include education and prevention initiatives.

Opioid-related health harms in Algoma

As illustrated in the graph below, opioid-related mortality in Algoma is higher than the average for Ontario, with young, working-age men particularly affected. Opioid-related emergency department visits and hospitalizations are also higher in Algoma, compared to the provincial average (National Ambulatory Care Reporting System, 2016).



Of note, a significant proportion of Algoma residents are at risk for opioid-related harms due to either prescribed opioid use or illicit substance use. In 2016, one in six Algoma residents was prescribed an opioid, compared to one in seven in Ontario (Ontario Drug Policy Research Network, 2016). Recreational substance use is also common. Based on previous cycles of the Canadian Community Health Survey, 14.8% of Algoma residents reported using an illicit drug in the previous 12 months (ON = 13%), while 50.2% of Algoma residents reported ever using an illicit drug (ON = 40.6%).

APH Local Response to Opioids

Naloxone Distribution Expansion

The distribution of naloxone to people who use drugs is a vital component of ongoing harm reduction efforts to prevent opioid overdose deaths. Currently, in the District of Algoma, injectable naloxone kits are distributed free of charge to anyone with an OHIP card at participating pharmacies. Nasal spray naloxone kits are also distributed through the Group Health Centre Hep Care Program, and by APH at all district offices, with a focus on clients at high risk of overdose, without a need for an OHIP card.

In early 2018, APH is expanding the distribution of nasal spray naloxone kits to key community organizations that provide services to priority populations at risk of overdose. APH is supporting the readiness of community partners to engage in naloxone distribution work, by facilitating the development of agency policies and procedures, and ensuring that local needs for training and inventory management will be met.

Opioid overdose early warning and surveillance

In collaboration with representatives from Sault Ste. Marie police services, Sault Ste. Marie EMS, the Sault Area Hospital emergency department, and the Sault Ste. Marie drug strategy, APH is conducting local epidemiologic surveillance and disseminating a monthly bulletin on opioid overdose in Algoma. The December 2017 bulletin is appended to the end of this report. The current system is capable of capturing "spikes" in local overdoses, thereby facilitating the timely sharing of information among first responders, and the coordination of local interventions. In early 2018, APH is reaching out to first responders throughout the district in order to extend surveillance activity across Algoma.

Harm reduction, prevention, and stigma reduction

APH is currently developing a communications strategy to address harm reduction, prevention, and stigma reduction related to opioids in multiple settings in Algoma communities. Given that a significant proportion of Algoma residents are at risk of opioid-related harms from recreational drug use or prescribed opioid use, harm reduction messages will aim to encourage individuals to recognize their risks and use in lower risk ways (e.g. "carry naloxone" or "don't use alone"). Prevention messages will also emphasize stigma reduction.

Next Steps

APH will continue to optimize its opioid surveillance and naloxone distribution efforts by soliciting ongoing feedback from community partners during the expansion of this work. As more precise and up-to-date data becomes available on opioid-related morbidity and mortality in Ontario, this information will further inform the APH communications strategy and harm reduction programming.

NORTHERN FRUIT AND VEGETABLE PROGRAM (NFVP)

Submitted by: Kristy Harper, Program Manager of Chronic Disease Prevention
Laurie Zeppa, Director of Health Promotion and Prevention

Public Health Goal:

Chronic Disease Prevention & Well-Being Goal: To reduce the burden of chronic diseases and public health importance and improve well-being.

School Health Goal: To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

Northern Fruit and Vegetable Program Goals: To increase the amount of vegetables and fruit eaten by elementary school-aged children as well as promote Ontario-grown produce and provide education about the importance of healthy eating and physical activity for overall health.

Program Funder: Ministry of Health and Long-Term Care (MOHLTC)
**The NFVP is currently funded and implemented in Porcupine Health Unit, Sudbury District Health Unit and Algoma Public Health, with anticipated expansion to all Northern Health Units in 2018.*

Program Partners: MOHLTC, Ontario Fruit and Vegetable Growers Association, Massey Wholesale, Algoma District School Board, Huron Superior Catholic District School Board, Conseil Scolaire Catholique du Nouvel-Ontario and Conseil Scolaire Public du Grand-Nord de L'Ontario.

Program Standard Requirements addressed in this report:

School Health:

1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health of school-aged children and youth and report and disseminate the data and information.
2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth.
3. The board of health shall offer support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools, based on need and considering, but not limited to:
    a. Healthy eating behaviours and food safety
    b. Mental health promotion
    c. Physical activity and sedentary behaviour

2015-2020 Strategic Priorities addressed in this report:

- Improve Health Equity
- Collaborate Effectively

Key Messages

- According to 2013/2014 Canadian Community Health Survey (CCHS) data, only 29.6% of Algoma residents consume 5 or more servings of vegetables and fruit per day.
- Data from the 2016 Northern Fruit and Vegetable (NFVP) evaluation indicates that 84% of the children and youth respondents are not consuming the recommended number of vegetable and fruit servings from Canada's Food Guide.
- From 2014-2016 the percentage of participants consuming fruit ≥ 5 times per week, as well as the percentage of participants consuming fruit never or less than once/month improved, while vegetable consumption remained constant.
- NFVP aims to increase the amount of vegetables and fruit eaten by elementary school-aged children by providing all children the opportunity to try vegetables and fruit amongst the comfort of peers.

Introduction

Healthy Eating: Health Canada states that healthy eating means eating a variety of foods from the four food groups in Canada's Food Guide to feel good and maintain health. Healthy eating along with physical activity can also lower risk of disease and support mental wellness.

Food Literacy: Food literacy is a set of interconnected attributes organized into the categories of food and nutrition knowledge, skills, self-efficacy/confidence, food decisions, and other ecologic (external) factors such as income security, and the food system.

Wellness: The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The relationship between food and mental health outcomes is likely bi-directional, where poor mental health outcomes may result in poor food choices, emotional eating, appetite changes, skipping meals, a preference for energy-dense food and a tendency to consume easy to prepare food. However, research is also showing that a healthy diet can reduce depression and anxiety and promote positive mental health. A high intake of vegetables and fruit has been shown to improve mood and may be protective against mental health problems.

Population Health Snapshot

Approximately 30% of Ontario children and youth are overweight or obese. The issue is more severe for boys than girls and for Indigenous children. Children and youth who are overweight and obese are at increased risk of remaining obese throughout adulthood. They are also at present and future risk of adverse health consequences including cardiovascular disease, type 2 diabetes and many cancers. Overweight and obese children and youth are also more likely to have a reduced quality of life and are at a greater risk of being teased, bullied and socially isolated.

From current NFVP evaluation data, we know that 84% of the children and youth respondents are not consuming the recommended number of vegetable and fruit servings from Canada's Food Guide. Healthy eating behaviours that include adequate vegetable and fruit consumption can help to prevent chronic diseases such as heart disease, type 2 diabetes and cancer.

2013/2014 CCHS data also tells us that low vegetable and fruit consumptions is evident in adulthood as well, with only 29.6% of Algoma residents consuming 5 or more vegetables and fruit per day.

In addition to what we know about eating behaviours, our NFVP evaluation data also tells us that less than half (38%) of the children and youth respondents reported meeting Canada's Physical Activity Guidelines on all 7 days of the week.

Algoma Public Health Program or Intervention

We know that children eat more vegetables and fruit where they live, learn and play (e.g. school), when they are promoted, available, accessible and affordable. This makes the NFVP an ideal program to provide the opportunity to increase vegetable and fruit consumption, as it promotes and provides free vegetables and fruit to all elementary students throughout Algoma.

Algoma Public Health (APH) is entering its eleventh year of implementation of the NFVP, providing at least two servings of vegetables and fruit per week (from January to June) to over 10,000 elementary students across the district of Algoma. The program aims to increase the amount of vegetables and fruit eaten by elementary school-aged children and provides all children the opportunity to try new foods amongst the comfort of peers. The program strives to promote Ontario-grown produce and provide education to students and their families about the importance of healthy eating and physical activity for overall health and well-being. In addition, the NFVP can provide:

- Hands-on education for important life skills (e.g., food safety and food preparation)
- Opportunities for student leadership
- Ability to practice numeracy and literacy outside of the traditional classroom setting
- Motivation to create healthy school nutrition environments, where schools not only teach healthy eating in the classroom, but students are able to practice healthy eating habits within their school environment

APH coordinates program implementation by distributing and collecting application forms, managing program issues, providing funding to the school boards allotted for individual school implementation, as well as developing and sharing promotional and educational interventions and materials related to vegetable and fruit consumption and physical activity. The Ontario Fruit and Vegetable Growers Association manage the sourcing of the Ontario-grown produce and coordinates deliveries, with Massey Wholesale making the deliveries to each school.

Evaluation

Since 2014, participating Health Units have been working with Dr. Sarah Woodruff from the University of Windsor on the evaluation of the program. From 2014-2016 the percentage of participants consuming fruit ≥ 5 times per week, as well as the percentage of participants consuming fruit never or less than once per month improved, while vegetable consumption remained constant. In 2014 the percentage of students who consumed fruit ≥ 5 times per week was 49%. In 2016 this number increased to 55%. Evaluation of the program will continue in partnership with Dr. Woodruff.

Next Steps

APH began implementation of this year's Northern Fruit and Vegetable Program on January 8, 2018. In addition to continuing with the evaluation in partnership with the University of Windsor, APH has planned some unique initiatives to support the program. Parent outreach will occur with the distribution of program menus for each family, and included on these menus is new information highlighting the importance of family meals and providing some tips for families. Curriculum support will be provided to grade 3 teachers with the purchase and distribution of "See What We Eat!" books and the promotion of appropriate provincial lesson plans that support the education of where food comes from. Program aprons have also been purchased for use by the food handlers at each school to increase program visibility and promotion throughout the school community. APH is looking forward to another successful year of implementation, as are the schools. "Looking forward to the fabulous program" (Vice-Principal, Algoma)

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1. Algoma Public Health & University of Windsor, Northern Fruit and Vegetable Program Evaluation Reports, 2013-2016.
2. Canadian Community Health Survey, 2013/2014.
3. Health Canada, Health Eating: https://www.canada.ca/en/health-canada/services/tips-healthy-eating/what-is-healthy-eating.html, accessed December 2017.
4. Healthy Kids Panel Report; No Time to Wait, March 2013: http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf
5. Ontario Society of Nutrition Professionals in Public Health, Food Literacy: https://www.odph.ca/food-literacy-1, accessed December 2017
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7. Shifting Gears Report, January 2014: http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/ShiftingGears_Report.pdf
8. World Health Organization: http://www.who.int/features/factfiles/mental_health/en/, accessed December 2017.

Respectfully submitted,
Dr. Marlene Spruyt

Appendix

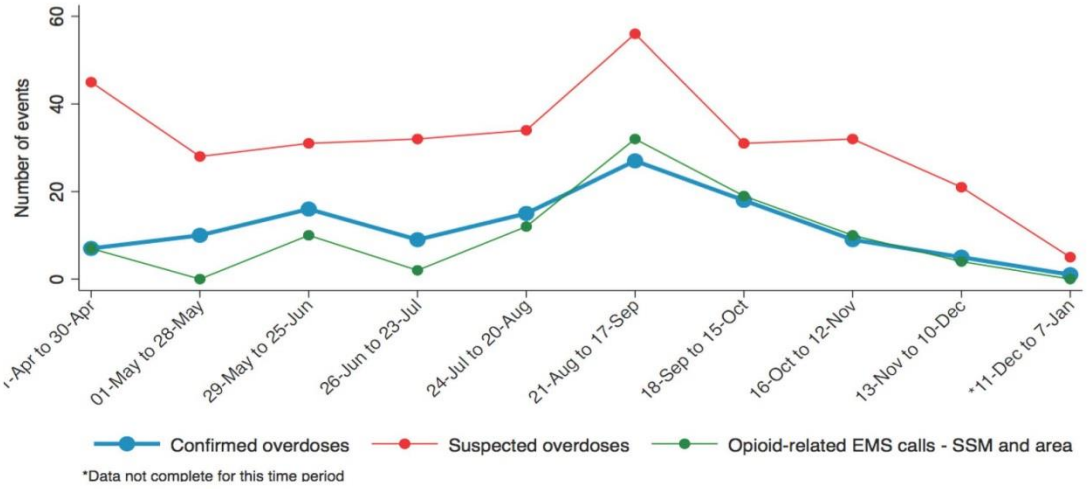
Data updated as of: Jan 2 2018

Opioid Overdose Surveillance: December 2017

Algoma PUBLIC HEALTH
Santé publique Algoma

This report summarizes local opioid overdose surveillance conducted by Algoma Public Health, in partnership with Sault Ste Marie EMS, with the support of the Ministry of Health and Long-Term Care.
Please note that data shown from different sources are not directly comparable because they measure different aspects of the emergency response to overdose. Information shown represents the most recent available data, which is subject to change.

Summary of Opioid Overdoses in Algoma



*Data not complete for this time period

Opioid Overdose Weekly Averages, Thresholds and Alerts

	Weekly average	Alert Threshold
Suspected opioid overdoses Algoma hospitals	8.5	15.0
Confirmed opioid overdoses Algoma hospitals	3.2	8.8
Emergency service calls SSM and area	2.6	10.5

If your weekly count surpasses this threshold, or if you notice unusual opioid-related activity, please consider informing all surveillance partners to coordinate community action if needed.

Summary of Recent Alerts

- For the week of Sept 11-17th, all three data sources detected events that exceeded alert thresholds.

As additional data becomes available for the District of Algoma, future information bulletins may include data related to naloxone distribution, drug type and deaths.

Data source: National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health Information. Acute Care Enhanced Suruivellance, KFL&A Public Health. Emegrency Medical Services Calls, Sault Ste. Marie Fire Services.
Note: This information bulletin contains institutional data from various agencies and is shared among Algoma first responders and frontline service providers for the purpose of opioid surveillance and early warning to inform community action. For general information related to this topic, please visit algomapublichealth.com or email contact@algomapublichealth.com

2018 Workplan - Ontario Public Health Standards: Organizational Requirements

DELIVERY OF PROGRAMS AND SERVICES DOMAIN			
REQUIREMENT	**RESPONSIBILITY**	**TIME LINE**	**COMMENT**
1) Deliver programs and services in compliance with the Foundational and Program Standards	Program Director and AMOH	Begin implementation in January 2018	See revised org chart All new job postings amended to include new standards language
2) Comply with programs provided for in the *Health Protection and Promotion Act*	MOH	Ongoing	Prevention, protection and promotion activities of HPPA are embedded into new OPHSPS
3) Undertake population health assessments including identification of priority populations, social determinants of health and health inequities, and measure and report on them	AMOH & FASS team	Ongoing Q4	Some work done within program. More support for this work through FASS Complete updated Community Profile
4) Describe the program of public health interventions and the information used to inform them including how health inequities will be addressed	Program director and Program manager	Ongoing	annually in program planning process and Annual Service Plan submitted to Ministry
5) Publicly disclose results of all inspections or other required information in accordance with the Foundational and Program Standards	MOH and communications and inspection services	Timing various Q4	Currently only Food premises and IPAC breaches. Reconfiguration of website may be necessary
6) Prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines	AMOH & Executive	Q2	New plan underway for completion in early 2018
7) Collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Foundational and Program Standards	AMOH & FASST	Ongoing	
8) Shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year	BoH & Executive	Currently in place 2015-2020	Begin planning process for updating current plan in 2018 Begin to develop new plan in 2019- will require budget $$

FIDUCIARY REQUIREMENTS DOMAIN			
REQUIREMENT	**RESPONSIBILITY**	**TIME LINE**	**COMMENT**
1) Comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement	MOH	Annual reports	Currently in compliance
2) Provide costing information by program	Finance	Monthly	In transition
3) Submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested	Finance	quarterly	In place
4) Place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry if the ministry provides the grant to boards of health prior to their immediate need for the grant	Finance	Current	In place
5) Report all revenues it collects for programs or services in accordance with the direction provided in writing by the ministry	Finance	Monthly	In place
6) Report any part of the grant that has not been used or accounted for in a manner requested by the ministry	Finance	As needed	In place.No further changes
7) Repay ministry funding as requested by the ministry	Finance	As needed	
8) Ensure that expenditure forecasts are as accurate as possible	Finance	As needed	
9) Keep a record of financial affairs, invoices, receipts and other documents, and shall prepare annual statements of their financial affairs	Finance	As needed	7 year retention in place
10) Comply with the financial requirements of the Health Protection and Promotion Act (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations	Finance and BoH	Annual	In place
11) Use the grant only for the purposes of the Health Protection and Promotion Act and to provide or ensure the provision of programs and services in accordance with the Health Protection and Promotion Act, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement	MOH	Review annually	Some blurring of activities between programs that are funded differently eg CADAP and Harm Reduction. Work underway to develop formulas and track this type of work
12) Spend the grant only on admissible expenditures	Finance	Ongoing	Review regularly
13) Comply with the Municipal Act, 2001 which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services. All procurement of goods and services should normally be through an open and competitive process	BoH	In place	Reviewed every 2 years 02-04-030 - Procurement Policy
14) Ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: a) A plan for the management of physical and financial resources;	Finance		Bylaw 95-2 – To Provide for Banking and Finance

b) A process for internal financial controls which is based on generally accepted accounting principles; c) A process to ensure that areas of variance are addressed and corrected; d) A procedure to ensure that the procurement policy is followed across all programs/services areas; e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.	Finance Finance Finance Finance MOH Finance/Acct	Monthly Underway- Q2	Bylaw 15-01 – To Provide for the Management of Property Annual Ministry attestation BoH Report 02-04-030 - Procurement Policy Policy being developed. When needed; currently reallocating resources to meet requirements of new standards
15) Negotiate service level agreements for corporately provided services	Finance & BOH Finance and Audit Comm (F&A)	Ongoing – when contract comes up for renewal	Ongoing. 3-5yrs terms for current service agreements
16) Have and maintain insurance	F&A	annual	
17) Maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances.	CFO		Asset tags Inventory tagged all purchased IT assets
18) Not dispose of an asset which exceeds $100,000 in value without the ministry's prior written confirmation.	BoH	Ongoing	Rare occurence
19) Not carry over the grant from one year to the next, unless pre-authorized in writing by the ministry.	Finance	Annual assessment	Ministry automatically claws back unspent funds
20) Maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.	Finance	Awaiting assessment	Underway pending reassessment
21) Comply with the Community Health Capital Programs policy.	Finance/BoH	As needed	Only applies to capital building development

GOOD GOVERNANCE AND MANAGEMENT PRACTICES DOMAIN			
REQUIREMENT	**RESPONSIBILITY**	**TIME LINE**	**COMMENT**
1) Submit a list of board members.	BoH	Annual	Annual service plan
2) Operate in a transparent and accountable manner, and provide accurate and complete information to the ministry.	MOH & Executive	As needed	
3) Ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.	BoH – Governance	Monthly meeting education and orientation sessions as needed	
4) Carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.	BoH	Policy in place	02-05-015 – Conflict of Interest Policy Reviewed every 2 years
5) Comply with the governance requirements of the Health Protection and Promotion Act (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.	BoH – Governance	Bylaw in place	Bylaw 95-1 – To Regulate the Proceeding of the Board of Health Reviewed every 2 years
6) Comply with the medical officer of health appointments requirements of the Health Protection and Promotion Act, and the ministry's policy framework on medical officer of health appointments, reporting, and compensation.	BoH	In place	Only required when new appointment
7) Ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.	BoH & Antoniette	In place	HR operational plan
8) Ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.	HR	Ongoing	All policies reviewed every 2 years – and with legislative changes
9) Engage in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities.	BoH/MOH	Initiated process	Bi-annual meet LHIN CEO & NE MOH
10) Engage in relationships with Indigenous communities in a way that is meaningful for them.	BoH/MOH	Q2 Ongoing	Activities underway wrt TRC
11) Provide population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program	MH/AMOH	Ongoing-Q4	New FASS team to develop set of indicators May need additional resource allocation

Standards.			
12) Develop and implement policies or by-laws regarding the functioning of the governing body, including: a) Use and establishment of sub-committees; b) Rules of order and frequency of meetings; c) Preparation of meeting agenda, materials, minutes, and other record keeping; d) Selection of officers; e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body; f) Remuneration and allowable expenses for board members; g) Procurement of external advisors to the board such as lawyers and auditors (if applicable); h) Conflict of interest; i) Confidentiality; j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.	BoH Governance	Q1	Bylaw 95-1 – To Regulate the Proceedings of the Board of Health 02-05-010 – Board Minutes 02-05-070 – In Committee Material 02-05-075 – Election of Chair, vice Chair or Committee members Consider amendment of current policy 02-05-025 – Board Member Remuneration Policy Bylaw 95-3 – To Provide for the Duties of the Auditor of the Board 02-05-015 – Conflict of Interest Board resolution 2015-37- needs review
13) Ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.	EA to BOH	Ongoing	Calendar in place
14) Provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; d) Research and evaluation; e) Compliance with all applicable legislation and regulations; f) Workforce issues, including recruitment of medical officer of health	e/f	Monthly report Monthly report	

and any other senior executives; g) Financial management, including procurement policies and practices; and h) Risk management.		Annually as needed	
15) Have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, board of health discussion, and implementation of feasible recommendations for improvement, if any.	BoH	Q 2 years	Monthly meeting evaluation- ? annual review
16) Ensure the administration develops and implements a set of client service standards.	Executive	In strategic plan	outstanding
17) Ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management	MOH & privacy officer	ongoing	Finalizing updated privacy audit Q6 months

PUBLIC HEALTH PRACTICE DOMAIN			
REQUIREMENT	**RESPONSIBILITY**	**TIME LINE**	**COMMENT**
1) Ensure that the administration establishes, maintains, and implements policies and procedures related to research ethics.	MOH	In place	Currently being reviewed by FASS team
2) Designate a Chief Nursing Officer.	MOH	In place	CNO and Nursing practice lead
3) Demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.	Program Directors & AMOH	Continued developpment	Underway Need to build capacity ++
4) Employ qualified public health professionals in accordance with the Qualifications for Public Health Professionals Protocol, 2018 (or as current).	MOH/HR	In place	Renew new regulations Awaiting protocols
5) Support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include: a) Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability; and b) Regular review of outcome data that includes variances from performance expectations and implementation of remediation plans	QIP – measure Culture Outcomes	Ongoing	Work underway Documentation audit Privacy audit Good ideas

COMMON TO ALL DOMAINS			
REQUIREMENT	**RESPONSIBILITY**	**TIME LINE**	**COMMENT**
1) Submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.	Finance & Program Directors	Annual	New process Finance working with program managers
2) Submit action plans as requested to address any compliance or performance issues.	MOH	When required	
3) Submit all reports as requested by the ministry.	MOH	When required	
4) Have a formal risk management framework in place that identifies, assesses, and addresses risks.	MOH/BoH	In place	Renew annual
5) Produce an annual financial and performance report to the general public.	Finance	In place	Audited statements posted to website
6) Comply with all legal and statutory requirements.	MOH/ Exec	ongoing	

Algoma Public Health
(Unaudited) Financial Statements November 30, 2017

Algoma Public Health
Statement of Operations
November 2017
(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Act. to Bgt. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ 3,484,786	$ 3,484,786	$ 0	$ 3,484,786	0%	100%
Provincial Grants - Public Health 75% Prov. Funded	6,700,099	6,700,100	(1)	7,309,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	2,566,977	2,591,932	(24,955)	2,962,224	-1%	99%
Fees, other grants and recovery of expenditures	533,812	615,745	(81,933)	670,476	-13%	87%
Provincial Grants - Funding for Prior Yr Expenses	0	0	-	-		
Total Public Health Revenue	$ 13,285,674	$ 13,392,562	$ (106,889)	$ 14,426,686	-1%	99%
Expenditures						
Public Health 75% Prov. Funded Programs	$ 9,628,700	$ 10,523,429	$ 894,729	$ 11,464,463	-9%	91%
Public Health 100% Prov. Funded Programs	2,421,933	2,666,769	244,836	2,962,225	-9%	91%
Total Public Health Programs Expenditures	$ 12,050,633	$ 13,190,198	$ 1,139,565	$ 14,426,687	-9%	91%
Excess of Rev. over Exp. 75% Prov. Funded	$ 1,089,996	$ 277,202	$ 812,795	$ 0		
Excess of Rev. over Exp. 100% Prov. Funded	145,044	(74,837)	219,881	(1)		
Provincial Grants for Prior Yr Expenses	-	-	-	-		
Total Rev. over Exp. Public Health	$ 1,235,040	$ 202,364	$ 1,032,676	$ (1)		
Public Health Programs - Fiscal 17/18						
Provincial Grants and Recoveries	$ -	-	-	134,200		
Expenditures	21,022	34,100	(13,078)	134,200		
Excess of Rev. over Fiscal Funded	(21,022)	(34,100)	13,078	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ 979,011	$ 979,010	$ 1	$ 1,068,011	0%	100%
Municipal, Federal, and Other Funding	311,455	301,262	10,193	326,455	3%	103%
Total Community Health Revenue	$ 1,290,466	$ 1,280,272	$ 10,194	$ 1,394,466	1%	101%
Expenditures						
Healthy Babies and Children	$ 992,834	$ 979,010	$ (13,824)	$ 1,068,011	1%	101%
Child Benefits Ontario Works	22,243	22,121	(122)	24,135	1%	101%
Algoma CADAP programs	261,677	277,126	15,449	302,319	-6%	94%
One-Time Funding programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	$ 1,276,754	$ 1,278,257	$ 1,503	$ 1,394,465	0%	100%
Total Rev. over Exp. Calendar Community Health	$ 13,712	$ 2,015	$ 11,697	$ 1		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ 3,702,080	$ 3,702,306	$ (226)	$ 5,578,094	0%	100%
Municipal, Federal, and Other Funding	513,847	503,389	10,458	749,703	2%	102%
Other Bill for Service Programs	29,300		29,300			
Total Community Health Revenue	$ 4,245,228	$ 4,205,695	$ 39,532	$ 6,327,797	1%	101%
Expenditures						
Brighter Futures for Children	67,962	72,965	5,003	109,447	-7%	93%
Infant Development	420,012	426,957	6,945	640,434	-2%	98%
Preschool Speech and Languages	412,316	409,504	(2,812)	614,256	1%	101%
Nurse Practitioner	91,358	93,835	2,477	139,753	-3%	97%
Genetics Counseling	323,247	245,305	(77,943)	367,806	32%	132%
Community Mental Health	2,209,667	2,268,332	58,666	3,403,298	-3%	97%
Community Alcohol and Drug Assessment	481,232	482,771	1,539	724,157	0%	100%
Healthy Kids Community Challenge	134,946	143,650	8,704	161,350	-6%	94%
Stay on Your Feet	69,506	66,667	(2,840)	100,000	4%	104%
Bill for Service Programs	34,584	-	(34,584)	-		
Misc Fiscal	1,371	8,000	6,629	21,100		
Total Fiscal Community Health Programs	$ 4,246,201	$ 4,217,985	$ (28,216)	$ 6,281,601	1%	101%
Total Rev. over Exp. Fiscal Community Health	$ (973)	$ (12,290)	$ 11,316	$ 46,196		

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 Eleven Months Ending November 30, 2017
(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Bgt. to Act. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017	Comparison Prior Year: YTD Actual 2016	YTD BGT 2016	Variance 2016
Levies Sault Ste Marie	2,422,972	2,422,972	0	2,422,972	0%	100%	2,362,846	2,362,846	0
Levies Vector Borne Disease and Safe Water	59,433	59,433	0	59,433	0%	100%	59,433	59,433	0
Levies District	1,002,381	1,002,381	0	1,002,381	0%	100%	977,512	977,512	0
Total Levies	**3,484,786**	**3,484,786**	**0**	**3,484,786**	**0%**	**100%**	**3,399,791**	**3,399,791**	**0**
MOH Public Health Funding	6,536,660	6,536,658	2	7,130,900	0%	92%	6,564,627	6,536,658	27,969
MOH Funding Vector Borne Disease	99,639	99,642	(3)	108,700	0%	92%	99,639	99,642	(3)
MOH One Time Funding Dental Health	0	0	0	0		0%	0	0	0
MOH Funding Safe Water	63,800	63,800	0	69,600	0%	92%	63,800	63,800	0
Total Public Health 75% Prov. Funded	**6,700,099**	**6,700,100**	**(1)**	**7,309,200**	**0%**	**92%**	**6,728,066**	**6,700,100**	**27,966**
MOH One Needle Exchange	46,483	46,475	8	50,700	0%	92%	46,483	46,475	8
MOH Funding Haines Food Safety	22,550	22,550	0	24,600	0%	92%	22,550	22,550	0
MOH Funding CINOT/Healthy Smiles	705,740	705,742	(2)	769,900	0%	92%	677,768	705,742	(27,974)
MOH Funding - Social Determinants of Health	165,461	165,458	3	180,500	0%	92%	165,461	165,458	3
MOH Funding - MOH / AMOH Top Up	0	0	0	100,725	#DIV/0!	0%			
MOH Funding Chief Nursing Officer	111,383	111,375	8	121,500	0%	92%	111,383	111,375	8
MOH Enhanced Funding Safe Water	14,211	14,211	0	15,500	0%	92%	14,211	14,208	3
MOH Funding Unorganized	472,183	472,175	8	530,400	0%	89%	472,178	463,542	8,636
MOH Funding Infection Control	286,372	286,367	5	312,400	0%	92%	286,372	286,367	5
MOH Funding Diabetes	137,500	137,500	0	150,000	0%	92%			
MOH Funding Northern Ontario Fruits & Veg.	107,622	107,615	7	117,400	0%	92%			
Funding Ontario Tobacco Strategy	397,472	397,464	8	433,600	0%	92%	397,473	397,467	6
MOH Funding Harm Reduction	100,000	125,000	(25,000)	150,000	-20%	67%			
One Time Funding	0	0	0	5,000					
Total Public Health 100% Prov. Funded	**2,566,977**	**2,591,932**	**(24,955)**	**2,962,225**	**-1%**	**87%**	**2,193,879**	**2,213,183**	**(19,304)**
Funding for Prior Yr Expenses	**0**	**0**	**0**	**0**		**0%**	**194,800**	**0**	**194,800**
Recoveries from Programs	9,222	9,222	0	10,061	0%	92%	26,470	9,222	17,248
Program Fees	217,067	228,931	(11,865)	249,743	-5%	87%	210,177	226,548	(16,371)
Land Control Fees	139,203	146,667	(7,464)	160,000	-5%	87%	121,080	146,667	(25,587)
Program Fees Immunization	135,874	164,542	(28,668)	179,500	-17%	76%	177,712	146,667	31,046
HPV Vaccine Program	8,458	12,500	(4,043)	12,500	0%	68%	5,729	9,167	(3,438)
Influenza Program	1,570	36,100	(34,530)	40,000	-96%	4%	1,525	55,000	(53,475)
Meningococcal C Program	1,386	8,000	(6,615)	8,000	0%	17%	3,529	9,167	(5,638)
Interest Revenue	16,257	9,783	6,474	10,672	66%	152%	10,284	1,833	8,451
Other Revenues	4,777	0	4,777	0	0%	100%	86,533	151,250	(64,717)
Total Fees, Other Grants and Recoveries	**533,812**	**615,745**	**(81,933)**	**670,476**	**-13%**	**80%**	**643,040**	**755,520**	**(112,480)**
Total Public Health Revenue Annual	**$ 13,285,674**	**$ 13,392,562**	**$ (106,889)**	**$ 14,426,687**	**-1%**	**92%**	**$ 13,159,576**	**$ 13,068,595**	**$ 90,982**
Public Health Fiscal									
Panorama			0	74,100		0%	49,728	14,920	
Smoke Free Ontario NRT			0	30,000		0%	20,000	6,000	
Practicum			0	10,000		0%	6,672	2,000	
Other One Time Fiscal Funding				20,100			19,264	14,450	
Total Provincial Grants Fiscal	**$ -**	**$ -**	**$ -**	**$ 134,200**		**0%**	**$ 95,664**	**$ 37,370**	**$ -**

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 Eleven Months Ending November 30, 2017

(Unaudited)

	Actual YTD 2017	Budget YTD 2017	Variance Act. to Bgt. 2017	Annual Budget 2017	Variance % Act. to Bgt. 2017	YTD Actual/ YTD Budget 2017	*Comparison Prior Year:* YTD Actual 2016	YTD BGT 2016	Variance 2016
Salaries & Wages	7,127,199	7,921,544	$ 794,345	$ 8,652,095	-10%	82%	$ 7,272,652	$ 7,690,694	$ 418,042
Benefits	1,796,490	1,859,979	63,489	2,036,464	-3%	88%	1,701,434	1,918,508	217,074
Travel - Mileage	82,130	117,206	35,076	127,861	-30%	64%	105,640	135,005	29,365
Travel - Other	90,474	79,097	(11,377)	93,242	14%	97%	66,862	87,297	20,435
Program	508,047	661,941	153,894	750,528	-23%	68%	680,573	519,279	(161,294)
Office	104,676	123,937	19,262	135,250	-16%	77%	105,167	84,833	(20,334)
Computer Services	622,994	641,225	18,231	699,518	-3%	89%	570,213	821,249	251,036
Telecommunications	314,788	305,428	(9,360)	325,994	3%	97%	322,181	201,610	(120,571)
Program Promotion	119,052	156,564	37,512	170,797	-24%	70%	91,000	206,245	115,245
Facilities Expenses	659,730	733,654	73,924	800,350	-10%	82%	712,820	751,097	38,277
Fees & Insurance	311,417	229,838	(81,579)	242,096	35%	129%	322,583	366,105	43,522
Debt Management	422,490	422,492	1	460,900	0%	92%	387,256	418,000	30,744
Recoveries	(108,855)	(62,707)	46,148	(68,408)	74%	159%	(86,524)	(129,143)	(42,619)
	$ 12,050,632	$ 13,190,198	$ 1,139,566	$ 14,426,687	-9%	84%	$ 12,251,856	$ 13,070,778	$ 818,922

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 – November 2017

Reporting Period

The November 2017 financial reports include eleven months of financial results for Public Health and the following calendar programs; Healthy Babies & Children, Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting eight month result from operations year ended March 31st, 2018.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of November 30th, 2017, Public Health programs are reporting a $1.0M positive variance.

Total Public Health Revenues are indicating a negative $107k variance. This is primary a result of Fees, Other Grants & Recoveries being less than budgeted. Program Fees Immunization and Influenza Program are driving this negative variance. Land Control fees are less than anticipated. In addition, APH has yet to receive the full budgeted amount from the Ministry related to the Harm Reduction Program.

There is a positive variance of $1.1M related to Total Public Health expenses being less than budgeted.

The $895k positive variance associated with the Public Health 75% Provincially Funded Programs is primarily attributed to Salary & Wages expense being less than budgeted. The $794k positive variance associated with Salary and Wages expense is a result of the inherent time lag in filling positions within the agency. The 2017 Public Health Operating budget assumed collectively bargained wage increases for CUPE and ONA staff members from April 2017 through to the end of the calendar year. An accrual has been incorporated in the November Financial Statements to reflect the projected impact of wage increases.

In addition, the 2017 Public Health Operating Budget included the new positions of Associate Medical Officer of Health (AMOH) and Human Resource (HR) Manager for the full budget year. The HR Manager position was vacant until the end of March 2017 while the AMOH position was vacant until the end of August 2017. Also, the Environmental Health team has experienced staff turnover this year resulting in unfilled vacancies; a Clerical position has been reduced through attrition, and a Communications position which was built into the budget has yet to be filled.

Travel – Mileage, Program, Office, Program Promotion and Facilities expenses are also contributing to the positive variance.

The province funds 75% of the approved allocation to administer mandatory cost-shared programs. As contributing municipalities within the District of Algoma currently contribute more than 25%, the positive variance does not necessary reflect funds that will be returned to the province.

100% Provincially Funded Programs typically relate to specific Public Health initiatives and are prescriptive as to what is an eligible expense. The $245k positive variance associated with Public Health 100% Provincially Funded Programs is a result of funding related to the Harm Reduction program

received in September 2017. This funding is now reflected in the budget however it is expected a portion of the funds will be returned given the late time in the year in which the funds were received by APH. Furthermore, Smoke Free Ontario is contributing to the noted positive variance as a portion of the budget is allocated for legal fees associated with prosecution costs. If no prosecution costs are required, funding is returned. Healthy Smiles Programs is contributing to the noted positive variance as a result of inherent vacancies within the program.

Community Health Calendar programs are operating within budget.

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

Genetics Counseling is showing a negative $78k variance. APH management is utilizing deferred revenue associated with the program by increasing the program FTE compliment by 0.2; by Public Health increasing the charges associated with the Genetics program for general administration support to more accurately reflect actual usage; and by conducting an additional clinic with the goal of reducing wait times.

Public Health Revenue (see page 2 for details)

Public Health funding revenues are showing a negative $107k variance.

The municipal levies are within budget.

Provincial Grants are within budget.

Fees, Other Grants & Recoveries are showing a negative variance of $82k. This is a result of fees associated with Program Fees Immunization and the Influenza program being less than budgeted.

Land Control fees are less than anticipated.

Public Health Expenses (see page 3)

Salary & Wages

Salary & Wages expense is indicating a positive variance of $794k. The inherent time lag in filling positions within the agency is primarily contributing to the positive variance associated with the Salary & Wages expense. The 2017 Public Health Operating budget assumed collectively bargained wage increases for CUPE and ONA staff members from April 2017 through to the end of the calendar year. An accrual has been incorporated in the November 2017 Financial Statements to reflect the projected impact of wage increases. Furthermore, the 2017 Public Health Operating Budget included the new positions of Associate Medical Officer of Health (AMOH) and Human Resource (HR) Manager for the full budget year. In addition, the Environmental Health team has experienced staff turnover this year resulting in vacancies; a Clerical position has been reduced through attrition, and a Communications role which was built into the budget has yet to be filled.

Notes Continued...

Travel-Mileage
Travel – Mileage expense is indicating a positive variance of $35k. Management believes a positive variance will be realized at year-end. Management has adjusted the Travel-Mileage budget for 2018 to more accurately reflect actual Travel-Mileage expenses.

Travel-Other
Travel – Other expense is indicating a negative variance of $11k. Management has made a concentrated effort this year to travel to the District offices to ensure a consistent Program Manager presence to help with District programming.

Program
Program expense is indicating a positive variance of $154k. This is a result of Program Materials and Supplies expense being less than budget, specifically vaccine purchases. Management has adjusted the Program expense budget for 2018 to more accurately reflect actual Program expenses.

Office
Office expense is indicating a positive variance of $19k. This is a result of Public Health increasing the charges associated with Community Programs for office expense support to more accurately reflect actual usage. In addition, photocopying expenses are less than what was budgeted.

Program Promotion
Program Promotion expense is indicating a positive $38k variance. Staff professional development and Promotional expenses are below budget. Management has adjusted the Program Promotion budget for 2018 to more accurately reflect actual Program Promotion expenses.

Fees & Insurance
Fees & Insurance expense is showing a negative $74k variance. This is a result of higher than anticipated legal fees associated with various matters.

Recoveries
Recoveries are indicating a positive $46k variance. This is a result of Public Health increasing the charges associated with Genetics and Other Community programs for general administration support to more accurately reflect actual usage.

Financial Position - Balance Sheet (see page 8)

APH's cash flow position continues to be stable and the bank has been reconciled as of November 30th, 2017. Cash includes $325k in short-term investments. The amount in short-term investments will

Notes Continued...

increase to $525k in the December Financial Statements as a result of the Board of Health decision to contribute $200k into reserves in November 2017.

Long-term debt of $5.52 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $325k of the loan relates to the 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. Letters were issued by APH to four obligated municipalities regarding late levy payments. Three have since paid outstanding balances. APH is awaiting a response from one remaining municipality.

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of November 2017	**November 2017**	December 2016
Assets		
Current		
Cash & Investments	**$ 2,717,861**	$ 2,146,361
Accounts Receivable	**190,187**	509,998
Receivable from Municipalities	**100,869**	9,159
Receivable from Province of Ontario		
Subtotal Current Assets	**3,008,917**	2,665,518
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**898,931**	1,587,880
Payable to Gov't of Ont/Municipalities	**103,854**	321,402
Deferred Revenue	**509,074**	494,864
Employee Future Benefit Obligations	**2,550,458**	2,550,458
Term Loan	**5,903,861**	5,903,861
Subtotal Current Liabilities	**9,966,179**	10,858,466
Net Debt	**-6,957,263**	-8,192,947
Non-Financial Assets:		
Building	**22,732,421**	22,732,421
Furniture & Fixtures	**1,914,772**	1,914,772
Leasehold Improvements	**1,572,807**	1,572,807
IT	**3,244,030**	3,244,030
Automobile	**40,113**	40,113
Accumulated Depreciation	**-7,690,685**	-7,690,685
Subtotal Non-Financial Assets	**21,813,456**	21,813,456
Accumulated Surplus	**14,856,194**	13,620,509

Financial Controls Checklist

Board of Health:	Board of Health for the District of Algoma Health Unit	Period ended:	Dec. 31/17

Objective:

- The objective of the Financial Controls Checklist is to provide the Board of Health and the Public Health Unit with a tool for evaluating financial controls while also promoting effective and efficient business practices.

Responsibilities:

- This checklist is for the management of the public health unit to document that controls have been implemented. The controls listed in the checklist are not meant to be exhaustive. Management of the public health unit should outline other key controls in place for achieving the control objectives. One must note that no effective financial control is achieved by signing the checklist. The control is achieved through carrying out the key controls themselves.
- The following table outlines the responsibilities for completing and using this Financial Controls Checklist.

Description of Responsibilities	Board of Health	Management of the Public Health Unit
• Completion of Financial Controls Checklist		✓
• Review and assessment of the completed Financial Controls Checklist	✓	✓
• Ongoing design of financial controls		✓
• Ongoing preparation of policies related to financial controls		✓
• Ongoing testing of financial controls		✓
• Ongoing monitoring of financial controls testing results	✓	✓
• Approval of key financial controls and related policies	✓	✓
• Implementation of financial controls		✓

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the board of health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e. delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** –assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** –certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
1. Controls are in place to ensure that financial information is accurately and completely collected, recorded and reported.	**Please select (☒) any following controls that are relevant to your board of health:** ☒ Documented policies and procedures to provide a sense of the organization's direction and address its objectives. ☒ Define approval limits to authorize appropriate individuals to perform appropriate activities. ☒ Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording and paying for purchases). ☒ An authorized chart of accounts. ☒ All accounts reconciled on a regular and timely basis. ☒ Access to accounts is appropriately restricted. ☒ Regular comparison of budgeted versus actual dollar spending and variance analysis. ☒ Exception reports and the timeliness to clear transactions. ☒ Electronic system controls, such as access authorization, valid date range test, dollar value limits and batch totals, are in place to ensure data integrity. ☒ Use of a capital asset ledger. ☒ Delegate appropriate staff with authority to approve journal entries and credits. ☒ Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis. ☐ Other – (*Please specify*)	*List control deficiencies and their potential impact.* *What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?*

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.	**Please select (☒) any following controls that are relevant to your board of health:** ☐ Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances. ☒ Separate accounts receivable function from the cash receipts function. ☒ Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. ☒ Original source documents are maintained and secured to support all receipts and expenditures. ☐ Other – (*Please specify*)	*List control deficiencies and their potential impact.* *What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?*

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.	**Please select (☒) any following controls that are relevant to your board of health:** ☒ Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members. ☒ Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives. ☒ Segregation of duties is used to apply the three way matching process (i.e. matching 1) purchase orders, with 2) packing slips, and with 3) invoices). ☒ Separate roles for setting up a vendor, approving payment and receiving goods. ☒ Separate roles for approving purchases and approving payment for purchases. ☒ Processes in place to take advantage of offered discounts. ☒ Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits. ☒ Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. ☒ Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts. ☒ Original source documents are maintained and secured to support all receipts and expenditures. ☒ Regular monitoring to ensure compliance with applicable directives. ☒ Establish controls to prevent and detect duplicate payments. ☒ Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members. ☒ All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner. ☒ Separate payroll preparation, disbursement and distribution functions. ☐ Other – (*Please specify*)	*List control deficiencies and their potential impact.* *What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?*

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
4. Controls are place in the fund disbursement process to prevent and detect errors, omissions or fraud.	**Please select (☒) any following controls that are relevant to your board of health:** ☒ Policy in place to define dollar limit for paying cash versus cheque. ☐ Cheques are sequentially numbered and access is restricted to those with authorization to issue payments. ☒ All cancelled or void cheques are accounted for along with explanation for cancellation. ☒ Process is in place for accruing liabilities. ☒ Stale-dated cheques are followed up on and cleared on a timely basis. ☒ Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments. ☒ Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques. ☐ Other – (*Please specify*)	*List control deficiencies and their potential impact.* *What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?*

Prepared by : *CFO and Manager of Accounting* **Date:** *December 19/17*

Position Title

Approved by : **Date:**

Medical Officer of Health/
Chief Executive Officer

Received by the Board of Health at the board meeting held on: **Date:**

Community Accountability Planning Submission - LHIN Managed
HSP Name : Board Of Health For The District of Algoma Health Unit
Budget 2018-19
Select a TPBE
Return to Main Page

LHIN Program: Revenue & Expenses	2017/18 Budget	2018/19 Budget	Comments
Revenue			
LHIN Global Base Allocation	$3,567,135	$3,613,355	
HBAM Funding (CCAC only)	$0	$0	
Quality-Based Procedures (CCAC only)	$0	$0	
MOHLTC Base Allocation	$0	$0	
MOHLTC Other funding envelopes	$0	$0	
LHIN One Time	$0	$0	
MOHLTC One Time	$0	$0	
Paymaster Flow Through (Row 80)	$0	$0	
Service Recipient Revenue	$0	$0	
Subtotal Revenue LHIN/MOHLTC	$3,567,135	$3,613,355	
Recoveries from External/Internal Sources	$0	$0	
Donations	$0	$0	
Other Funding Sources & Other Revenue	$4,220	$0	
Subtotal Other Revenues	$4,220	$0	
TOTAL REVENUE FUND TYPE 2	$3,571,355	$3,613,355	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	$2,589,690	$2,570,127	
Benefit Contributions (Row 93+104)	$589,015	$638,514	
Employee Future Benefit Compensation	$0	$0	
Physician Compensation (Row 130)	$0	$0	
Physician Assistant Compensation (Row 131)	$0	$0	
Nurse Practitioner Compensation (Row 132)	$0	$0	
Physiotherapist Compensation (Row 133)	$0	$0	
Chiropractor Compensation (Row 134)	$0	$0	
All Other Medical Staff Compensation (Row 135)	$0	$0	
Sessional Fees	$19,440	$19,440	
Service Costs			
Med/Surgical Supplies & Drugs	$0	$0	
Supplies & Sundry Expenses	$221,858	$226,351	
Community One Time Expense	$0	$0	
Equipment Expenses	$5,000	$2,000	
Amortization on Major Equip, Software License & Fees	$0	$0	
Contracted Out Expense	$29,802	$40,373	
Buildings & Grounds Expenses	$116,550	$116,550	
Building Amortization	$0	$0	
TOTAL EXPENSES FUND TYPE 2	$3,571,355	$3,613,355	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	$0	$0	

Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Board of Health

From: Dr. Marlene Spruyt, MOH/CEO
Justin Pino, CFO

Date: January 24th, 2018

Re: 2018 Insurance Renewal

☐ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

Algoma Public Health (APH) is in the process of completing the agency's annual renewal of its insurance coverage. The terms of reference of APH's Finance & Audit Committee state that one of the duties of the Committee is to "review and ensure that all risk management is complete with respect to all insurance coverage for the board". As the first Finance & Audit Committee meeting of the board is not scheduled until February 14th and where the agencies insurance coverage is set to expire on February 14th, management decided to include the 2018 Insurance Renewal briefing note for the board to ensure no disruption in coverage. Policy Coverage will be reviewed by the Finance & Audit Committee at its scheduled February meeting. If the committee recommends any changes to coverage, the Board will be advised at the February board meeting. One item management is recommending to add to the insurance coverage is Cyber Insurance.

RECOMMENDED ACTION:

1) It is recommended that the Board of Health approve the renewal of the 2018 Insurance coverage for APH.

2) It is recommended that the Board of Health provides the authority to the Finance & Audit Committee to commit to any incremental changes with respect to insurance coverage. The Finance & Audit Committee would provide an update to the Board of Health of the changes at the February board meeting and highlight any costs associated with the changes.

BACKGROUND:

It is anticipated the 2018 Insurance Coverage will be similar to 2017 with regards to limits of insurance. One change that management is recommending is the addition of Cyber Insurance. There is a significant amount of computer fraud that takes place daily in society and will probably increase. As such there is exposure for APH.

Cyber insurance provides coverage for network and data breaches to APH's computer system. Specifically, cyber insurance covers the following:

- Loss involving personal or confidential data in electronic form stored on the Insured's own computer system
- Loss involving personal or confidential data that is stored on a third party controlled shared computer network

In order to obtain a quote for Cyber Insurance, Management had to provide the Insurer with a formal Disaster Recovery and Data Backup plan. Once the additional premium is known for this added level of coverage, it will be presented to the Finance and Audit Committee for their review and a recommendation will be made to the Board. The additional annual premium is unknown at this time. Obtaining Cyber Insurance is in line with the Board's Risk Management objectives. Management is in support of obtaining Cyber Insurance assuming the associated premium costs are acceptable.

FINANCIAL IMPLICATIONS:

The financial commitment to insure APH in 2017 was $95,000. It is anticipated that insurance costs will increase with the addition of Cyber Insurance in 2018. $95,000 was budgeted in APH's 2018 Operating Budget.

CONTACT:

J. Pino, Chief Financial Officer

FINANCE AND AUDIT COMMITTEE 2017 YEAR IN REVIEW

Completed by: Ian Frazier, CPA, CA
Chair, Finance and Audit Committee

The 2017 year was the third full year for this Committee. As the Board populated with new members, Dr. Avery was welcomed to the Committee. With the hiring of a permanent MOH/CEO and the continual improvement and dialogue with the CFO and his staff the role of the Committee changed this year. The Committee transitioned from being more hands-on to the traditional role of governance which is a very positive indicator of the confidence and stability in management and the financial reporting.

The Board of Health insurance was on the agenda three times throughout the year. The Committee reviewed the current level of insurance coverage, received a presentation from the current broker and later in the year it received a presentation from another broker who is interested in working with the Health Unit. This will be an action item for the Committee in 2018 to review the coverage and evaluate if there are any options or changes to be made.

The Committee reviewed and made sure the request to sole source one (1) significant contract renewal was within the Procurement Policy and made the recommendation to the Board to approve such request.

During the year the Committee met with APH external auditor, KPMG, to review the audit plan, scope of services, any control weaknesses identified (none were found), and reviewed the content of the 2016 audited financial statements. It was noted that continued improvements have been made over previous years.

The Committee continued to work with Management and adjustments were made to the monthly financial package and the annual operating budget package to the satisfaction of the Committee. The annual budget was reviewed and with only a 0.5% increase in municipal levies proposed to balance budget, the Committee made the recommendation to the Board to approve the 2018 Public Health Operating and Capital Budget.

Throughout the year the Committee reviewed the Procurement Policy, Reserve Fund Policy and the Land Control Fee Schedule. As the 2016 financial results were being approved by the Ministry, the Committee reviewed and made the recommendation to add $200,000 to the Health Unit's reserve fund.

A few possible actions items for the Committee next year could be:

- Request Management to provide list of outstanding contracts, have review completed for the 2017 year to ensure the procurement policy was followed for any significant (>$50,000) and/or sole sourcing contracts.
- Discuss if there are any other financial benchmarks/statistically analysis can be implemented to improve/monitor the ongoing financial results.

In conclusion, it was a very successful year for the Committee. The continued stability and support by Management has really helped the Committee move back into its governance role and provides a significant level of confidence in the financial reporting for the Health Unit.

Below is a brief summary of the Committee's Terms of Reference (TOR) – Roles and Responsibilities and Action Items the Committee completed to meet the TOR.

FINANCE AND AUDIT COMMITTEE 2017 YEAR IN REVIEW

Committee Roles/Responsibilities	Action Identified
Review and make recommendations to the Board regarding the annual Operating and Capital Plan	The Committee reviewed and recommended to the Board approval of the 2018 Operating Budget
Review and make recommendations to the Board regarding the annual audited financial statements	The Committee met with the KPMG managing partner and reviewed the 2016 annual audited financial statements
Review and make recommendations the annual audit plan, audit fees, and scope of audit services (engagement letter)	The Committee met with KPMG representatives and reviewed the annual audit plan, audit fees, and scope of services
Meet with external auditors to review the findings of the audit including but not limited to the auditor's Management Letter, any weaknesses in internal controls and the Executive Management's response to such letter	The Committee met with KPMG managing partner and reviewed the Management Letter and any control weaknesses (none were identified)
Review and report to the Board any changes in accounting policies or significant transactions which impact the financial statements in a significant manner as per the annual financial statements	Throughout the year any significant transactions identified were reported to the Board. No accounting policies were changed during 2017 that impacted the financial statements
Periodically review the need for an internal audit and if required make such recommendation to the Board	The Committee has not become aware of an instance to ask for an internal audit to be completed in 2017
Monitor the internal audit process, ensure all items from the internal auditor's reports are resolved and assess the internal audit performance	N/A since no internal audit was required or completed in 2017
Monitor the effectiveness of internal controls to ensure compliance with Board policies and standard accounting principles	This year the Committee reviewed requests for sole sourcing of services and purchases greater than $50,000. All were following policy and procedures. The Committee reviewed and made recommendations to Management to adjust the financial statement and budget template
Review and ensure that all risk management is complete with respect to all insurance coverage for the Board	The Committee had a presentation by APH's current insurance broker and completed a review of coverages. Coverages were ample. The Committee also reviewed Management's identified risks to ensure residual risk levels were acceptable

Committee Roles/Responsibilities	Action Identified
Review and make recommendation to the Board concerning any material asset acquisitions	The Committee reviewed and recommended the sole sourcing of the GIS Information Services
Review and make recommendations to the Board regarding long-term financial goals and long-term revenue and expense projections	The Committee reviewed and recommended adding additional monies to the reserve fund
Review and make recommendations to the Board regarding financial, investing, and banking transactions, providers and signing officers	The Committee reviewed and recommended adding additional monies to the reserve fund
Review other projects or developments as directed by the Board	No additional projects were assigned to the Committee during the year
Complete tasks as stated on the Board's Annual Activity Plan	The Committee has completed such tasks as per the Plan

Algoma Public Health Unit

Annual Governance Committee Report

January 2018

Governance Committee Meetings were held:

- March 1, 2017
- April 12, 2017
- June 15, 2017
- September 13, 2017
- October 30, 2017

The Governance Committee Membership consisted of the following:

Chair - Deborah Graystone

Board Members: Lee Mason
Ian Frazier
Dr. Heather O'Brien

APH Staff: Dr. Marlene Spruyt
Jennifer Loo

Significant progress was made this year in the development of a dashboard reflecting data to assist the board in understanding the activity of the Algoma Public Health Unit and facilitate a more informed decision making process. This dashboard is currently being refined with time, welcoming board and committee input to ensure an accurate and relevant reflection of the operations. The dashboard will include a reflection of Health Protection Indicators and Health Promotion Indicators. The intention is to include this dashboard with Board Meeting Materials.

The Committee reviewed numerous policies. In addition, policies for the "Code of Conduct" and "Conflict of Interest" specific to board members were sent for legal review and will return to the board for final approval. Policy # 02-05-055 - Board of Health Self-Evaluation Policy was amended and approved by the Board. Policy # 02-05-075 - Performance Evaluation for MOH/CEO is currently being reviewed and amended.

Outstanding Policy review required for this coming year:

- 02-05-000 - Board of Directors
- 02-05-005 - Report to the Board
- 02-05-010 - Board Minutes - Posting/Circulation (currently being worked on)
- 02-05-020 - Board of Health Travel Policy
- 02-05-025 - Board Member Remuneration

- 02-05-035 - Continuing Education for Board Members
- 02-05-040 - Retirement - Board Recognition
- 02-05-045 - Attendance at Meetings Using Electronic Mean
- 02-05-050 - Retirement - Benefits for Employees
- 02-05-060 - Meetings and Access to Information (currently being worked on)
- 02-05-065 - Algoma Board of Health Reserve Fund
- 02-05-070 - In-Committee Material-Posting/Circulating/Retention (currently being worked on)

A formal process was developed for the Elections of Board Officials and Committee Appointments.

A template was developed identifying Board Membership along with appointment type and terms. This will help facilitate succession planning and maintain a skills-based board.

All By-Laws were reviewed, amended as required and approved by the board as follows;

- By-Law 95-1 - To Regulate the Proceeding of the Board
- By-Law 95-3 - To Provide for the Duties of the Auditor of the Board
- By-Law 06-01 - Construction, Demolitions and Change of the Use of Permits and Inspections
- By-Law 06-02 - To Appoint a CBO and Inspectors and to Establish a Code of Conduct for the CBO and Inspectors.
- By-Law 95-2 - To Provide for Banking and Finance
- By-Law 2015-01 - To Provide for the Management of Property

A New Board Member Orientation Checklist is currently being reviewed and amended by the Governance Committee and will be brought to the Board once finalized.

The Annual Board Activity Plan is being reviewed with potential amendments regarding the sharing of draft financial statements during off months.

Completed by:

Deborah Graystone
Chair - Governance Committee

Minister of Justice
and Attorney General of Canada

Ministre de la Justice
et procureur général du Canada

The Honourable / L'honorable Jody Wilson-Raybould, P.C., Q.C., M.P. / c.p., c.r., députée
Ottawa, Canada K1A 0H8

DEC 0 8 2017

Mr. Lee Mason
Board of Health Chair
Algoma Public Health
294 Willow Avenue
Sault Ste. Marie ON P6B 0A9

Dear Mr. Mason:

The Office of the Prime Minister has forwarded to me a copy of your correspondence and enclosed resolution, sent on behalf of Algoma Public Health, concerning cannabis. I regret the delay in responding.

Pleased be assured that your correspondence has been shared with the appropriate departmental officials.

The Government of Canada has committed to introducing comprehensive legislation to legalize, strictly regulate, and restrict access to cannabis and to create new laws to severely punish those who drive under its influence. To this end, on April 13, 2017, we introduced in the House of Commons Bills C-45, the *Cannabis Act*, and C-46, *An Act to amend the Criminal Code (offences relating to conveyances) and to make consequential amendments to other Acts*.

Bill C-45 would create a strict legal framework for controlling the production, distribution, sale, and possession of cannabis across Canada. It aims to restrict youth access to cannabis, protect public health through strict product safety and quality requirements, reduce the burden on the criminal justice system, and provide for the legal production of cannabis to reduce illegal activities. In addition, this bill would impose serious criminal penalties for those breaking the law, such as by importing cannabis, exporting cannabis, or providing cannabis to youth.

Under this proposed legislation, the federal, provincial, and territorial governments would be able to establish certain requirements relating to cannabis within their respective jurisdictions. The federal government would be responsible for establishing and maintaining a comprehensive and consistent national framework for regulating

production, setting standards for health and safety, and establishing criminal prohibitions. The provinces and territories would be responsible for licensing and overseeing the distribution and sale of cannabis, subject to certain minimum federal conditions. In addition, provinces and territories could set additional regulatory requirements to address issues of local concern, establish zoning rules for cannabis-based businesses, or restrict where cannabis can be consumed. Municipalities and Indigenous governments will also have important roles to play.

As you may know, the Government of Canada proposes to restrict access to cannabis solely to adults 18 years of age and older. In doing so, we aim to strike a balance between the known health risks of cannabis and the reality that Canadian youth and young adults use cannabis at some of the highest rates in the world. I would like to point out that the provinces and territories would be able to set a higher minimum age for consumption as they deem appropriate. One such example would be if a province or territory wanted its minimum age for cannabis consumption to be the same as for alcohol consumption within its jurisdiction.

It is important to note that, currently, the existing laws concerning cannabis continue to apply. Our government believes that decriminalizing cannabis in advance of legislation that provides for the production and sale of regulated, quality-controlled cannabis would only further entrench the existing illegal cannabis market. If Bill C-45 is approved by Parliament, its provisions could come into force with a target date of no later than July 2018. More information about the legalization and strict regulation of cannabis can be found at **www.canada.ca/en/services/health/campaigns/legalizing-strictly-regulating-cannabis-facts.html**.

Our government is also strengthening laws around alcohol- and drug-impaired driving. Under Bill C-46, police officers would be authorized for the first time to use oral fluid screening devices to better detect drug-impaired drivers, and new driving offences of being over a prohibited legal drug limit would be created. This legislation proposes other changes to make the law simpler, more coherent, and easier to enforce. For example, it would authorize the police to demand a preliminary breath sample from any driver who is pulled over in a legal traffic stop. The Bill would also make it easier to prove a driver is over the legal alcohol limit, eliminate some defences that reward risky behaviour on the road, and increase some maximum sentences.

In addition, the Government has committed to a comprehensive awareness campaign to inform Canadians about the dangers of driving under the influence of cannabis and other drugs, and will work with the provinces and territories, municipalities, and local communities to train and equip law enforcement officers with the tools they need to do their jobs. Further details about this bill are available at **www.canada.ca/en/health-canada/news/2017/04/backgrounder_changestoimpaireddrivinglaws.html**.

These proposed reforms were informed by the work of the Task Force on Cannabis Legalization and Regulation, which provided expert advice on how the legalization process should take place. In addition, our government sought input from Canadians through a public consultation on the key areas of inquiry for the Task Force, including

through a public consultation on the key areas of inquiry for the Task Force, including ensuring effective prevention and harm reduction, ensuring safe and responsible production, and enforcing public safety.

Our objectives in legalizing, strictly regulating, and restricting access to cannabis are to ensure that cannabis is kept out of the hands of children, that criminal activity is reduced, and that our roads and highways are safe. The protection of Canadians is a key priority for us as we work on this issue.

As you may be aware, matters related to public health policy fall within the purview of the Minister of Health, to whose office I note you have sent a copy of your correspondence.

I appreciate having had your comments brought to my attention.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., Q.C., M.P.
Minister of Justice and Attorney General of Canada

c.c.: The Honourable Ginette Petitpas Taylor, P.C., M.P.
Minister of Health

8 Trunk Road
P.O. Box 70
Spanish, Ontario
P0P 2A0

THE CORPORATION OF THE TOWN OF
SPANISH

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December 11, 2017

Hon. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, 80 Grosvenor Street
TORONTO, ON
M7A 2C4

Dear Minister Hoskins,

Enclosed please find copy of Resolution #17-12-12 passed by The Council of the Corporation of the Town of Spanish at their regular meeting of December 6, 2017. The Council of the Corporation of the Town of Spanish supports AMO's response to the Expert Panel on Public Health, dated October 12, 2017. Council does not support the recommendations of the Expert Panel on Public Health and feels that such changes will be detrimental to small municipalities in the Province. The proposed larger geographic areas will create further challenges in the North given smaller, spread out populations.

The current system of services has been effective in developing and enhancing engagement and partnerships in addressing public health issues locally. We have an active relationship with Algoma Public Health and have focused on a number of public health issues including Alcohol Policy, Smoke-Free Policies, Emergency Planning and Safe Drinking Water.

We trust that you will take AMO's response into consideration prior to adopting the recommendations being put forward by the Expert Panel.

Thank you.

Sincerely yours,

P Lortie

Pam Lortie
CAO/Clerk-Treasurer

/pl

Enc.

cc: Association of Municipalities of Ontario
Algoma Public Health

The Corporation of the Township of
La Corporation du Canton de
Dubreuilville

Prenez le temps de vivre *Experience the Freedom*

December 1, 2017

Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, Ontario P6B 0A9

RE: Algoma Public Health's Response to Minister's Expert Panel

At its regular meeting of November 22, 2017 our Municipal Council passed the following resolution:

17-367 Moved by: Councillor Nantel
Seconded by: Councillor Perth

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby supports the attached letter dated October 30, 2017 from the Algoma Public Health with regards their comments on the Report of the Minister's Expert Panel on Public Health.

Carried

Sincerely,

Brigitte Tremblay
Office Clerk

Enclosure Resolution No. 17-367

23 rue des Pins • C.P. / P.O. Box 367, Dubreuilville, Ontario, Canada P0S 1B0
☎ (705) 884-2340 (705) 884-2626 township@dubreuilville.ca www.dubreuilville.ca utm 16u681716 5358011

COUNCIL RESOLUTION

The Corporation of the Township of
La Corporation du Canton de
Dubreuilville
Prenez le temps de vivre Experience the Freedom

Moved By: Beverly **DATE:** November 22, 2017

Seconded By: Hélène **Resolution No.** 17-361

Whereas that the Council of the Corporation of the Township of Dubreuilville supports the attached letter dated October 30, 2017 from the Algoma Public Health with regards to their comments on the Report of the Minister's Expert Panel on Public Health.

✓

Carried **Defeated** **Deferred**

RECORDED VOTE:	**YES**	**NO**
Councillor Beverly Nantel	___	___
Councillor Hélène Perth	___	___
Councillor Martin Bergeron	___	___
Councillor Léandre Moore	___	___
Mayor Alain Lacroix	___	___

Declaration of Pecuniary Interest and General Nature Thereof:

Sudbury & District
Health Unit
Service de santé publique

Make it a Healthy Day!

Visez Santé dès aujourd'hui!

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
☎ :705.522.9200
🖷 : 705.522.5182

Rainbow Centre
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Unit / Unité 130
Sudbury ON P3C 5N3
☎ : 705.522.9200
🖷 : 705.677.9611

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
☎ : 705.860.9200
🖷 : 705.864.0820

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

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
☎ : 705.370.9200
🖷 : 705.377.5580

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
☎ : 705.222.9201
🖷 : 705.867.0474

Toll-free / Sans frais
1.866.522.9200

www.sdhu.com

December 5, 2017

VIA EMAIL

The Honorable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Email: premier@ontario.ca

Dear Premier Wynne:

Re: Food Insecurity/Nutritious Food Basket Costing

I am very pleased to write to you on behalf of the Board of Health for the Sudbury & District Health Unit to share our sincere appreciation for two recent provincial policy decisions in support of food security, a serious public health concern. The basic income pilot, which includes a commitment to work with First Nations communities, and the commitment to increase the minimum wage rate are two key policy initiatives that are expected to significantly support food security for Ontarians.

The Board of Health for the Sudbury & District Health Unit has a keen interest in food security. We recently reviewed our 2017 data from the annual Nutritious Food Basket Survey and concurred that to further support food security, additional income policies and standardized approaches to monitoring food costs are needed at both the provincial and federal levels.

At its meeting on November 23, 2017, the Sudbury & District Board of Health carried the following resolution #48-17:

> ***WHEREAS the Sudbury & District Board of Health has monitored the cost of healthy eating on an annual basis in accordance with the Nutritious Food Basket Protocol and the Population Health Assessment and Surveillance Protocol per the Ontario Public Health Standards 2008; and***
>
> ***WHEREAS the draft Standards for Public Health Programs and Services, 2017 do not include the Nutritious Food Basket Protocol which is a concern because food costing data gathered by public health units each year is important for policy and program development; and***
>
> ***WHEREAS the Canadian Community Health Survey's Household Food Security Survey Module (HFSSM) is a measure of food security but is not always a mandatory core module; and***

WHEREAS regular and consistent monitoring of household food insecurity is essential for evidence-informed policy decision making;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health request that social assistance rates be increased immediately to reflect the cost of the Nutritious Food Basket and local housing costs; and

THAT the Sudbury & District Board of Health advocate to the Province to ensure continued consistent local surveillance and monitoring of food costing by public health units through the continuation of a Nutritious Food Basket Protocol and Guidance document; and

THAT the Sudbury & District Board of Health advocate to Statistics Canada for the HFSSM to become a core module of the Canadian Community Health Survey; and

FURTHER THAT the Sudbury & District Board of Health share this motion and supporting materials with community agencies, boards, municipalities, elected representatives and others as appropriate throughout the SDHU catchment area.

Thank you for your attention to the important public health matters raised in this motion.

Sincerely,

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

Encl.

cc: The Honorable Navdeep Bains, Minister of Innovation, Science and Economic Development
Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Dr. David Williams, Chief Medical Officer of Health
Mr. Marc Serré, MP, Nickel Belt
Mr. Paul Lefebvre, MP, Sudbury
Ms. Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer
All Ontario Boards of Health
Constituent Municipalities within the SDHU catchment area
First Nations within the SDHU catchment area

2017 NUTRITIOUS FOOD BASKET SCENARIOS

	Households with children				Single person households		
	Scenario **1**	Scenario **2**	Scenario **3**	Scenario **4**	Scenario **5**	Scenario **6**	Scenario **7**
Scenarios[a]	 Ontario Works	 Minimum Wage Earner	 Median Ontario Income	 Ontario Works	 Ontario Works	 ODSP*	 Senior OAS / GIS**
	Income						
Total Monthly Income (after tax)	$2,568	$3,287	$7,896	$2,353	$806	$1,238	$1,675
	Expenses						
	3 Bedroom			**2** Bedroom	Bachelor	**1** Bedroom	
Monthly Rent (may include heat/hydro)[b]	$1,111	$1,111	$1,111	$990	$600	$776	$776
Food[c]	$884	$884	$884	$668	$297	$297	$216
	Funds remaining for other basic needs						
	$573	**$1,292**	**$5,901**	**$695**	**($91)**	**$165**	**$683**
% of Income Required for Rent	43%	34%	14%	42%	74%	63%	46%
% of Income Required to Purchase Healthy Food	34%	27%	11%	28%	37%	24%	13%

a - As applicable, all scenarios are based on the following:
1 male adult, 1 female adult, 1 girl, 1 boy, 1 female older adult.

b - Rental costs calculations are from the Rental Market Report: Ontario Highlights. Canada Mortgage and Housing Corporation, Fall 2017.

https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?lang=en&cat=102&itm=1&fr=1472132413287

c - Reference: Nutritious Food Basket Data Results 2017 for the Sudbury & District Health Unit – Includes Household Size Adjustment Factors.

For more information, please call 705.522.9200, ext. 257.

* Ontario Disability Support Program
** Old Age Security / Guaranteed Income Supplement

Ce document est disponible en français.

Sudbury & District Health Unit
Service de santé publique

SCÉNARIOS DU PANIER À PROVISIONS NUTRITIF - **2017**

	Ménages avec enfants				Ménages composés d'une seule personne		
	Scénario **1**	Scénario **2**	Scénario **3**	Scénario **4**	Scénario **5**	Scénario **6**	Scénario **7**
Scénarios[a]	 Ontario au travail	 Salaire minimum	 Revenu ontarien médian	 Ontario au travail	 Ontario au travail	 POSPH*	 Personne âgée SV/SRG**
	Revenu						
Revenu mensuel total (après impôt)	2 568 $	3 287 $	7 896 $	2 353 $	806 $	1 238 $	1 675 $
	Dépenses						
	3 chambres			**2** chambres	Studio	**1** chambre	
Loyer mensuel (peut inclure le chauffage et l'électricité)[b]	1 111 $	1 111 $	1 111 $	990 $	600 $	776 $	776 $
Nourriture[c]	884 $	884 $	884 $	668 $	297 $	297 $	216 $
	Argent qui reste pour d'autres besoins essentiels						
	573 $	**1 292 $**	**5 901 $**	**695 $**	**(91 $)**	**165 $**	**683 $**
% du revenu requis pour le loyer	43 %	34 %	14 %	42 %	74 %	63 %	46 %
% de revenu requis pour acheter des aliments sains	34 %	27 %	11 %	28 %	37 %	24 %	13 %

a - Le cas échéant, les scénarios sont basés sur les éléments suivants : 1 homme, 1 femme, 1 fille, 1 garçon, 1 femme âgée.

b - Les calculs des frais de loyer proviennent du Rapport sur le marché locatif : Faits saillants – Ontario. Société canadienne d'hypothèques et de logement, l'automne 2017.

https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?lang=en&cat=102&itm=1&fr=1472132413287

c - Référence : Données du panier à provisions nutritif – Résultats 2017 du Service de santé publique de Sudbury et du district – Comprend les facteurs d'ajustement en fonction de la taille des ménages.

Pour avoir plus de détails, appelez le 705.522.9200, poste 257.

* Programme ontarien de soutien aux personnes handicapées

** Pension de la Sécurité de la vieillesse / Supplément de revenu garanti

This document is available in English.Traduit par un traducteur agréé.

Sudbury & District Health Unit
Service de santé publique

January 5, 2018

Hon. Helena Jaczek
Minister of Community and Social Services
6th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 1E9

Dear Minister Jaczek,

On behalf of the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA), we are writing to provide feedback on the recently released "Income Security: A Roadmap for Change" report.

Our associations, representing the public health sector, are member-based and not-for-profit. OPHA represents the public health workforce and is comprised of a diverse membership of 10 public health and community health associations and individuals from the public health, health care, academic, voluntary and private sector. alPHa provides leadership to the boards of health and public health units in Ontario. Membership is open to the 36 public health units in Ontario. alPHa works closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

Together, our associations have established a joint Work Group on Health Equity. The Work Group focuses on advocating for policies at all levels that reduce inequities in health and on promoting activities that address the social and economic determinants of health within the mandate of public health units in Ontario. The interest of our members in seeing improvements made to the provincial social security system arises from our understanding of current research linking lower incomes with poorer health status and outcomes. This link is also well outlined in the Roadmap Report. Our Health Equity Work Group reviewed the Report and prepared this response.

Previously, one or both of our associations have made submissions on related issues such as Basic Income (in 2015), the Ontario Poverty Reduction Strategy (in 2013 and 2008), the minimum wage (in 2013), and the 2012 report from the Commission for the Review of Social Assistance in Ontario. In 2017, alPHa and OPHA passed Resolutions on the Public Health sector's Response to the Truth and Reconciliation Commission Calls to Action.

First, we want to commend your government for commissioning this broad review of the Ontario income security system. The three working groups represented a wide range of perspectives layering expertise with lived experience and Indigenous representation to focus on low income and income security issues.

The Roadmap promotes taking a fundamentally different approach, putting people – and their needs and rights – at the centre of the income security system. We believe the major directions and recommendations of this report are insightful and far-reaching. If implemented, we believe that the proposed changes would have a significant impact on income and health.

We are particularly supportive of the following areas:

- Adoption of the six guiding principles as a basis for change is a crucial step needed to move away from the current 'punitive' system. The six guiding principles: adequacy, human rights, reconciliation, access to services, economic and social inclusion, and equity and fairness follow from the recommended new vision for Ontario's income security system, in which:

  "All individuals are treated with respect and dignity and are inspired and equipped to reach their full potential. People have equitable access to a comprehensive and accountable system of income and in-kind support that provides an adequate level of financial assistance and promotes economic and social inclusion, with particular attention to the needs and experience of Indigenous peoples" (p.69).

- Making a commitment to moving towards income adequacy
  - Establishing an adequate Minimum Income Standard that sets a goal for income assistance programs as per the recommendations made in the Report about first using the Low Income Measure (LIM) - with 30% more for people with disabilities - and eventually moving towards developing a transparent Ontario Market Basket Measure.

- Providing immediate help to those in deepest poverty and continuing to raise income assistance rates to meet the goal of the Minimum Income Standard
  - It is imperative to move on making regular and sustained increases in income support levels - the steps as outlined in the Report provide a solid plan to follow to progress toward income adequacy. We strongly urge the government to provide immediate increases in assistance levels to those in greatest need.

- Improving the broader income security system
  - Ensuring that all low-income adults receive Pharmacare, dental, vision, hearing, and medical transportation benefits, phased in over the next ten years starting with prescription drug coverage for all low-income adults.
  - Creating a portable housing benefit is critically needed now in Ontario.

- Transforming the social assistance system, including a First Nations-based approach
  - Transforming social assistance including legislative reform and establishing a culture of collaboration and problem solving, trauma-informed, equity-informed and anti-racist practices.

    - Taking an ‘assured income’ approach for disability, that is, establishing a basic income for those with a disability.
    - Creating a flat rate structure in Ontario Works and modernizing Ontario Works income and asset rules

- Respecting First Nations jurisdiction and ensuring adequate funding
    - It is reassuring to see a substantial focus on Indigenous populations as having considerable need and a very unique context, including the recommendation for self governance of social assistance.

- In order to increase accountability, we support the Roadmap’s recommendation to ensure government reporting take place, with follow-up by a third party, concerning the changes that are planned. A performance measurement framework should be put in place on both an individual and system level to assess how these policy changes are affecting our communities and health.

We would like to see reform of the income security system go further than proposed in the Report in certain areas, as follows:

- In terms of Recommendation #5 about making essential health benefits available to all low-income people starting with those in the deepest poverty, we believe dental coverage should be extended to low income Ontarians beyond the age of 65 as many low income seniors do not have insurance coverage.
- We also recommend that access to mental health counselling services be extended to all low income individuals.
- In addition to the portable housing benefit recommended in the Report, which we strongly support, we believe the provincial government needs to take more measures to increase the supply of affordable, livable housing. As part of this, we urge the government to explore provincial participation in the recently announced National Housing Strategy.
- We believe a basic income approach should be taken to Ontario Works and the entire low income population - working or not.

In summary, we are very supportive of the recommendations and general direction of the Roadmap, and hope that it receives positive and swift action by your government. The Report sets out a progressive, phased ten-year plan for how change should happen, and the investments that government should make in the first three years. As a first priority, we emphasize the need for your government to act immediately to increase social security rates. This government must take action now to make life better for low-income people in Ontario.

We understand the Ministry will release its own report taking into consideration the strategies presented in this document. With this in mind, please accept our appreciation for the opportunity to share our thoughts with you.

We would value an opportunity to engage further with the government on this issue. Should you wish to discuss our feedback in greater detail, please contact Pegeen Walsh, Executive Director, OPHA at pwalsh@opha.on.ca or Loretta Ryan, Executive Director, alPHa at loretta@alphaweb.org.

Sincerely,

President
Association of Local Public Health Agencies

President
Ontario Public Health Association

cc:

Hon. Kathleen Wynne, Premier of Ontario
Hon. Charles Sousa, Minister of Finance
Hon. Peter Milczyn, Minister of Housing and Minister Responsible for the Poverty Reduction Strategy

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 23, 2017

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

Dear Minister Hoskins:

Re: Smoke-Free Ontario Strategy Modernization

At its meeting held on November 8, 2017, the Board of Health for Peterborough Public Health considered correspondence from the Simcoe Muskoka District Health Unit regarding the "Smoke-Free Ontario Modernization Report" of the Executive Steering Committee.

The Board of Health for Peterborough Public Health is very encouraged by the comprehensive and progressive nature of the Executive Steering Committee's October 10th report and recommendations to modernize the Smoke-Free Ontario Strategy and reduce commercial tobacco use in Ontario. The enhanced focus on the tobacco industry strikes at the root cause of the epidemic of tobacco-related illness in Ontario. Ontario's modernized strategy must move beyond incrementally increasing restrictive measures to changing how the tobacco industry operates in Ontario.

Substantial tax increases and efforts to reduce availability and supply of tobacco products are the strong measures needed to prevent tobacco use and motivate and support quit attempts. Additional policies to prevent youth from initiating tobacco use such as raising the minimum age required to purchase tobacco to 21 years old and investing in sustained mass media campaigns will be critical to achieving targets in tobacco control.

Prevention strategies alone will not achieve a substantially reduced smoking prevalence in Ontario. Ontarians addicted to tobacco products must receive evidence-based cessation help. Certainly, there is substantial evidence to support strengthening the tobacco cessation system so that there is equitable access to cessation resources for all Ontarians who use tobacco products. In addition, new approaches are needed to specifically target populations with the highest smoking rates. The Board of Health also supports engagement with Indigenous peoples to further develop and implement Indigenous specific strategies.

The recommendations proposed by the Executive Steering Committee are the range of strategies that are critical to meeting Ontario's goal of the lowest rates of tobacco use in Canada and the tobacco endgame target of less than 5% of the population using tobacco products by 2035. Let's work together to implement

these strategies to eliminate the 13,000 preventable deaths from tobacco use annually and achieve the end goal of tobacco-free living.

Sincerely,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

simcoe muskoka
DISTRICT HEALTH UNIT

October 25, 2017

Dr. Eric Hoskins
Minister – Minister's office
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto, ON M7A 2C4

Dear Minister Hoskins,

On March 15, 2017, the Board of Health for the Simcoe Muskoka District Health Unit passed a motion to write to the federal government in supporting the approaches identified at the 2016 summit, A Tobacco Endgame for Canada and its target of reducing tobacco use to less than five per cent by 2035. Accordingly, we communicated with the Ministry of Health and Long-Term care in recommending that modernization of the Smoke-Free Ontario Strategy include the recommendations identified in the tobacco endgame. In supporting these recommendations, the Province and its partners can successfully address and minimize the preventable death and disease caused by tobacco product use and reduce the unmaintainable drain it places on our health care system.

The Board of Health is therefore pleased to review the recently released "Smoke-Free Ontario Modernization" Report of the Executive Steering Committee. In particular, the Board of Health is encouraged by the report's evidence-based recommendations, supports and strategies which identify actionable and achievable outcomes for future action that are in keeping with the resolutions by the Association of Local Public Health Agencies that identified the need for intensified and targeted tobacco controls to protect and promote the health of Ontario residents. Further, the Board of Health commends the Executive Steering Committee in recognizing that Ontario is closer to ending the tobacco epidemic despite on-going efforts by the tobacco industry who demonstrate a profound, self-serving disinterest in its customers' health and a calculating, sophisticated determination to resist any regulation. Thus, The Board of Health recommends that the province proceed with developing a renewed Smoke-Free Ontario strategy committing to the endgame target with a smoking prevalence of less than 5% by 2035, by employing the bold strategies recommended in the Smoke Free Ontario Modernization report.

Ontario's success in alleviating this tobacco epidemic requires strong leadership and action by your Ministry to strengthen and create legislation and supports that will diminish addiction to products that are the single greatest threat to the health of Ontarians. We look forward to working with the province as it updates the Smoke-Free Ontario strategy.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock,
Chair, Board of Health

c. Simcoe Muskoka Municipal Councils
Ontario Boards of Health
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network
Association of Local Public Health Agencies