Algoma
PUBLIC HEALTH
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April 24, 2019

BOARD OF HEALTH MEETING

SSM Community Room A

www.algomapublichealth.com

Apr 24, 2019 - Board of Health Meeting Book

Algoma Public Health Board of Health Meeting Table of Contents

Board of Health Meeting
AGENDA
April 24, 2019 at 5:00 pm
Sault Ste. Marie - Community Room A

BOARD MEMBERS
Lee Mason - Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Dr. Patricia Avery
Louise Caicco Tett
Randi Condie
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould
Sergio Saccucci
Matthew Scott

APH EXECUTIVE
Dr. Marlene Spruyt - MOH/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

1.0 Meeting Called to Order *L. Mason*

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda *L. Mason*

RESOLUTION

THAT the Board of Health agenda dated April 24, 2019 be approved as presented.

3.0 Adoption of Minutes of Previous Meeting *L. Mason*

RESOLUTION

THAT the Board of Health minutes dated March 27, 2019 be approved as presented.

4.0 Delegations / Presentations

a. Diseases of Public Health Significance *J. Bouma*

5.0 Business Arising from Minutes *L. Mason*

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports *M. Spruyt*

i. MOH Report - April 2019

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for April 2019 be adopted as presented.

b. Finance and Audit Committee Report

i. Committee Chair Report for April 2019 *E. Pearce*

ii. Draft Audited Financial Statements for the period ending December 31, 2018 *J.Pino*

iii. Draft Financial Statements for the period ending February 28, 2019 *J. Pino*

RESOLUTION

THAT the Finance and Audit Committee Chair report for the month of
April 2019 be accepted as presented; and
THAT the Draft Audited Financial Statements for the period ending December 31, 2018; and
THAT the Financial Statements for the Period Ending February 28, 2019 be approved as presented.

iv. Briefing Note related to IT Services E. Pearce

RESOLUTION

THAT the Board of Health has reviewed and accepted the recommendation of the Finance and Audit Committee for approval of option 3 of the IT Services Briefing Note.

v. 02-05-065 Algoma Board of Health Reserve Fund *E. Pearce*

RESOLUTION

THAT the Board of Health has reviewed and accepted the recommendation of the Finance and Audit Committee to approve Policy 02-05-065 Algoma Board of Health Reserve Fund as presented.

7.0 New Business/General Business *L. Mason*

8.0 Correspondence *L. Mason*

a. Letter to the Ministry of Children, Community and Social Services from Peterborough Public Health regarding funding for the Healthy Babies, Healthy Children Program dated April 3, 2019.

b. Letter to the Premier of Ontario from Perth District Health Unit regarding Strengthening SFOA, 2017 dated April 2, 2019.

c. Letter to APH from Members of Municipal Council for the Municipality of Wawa extending congratulations on the 50th Anniversary of Algoma Public Health.

d. Letter to the Minister of Health and Long-Term Care from Southwestern Public Health regarding funding for the Child Visual Health and Vision Screening protocol dated April 3, 2019.

e. Letter to the Minister of Health and Long-Term Care from Algoma Family Services regarding the Regional Level III Residential Withdrawal Management Services Facility dated April 5, 2019.

9.0 Items for Information *L. Mason*

a. June 2019 alPHa Annual Conference - Minding Public Health

b. alPHa Resolutions for consideration Due April 26

c. alPHa communication regarding the 2019 Ontario Budget, Protecting what Matters Most

d. alPHa News Release - Ontario Budget 2019 - Reducing Investments in Public Health

e. Post 2018 Municipal Election Flyer

10.0 Addendum *L. Mason*

11.0 In Camera *L. Mason*

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

RESOLUTION

THAT the Board of Health go in camera.

12.0 Open Meeting *L. Mason*

a. Resolutions resulting from the in camera meeting.

13.0 Announcements / Next Committee Meetings: *L. Mason*

Board of Health Meeting:
May 22, 2019 @ 5:00 pm
Sault Ste. Marie, Room A

14.0 Evaluation *L. Mason*

15.0 Adjournment *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns.

Board of Health Meeting
MINUTES
March 27, 2019 at 5:00 pm
Sault Ste. Marie - Community Room A

PRESENT :

BOARD MEMBERS

Lee Mason - Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Dr. Patricia Avery
Louise Caicco Tett
Randi Condie
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould
Matthew Scott

APH EXECUTIVE

Dr. Marlene Spruyt - MOH/CEO
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Tania Caputo - Board Secretary

REGRETS : Sergio Saccucci, Laurie Zeppa - Director of Health Promotion & Prevention, Dr. Jennifer Loo - AMOH & Director of Health Protection

1.0 Meeting Called to Order at 5:02 pm

a. Declaration of Conflict of Interest

None declared.

2.0 Adoption of Agenda

RESOLUTION 2019-25

Moved: D. Graystone
Seconded: A. Kappes

THAT the Board of Health agenda dated March 27, 2019 be approved as presented.

CARRIED

3.0 Adoption of Minutes of Previous Meeting

RESOLUTION 2019-26

Moved: L. Caicco Tett
Seconded: B. Rankin

THAT the Board of Health minutes dated February 27, 2019 be approved as presented.

CARRIED

4.0 Delegations / Presentations

a. APH - Mental Health and Addiction Services

A. Brassard and S. Thomas presented to the Board and answered questions about the network of support, and collaboration between programs in our district. Discussion followed about success rates and the work done with clients to navigate to the appropriate services in the network. The complete presentation is available on the APH Website.

5.0 Business Arising from Minutes

Not applicable.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report

M. Spruyt provided an overview of the MOH Report with discussion about the Safe Water portion of the report and Small Drinking Water Systems. On the Health and Safety portion there will be a response to questions about targets regarding the WSIB safe Workplace targets at the April BOH meeting.

RESOLUTION 2019-27

Moved: A. Kappes

Seconded: E. Pearce

THAT the report of the Medical Officer of Health and CEO for March 2019 be adopted as presented.

CARRIED

b. Finance and Audit Committee Report

i. Financial Statements

J. Pino presented the Financial Statements for the period ending January 31, 2019 that are posted on the APH Website. Discussion followed regarding budget cuts to programs in other health sector organizations and what the Board of Health can do to mitigate the impact. Advocacy actions by our Board could be supportive and should be brought forward for discussion.

RESOLUTION 2019-28

Moved: P. Avery

Seconded: E. Pearce

THAT the Financial statements for the period ending January 31, 2019 be approved as presented.

CARRIED

c. Governance Committee

i. Committee Chair Report

D. Graystone provided the report for the March Governance meeting. The report is included in the BOH agenda package.

RESOLUTION 2019-29

Moved: K. Raybould

Seconded: A. Kappes

THAT the Governance Committee Chair Report for March 2019 be adopted as presented.

CARRIED

ii. 02-05-075 Election of Chair, Vice Chairs or Committee Members

No changes were made to this policy and will be marked as reviewed on March 27, 2019 and posted.

RESOLUTION 2019-30	**Moved:**	K. Raybould
	Seconded:	R. Condie

THAT the Governance Committee has reviewed and recommends to the Board of Health that policy 02-05-075 Election of Chair, Vice Chairs or Committee Members be approved as presented.

CARRIED

7.0 New Business/General Business

Not applicable.

8.0 Correspondence

a. Letter to MOH/CEOs and Board Chairs from MOHLTC regarding transformation of our health care system dated March 6, 2019.

b. Correspondence regarding Ministry of Finance Round Tables on Alcohol Retail received March 8, 2019.

c. Letter to the Deputy Premier of Ontario, Minister of Health and Long-Term Care from Renfrew County and District Health Unit regarding Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping dated March 4, 2019.

d. Letter to the Premier of Ontario from Renfrew County and District Health Unit regarding Support for Provincial Oral Health Program for Low Income Adults and Seniors dated March 4, 2019.

9.0 Items for Information

a. Call for Board of Health nominations for the alPHa Board of Directors.

b. Presentations to Municipal Councils.

The municipalities have been asked to provide dates if they are interested in a presentation by APH Executive members. There have been many requests to date and M. Spruyt, J. Loo and J. Pino will deliver these presentations. Once underway any resulting questions can be brought back to the Board for discussion.

A suggestion was made to provide the Connected Communities document to the municipalities as an information resource.

c. June 2019 alPHa Annual Conference - Minding Public Health

d. Connected Communities - Healthier Together , 2017 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario.

10.0 Addendum

11.0 In Camera

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

There were no agenda items for an in camera meeting.

12.0 Open Meeting

a. Resolutions resulting from the in camera meeting.

Not applicable.

13.0 Announcements / Next Committee Meetings:

Board of Health Orientation

April 6, 2019 @ 9:30 am
Sault Ste. Marie Room A & B

Finance & Audit Committee Meeting

April 10, 2019 @ TBD 4:00 PM
Prince Meeting Room, 3rd Floor

Board of Health Meeting:
April 24, 2019 @ 5:00 pm
Sault Ste. Marie, Room A

Governance Committee Meeting
May 29, 2019 @ 4:30 pm
Sault Ste. Marie, Room A

14.0 Evaluation
A reminder to all Board members to complete the monthly evaluation.

15.0 Adjournment - 6:31 pm

RESOLUTION 2019-31	**Moved:**	P. Avery
	Seconded:	R. Condie

THAT the Board of Health meeting adjourns.

CARRIED

Lee Mason, Chair	**Tania Caputo, Secretary**
Date	**Date**

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Diseases of Public Health Significance (DOPHS)

Jon Bouma MSc; CPHI(C)
Manager, Infectious Diseases

Ontario Public Health Standards (OPHS): Infectious and Communicable Diseases Prevention and Control

- **Goal:** To reduce the burden of communicable diseases and other infectious diseases of public health significance.

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Why report?

- Reporting of cases of infectious diseases and related conditions remains a vital step in **controlling and preventing the spread of communicable disease**

- Useful for:
  - Case/contact follow-up
  - Treatment
  - Outbreak detection
  - Planning and evaluation of programs

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Public health core functions

- Population health assessment- informs larger description of regional health ie. Community Health Profile
- Surveillance- disease reports allow quick action
- Health protection-case and contact follow-up, outbreak management

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Public Health Core Functions cont'd

- Health promotion-efforts made to decrease the incidence or prevalence of cases in Algoma
- Health prevention-immunizations, focused education, partner meetings
- Emergency preparedness- DOPHS response

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Duties to Report Specified Diseases

- Ontario's Health Protection and Promotion Act creates a legal duty for **physicians and other healthcare professionals/practitioners, laboratories, and hospital administrators** to report specified diseases to the Medical Officer of Health.

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Duties to Report Specified Diseases

- Other **health professional staff in long-term care homes and rest/retirement homes**

- **School partners, through Principals**, also have legal duty to report under the same legislation.

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What must be reported?

- **Diseases of public health significance**, including presumptive and/or suspect cases are to be reported to the local Medical Officer of Health
- This is required by *Ontario Regulation 135/18, designation of diseases under the Health Protection and Promotion Act*

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DOPHS Highlights

- **73** total diseases of public health significance in Ontario
- **37** require immediate reporting to public health
- **36** require reporting within one business day to public health

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DOPHS

Diseases of Public Health Significance

The following suspect and confirmed Diseases of Public Health Significance (O. Reg. 135/18 under the Health Protection and Promotion Act) are reportable to the local Medical Officer of Health:

Report diseases listed below to the: Infectious Diseases Program 705-759-5404 or 1-866-892-0172	Report diseases listed below to the: Environmental Health Program 705-759-5286 or 1-866-892-0172
Acquired Immunodeficiency Syndrome (AIDS)	Amebiasis
Acute Flaccid Paralysis (AFP)	**Anthrax**
Chancroid	**Blastomycosis**
Chickenpox (Varicella)	**Botulism**
Chlamydia trachomatis infections	**Brucellosis**
Diphtheria	Campylobacter enteritis
Encephalitis, including:	Carbapenamase-producing Enterobacteriaceae (CPE) infection / colonization
1. Primary, viral	Cholera
2. Post-infectious	**Clostridum difficile infection (CDI) outbreaks in public hospital**
3. Vaccine related	Creutzfeldt-Jakob Disease, all types
4. Subacute sclerosing panencephalitis	**Cryptosporidiosis**
5. Unspecified	**Cyclosporiasis**
Gonorrhea	Echinoccoccus multilocularis infection
Haemophilus influenzae disease all types, invasive	**Food poisoning, all causes**
Hemorrhagic fevers, including:	**Gastroenteritis outbreaks in institutions and public hospitals**
1. Ebola virus disease	**Giardiasis**
2. Marburg virus disease	**Hantavirus Pulmonary Syndrome**
3. Other viral causes	Influenza
Hepatitis, viral	**Legionellosis**
1. Hepatitis A 2. Hepatitis B 3. Hepatitis C	Leprosy
Measles	**Listeriosis**
Meningitis, acute	Lyme Disease
1. Bacterial	Paralytic Shellfish Poisoning (PSP)
2. Viral	Paratyphoid Fever
3. Other	**Plague**
Meningococcal disease, invasive	Psittacosis/Ornithosis
Mumps	**Q Fever**
Ophthalmia neonatorum	**Rabies**
Pertussis (Whooping Cough)	**Respiratory infection outbreaks in institutions and public hospitals**
Poliomyelitis, acute Rubella	Salmonellosis
Rubella, congenital syndrome	**Shigellosis**
Severe Acute Respiratory Syndrome (SARS)	Trichinosis
Smallpox	**Tularemia**
Streptococcal infections, Grp A invasive	Typhoid Fever
Streptococcal infections, Grp B neonatal	**Verotoxin-producing E. coli infection, including Hemolytic Uremic Syndrome**
Streptococcus pneumoniae, invasive	Yersiniosis
Syphilis	
Tetanus	
Tuberculosis	
West Nile Virus illnesses	

BOLDED diseases must be reported **IMMEDIATELY**.
All other diseases may be reported on the next working day.

How we implement

- 24/7 coverage with Public health inspector/public health manager/PH physician
- Team of Infectious Disease nurses and inspectors
- OPHS and Protocols guide

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Highlights: Vaccine preventable diseases

- **Zero** cases of measles, mumps, polio, rubella, tetanus, diphtheria…..

- **High vaccine coverage rates** 

➢ Measles :
  - ➢96.4% of 7-year-olds,
  - ➢98.5% of 17-year-olds

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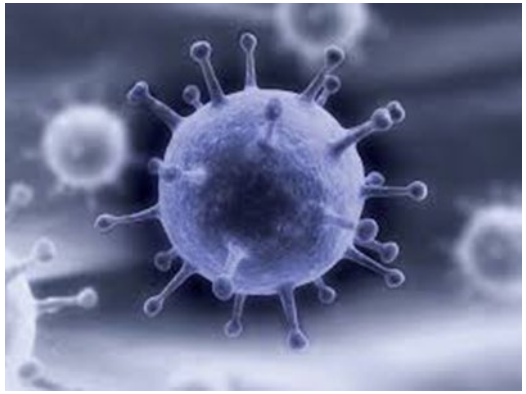
Highlights: Outbreaks

- Nov 2017 to April 2018:

➢ 17 respiratory outbreaks and 5 gastro outbreaks

➢ Of the 17 respiratory, **14 were influenza**



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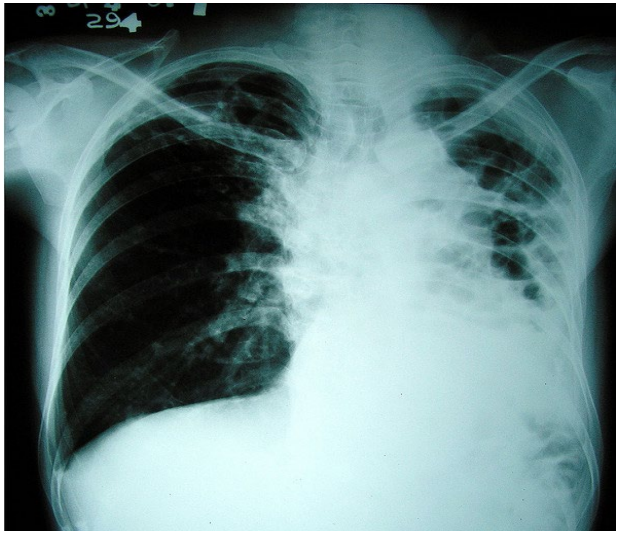
Highlights: Tuberculosis (TB)

- Algoma has one of the **lowest rates of active TB in ON**
- Between 2005 and 2017, only six people diagnosed with active TB



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Food- and water-borne illness

- Rates of reported foodborne and waterborne illness in Algoma are **consistently lower than Ontario**
- 2017:
  - **48.4 cases per 100,000 in Algoma**
  - 54.1 cases per 100,000 in NE LHIN
  - 66.7 cases per 100,000 in Ontario

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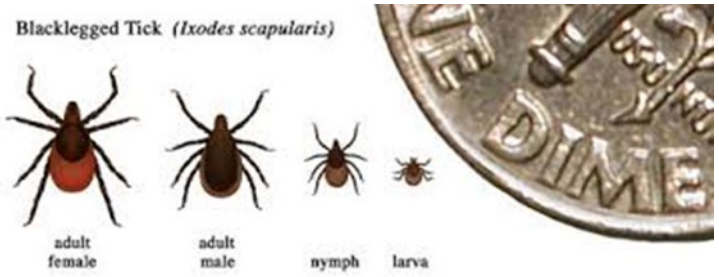
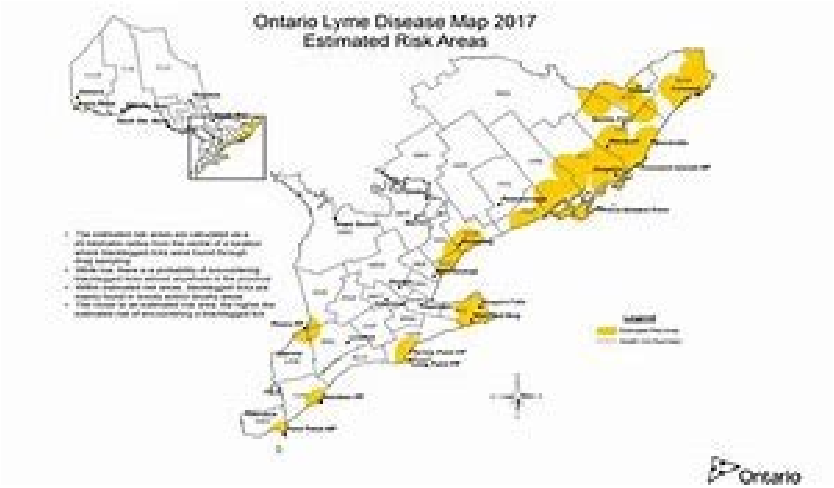
Highlights: Vector-borne illness

- Rate of 1.0 per 100,000 people in Algoma as compared to 2.8 per 100,000 in Ontario

➢ Tick surveillance





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Highlights: Vector-borne illness continued

- **West Nile Virus (WNV) disease** is rare in Algoma with only 2 confirmed cases since 2005

➢ Larval and adult surveillance

Highlights: Health care-associated infections

- Work with institutional partners
- ***C. difficile* rates** over last five years:
  - **1.6 cases per 10,000 patient days in Algoma**
  - 2.2 cases per 10,000 patient days in NE LHIN
  - 2.6 cases per 10,000 patient days in Ontario

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Highlights: Blood-borne and sexually transmitted infections (BBIs & STIs)

- **Hepatitis C** high in Algoma, 83 new cases in region in 2017
- **Chlamydia** most common bacterial STI in Algoma
- **Gonorrhea** on rise since 2010 but last year lower
- Algoma has **lower rates of new infections of Human Immunodeficiency Virus (HIV) and syphilis** than provincial average

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Key incidence rates

Key incidence rates* per 100,000 people between 2013 and 2017 in Algoma, the North East† and Ontario[5]

Infection	Algoma	North East†	Ontario
Hepatitis B	1.2	0.8	0.7
Hepatitis C	73.8	59.9	31.2
HIV	2.4	2.7	5.6
Chlamydia	331.6	359.7	274.5
Gonorrhea	55.7	29.8	42.1
Syphilis	3.8	1.7	8.3

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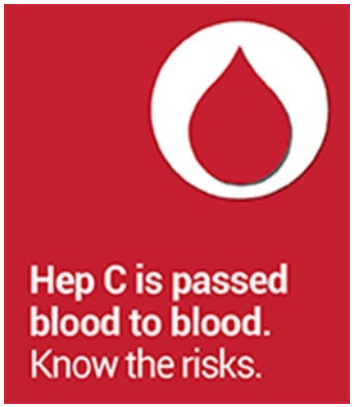
Highlights: Hepatitis C

- Focus of in-depth review in 2019
- Multifaceted
- Partners
- Outreach
- Harm reduction and naloxone
- Curable



Questions?

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April 2019

Medical Officer of Health / CEO

Public Health Nurse Allison McFarlane (pictured here with AMOH Dr. Jennifer Loo) received this award on behalf of Algoma Public Health at the SSM Police Service Community Programs event. The award is in appreciation of equipping front line police officers of the SSM Police Service with Naloxone kits.

Prepared by:
Dr. Marlene Spruyt and the Leadership Team

Presented to:
Algoma Public Health Board of Health
04/24/2019

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APH AT-A-GLANCE

Initially, it appeared that April was going to be a quiet month. On April 2nd Justin, Jennifer, Lee and I met to review the RFPs for our Strategic Planning consultant. The successful firm was notified shortly thereafter, and we scheduled our first touchdown with the Executive team for April 12.

Saturday, April 6th many of you attended the Board Orientation session. On April 9, most of the Executive team travelled to Sudbury to have an all-day meeting with the Project Manager that had recently been hired by the NE collaborative. We spent the day exploring areas of work where we could collaborate as a group of 5 individual health units to reduce duplication and gain efficiencies with the intent of improving service to our communities. We prioritized some focus areas and began to develop a work plan.

And then on April 11 as part of the budget announcement we were shocked to learn of the plans to decrease the current 35 health units to only 10 within the next 2 years. The 10 new regional Boards of health are proposed to be in place by 2020-21, and by 2021-22 there will be $200 million shaved off the current provincial Public Health budget of approximately $750 million. Some of this reduction will happen this year, but the budget was unclear about how much.

Understandably this is causing considerable concern among our workforce. And although we are told that there should be little impact on front line positions our employees are not reassured as they have heard similar statements with respect to the Education sector. Until we have more details, it is challenging for our leadership team to make any adjustments to our current operations. I anticipate we will have a lively discussion at our upcoming meeting and am hoping we have more details to share with you.

PARTNERSHIPS

In general public health is not considered part of the healthcare delivery system as it only provides episodic client interactions in very specific program areas. However, since we receive funding from the LHIN for some of the Mental Health and Addiction Services in the District, we are generally included in communications regarding changes to the service delivery part of the system. As you are aware, the current government has proposed a centralized Ontario Health Agency which will absorb all the 14 LHINS in the province along with several other provincial agencies such as Cancer Care Ontario and Health Quality Ontario. To support more integrated care they have released a request for expressions of interest from health care providers to form Ontario Health Teams(OHT). As Public Health has a role in health care planning, we have agreed to provide administrative support to those HCP in the district to begin preliminary discussions to see who might be interested in forming an OHT based in the Algoma regions. The first meeting took place here at APH on Friday, April 12, and another is planned for next week.

PROGRAM HIGHLIGHTS – Information Technology

From: Justin Pino, CFO/Director of Operations - Administration

Overview

Algoma Public Health (APH) relies on Information Technology (I.T.) infrastructure for many aspects of its day-to-day work. I.T. provides a critical role in helping APH achieve its mandate. APH currently outsources all I.T. support to MicroAge Technical Services (MicroAge). Currently, a complement of five (5) I.T. resources are on-site staff to provide I.T. needs for the agency. Additionally, APH is able to leverage a support team of four (4) resources located at MicroAge administrative offices that work to assist the on-site I.T. resources and management.

MicroAge provides 24 hour a day, 7 day a week coverage to accommodate APH's IT needs. This includes the management of IT human and material resources.

The scope of work MicroAge performs includes network monitoring/infrastructure support, system administration and security, E-mail system administration, Electronic Health Record support with custom development, IT contract administration support, asset management (computers, laptops, mobile devices, OTN, etc.), hardware maintenance, Internet service provision, server maintenance, communication infrastructure and telephone system management. Additionally, MicroAge provides a Service Desk (help desk) to accommodate staff IT requests.

I.T. Resource Breakdown

The Manager position is responsible for ensuring the direction of the agency and I.T. are aligned, providing redundancy, disaster recovery and training. The Manager oversees all I.T. staff workload and timelines, works with APH management and programs to assist with I.T. integration and automation projects while finding process efficiencies. Additionally, the I.T. Manager works with the CFO and Executive to develop I.T. policies and best practices. The I.T. Manager is responsible for overall network health/security/status/documentation. The I.T. manager also maintains relationships with key external vendors for the support of the agency equipment.

Junior Systems Engineer

The Junior Systems Engineer's primary role is conducting systems maintenance, upgrades, and system backups. The Junior Systems Engineer works with the I.T. manager to help develop and execute I.T. projects. The Junior Systems Engineer is also second level support for Service desk issues.

Senior Developer

The Senior Developer's primary role is generating reports from the Electronic Medical Records system, creating forms, custom interfaces and development of program automation and efficiencies. The Senior Developer's secondary role is providing maintenance and customization of the APH's Intranet (SharePoint). In any given year, the Senior Developer supports, maintains and develops hundreds of complex reports. This is achieved by pulling data from many databases, and hundreds of thousands of lines of custom code.

Junior Developer

The Junior Developer's primary role is to work directly with the Senior Developer to maintain, create, and update complex reports.

Service Desk (Help desk)

Service desk provides front-line, first level support for APH staff from all offices. Service Desk processes incoming tickets from staff and triages these requests. Service Desk maintains and installs all workstations and workstation software configurations, helping systems engineers ensure the security and stability of all end-user computers. Service Desk monitors the inventory of computers and works with the I.T. Manager to develop plans to upgrade or repair any potential issues. Since March 2014, the service desk has processed 15,500 tickets. This includes simple password lockouts to replacing computers for an entire team or program in one ticket. This averages to approximately 58 tickets per week.

MicroAge Management

MicroAge also has staff off-site that works with the I.T. Manager to maintain contract and product management through the product life cycle. The team also reviews and reports on the service level of the on-site staff (quality control). Strategically the off-site MicroAge team is knowledgeable of the I.T. service industry as a result of its exposure to other clients within the local community and the greater MicroAge network. This provides MicroAge with up-to-date issues that are arising and allows MicroAge the opportunity to learn from its peers.

Risk Management

The primary function of an I.T. department is to ensure the computer infrastructure is available for all services provided by the agency. This uptime involves the constant maintenance, monitoring and testing of backup systems and restore processes. All systems are set up with redundancy. For APH, this includes data centers in the APH building and backup data centers in off site locations. MicroAge has developed a disaster recovery plan involving a complete system backup which will allow critical applications to be recovered in the event of a disaster at APH's Sault Ste. Marie office. MicroAge has implemented and maintains high-security internet firewalls that actively block and monitor intrusion and exploitation. To extend to desktop security, all APH computers have anti-virus and anti-malware software which is centrally maintained. For mobile devices users (laptop, cellphone and iPad), the internal storage is 100% encrypted to military standards to prevent any unauthorized access if the device is misplaced or stolen. All systems and software are monitored for required updates and patches which are tested and applied. Continuous improvement and process optimization serve as the foundation of the work I.T performs.

I.T. Challenges

The primary challenge for I.T. is managing the volume of requests from staff, while balancing and prioritizing requests, conducting regular maintenance and performing system updates, all with a finite amount of human resources. This is compounded because APH has four locations, each of which needs to be served. When the full complement of I.T. staff started in 2014, the primary task was to develop an adequate I.T. infrastructure, policy development, and maintenance processes and procedures based upon industry standards and best practices. The growth of APH's I.T. services, from being a strictly a reactive resource, to now being a proactive team, has been a major part of the work accomplished to-date. This proactive management of I.T. services has been a major achievement.

Cost savings gained from efficiencies

- Over the past five years, some examples costs savings initiatives include:
- Migration to SharePoint from Docushare ($36k per year)
- Phone Integration of APH's Voice and Data Infrastructure ($28k per year)
- Phone Hardware Warranty ($35k per year)
- Microsoft Licensing Price Reduction ($20 per year)
- Phone System Support In-House ($6k per year)

Some examples of process improvement initiatives include:

- I.T. Asset Management Tagging
- I.T. Ticket Management system for tracking issues
- Creation of synchronization software for immunizations records with another Service Provider
- Migration of cell phones from one service provider to APH's current service provider

PROGRAM HIGHLIGHTS – Injury Prevention: A Focus on Falls Prevention

From: Kristy Harper, Manager of Community Wellness
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Public Health Goal: To reduce the burden of preventable injuries and substance use.[1]

Program Standard Requirements: Substance Use and Injury Prevention

1. 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.[1]

2. 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.[1]

Key Messages

- Falls are the most common reason for an injury-related hospitalization.[2]
- Algoma residents 75 years and older are the age group most likely to be hospitalized for falls.[2]
- Algoma's population is ageing, with a greater proportion of adults 65 years and older living here, compared to the NE LHIN and Ontario.[2]
- The Stay on Your Feet (SOYF) Strategy is a population-based framework designed to reduce the rate and severity of falls among the older adult population.[3]

Introduction

Injuries cause a significant burden of illness in Algoma and are responsible for many hospitalizations and premature deaths.[2] Falls, in particular, are the most common reason for an injury-related hospitalization in Algoma.[2]

Stay on Your Feet (SOYF) is a multi-faceted, collaborative falls prevention strategy between the North East Local Health Integration Network (NE LHIN) and five Public Health Units (PHU) in northeastern Ontario. The goal is to improve the quality of life for older adults (65+) by reducing the rate and severity of falls in this age group.

The strategy focuses on nine areas of falls prevention interventions which include: be active, manage your medications, manage your health, improve your balance, walk tall, care for your feet and use safe footwear, regularly check your eyesight and hearing, eat well, identify, remove and report hazards.

The philosophy of the SOYF strategy is that it takes a community to prevent a fall; everyone has a role.[3] APH works actively with community partners to facilitate the SOYF program and empower the people of Algoma to prevent falls, especially older adults, as they are most likely to be hospitalized for falls.[2]

Population Health Snapshot

Injuries from falls represent a burden to residents of all ages in Algoma. Although Algoma's hospitalization rate due to falls has been stable since 2003, it remains higher compared to the NE LHI, and Ontario.[2] Table 1 shows hospitalization rates from falls in Algoma, NE LHIN, and Ontario. For more context, in 2016, injuries from falls led to 604 hospitalizations for Algoma residents.[2]

Table 1. Hospitalization rates from falls, 2016, all ages, compared to the NE LHIN and Ontario

	Algoma	NE LHIN	Ontario
Rate per 100,000 people	377.6	321.8	258.2

Algoma's population is ageing, with a greater proportion of seniors aged 65 years and older living here, compared to the NE LHIN and Ontario.[2] In 2017, 23.7% of Algoma's population was 65 years and over, a percentage that is expected to increase to 34.1% in 2036.[2] Since residents aged 75 years and older are most likely to be hospitalized for falls, public health falls prevention interventions are geared to older adults.

Falls Prevention Programs and Interventions

Stand Up! Falls Prevention Program
To reduce the rate and severity of falls, the SOYF strategy contains multiple approaches including the implementation of *Stand Up!,* a best practice falls prevention program for Seniors aged 65+.

Stand Up! is a 12-week program that consists of group exercises, home exercises and education and awareness sessions about fall prevention. The delivery of the *Stand Up!* program for older adults has been coordinated through a partnership between the NE LHIN, APH and various community partners. The program began in 201, and since then there has been 98 *Stand Up!* classes implemented across the Algoma district. Approximately 15 older adults participate in each class. Classes run in various communities throughout Algoma, including Wawa, Sault Ste. Marie, Blind River and Elliot Lake.

Community Partnerships

Another approach of the SOYF strategy includes collaboration with community health care providers/settings, including primary care and long-term care. One example of a falls prevention initiative in primary care is the use of a standardized fall risk screen and assessment tool. Some of the Family Health Teams (FHT) throughout the North East region are using the screening and assessment tool to identify older adults who might be at risk for falls and refer them to appropriate community services. In Algoma, the Wawa FHT and the Superior FHT currently participate in this initiative. APH supports the FHTs with the provision of falls prevention information and resources.

APH also participated in a pilot project at the long-term care facility FJ Davey Home, in Sault Ste. Marie. The objective was to provide education to families and visitors of the residents, to increase their understanding of their role in preventing falls.

Community ownership and action are important to the sustainability of the SOYF strategy. APH works with a local coalition; which includes membership from various community health agencies, service providers, volunteers and older adults who share the common vision of reducing the risks and injuries related to falls in the older adult population. The coalition meets regularly to identify local priorities, inform and develop the local work plan, share resources, and contribute to the implementation of the planned interventions.

APH also works with a SOYF regional committee, which focuses on the development and delivery of the regional plan, distributing consistent messaging about falls prevention, and sharing information and resources.

Education and Awareness

APH collaborates with many community partners to provide educational displays, workshops and presentations to a wide cross-section of the community. The goal of the education is to continue to increase awareness and knowledge among older adults, their family members, caregivers and decision

makers about practical falls prevention interventions. One example of an educational resource distributed in our communities is the home safety checklist. The checklist provides information about how to reduce and/or eliminate hazards that can contribute to falls in the home. Resources are distributed by APH and other community partners, including Paramedicine and home and community care.

Evaluation and Next Steps

The SOYF strategy includes a regional evaluation. Currently, the initiative is assessed through process evaluation and common indicators. There is ongoing work to expand and build on the existing evaluation framework.

APH and the SOYF strategy are interested in continuing to collaborate with community partners, such as local municipalities related to age-friendly community design. Age-friendly communities include policies, services, and structures that support older adults to live safely, enjoy good health, and remain active in their communities.[4]

APHs Community Wellness Team continues to collaborate with the NE LHIN, community and regional partners, and older adults to implement comprehensive falls prevention strategies.

References

1. Ontario Public Health Standards. (2018) Substance Use and Injury Prevention. Retrieved from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

2. Algoma Public Health. (2018). Community Health Profile. Sault Ste. Marie, ON. Retrieved from: http://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-release-digital-v2.pdf

3. Carew, Wendy for the NELHIN. (November 2017). Stay on Your Feet (SOYF) Evaluation Report, Stay Active, Stay Independent, Stay on Your Feet. Internal document.

4. Public Health Agency of Canada. (2016). Age-Friendly Communities. Retrieved from: https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html#sec3

Algoma Public Health Finance and Audit Committee

April 10, 2019

Attendance: Ed Pearce, Dr. Patricia Avery, Randi Condie, Adrienne Kreps, Lee Mason

Marlene Spruyt, Justin Pino, Joel Merrylees, Tania Caputo

The Committee received a report from KPMG on the Draft Audited Statements for the year ending December 31, 2018, which are attached. There were no discrepancies or irregularities in the audited statement as presented.

Following the review of the draft statements, the Committee passed a resolution to forward the Draft Audited Statements for the fiscal year ending December 31, 2018 to the Board of Health for approval.

And I so move.

The Committee also reviewed the draft financial statements for the period ending February 28, 2019. There were no irregularities and the financial position of the Board of Health is excellent.

Following the review of the draft financial statements, the Committee passed a resolution to forward the draft financial statements for the period ending February 28, 2019 for approval.

And I so move.

The Committee also reviewed the structure of the IT department and the potential risk to the Board of Health due to a lack of internal management of the IT Department. A Briefing Note prepared by staff with various alternative solutions (attached) was reviewed in depth and a recommended course of action for the Board was proposed. It was agreed that the briefing note in its entirety should be presented to the Board for review and that alternative #_____ be approved.

And I so move.

At the request of the Governance Committee, the Audit and Finance Committee reviewed Policy 02-05-065, the Algoma Board of Health Reserve Fund. It was agreed that no changes were needed at this time and a resolution was passed to forward to the Board for approval, Policy 02-05-065.

And I so move.

Ed Pearce, Chair

Audit and Finance Committee

Financial Statements of

ALGOMA PUBLIC HEALTH

Year ended December 31, 2018

ALGOMA PUBLIC HEALTH

Financial Statements

Year ended December 31, 2018

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INDEPENDENT AUDITORS' REPORT

Opinion

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

- the statement of financial position as at December 31, 2018
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Board as at December 31, 2018, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

We are independent of the Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

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

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

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

Auditors' Responsibility for the Audit of the Financial Statements

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

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

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

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

We also:

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

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

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

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

Chartered Professional Accountants, Licensed Public Accountants

Sault Ste. Marie, Ontario
April 24, 2019

ALGOMA PUBLIC HEALTH

Statement of Financial Position

December 31, 2018, with comparative information for 2017

	2018	2017
Financial assets		
Cash	$ 3,095,904	$ 2,931,699
Accounts receivable	492,574	489,631
Receivable from participating municipalities	75,726	30,769
	3,664,204	3,452,099
Financial liabilities		
Accounts payable and accrued liabilities	1,345,385	1,436,722
Payable to the Province of Ontario	344,305	543,083
Deferred revenue (note 4)	428,341	512,747
Employee future benefit obligations (note 5)	2,811,714	2,704,275
Term loans (note 9)	5,199,815	5,554,992
	10,129,560	10,751,819
Net debt	(6,465,356)	(7,299,720)
Non-financial assets		
Tangible capital assets (note 6)	20,050,252	20,913,871
Prepaid expenses	20,790	-
Contingencies (note 10)		
Commitments (note 11)		
Accumulated surplus (note 7)	$ 13,605,686	$ 13,614,151

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Operations and Accumulated Surplus

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Revenue:		
Municipal levy - public health	$ 3,502,180	$ 3,486,510
Provincial grants:		
Public health	10,718,847	10,093,965
Community health	6,850,289	6,841,958
Fees, other grants and recovery of expenditures	1,704,593	1,632,070
	22,775,909	22,054,503
Expenses:		
Public Health Programs (Schedule 1)	13,830,512	12,994,320
Community Health Programs (Schedule 2)		
Healthy Babies and Children	1,070,636	1,068,009
Child Benefits Ontario Works	24,500	24,135
Nurse Practitioner	143,379	141,196
CMH Transformational Supportive Housing	123,563	144,106
CMH/ASH Supportive Housing	55,655	33,317
Healthy Kids Community Challenge	147,507	202,624
Genetics Counseling	446,686	495,532
Bill 148 MCYS	8,174	-
Stay on Your Feet	98,217	114,127
Tobacco cessation	12,129	-
Northern Ontario Fruits and Vegetables	-	12,076
Community Alcohol and Drug Assessment	715,834	669,120
Remedial Measures	1,023	25,841
Community Alcohol and Drug Assessment - Ontario Works	91,874	92,797
OW-CADAP District	-	25,001
AOPHBA Conference	20,905	-
Community Mental Health Housing	109,595	87,024
Community Mental Health	3,153,450	3,158,370
Garden River CADAP Program	185,999	177,972
Infant Development	645,022	642,534
CMH 1150 Units	11,426	1,371
Brighter Futures for Children	109,455	125,036
Preschool Speech and Languages Initiative	427,072	375,514
PSL Communication Development	225,085	275,620
Employee future benefits	107,440	153,817
Interest on long-term debt	105,722	112,029
Amortization on tangible capital assets	913,514	909,373
	22,784,374	22,060,861
Annual deficit	(8,465)	(6,358)
Accumulated surplus, beginning of year	13,614,151	13,620,509
Accumulated surplus, end of year	$ 13,605,686	$ 13,614,151

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Change in Net Debt

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Annual deficit	$ (8,465)	$ (6,358)
Additions to tangible capital assets	(49,895)	(9,788)
Amortization of tangible capital assets	913,514	909,373
	855,154	893,227
Change in prepaid expenses	(20,790)	-
Net debt, beginning of year	(7,299,720)	(8,192,947)
Net debt, end of year	$ (6,465,356)	$ (7,299,720)

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Cash Flows

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Cash provided by (used in):		
Operating activities:		
Annual deficit	$ (8,465)	$ (6,358)
Items not involving cash:		
Amortization of tangible capital assets	913,514	909,373
Increase in employee future benefit obligations	107,440	153,817
	1,012,489	1,056,832
Change in non-cash working capital:		
Decrease (increase) in accounts receivable	(2,943)	20,367
Increase in receivable from participating municipalities	(44,957)	(21,610)
Decrease in accounts payable and accrued liabilities	(91,337)	(151,158)
Increase (decrease) in payable to the Province of Ontario	(198,778)	221,681
Increase (decrease) in deferred revenue	(84,406)	17,883
Increase in prepaid expenses	(20,790)	-
	569,278	1,143,995
Financing activities:		
Repayment of term loan	(355,178)	(348,869)
Principal payments on obligation under capital lease	-	-
	(355,178)	(348,869)
Capital activities:		
Additions to tangible capital assets	(49,895)	(9,788)
Increase in cash	164,205	785,338
Cash, beginning of year	2,931,699	2,146,361
Cash, end of year	$ 3,095,904	$ 2,931,699

See accompanying notes to financial statements.

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

1. Significant accounting policies:

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

(a) Basis of accounting:

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

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

(b) Revenue recognition:

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

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

(c) Prior years' funding adjustments:

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

(d) Non-financial assets:

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

1. Significant accounting policies (continued):

(e) Tangible capital assets:

Tangible capital assets are recorded at cost which includes amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over the following number of years:

Asset	Years
Building	40
Leasehold improvements	10
Furniture and equipment	10
Vehicle	4
Computer equipment	3

Annual amortization is charged in the year of acquisition and in the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

(f) Employee future benefit obligations:

The Board sponsors a defined benefit life and health care plan for all employees who retire from active service with an unreduced OMERS pension. The Board accrues its obligations under the defined benefit plan as the employees render the services necessary to earn these retirement benefits. The cost of future benefits earned by employees is actuarially determined using the projected benefit method prorated on service and incorporates management's best estimates with respect to mortality and termination rates, retirement age and expected inflation rate with respect to employee benefit costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation.

(g) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Significant items subject to estimates and assumptions include the carrying amount of tangible capital assets, valuation allowances for accounts receivables and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

2. Participating municipalities:

The participating municipalities are as follows:

City of Sault Ste. Marie
City of Elliot Lake
Town of Blind River
Town of Bruce Mines
Town of Thessalon
Town of Spanish
Municipality of Wawa
Municipality of Huron Shores
Village of Hilton Beach
Township of Dubreuilville
Township of Hilton
Township of Jocelyn
Township of Johnson
Township of Laird
Township of MacDonald, Meredith & Aberdeen Additional
Township of North Shore
Township of Plummer and Plummer Additional
Township of Prince
Township of St. Joseph
Township of Tarbutt & Tarbutt Additional
Township of White River
Certain unincorporated areas in the District of Algoma

3. Credit facility:

The Board has an authorized line of credit available in the amount of $500,000. The credit facility bears interest at prime + 0.75% and is unsecured. At December 31, 2018, $Nil (2017 - $Nil) was outstanding under the facility.

4. Deferred revenue:

The Board operates several additional programs funded by the Ministry of Health and Long-Term Care. Excess funding received for these programs or programs funded for a program year which differs from the Health Unit's fiscal year is deferred in the accounts until the related costs and final settlements are determined.

A summary of the year's activity relating to those programs is as follows:

	2018	2017
Deferred revenue, beginning of year	$ 512,747	$ 494,864
Funds received during the year	66,334	35,651
Expenses incurred in the year	(150,740)	(17,768)
Deferred revenue, end of year	$ 428,341	$ 512,747

5. Employee future benefits:

(a) Pension agreements:

The Board makes contributions to the Ontario Municipal Employees Retirement Fund ("OMERS"), which is a multi-employer plan, on behalf of 193 (2017 - 187) members of its staff. The plan is a multi-employer, defined-benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The multi-employer plan is valued on a current market basis for all plan assets.

The Board's contributions to OMERS equal those made by the employees. The amount contributed was $1,314,684 (2017 - $1,200,529) for current service and is included as an expenses on the Statement of Operations and Accumulated Surplus. No pension liability for this type of plan is included in the Board's financial statements.

5. Employee future benefits (continued):

(b) Employee future benefit obligations:

Employee future benefit obligations are future liabilities of the Board to its employees and retirees for benefits earned but not taken as at December 31, 2018. The liabilities will be recovered from future revenues and consist of the following:

	2018	2017
Post-retirement benefits (i)	$ 1,177,620	$ 1,134,752
Non-vested sick leave (ii)	343,585	308,039
Accrued vacation pay (iii)	1,290,509	1,261,484
	$ 2,811,714	$ 2,704,275

(i) Post-retirement benefits:

The post-retirement benefit liability is based on an actuarial valuation performed by the Board's actuaries. The date of the most recent actuarial valuation of the post-retirement benefit plan is December 31, 2018. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 3.90%
- Health Care Trend Rate 4.0% to 6.5%

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

	2018	2017
Accrued benefit obligations, beginning of year	$ 1,134,752	$ 1,118,112
Current service cost	62,920	55,911
Interest cost	33,207	37,727
Benefits paid	(40,588)	(66,084)
Amortization of actuarial gains	(12,671)	(10,914)
Accrued benefit obligations, end of year	$ 1,177,620	$ 1,134,752

(ii) Non-vested sick leave:

Accumulated sick leave credits refers to the balance of unused sick leave credits which accrue to employees each month. Unused sick days are banked and may be used in the future if sick leave is beyond their yearly entitlement. No cash payments are made for unused sick time upon leaving the Board's employment.

(iii) Accrued vacation pay:

Accrued vacation pay represents the liability for vacation entitlements earned by employees but not taken as at December 31.

6. Tangible capital assets:

Cost		Balance at December 31, 2017	Additions	Transfers & (Disposals)	Balance at December 31, 2018
Building	$	22,732,421	-	-	22,732,421
Leasehold improvements		1,572,805	-	-	1,572,805
Furniture and equipment		1,911,325	49,895	(24,233)	1,936,987
Vehicle		40,113	-	-	40,113
Computer equipment		3,244,030	-	-	3,244,030
Total	$	29,500,694	49,895	(24,233)	29,526,356

Accumulated Amortization		Balance at December 31, 2017	Disposals	Amortization expense	Balance at December 31, 2018
Building	$	3,449,790	-	536,498	3,986,288
Leasehold improvements		578,065	-	105,939	684,004
Furniture and equipment		1,438,209	24,233	189,386	1,603,362
Vehicle		20,056	-	10,028	30,084
Computer equipment		3,100,703	-	71,663	3,172,366
Total	$	8,586,823	24,233	913,514	9,476,104

		Net book value, December 31, 2017	Net book value, December 31, 2018
Building	$	19,282,631	18,746,133
Leasehold improvements		994,740	888,801
Furniture and equipment		473,116	333,625
Vehicle		20,057	10,029
Computer equipment		143,327	71,664
Total	$	20,913,871	20,050,252

6. Tangible capital assets (continued):

Cost		Balance at December 31, 2016	Additions	Transfers & (Disposals)	Balance at December 31, 2017
Building	$	22,732,421	-	-	22,732,421
Leasehold improvements		1,572,805	-	-	1,572,805
Furniture and equipment		1,914,772	9,788	(13,235)	1,911,325
Vehicle		40,113	-	-	40,113
Computer equipment		3,244,030	-	-	3,244,030
Total	$	29,504,141	9,788	(13,235)	29,500,694

Accumulated Amortization		Balance at December 31, 2016	Disposals	Amortization expense	Balance at December 31, 2017
Building	$	2,913,291	-	536,499	3,449,790
Leasehold improvements		472,126	-	105,939	578,065
Furniture and equipment		1,266,200	13,235	185,244	1,438,209
Vehicle		10,028	-	10,028	20,056
Computer equipment		3,029,040	-	71,663	3,100,703
Total	$	7,690,685	13,235	909,373	8,586,823

		Net book value, December 31, 2016	Net book value, December 31, 2017
Building	$	19,819,130	19,282,631
Leasehold improvements		1,100,679	994,740
Furniture and equipment		648,572	473,116
Vehicle		30,085	20,057
Computer equipment		214,990	143,327
Total	$	21,813,456	20,913,871

7. Accumulated surplus:

Accumulated surplus is comprised of:

	2018	2017
Invested in tangible capital assets	$ 20,050,252	$ 20,913,871
Reserve (note 8)	831,407	525,343
Operating	735,556	434,204
Unfunded:		
Employee future benefits	(2,811,714)	(2,704,275)
Term loans	(5,199,815)	(5,554,992)
	$ 13,605,686	$ 13,614,151

8. Reserves:

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

	2018	2017
Balance, beginning of year	$ 525,343	$ 324,702
Additions to reserves	300,000	200,000
Investment Income	6,064	641
Balance, end of year	$ 831,407	$ 525,343

9. Term loans:

	2018	2017
Term loan #1	$ 4,895,975	$ 5,230,398
Term loan #2	303,840	324,594
	$ 5,199,815	$ 5,554,992

Principal payment due on the term loans is as follows:

Year	Annual payments
2019	$ 362,749
2020	369,886
2021	377,164
2022	384,585
2023	392,152
Thereafter	3,313,279

Term loan #1 is a non-revolving loan bearing interest of 1.95%. The loan is repayable in blended monthly interest and principal payments of $36,164 and matures on September 1, 2031.

Term loan #2 bears interest of 1.95%. The loan is repayable in monthly interest and principal payments of $2,244. The loan is due on September 1, 2031.

Interest paid in the year is $105,722 (2017 - $112,029).

10. Contingencies:

The Board is periodically subject to legal claims or employee grievances. In the opinion of management, the ultimate resolution of any current claims or grievances would not have a material effect on the financial position (or results of operations) of the Board and any claims would not exceed the current insurance coverage. Accordingly, no provisions for losses has been reflected in the accounts of the Board for these amounts. Settlements, if any, resulting in a cost to the Board will be accounted for in the period the amounts can be determined.

11. Commitments:

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

Year	Annual payments
2019	$ 176,819
2020	174,635
2021	139,221
2022	128,416
2023	133,265

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

12. Expenses by object:

	2018	2017
Salaries and benefits	$ 17,082,531	$ 16,344,183
Materials and supplies	4,788,328	4,807,305
Capital	913,515	909,373
	$ 22,784,374	$ 22,060,861

ALGOMA PUBLIC HEALTH

Statement of Revenue and Expenses – Public Health Programs Schedule 1

Year ended December 31, 2018, with comparative information for 2017

	2018 Budget	2018 Total	2017 Total
Revenue:			
Provincial grant	$ 10,520,151	$ 10,718,847	$ 10,093,965
Levies	3,502,179	3,502,180	3,486,510
Recoveries	699,214	626,921	624,242
	14,721,544	14,847,948	14,204,717
Expenses:			
Salaries and wages	8,819,021	8,493,648	7,846,907
Benefits	2,091,479	2,005,382	1,952,199
Accounting and audit	25,000	20,361	26,272
Equipment	131,897	286,196	276,446
Insurance	95,000	104,262	93,395
Occupancy and renovations	820,000	857,210	894,327
Office supplies	90,287	73,054	77,614
Other	42,500	39,706	34,940
Professional development	99,280	110,689	103,999
Program promotion	67,943	25,992	55,342
Program supplies	612,715	583,879	521,807
Program administration (recovery)	(104,296)	(103,968)	(116,966)
Purchase professional services	925,740	819,992	723,897
Telephone and telecommunications	303,304	248,526	328,152
Travel	195,775	220,672	175,989
Special projects	45,000	44,911	-
	14,260,645	13,830,512	12,994,320
Excess of revenue over expenses before the undernoted	460,899	1,017,436	1,210,397
Interest on long-term debt	-	105,722	112,029
Amortization	-	913,514	909,373
Excess (deficit) of revenue over expenses	$ 460,899	$ (1,800)	$ 188,995

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs

Year ended December 31, 2018, with comparative information for 2017

	Healthy Babies and Children	Child Benefits Ontario Works	Nurse Practitioner	CMH/ASH Supportive Housing	CMH Transformational Supportive Housing	Healthy Kids Community Challenge	Genetics Counselling	Stay on Your Feet	Tobacco Cessation	Community Alcohol and Drug Assessment	Bill 148 MCYS	Remedial Measures
	$	$	$	$	$	$	$	$	$	$	$	$
Salaries and employee benefits:												
Salaries	815,981	17,998	109,215	-	121,920	73,079	282,997	63,345	-	506,057	8,174	925
Employee benefits	201,142	2,765	19,986	-	-	8,332	68,402	17,035	-	119,985	-	81
	1,017,123	20,763	129,201	-	121,920	81,411	351,399	80,380	-	626,042	8,174	1,006
Supplies and services:												
Equipment	6,056	-	-	-	-	-	-	-	-	90	-	-
Occupancy and renovations	202	-	5,700	37,644	(30,306)	-	16,600	-	-	44,547	-	-
Office supplies	3,883	-	2,685	-	-	-	6,836	-	-	1,688	-	-
Insurance	-	-	500	-	-	-	-	-	-	-	-	-
Audit fees	2,137	-	2,035	-	-	-	-	-	-	-	-	-
Professional development	2,556	-	444	-	-	-	1,345	2,092	-	2,859	-	-
Program administration	-	-	-	-	6,060	-	18,574	-	-	10,025	-	-
Program promotion	-	-	-	-	-	110	-	-	12,129	-	-	-
Program supplies	5,232	3,737	18	18,011	25,889	57,585	3,387	14,767	-	1,771	-	17
Purchased professional services	1,667	-	-	-	-	7,602	38,211	-	-	8,932	-	-
Telephone and telecommunications	7,857	-	2,796	-	-	-	2,542	-	-	6,398	-	-
Travel	23,923	-	-	-	-	799	7,792	978	-	13,482	-	-
	53,513	3,737	14,178	55,655	1,643	66,096	95,287	17,837	12,129	89,792	-	17
Total expenditures	1,070,636	24,500	143,379	55,655	123,563	147,507	446,686	98,217	12,129	715,834	8,174	1,023

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs (continued)

Year ended December 31, 2018, with comparative information for 2017

	Community Alcohol and Drug Assessment Ontario Works	AOPHBA Conference	Community Mental Health Housing	Community Mental Health	Garden River CADAP Program	Infant Development	CMH 1150 Units	Brighter Futures for Children	Preschool Speech and Languages Initiative	PSL Communication Development	2018 Total	2017 Total
	$	$	$	$	$	$	$	$	$	$	$	$
Salaries and employee benefits:												
Salaries	65,786	-	81,140	2,052,318	145,221	422,227	-	54,626	370,797	166,146	5,357,952	5,358,014
Employee benefits	16,762	-	20,000	513,350	34,722	101,854	-	14,218	36,057	36,189	1,210,880	1,187,062
	82,548	-	101,140	2,565,668	179,943	524,081	-	68,844	406,854	202,335	6,568,832	6,545,076
Supplies and services:												
Equipment	-	-	-	-	-	5,355	-	-	-	3,000	14,501	24,689
Occupancy and renovations	-	-	-	350,326	-	52,614	11,426	2,044	813	(516)	491,094	470,725
Office supplies	-	-	-	4,183	-	2,746	-	-	1,750	5,088	28,859	18,590
Insurance	-	-	-	-	-	-	-	-	-	-	500	1,875
Audit fees	-	-	-	27,285	-	2,035	-	-	2,637	-	36,129	16,467
Professional development	-	-	-	6,576	-	3,767	-	-	-	3,138	22,777	32,533
Program administration	8,414	-	6,233	33,336	4,953	16,040	-	-	-	-	103,635	116,966
Program promotion	-	-	-	2,300	-	-	-	-	-	-	14,539	14,559
Program supplies	-	20,905	100	17,022	-	6,212	-	35,215	1,082	6,509	217,459	313,728
Purchased professional services	-	-	-	16,140	-	-	-	-	-	1,000	73,552	77,799
Telephone and telecommunications	51	-	-	37,388	1,041	7,739	-	504	1,742	3,050	71,108	70,839
Travel	861	-	2,122	93,226	62	24,433	-	2,848	12,194	1,481	184,201	187,476
	9,326	20,905	8,455	587,782	6,056	120,941	11,426	40,611	20,218	22,750	1,258,354	1,346,246
Total expenditures	91,874	20,905	109,595	3,153,450	185,999	645,022	11,426	109,455	427,072	225,085	7,827,186	7,891,322

ALGOMA PUBLIC HEALTH

Summary of Public Health Programs — Schedule 3

Year ended December 31, 2018, with comparative information for 2017

	2018 Total	2017 Total
Revenue:		
MOH Public Health Funding	$ 7,344,900	$ 7,022,987
Medical Officer of Health Compensation	126,451	98,782
Needle Exchange Program Initiative	64,700	50,700
MOH Funding Haines Food Safety	24,600	24,600
Social Determinants of Health	180,500	180,500
MOH Funding Vector Bourne Disease	108,700	108,700
Funding - Chief Nursing Officer	121,500	121,500
MOH Funding Smoke Free Ontario	320,600	316,592
MOH Funding SFO Youth Engagement	80,000	75,575
MOH Funding SFO Prosecution	-	3,000
MOH Funding SFO E - Cigarettes	16,000	4,652
MOH Funding Safe Water	69,600	69,600
MOH One Time Funding Safe Water Enhanced Safe Water	15,500	15,500
MOH Funding Unorganized	530,400	530,400
Diabetes Strategy	150,000	150,000
Northern Ontario Fruit and Vegetables	117,394	117,400
Panorama	71,908	62,244
MOH Funding Infection Control	222,300	222,300
MOH Funding Infection Control Nurse	90,100	90,100
MOH Funding Healthy Smiles	730,384	731,926
MOH Funding Harm Reduction	150,000	41,124
One Time Funding North East Collaborative	60,049	-
One Time Funding Legal Fees	49,300	-
MOH Funding PHI Practicum Student	10,000	10,000
Rabies Software	-	3,612
One time funding smoking cessation program	24,581	23,536
One Time Funding HPV	-	5,000
One Time Funding Needle Exchange Supplies	26,281	3,843
Levies	3,502,180	3,486,510
Recoveries from Programs	556,568	587,231
Interest	44,225	19,734
Other	26,127	17,277
New Purpose Built Vaccine Refrigerators	13,100	9,786
	14,847,948	14,204,711
Expenditures:		
Public Health	10,560,449	9,988,273
Healthy Smiles	730,384	731,926
Unorganized	530,400	530,400
Smoke Free Ontario	320,600	316,592
Infection Control	222,300	222,300
Social Determinants of Health	180,500	180,500
Vector Bourne Disease	144,933	144,933
Legal fees	49,300	-
Chief Nursing Officer	121,500	121,500
Infection Control Nurse	90,100	90,100
SFO Youth Engagement	80,000	75,575
Safe Water	85,100	92,800
Diabetes strategy	150,000	150,000
Northern Ontario Fruit and Vegetables	117,394	117,400
Needle Exchange Program Initiative	64,700	50,700
Rabies Software	-	1,118
Haines Food Safety	24,600	24,600
Safe Water Enhanced	15,500	15,500
Smoking Cessation Program	24,581	23,489
PHI Practicum Student	10,000	10,000
MOH Funding SFO E - Cigarettes	16,000	4,652
MOH Funding SFO Prosecution	-	3,000
Panorama	71,908	62,244
North East Collaborative	60,049	-
Medical Officer of Health Compensation	126,451	98,782
Harm Reduction	150,000	41,124
HPV	-	5,000
Needle Exchange Supplies	26,281	3,843
New Purpose Built Vaccine Refrigerators	13,100	9,786
	13,986,130	13,116,137
Excess of revenue over expenses	$ 861,818	$ 1,088,574

Algoma Public Health
(Unaudited) Financial Statements February 28, 2019

Algoma Public Health
Statement of Operations
February 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ YTD Budget 2019
Public Health Programs						
Revenue						
Municipal Levy - Public Health	**$ 917,045**	$ 879,923	$ 37,123	$ 3,519,690	4%	104%
Provincial Grants - Cost Shared Funding	**1,253,868**	1,253,867	1	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**499,496**	499,491	5	2,996,950	0%	100%
Fees, other grants and recovery of expenditures	**65,150**	88,776	(23,626)	695,214	-27%	73%
Total Public Health Revenue	**$ 2,735,559**	$ 2,722,056	$ 13,504	$ 14,735,054	0%	100%
Total Public Health Programs Expenditures	**$ 2,239,212**	$ 2,424,843	$ 185,630	$ 14,735,055	-8%	92%
Total Rev. over Exp. Public Health	**$ 496,347**	$ 297,213	$ 199,134	$ (1)		
Healthy Babies Healthy Children						
Provincial Grants and Recoveries	**$ 178,000**	178,002	2	1,068,011	0%	100%
Expenditures	**179,419**	177,635	1,784	1,068,011	1%	101%
Excess of Rev. over Exp.	**(1,419)**	367	(1,786)	-		
Public Health Programs - Fiscal 18/19						
Provincial Grants and Recoveries	**$ 208,727**	208,728	1	227,700		
Expenditures	**163,231**	227,700	(64,469)	227,700		
Excess of Rev. over Fiscal Funded	**45,496**	(18,973)	64,468	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	**$ -**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**31,465**	51,798	(20,333)	335,290	-39%	61%
Total Community Health Revenue	**$ 31,465**	$ 51,798	$ (20,333)	$ 335,290	-39%	61%
Expenditures						
Child Benefits Ontario Works	**1,063**	4,083	3,021	24,500	-74%	26%
Algoma CADAP programs	**45,592**	51,798	6,207	310,790	-12%	88%
Total Calendar Community Health Programs	**$ 46,654**	$ 55,882	$ 9,227	$ 335,290	-17%	83%
Total Rev. over Exp. Calendar Community Health	**$ (15,189)**	$ (4,083)	$ (11,106)	$ 0		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	**$ 5,225,921**	$ 5,224,457	$ 1,464	$ 5,719,161	0%	100%
Municipal, Federal, and Other Funding	**678,725**	697,603	(18,877)	733,905	-3%	97%
Other Bill for Service Programs	**46,423**		46,423			
Total Community Health Revenue	**$ 5,951,069**	$ 5,922,059	$ 29,009	$ 6,453,066	0%	100%
Expenditures						
Brighter Futures for Children	**107,555**	104,910	(2,645)	120,099	3%	103%
Infant Development	**573,090**	590,301	17,211	643,783	-3%	97%
Preschool Speech and Languages	**563,388**	563,150	(237)	614,256	0%	100%
Nurse Practitioner	**132,561**	133,498	937	145,452	-1%	99%
Genetics Counseling	**414,316**	337,155	(77,161)	367,806	23%	123%
Community Mental Health	**3,159,086**	3,304,571	145,485	3,607,765	-4%	96%
Community Alcohol and Drug Assessment	**658,292**	675,947	17,656	737,406	-3%	97%
Healthy Kids Community Challenge	**93,321**	112,500	19,179	112,500	-17%	83%
Stay on Your Feet	**89,318**	91,667	2,348	100,000	-3%	97%
Bill for Service Programs	**28,388**	-	(28,388)	-		
Misc Fiscal	**-**	4,000	4,000	4,000		
Total Fiscal Community Health Programs	**$ 5,819,315**	$ 5,917,699	$ 98,384	$ 6,453,066	-2%	98%
Total Rev. over Exp. Fiscal Community Health	**$ 131,754**	$ 4,360	$ 127,394	$ (0)		

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

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

Algoma Public Health
Revenue Statement
For Two Monthes Ending February 28, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Bgt. to Act. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Annual Budget 2019	*Comparison Prior Year:* *YTD Actual 2018*	*YTD BGT 2018*	*Variance 2018*
Levies Sault Ste Marie	609,525	609,525	0	2,438,100	0%	25%	606,441	606,441	0
Levies Vector Bourne Disease and Safe Water	14,858	14,858	0	59,433	0%	25%	14,858	14,858	0
Levies District	292,662	255,539	37,123	1,022,157	15%	29%	254,246	254,246	0
Total Levies	**917,045**	**879,922**	**37,123**	**3,519,690**	**4%**	**26%**	**875,545**	**875,545**	**0**
MOH Public Health Funding	1,224,152	1,224,150	2	7,344,900	0%	17%	1,188,484	1,188,484	0
MOH Funding Vector Borne Disease	18,116	18,117	(1)	108,700	0%	17%	18,116	18,116	0
MOH Funding Safe Water	11,600	11,600	0	69,600	0%	17%	11,600	11,600	0
Total Public Health Cost Shared Funding	**1,253,868**	**1,253,867**	**1**	**7,523,200**	**0%**	**17%**	**1,218,200**	**1,218,200**	**0**
MOH Funding Needle Exchange	10,784	10,783	1	64,700	0%	17%	8,452	10,783	(2,331)
MOH Funding Haines Food Safety	4,100	4,100	0	24,600	0%	17%	4,100	4,100	0
MOH Funding Healthy Smiles	128,316	128,317	(1)	769,900	0%	17%	128,316	128,316	0
MOH Funding - Social Determinants of Health	30,084	30,083	1	180,500	0%	17%	30,084	30,084	0
MOH Funding - MOH / AMOH Top Up	21,076	21,075	1	126,450	0%	17%	18,472	21,075	(2,603)
MOH Funding Chief Nursing Officer	20,252	20,250	2	121,500	0%	17%	20,252	20,250	2
MOH Enhanced Funding Safe Water	2,584	2,583	1	15,500	0%	17%	2,584	2,583	1
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	88,400	88,400	0
MOH Funding Infection Control	52,068	52,067	1	312,400	0%	17%	52,068	52,067	1
MOH Funding Diabetes	25,000	25,000	0	150,000	0%	17%	25,000	25,000	0
MOH Funding Northern Ontario Fruits & Veg.	19,564	19,567	(3)	117,400	0%	17%	19,568	19,567	1
Funding Ontario Tobacco Strategy	72,268	72,267	1	433,600	0%	17%	72,268	72,266	2
MOH Funding Harm Reduction	25,000	25,000	0	150,000	0%	17%	25,000	25,000	0
One Time Funding	0	0	0	0		0%	0	0	0
Total Public Health 100% Prov. Funded	**499,496**	**499,492**	**4**	**2,996,950**	**0%**	**17%**	**494,564**	**499,491**	**(4,927)**
Recoveries from Programs	1,677	1,677	0	27,621	0%	6%	1,677	1,667	10
Program Fees	34,107	39,766	(5,658)	238,593	-14%	14%	38,263	40,628	(2,365)
Land Control Fees	3,240	10,000	(6,760)	160,000	-68%	2%	3,175	26,666	(23,491)
Program Fees Immunization	16,957	25,833	(8,876)	155,000	-34%	11%	18,974	30,834	(11,860)
HPV Vaccine Program	0	0	0	12,000	0%	0%	298	0	298
Influenza Program	0	0	0	25,000	0%	0%	0	0	0
Meningococcal C Program	0	0	0	8,000	0%	0%	77	0	77
Interest Revenue	7,669	5,333	2,336	32,000	44%	24%	5,520	2,333	3,187
Other Revenues	1,500	6,167	(4,667)	37,000	0%	4%	0	2,334	(2,334)
Total Fees, Other Grants and Recoveries	**65,150**	**88,776**	**(23,626)**	**695,214**	**-27%**	**9%**	**67,983**	**104,462**	**(36,479)**
Total Public Health Revenue Annual	**$ 2,735,559**	**$ 2,722,056**	**$ 13,503**	**$ 14,735,054**	**0%**	**19%**	**$ 2,656,292**	**$ 2,697,698**	**$ (41,406)**
Public Health Fiscal									
Panorama	0	0	0	0	0%	0%	67,923	67,050	873
Smoke Free Ontario NRT	0	0	0	0	0%	0%	27,500	15,000	12,500
Practicum	9,168	9,168	0	10,000	0%	92%	9,164	5,000	4,164
Other One Time Fiscal Funding	199,559	199,559	0	217,700	0%	92%	18,419	25,112	(6,693)
Total Provincial Grants Fiscal	**$ 208,727**	**$ 208,727**	**$ -**	**$ 227,700**	**0%**	**92%**	**$ 123,006**	**$ 112,162**	**$ 10,844**

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 Two Monthes Ending February 28, 2019

(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ YTD Budget 2019	*Comparison Prior Year:* YTD Actual 2018	YTD BGT 2018	Variance 2018
Salaries & Wages	$ 1,388,546	$ 1,505,236	$ 116,690	$ 9,031,427	-8%	15%	$ 1,367,221	$ 1,472,626	$ 105,405
Benefits	374,700	364,181	(10,519)	2,185,088	3%	17%	362,952	350,634	(12,318)
Travel	27,364	31,845	4,481	191,069	-14%	14%	25,506	32,444	6,938
Program	58,565	105,239	46,674	631,433	-44%	9%	77,130	107,836	30,706
Office	11,929	17,257	5,328	103,544	-31%	12%	20,813	19,485	(1,328)
Computer Services	126,709	131,823	5,114	806,927	-4%	16%	138,452	112,647	(25,805)
Telecommunications	44,401	37,948	(6,454)	267,685	17%	17%	45,469	50,551	5,081
Program Promotion	4,410	10,488	6,079	62,930	-58%	7%	1,178	10,173	8,995
Professional Development	14,267	16,117	1,850	96,702	-11%	15%	17,821	17,142	(679)
Facilities Expenses	118,786	126,667	7,881	760,000	-6%	16%	102,332	132,500	30,168
Fees & Insurance	10,173	18,680	8,507	242,080	-46%	4%	106,736	113,075	6,339
Debt Management	76,816	76,817	0	460,900	0%	17%	76,816	76,817	0
Recoveries	(17,455)	(17,455)	0	(104,730)	0%	17%	(16,782)	(17,383)	(600)
	$ 2,239,212	$ 2,424,843	$ 185,631	$ 14,735,055	**-8%**	**15%**	$ 2,325,643	$ 2,478,545	$ 152,902

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 – February 2019

Reporting Period

The February 2019 financial reports include two months of financial results for Public Health and the following calendar programs; Healthy Babies & Children, Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting eleven month result from operations year ended March 31st, 2018.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of February 28th, 2019, Public Health programs are reporting a $199k positive variance.

Total Public Health Revenues are indicating a positive $14k variance. This is a result of timing of receipts of the municipal levy as some smaller municipalities have paid their portion of the levy in full. Fees, Other Grants and Recoveries are somewhat offsetting the size of the positive variance associated with Public Health Revenues. APH typically captures the bulk of its fees between the spring and fall months.

There is a positive variance of $186k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance.

As forecasted, the negative variance associated with Benefits Expense is reducing relative to January results. Employer contributions associated with Canada Pension Plan (CPP) and Employment Insurance (EI) are higher than budgeted however as the year progresses this negative variance will reduce. Employer CPP and EI contributions are higher earlier in the year as employees have not reached their maximum contribution amounts.

Community Health Calendar programs Revenues are showing a negative $20k variance. This is a result of timing of funding received.

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

Genetics Counseling is showing a negative $77k variance. APH management continues to use deferred revenue associated with the program to ensure actual program costs are fairly reflected. The general administration support Public Health Provides to the Genetics Program more accurately reflects actual usage. As APH makes plans to transition the management of the program to Health Science North, funding associated with the program will end March 31st, 2019. The plan is for APH to continue to use deferred revenue after March 31st, 2019, as the transition continues.

Healthy Kids Community Challenge is showing a $19k positive variance. The Healthy Kids Community Challenge Program ended September 30th, 2018. This program has now come to its conclusion.

Notes Continued…

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are showing a positive $37k variance. This is a result of timing of receipts of the municipal levy as some smaller municipalities have paid their portion of the levy in full.

Cost Shared Funding is within budget.

100% Provincially Funded Grants are within budget.

Fees, Other Grants & Recoveries are showing a negative variance of $24k. This is primarily a result timing of receipts of Program Fees, Land Control Fees and Program Fees Immunization. APH typically captures the bulk of its Land Control fees between the spring and fall months.

Public Health Expenses (see page 3)

Salary & Wages

The$117k positive variance associated with Salary and Wages expense is a result of the time it takes to recruit suitable candidates when a position becomes vacant within the agency. A Public Health supervisor position was budgeted for the full calendar year. The successful candidate started in late February. Currently, there are some vacant positions within the agency that have been budgeted but yet to be filled. Some of these positions will be absorbed once the Genetics program is fully transferred to Health Sciences North.

Benefits

Employer contributions associated with Canada Pension Plan and Employment Insurance are higher than budgeted due to this annual cost being equally distributed across the 12 months of the year. Many employees reach their maximum contributions well before year end and consequently the negative variance will resolve as the year progresses.

Office

Office expense is indicating a positive $47k variance. As Public Health programs are only two month's into the budget year, this variance is a result of timing of expenses not yet incurred.

As noted in the approved 2019 Public Health Operating Budget, APH's lease commitments associated with the bulk of its photocopies and printers expired in 2018. APH Management has utilized Co-operative Purchasing programs to obtain pricing from two prospective vendors. The use of Co-operative Purchasing programs allows government agencies to leverage the buying power of the broader public sectors, such as education and government, to achieve optimal pricing. By utilizing Co-operative Purchasing programs, APH has assurance that a competitive purchasing process was completed by the Co-operative, thus saving time and resources for APH.

Cost savings are anticipated and were factored into the 2019 Budget.

Notes Continued…

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of February 28th, 2019. Cash includes $835k in short-term investments plus $2.9M in APH's operating account.

Long-term debt of $5.08 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $297k 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 collection concerns for accounts receivable.

NOTE:
Similar to previous years, the Balance Sheet as of February 28th, 2019 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2018 annual audited Financial Statements are completed, the Balance Sheet will be provided.

Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Finance and Audit Committee

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

Date: April 10th, 2019

Re: Information Technology Services Plan Options

☐ For Information ☒ For Discussion ☒ For a Decision

ISSUE:

Algoma Public Health (APH) outsources its information technology (IT) services. The Service Level Agreement (SLA) with APH's provider was to expire on April 1st, 2019 but was extended to April 1, 2020 by the Board of Health in 2018. This one-year extension was provided as a result of APH exploring shared services opportunities with other health units within the Northeast area and to provide time to review any collaboration opportunities. Although the NE Collaborative project is still ongoing, the Finance and Audit Committee recommended that staff prepare IT Service plan options for consideration in preparation of the contract expiration in 2020.

Specifically, the Finance and Audit committee would like to mitigate the risk of an outside supplier being the sole source of IT services for the agency.

Potential conflict of interest scenarios have to be managed as a result of APH being 100% dependent on the services of an outsourced IT provider. Some examples include:

- Late 2017, APH went out to tender for network servers. APH had to reach out to Sault Area Hospital IT staff to help evaluate the Request for Proposal submissions as one of the proponents was APH's outsourced provider. APH did not have internal resources with the adequate technical knowledge to assess the RFP.
- With respect to tendering preparations for IT services, since APH currently outsources its entire IT operations and has no internal resource with the technical expertise to articulate what specifications would be required to service APH's IT requirements, APH would require assistance in this regard. APH would have to procure the services of a consultant to help assess the specifications needed in the Request for Proposal when APH is ready to go out to tender. This evaluation would take some time in advance of any Request for Proposal being issued. Also, if a transition plan is needed among service providers, this will take time as well.

The issue is whether APH's current IT structure could be improved.

BACKGROUND:

In 2014, APH entered into a formal Service Level Agreement (SLA) with MicroAge Technical Services for IT service needs. Prior to that, it is management's understanding, that IT needs were performed on an ad-hoc basis. With the increased dependence on technology, having a formal IT department is critical in today's workplace, especially in public health.

MicroAge provides onsite professional consulting and technical support services. The SLA includes:

- Electronic Health Record Support
- Network monitoring/infrastructure support
- System Administration and Security
- IT Contract Administration support
- Asset Management
- Hardware maintenance
- Internet Service provision
- Server maintenance
- Network Switches, Routers, VoIP, Firewalls
- Workstation/Monitor
- Printers and Copiers
- Helpdesk
- 24 x 7 Coverage
- Antivirus
- E-mail System Administration

Items not included in the SLA which MicoAge performs is:

- IT Strategic Support
- Cell Phone administration

The current breakdown of MicroAge resources is:

- System Engineer (Manager)
- System Engineer (Flexible depending on demands)
- Senior Software Developer (EHR Support)
- Junior Software Developer (Intranet Support)
- Help Desk (daily troubleshooting support)

Within the SLA, there is a Non-Solicitation clause which states:

"Without MicroAge's prior written consent, which consent shall not be unreasonable withheld, neither APH nor its subsidiaries or affiliated companies shall directly solicit for contract, employ or otherwise retain service providers of MicroAge (other than services providers who have ceased to be employed by MicroAge prior to the date of APH's solicitations or offer of contract) directly involved in a Support Plan until the expiry of three (3) months after termination of the Support Plan. If, notwithstanding, APH should hire a service provider of MicroAge prior to the expiry of such three (3) month period, APH shall pay to MicroAge a sum equal to twenty-five per cent (25%) of the salary of such service provider for the first year of contract with APH."

From a risk management perspective, maintaining some form of continuity of IT operations is important.

OPTIONS FOR CONSIDERATION:

The options provided are made under the assumption of continuing with some form of the current IT outsourcing model.

1) No Change in IT Service Model Delivery
2) No change in IT Service Model delivery with language in Service Level Agreement Language preventing outsourced Service Provider from bidding on APH hardware needs in the future.
3) Post for a new internal Manager of IT role and continue to contract out IT services excluding IT Manager role from the contract.
4) Contract-out IT Consultant services whenever potential conflict of interest situation arises. This may be further explored through the Northeast Collaborative project.
5) Any combination of above options.

EVALUATION OF OPTIONS

Option #1: No Change in IT Service Model Delivery

Description: IT Services 100% outsourced.

Pros: Allows a team of IT experts to provide IT services and strategic advice to APH. The outsource model allows APH more time to focus on its core competency of delivering Public Health Programs and services.

Cons: Inherent conflict of interest situations arise with the service provider when pricing hardware. Additionally, APH has no internal IT resource with expertise. This issue is highlighted when attempting to develop IT service requirements for outsourcing. APH is 100% dependent on contracted services. Contracting-out IT services may result in a disconnect between APH's strategic plan and IT operating plan.

Estimated Incremental Costs: $0

Option #2: No Change in IT Service Model Delivery with language built into future SLAs preventing outsourced Service Provider from bidding on APH hardware needs.

Description: New Service Level Agreement would provide language restricting service providers from bidding on APH hardware. An IT Consultant would need to be contracted-out for up to one year to help with the development of IT service deliverables language required for the IT Service Request for Proposal (RFP) development and evaluation.

Pros: Same as Option 1 but eliminates the inherent conflict of interest situation that may arise.
Cons: Cost of external IT Consultant. APH would not have an internal resource with IT expertise.

Estimated Incremental Costs: $65,000 for consultant fees to assess IT requirements and lead RFP process for new IT Service Contract for the balance of calendar year (assuming July start date and annualized salary and benefits cost of $130,000). In the long-term, no incremental costs would be incurred.

Option # 3: Post for a new internal Manager of IT role and continue to contract out IT services excluding IT Manager role from the contract

Description: APH would hire an IT Manager to oversee APH's IT services, similar to other administrative management positions within the agency (e.g. Manager of Accounting, Manager of Communications, and Manager of Facilities). In the short-term (balance of 2019), the internal IT Manager would work with the current outsourced IT resources to gain an understanding of APH's IT environment with the goal of developing language for an RFP for IT services by the end of 2019. In the long-term (new SLA agreement in place), APH would have four (4) outsourced IT resources instead of maintaining the current complement of five (5) outsourced IT resources in addition to the one (1) internal IT resource.
Pros: APH would have an internal IT resource who would serve as the subject matter expert. This would also eliminate the inherent conflict of interest scenarios noted above.
Cons: There is a risk that the continuity of IT operations may be disrupted in the short-term.
Estimated Incremental Costs: $65,000 for balance of this year (assuming July start date and annualized salary and benefits cost of $130,000). In the long-term, cost associated with an internal IT Manager may be offset by the composition outsourced IT resources.

Option #4: Contract-out IT Consultant services whenever potential conflict of interest situation arises. This may be further explored through the Northeast Collaborative project.
Description: APH has invested time and resources in exploring shared-service opportunities with the four (4) other Northeastern Health Units. The project is entering Phase III – Business Case Development and Pilot Projects, with expected completion of March 31st, 2020. One item to be explored further is Information Management/Technology. The current SLA agreement for IT services would have to be extended for an additional year with an expiration date of April 1, 2021 in order to determine if any recommendations can be applied.
Pros: Thorough analysis will have been completed to determine if there are any collaboration opportunities with respect to IT services and any potential for cost savings.
Cons: This would delay the tending process of the current IT service contract by another year.
Estimated Incremental Costs: Unknown

Option #5: Some combination of above options.

Description: Certain aspects of options noted above could be selected to meet APH's IT service needs.
Pros: Unknown
Cons: Unknown
Estimated Incremental Costs: Unknown

SUMMARY

IT services for any agency is a vital part of its administrative services, both from a risk management perspective and efficiency perspective. IT services are required in one form or another. It is recommended that a measured approach be taken; one that manages the continuity of APH's IT operations and manages the inherent risk with making any changes. The outsourcing model is currently working for APH. The options presented above maintain this approach however vary in APH's reliance on service providers. Currently IT services cost APH approximately $52,000 per month or $624,000 per year. Total dollars spent on IT services should remain relatively the same in the long- term.

In the short-term (balance of this year) APH may incur incremental costs under certain option presented. These costs would be incurred to mitigate APH's reliance on outsourced resources for its IT needs.

CONTACT:

J. Pino, Chief Financial Officer

APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-065
DATE:	O: June 17, 2015 Revised: June 24, 2017	**SECTION:**	Board
PAGE:	1 of 2	**SUBJECT:**	Algoma Board of Health Reserve Fund

Purpose

To provide guidance on the establishment, maintenance, and use of a reserve fund.

Policy

The Board of Health for the Algoma Public Health has established reserves as follows:

Background:

The Health Protection and Promotion Act (the "Act") requires, in section 72(1), that the expenses incurred by or on behalf of a Board of Health and the Medical Officer of Health/Chief Executive Officer (MOH/CEO) in the performance of their functions and duties under the Act or any other act shall be borne and paid by the Municipalities in the health unit served by the Board of Health.

Section 72(5) (1) of the Act requires the Board of Health to cause the preparation of an annual estimate of expenses for the next year. Such estimate of expenses may from time to time be too high or too low resulting in an excess or a shortfall respectively of funds paid by the Municipalities.

The Board of Health considers it prudent and expedient to establish reserve funds, which include reserves, into which, inter alia, any excess funds received in any year be paid to be applied to cover any shortfall of funds in future years.

Section 417(1) of the Municipal Act empowers the Board of Health in each year to provide in its estimate of expenses for the establishment or maintenance of a reserve fund for any purpose for which it has authority to expend funds.

Section 417(2) of the Municipal Act only requires the approval of the Councils of the majority of the Municipalities in a health unit for the establishment and maintenance of a reserve fund if the Board of Health is required to obtain such approval for capital expenditures.

Section 52(4) of the Act only requires the Board of Health to seek the approval of the Councils of the majority of Municipalities in a health unit for capital expenditures made to acquire and hold real property.

To obviate the need to seek the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit to establish and maintain a reserve fund, the reserve fund will contain a restriction that the funds therein shall not be used for capital expenditures to acquire real property without first obtaining the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit as required by section 52(4) of the Act.

Motion: 2015-91 ALGOMA BOARD OF HEALTH UNIT RESERVE FUNDS

THEREFORE BE IT RESOLVED THAT

1) The Board of Health forthwith establish and maintain reserve funds for Working Capital, Land Control, Human Resources Management, Public Health Initiatives and Response, Corporate Contingencies, and Facility and Equipment Repairs and Maintenance; and,
2) The reserve funds shall be used and applied only to pay for expenses incurred by or on behalf of the Board of Health and the Medical Officer of Health in the performance of their functions and duties under the Health Protection and Promotion Act or any other Act; and,
3) None of the reserve funds shall be used or applied for capital expenditures to acquire and hold real property unless the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit have been first obtained pursuant to section 52(4) of the Act; and,
4) The Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which is to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost shared programs and services; and,
5) All lease revenues, received by the Board of Health under leases of part of its premises, in excess of the actual operating costs attributable to the leased premises, shall be paid annually into the reserve funds; and,
6) Any over-expenditures in any year shall be paid firstly from the reserve funds and only when the reserve funds shall have been exhausted will the Board of Health seek additional funds from the Municipalities to pay for such over-expenditures; and,
7) Any excess revenues in any year resulting from an over estimate of expenses shall be paid into the reserve funds; and,
8) The MOH/CEO shall, will Board approval, in each year direct the allocation of excess funds to such reserve fund or funds as the MOH/CEO shall decide; and,
9) The MOH/CEO shall be entitled to transfer funds from one reserve fund to another reserve fund at any time and from time to time.

The MOH/CEO shall be responsible for the management of the reserves in accordance with respective Board of Health motions and Board By-law 2015-1.

The approval of the Board of Health shall be required for any transfers from the Board’s reserves that constitute part of the annual budget approval process or that are in excess of $50,000 per transaction.

Peterborough Public Health
1889-2019 LOCAL & STRONG

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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peterboroughpublichealth.ca

April 3, 2019

The Honourable Lisa MacLeod
Ministry of Children, Community and Social Services
56 Wellesley Street West, 14th Floor
Toronto, ON M74 1E9
lisa.macleod@pc.ola.org

Dear Minister MacLeod:

Re: Funding for the Healthy Babies, Healthy Children Program

At its meeting on March 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Thunder Bay District Health Unit (TBDHU) regarding the above noted matter. We are in full support of TBDHU's call to action and share their concern and the concern of other local public health agencies regarding the Healthy Babies, Healthy Children (HBHC) program funding.

Similarly, to other communities the demand for HBHC services in our community continues to climb, the need is great. As well, Peterborough Public Health has seen an increase in the complexity of clients in the HBHC program.

As you are aware, in 2016 the firm MNP performed a review of the HBHC program provincially and found a funding gap of approximately $7.08M (Ministry of Children and Youth Services-Healthy Babies, Healthy Children Program Review Executive Summary p.7). This gap continues to grow every year with increases in salaries, benefits and operational costs. This gap creates barriers by reducing our reach to at-risk clients and families, as well as creating a wait-list for our services.

We appreciate your attention to this important public health issue.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Association of Municipalities of Ontario
Association of Local Public Health Agencies
Ontario Boards of Health

Thunder Bay District
Health Unit

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Nipigon District
Memorial Hospital
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TBDHU.COM

November 21, 2018

SENT VIA EMAIL

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
14th Flr, 56 Wellesley St W,
Toronto, ON
M7A 1E9

Dear Minister MacLeod,
On behalf the Thunder Bay District Health Unit (TBDHU) Board of Health, it is with significant concern that I am writing to you regarding funding for the Healthy Babies, Healthy Children (HBHC) Program.

The Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

In 1997 the province committed to funding the Healthy Babies Healthy Children program at 100%. Province wide funding allocations have been essentially "flat-lined" from an original allocation that was completed in 2008, with the exception of the one-time funding increases for implementation of the 2012 Protocol. In the interim, collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program. Management and administration costs related to the program are already offset by the cost-shared budget for provincially mandated programs.

Simultaneously the complexity of clients accessing the program has increased requiring that more of the services be delivered by professional versus non-professional staff. The TBDHU has made every effort to mitigate the outcome of this ongoing funding shortfall however it has become increasingly more challenging to meet the targets set out in HBHC service agreements. At the current funding level services for these high-risk families will be reduced.

In 2016 the firm MNP performed a review of the HBHC program provincially and found that "based on the activities of the current service delivery model, and using the targets outlined in the service agreements … there is a gap in the current funding of the program of approximately $7.808M." (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7)

The Thunder Bay District Board of Health continues to advocate that the Ministry of Children, Community and Social Services fully funds the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

…/2

Thank you for your attention to this important public health issue.

Sincerely,

Original Signed by

Joe Virdiramo, Chair
Board of Health
Thunder Bay District Health Unit

cc. Michael Gravelle, MPP (Thunder Bay-Superior North)
Judith Monteith-Farrell, MPP (Thunder Bay-Atitkokan)
All Ontario Boards of Health

Perth District Health Unit
653 West Gore Street
Stratford, Ontario N5A 1L4
(519) 271-7600 • www.pdhu.on.ca

April 2, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

Re: Strengthening SFOA, 2017

On March 20, 2019 the Board of Health of the Perth District Health reviewed correspondence from the Renfrew County and District Health Unit and passed a motion to send a letter regarding strengthening the *Smoke-Free Ontario Act, 2017* to address the promotion of vaping.

Vaping among youth has increased in the last two years[1], and e-cigarette use has been found to increase the risk of cigarette use in youth[2]. The Perth District Health unit is concerned that increased exposure to vapour products through display and promotion will lead to further increased vaping and tobacco use in youth, negating the progress made over the last twenty years to de-normalize tobacco use.

While the *Smoke-Free Ontario Act, 2017* and accompanying regulation included many favourable changes regarding smoking of tobacco, cannabis and vaping of any substances, further strengthening of the Act is needed. The current legislation only bans vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products at vapour product retailers. This has led to widespread advertising both in and outside of these premises, exposing kids and youth to vapour product marketing. We have seen creative advertisements such as, displays, posters and signs that are affixed to windows, on power walls, hung from ceilings, and attached to the pumps and concrete bollards at gas stations.

We are concerned about the appeal of these vapour products advertisements on children and youth as the sheer magnitude of this advertising can make these products seem socially desirable. The evidence clearly states that non-tobacco users should not start using vapour products; especially youth and young adults[3]. In addition to the risk of e-cigarette use increasing future combustible tobacco use and the known health effects from tobacco, public health is concerned about the detrimental impacts that nicotine exposure can have on the developing brain[4].

The Perth District Health Unit supports the strengthening of the *Smoke-Free Ontario Act, 2017* to include banning all advertisements at any point of sale location where youth have access. This prohibition should be inclusive of any type of physical or electronic promotion including window and countertop displays, 3D models of vapour products, posters, signs, free-standing advertising (both in-store and outside store premises) and images on convenience store screens.

Sincerely,

Kathy Vassilakos, Chair
Board of Health

.../over

References:

1. Propel Centre for Population Healthy Impact, University of Waterloo. Canadian Student Tobacco, Alcohol and Drugs Survey Overview of Results, 1994-2016/17; 2018
2. National Academies of Sciences, Engineering, and Medicine. Public Health Consequences of E-Cigarettes. Washington National Academies Press. Published 2018. Accessed March 29, 2019
3. Berry, K. M., Fetterman, J. L., Benjamin, E. J., Bhatnagar, A., Barrington-Trimis, J. L., Leventhal, A. M., & Stokes, A. (2019). Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA network open*, *2*(2), e187794-e187794.
4. England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. American Journal of Preventive Medicine, 49(2), pp.286-293.

MK/mr

c. Randy Pettapiece, MPP Perth Wellington
Ontario Boards of Health

THE CORPORATION OF THE
MUNICIPALITY OF WAWA

File No. 9.1
February 27, 2019

Algoma Health Unit
294 Willow Avenue
Sault Ste. Marie, ON
P6B 0A9

Re: 50th Anniversary – November 28, 2018

On behalf of myself and the Members of Municipal Council for the Municipality of Wawa, I would like to take this opportunity to congratulate the Algoma Public Health on its 50th Anniversary.

The Municipality of Wawa recognizes the importance of the services offered by the Algoma Public Health to our community in developing healthier environments to support and inform healthy living, responding to public health emergencies, and promoting social conditions that improve health.

Once again, congratulations on this milestone.

Regards,

Ron

Mayor Ron Rody

The Council of The Corporation of the Municipality of Wawa is very pleased to congratulate the Algoma Public Heath on its

50th Anniversary

November 28, 2018

Ron Rody, Mayor

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

April 3, 2019

Honourable Minister Christine Elliott
Minister of Health and Long-Term Care
80 Grosvenor Street, 10th Floor, Hepburn Block
Ministry of Health and Long-Term Care
Toronto, Ontario, M7A 1E9

Delivered via email
Christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we applaud the Ministry of Health and Long-Term Care (MOHLTC) for striving to achieve optimal health and wellness for school-aged children and youth. It is, however, with concern that I am writing to you regarding funding for the Child Visual Health and Vision Screening protocol. The Child Visual Health and Vision Screening protocol was introduced in 2018 (by the MOHLTC) and provides direction to boards of health on child visual health and vision screening services to be offered in the school setting.

Childhood vision screening programs have the potential to detect refractive errors, strabismus and other similar conditions which impact visual acuity and in turn benefit an affected child's visual and general development. We endorse the implementation of the Child Visual Health and Vision Screening protocol to provide vision screening services in the school setting. The protocol requires 100% of all senior kindergarten children to be screened utilizing three different screening tools requiring a minimum of 10-15 minutes per child per screening. In our jurisdiction, there are approximately 2200 children that will need to be screened to maintain the standard in each school year.

To ensure this program is operational and sustainable, it is requested that additional funding be provided to implement this new vision screening program within schools.

Thank you for your consideration of our comments and request. We look forward to hearing from you. For further information, please contact David Smith, Program Director of School Health at dsmith@swpublichealth.ca or 519-631-9900 ext. 1245.

Sincerely,

Larry Martin
Chair, Board of Health

Copy: Members, SWPH Board of Health
C. St. John, CEO, SWPH
M. Nusink, Director of Finance, SWPH
Association of Local Public Health Agencies
Ontario Boards of Health

Algoma Family Services
SERVICES AUX FAMILLES D'ALGOMA

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April 5, 2019

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliottco@ola.org

Dear Minister Elliott,

Subject: Regional Level III Residential Withdrawal Management Services Facility

At its meeting on March 28, 2019, the Board of Directors of Algoma Family Services carried the following resolution:

Resolution # 0707:

Responding to the burden of illness of addiction in Sault Ste. Marie and in Algoma by putting adequate treatment in place: support for a regional level III residential withdrawal management services facility.

WHEREAS the Board of Algoma Family Services has a general mandate to work with community partners to improve overall well-being for the population of Algoma, and a specific mandate to reduce the burden of substance use, especially among youth; and

WHEREAS substance use disorder, commonly known as drug addiction, is a significant public health issue in communities across Canada, including the City of Sault Ste. Marie and other Algoma and northern Ontario communities; and

WHEREAS young people in Algoma ages 14 – 25 are more likely to experience a mental illness and/or substance use disorder than other age groups and that a level III withdrawal management facility will help not only treat but also reduce the potential loss of young lives due to an overdose or opioid poisoning; and

WHEREAS one of the top recommendations in the 2019 Sault and Area Drug Strategy Report is to "Increase treatment capacity and expand access to the community-based mental health and substance use services for children and youth (age 14 – 25)…we have a critical need for increased youth counsellors and treatment facilities such as youth withdrawal"; and

WHEREAS in 2017, the City of Sault Ste. Marie had the 8th highest emergency department visit rate for opioid-poisoning, compared to other cities in Canada with a population of 50,000-99,999; and

WHEREAS in 2017, the death rate from opioid poisonings in Algoma was double the Ontario rate (19.1 versus 8.9 deaths per 100,000 people); and

WHEREAS in 2017, Algoma's hospitalization rate for drug toxicity was double the provincial rate (133.1 versus 62.5 hospitalizations per 100,000 people); and

WHEREAS in 2017, Algoma's hospitalization rate due to mental health or addictions issues was triple the provincial rate (553.9 versus 184.3 hospitalizations per 100,000 people); and

WHEREAS the North East Local Health Integration Network (LHIN) also experiences a higher burden of deaths from opioid poisonings and hospitalizations for mental health and addictions compared to Ontario; and

WHEREAS treatment is one of the four pillars of an evidence-based approach to addressing substance- related harms; and

WHEREAS withdrawal from substances without medical monitoring can be ineffective, dangerous and
fatal; and

WHEREAS a level III withdrawal management services facility provides proper medical monitoring; and

WHEREAS there is currently no access to treatment for those requiring level III withdrawal management services in northern Ontario; and

WHEREAS provision of this much-needed service would be consistent with the Premier's commitment to ending hallway medicine by matching local needs to an appropriate mix of services and potentially alleviating the burden on hospitals; and

WHEREAS the Sault Area Hospital has worked with the North East LHIN to seek provincial approval and funding for a proposed level III facility that would serve the region of northeastern Ontario; and

WHEREAS in April of 2018, the Council of the City of Sault Ste. Marie endorsed the proposal and committed to working with community partners to collectively address substance use disorder; and

WHEREAS in December of 2018 and again in March of 2019, the Mayor of the City of Sault Ste. Marie wrote to the provincial government to request notification of a funding decision regarding this facility; and

WHEREAS the Sault Ste. Marie & Area Drug Strategy is calling upon community partners to voice clear support for the provincial approval of a level III withdrawal management services facility;

NOW THEREFORE BE IT RESOLVED THAT the Board of Algoma Family Services write to the Ontario Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to request the approval of funding for a regional level III residential withdrawal management services facility, to be located in Sault Ste. Marie; and

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of Parliament of northeastern Ontario, the Chief Medical Officer of Health of Ontario, the Boards of Health of northeastern Ontario, the councils of Algoma municipalities, the Sault Area Hospital CEO, and the North East LHIN CEO.

Sincerely,

S. Dewar

Sherrill Dewar
Chair, AFS Board of Directors
Algoma Family Services

Cc (via email):

- Federal Minister of Health,
- Members of Parliament of northeastern Ontario
- Chief Medical Officer of Health of Ontario
- Boards of Health of northeastern Ontario
- Councils of Algoma municipalities
- Sault Area Hospital CEO
- North East LHIN CEO

MINDING PUBLIC HEALTH

2019 alPHa Annual Conference

June 9 – 11, Four Points by Sheraton, 285 King St., Kingston ON

DRAFT PROGRAM-AT-A-GLANCE *

**all events held at conference hotel unless otherwise indicated* *updated 2019-03-04*

Sunday, June 9, 2019		
2:00 – 4:00	**Guided Walking Tour of Downtown Kingston** Meeting place: Lobby of Four Points hotel (to be confirmed) Tour Guides: • Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit • Susan Cumming, RPP, Adjunct Lecturer, Queen's University and Past President, Ontario Professional Planners Institute	
2:00 – 5:30	**Registration**	
4:00 – 6:00	**alPHa Board of Directors Meeting** Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston	Offsite – see description
	Trolley buses depart hotel 5:30 pm to health unit; depart health unit 7:00 pm to hotel. *Special thanks to trolley sponsors Shoalts and Zaback Architects Ltd., designers of KFL&A Public Health's new office.*	
6:00 – 7:00	**Opening Reception** Greetings by Mark Gerretsen, MP, Kingston and The Islands (to be confirmed) Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston *Special thanks to KFL&A Public Health for sponsoring the reception.*	Offsite – see description
Monday, June 10, 2019		
7:00 – 8:00	**Continental Breakfast & Registration**	
8:00 – 10:00	**Annual General Meeting and Resolutions Session**	

	AGM and Resolutions Chair: Robert Kyle, alPHa President (to be confirmed)	
10:00 – 10:30	**Fitness Break**	
10:30 – 10:35	**Welcoming Remarks** by Bryan Paterson, Mayor of Kingston (to be confirmed)	
10:35 – 11:45	**Opening Plenary Session** • Dr. Theresa Tam, Canada Chief Public Health Officer (confirmed) • Hon. Christine Elliott, Minister of Health & Long-Term Care (to be confirmed)	
11:45 – 1:30	**Distinguished Service Awards Luncheon**	
1:30 – 3:00	**Plenary Session: Panel on Mental Health & Public Health – Part I** (Downstream Focus) Much of public health's work centers on upstream approaches to keep the population healthy. In times of crisis and emergencies, however, public health finds it must employ downstream interventions and strategies to save lives. This session will examine how public health and community partners can best work together to address mental health issues from a downstream perspective using the current opioid epidemic as an example. Moderator: Nadia Zurba, Senior Manager, Ontario Harm Reduction Distribution Program (confirmed) Panelists: • Antje McNeely, Chief of Police, Kingston Police (confirmed) • Monika Turner, Director of Policy, Association of Municipalities of Ontario (confirmed) • TBD	
3:00 to 3:30	**Break**	
3:30 to 5:00	**Plenary Session: Panel on Mental Health & Public Health – Part II (Upstream Focus)** Amidst the growing mental health crisis, there is increasing recognition that getting at the root causes of mental illness and preventing them in the first place will mitigate their negative health impacts at personal and societal levels. This session will focus on the upstream approach that public health and education partners are taking to address the mental health crisis both individually and collectively. Moderator: TBD Panelists:	

	• Dr. Andrea Feller, Associate Medical Officer of Health, Niagara Region Public Health (confirmed) • TBD • TBD	
5:30 to 7:00	**Reception** (sponsored by Lone Star Texas Grill) *Refreshments provided; cash bar.* Location: Lone Star Texas Grill, 251 Ontario St., Kingston (a 5-minute walk from the Four Points hotel)	Offsite – see description
7:00 onward	Delegates on their own for dinner	
Tuesday, June 11, 2019		
7:30 – 8:30	**Continental Breakfast**	
8:30 – 9:00	**Plenary Session: Lyme Disease Update** Speaker: Dr. Kieran Moore, Medical Officer of Health, KFL&A Public Health (confirmed)	
9:00 – 12:00	**Concurrent Section Meetings** (Boards of Health Section, COMOH)	
12:00	**Conference Ends** Delegates on their own for lunch	
12:30 – 1:30	**Inaugural alPHa Board of Directors Meeting**	

From: Susan Lee
To: All Health Units
Subject: alPHa Resolutions for Consideration Due April 26
Date: Thursday, April 11, 2019 11:40:17 AM

ATTENTION:

All Medical Officers of Health
All Board of Health Chairs
****

This is a reminder that the deadline to submit resolutions for consideration at the Resolutions Session on June 10 during alPHa's upcoming annual conference is **Friday, April 26, 4:30 PM.**

Please click the link below for further information:
https://cdn.ymaws.com/www.alphaweb.org/resource/resmgr/2019_june_conference/call_2019_resolutions.pdf

Kind regards,

Susan

Susan Lee
Manager, Administrative & Association Services
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Dear alPHa Members,

Re: 2019 Ontario Budget, Protecting what Matters Most

Unlike previous recent budgets, the 2019 Ontario Budget contains a section devoted specifically to Modernizing Ontario's Public Health Units, so the traditional chapter-by-chapter summary of other items of interest to alPHa's members will be delayed as our immediate focus will be need to be on the significant changes that are being proposed for Ontario's public health system.

It appears that the Government intends to create efficiencies through streamlining back-office functions, adjusting provincial-municipal cost-sharing, and reducing he total number of health units and Boards of Health from 35 to 10 in a new regional model. As details about how they will do this are scarce, verbatim excerpts from the two areas that are directly relevant are reproduced here (*comments added in italics*):

VERBATIM EXCERPT FROM CHAPTER 1, A PLAN FOR THE PEOPLE: MODERNIZING ONTARIO'S PUBLIC HEALTH UNITS (P. 119)

"Ontario currently has 35 public health units across the province delivering programs and services, including monitoring and population health assessments, emergency management and the prevention of injuries. Funding for public health units is shared between the Province and the municipalities.

However, the current structure of Ontario's public health units does not allow for consistent service delivery, could be better coordinated with the broader system and better aligned with current government priorities. This is why Ontario's Government for the People is modernizing the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention.

As part of its vision for organizing Ontario public health, the government will, as first steps in 2019-20:

- Improve public health program and back-office efficiency and sustainability while providing consistent, high-quality services, be responsive to local circumstances and needs by adjusting provincial-municipal cost-sharing of public health funding (*ed. Note: what this means is not spelled out, i.e. it is not clear how such an adjustment would contribute to efficiency and if they are considering a change to the relative share, they have not revealed what it will be*).

- Streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities (*ed. Note: again, not spelled out*).

The government will also:

- Establish 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020-20 (*based on the excerpt from chapter 3 below, it is likely that this means consolidation and not the establishment of another regional layer*);

- Modernize Ontario's public health laboratory system by developing a regional strategy to create greater efficiencies across the system and reduce the number of laboratories; and

- Protect what matters most by ensuring public health agencies focus their efforts on providing better, more efficient front-line care by removing back-office inefficiencies through digitizing and streamlining processes.

VERBATIM EXCERPT FROM CHAPTER 3, ONTARIO'S FISCAL PLAN AND OUTLOOK (HEALTH SECTOR INITIATIVES, P. 276-7):

Health Sector expense is projected to increase from $62.2B in 2018-19 to $63.5B in 2021-22, representing an annual average growth rate of 1.6% over the period…Major sector-wide initiatives will allow health care spending to be refocused from the back office to front-line care. These initiatives include:

- Modernizing public health units through regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, leading to annual savings of $200M by 2021-22.

Gordon Fleming and Pegeen Walsh (ED, OPHA) were able to ask a couple of questions of clarification of Charles Lammam (Director, Policy, Office of the Deputy Premier and Minister of Health and Long-Term Care), and he mentioned that strong local representation and a commitment to strong public health standards will be part of the initiative, and the focus of the changes is more on streamlining the governance structure. He also indicated that many of the details (including the cost-sharing model) will need to be ironed out in consultation with municipal partners and hinted that there is a rationale behind the proposed number of health units though he couldn't share that level of detail at this time.

Please click here for the portal to the full 2019 Ontario Budget, which includes the budget papers, Minister's speech and press kits.

alPHa's Executive Committee will be holding a teleconference at 9 AM on Friday April 12 to begin the formulation of a strategic approach to obtaining further details about the foregoing and responding to the proposals. As always, the full membership will be consulted and informed at every opportunity.

We hope that you find this information useful.

Loretta Ryan,
Executive Director

Association of Local PUBLIC HEALTH Agencies

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Providing leadership in public health management

NEWS RELEASE

April 12th, 2019 **For Immediate Release**

Ontario Budget 2019 – Reducing Investments in Public Health

The Association of Local Public Health Agencies (alPHa), which represents Ontario's Medical Officers of Health, Boards of Health members and front-line public health professionals throughout the province, is surprised and deeply concerned to learn of the Government's plans to restructure Ontario's public health system and reduce its funding by $200M per year.

"Investments in keeping people healthy are a cornerstone of a sustainable health care system. We have spent considerable time since the election of the new Government communicating the importance of Ontario's locally-based public health system to ending hallway medicine," said alPHa President Dr. Robert Kyle. "The reality is that this $200M savings is a 26% reduction in the already-lean annual provincial investment in local public health. This will greatly reduce our ability to deliver the front-line local public health services that keep people out of hospitals and doctors' offices."

In order to achieve this reduction, the Government is proposing to replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size. As alPHa pointed out in its response to the previous Government's Expert Panel on Public Health Report (which proposed a similar reduction), the magnitude of such a change is significant and will cause major disruptions in every facet of the system. "The proposed one-year time frame for this change is extremely ambitious, and we hope that the government will acknowledge the need to carefully examine the complexities of what it is proposing and move forward with care and consideration," added Dr. Kyle.

Public Health initiatives show a return on investment. Much of the success of our locally-based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

We look forward to receiving more details of this plan from the Ministry so that we can work with them to ensure that Ontario's public health system continues to draw strength from dedicated local voices and effective partnerships and maintains the capacity to deliver essential front-line health protection and promotion services while working to meet the Government's stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

- 30 -

For more information regarding this news release, please contact

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Executive Director
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(416) 595-0006 ext. 22

About alPHa

The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians. Further details on the functions and value of Ontario's public health system are available in alPHa's 2019 Public Health Resource Paper (https://bit.ly/2G8F3Ov)

CONGRATULATIONS on Your Successful 2018 Municipal Election

The job you've taken on is extremely important. As an elected official, you are a leader in your community and an advocate on behalf of your constituents. You are part of a local government that plays an essential role in building a vibrant and sustainable community. You will make meaningful decisions that impact everyone who lives, works, learns and plays in your community. It's a big responsibility and we want you to know that your local public health unit shares your enthusiasm for ensuring everyone living in your community is as healthy as possible.

Today's health threats are more likely to be chronic diseases such as obesity, diabetes and heart disease rather than infectious diseases.

It is now understood that good health comes from a variety of factors and influences, 75% of which are not related to the health care delivery system.

These determinants of health are interconnected and contribute to the health of the population (see graphic next page).

Where we've been & **where we are now**

At the turn of the twentieth century, local governments targeted efforts on the provision of clean drinking water, sewers and garbage disposal—all major contributors to preventing disease. During this time, public health delivered vaccines in the community to prevent infectious diseases like smallpox, diphtheria, typhus, cholera and tuberculosis, polio, and mumps. The success of these past interventions by government and public health can be seen a century later: Today, these diseases are non-existent or minimal in Ontario.

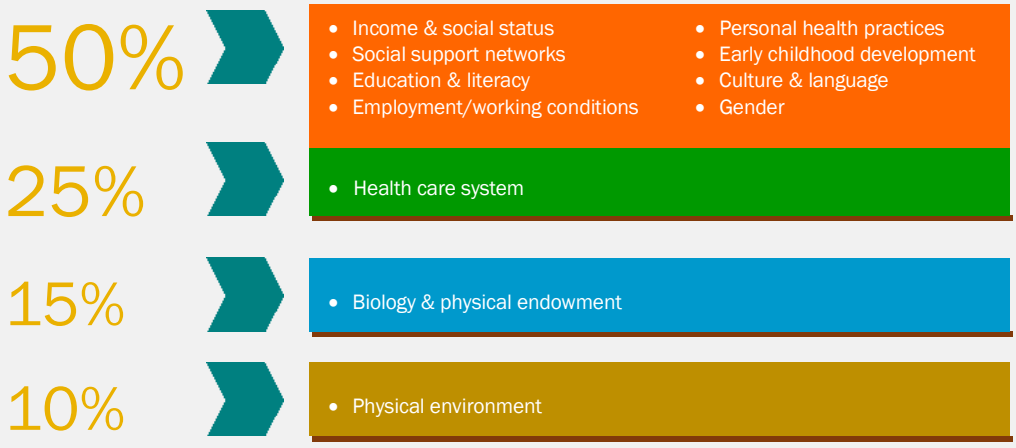
Why focus on health & **what you can do**

- Two-thirds of Ontarians over 45 have one or more chronic disease(s)
- Over 50% of Ontario's adults and about 20% of youth are overweight
- Obesity has a direct effect on the rate of Type 2 diabetes and heart disease
- Nearly half of all cancer deaths are related to tobacco use, diet and lack of physical activity
- As much as half of the functional decline between the ages of 30 and 70 is due not to aging itself but to an inactive lifestyle

Local governments can play a unique role in shaping the local conditions that have an impact on the health of individuals and communities. For example, elected officials make important decisions that impact citizens' health in:

- Community planning and the built environment
- Parks and recreation facilities and their programming
- Health-related policies

What influences our health?



alPHa
Association of Local PUBLIC HEALTH Agencies

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As a member of a board of health, you are automatically a member of alPHa.

What is **population and public health**?

Your public health unit and the board of health which governs it use a population health approach. Population health focuses on the interrelated conditions and factors that influence the health of populations over the life course. It does this by:

- identifying the root causes of a problem, and developing evidence-based strategies to address it
- improving aggregate health status of the whole community, while considering the special needs and vulnerabilities of sub-populations
- working through partnerships and intersectoral cooperation
- finding flexible and multi-dimensional solutions for complex problems
- encouraging public involvement and community participation

What is the **role of boards of health**?

Municipal elected officials can play an essential role in supporting public health unit activity by becoming a member of a local board of health. The role of a board of health is to provide public health programs and services in the areas specified in the provincially mandated *Ontario Public Health Standards*. The responsibilities of a board of health are to:

- uphold legislation governing the board of health's mandate under the *Health Protection and Promotion Act* and others, and meet government expectations on accountability, governance and administrative practices as outlined in the *Public Health Accountability Framework and Organizational Requirements*
- be aware of changing community trends and needs in order to develop policies to protect and promote community health
- represent the health unit in the community
- ensure the health unit's finances are adequate and responsibly spent
- hire a medical officer of health who is responsible for the management of the health unit

For more information:

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www.alphaweb.org

@PHAgencies

Watch our video What is Public Health?
https://youtu.be/qhl595Q0ohg