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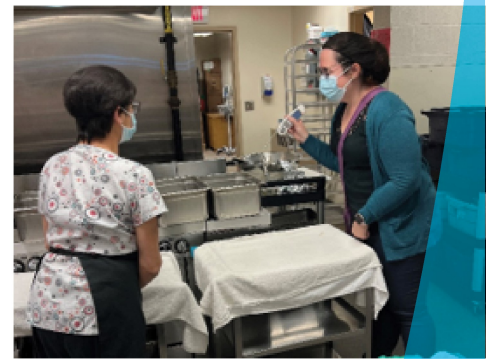
# 2024

## Recommended Capital and Operating Budget Report

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

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

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



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# Contents

<b>1.</b>	<b>Budget Summary</b>	<b>1</b>
<b>2.</b>	<b>2024 Budget Background</b>	<b>4</b>
2.1	State of Public Health Funding and Financial Pressures	4
2.1.1	Provincial Announcements, Anticipated Changes, and Uncertainties	4
2.1.2	Inflation and Sub-Inflationary Increases to Public Health Funding	6
2.1.3	End of Extraordinary COVID-19 Funding	7
2.1.4	Public Health Workforce Expansion during the Pandemic Response	9
2.2	Strategies to Mitigate the Impact of Financial Pressures	10
2.2.1	Maximizing One-Time and/or 100% Funding	10
2.2.2	Seeking Additional Funding	10
2.2.3	Identifying Efficiencies and Potential for Cost-Savings	10
2.2.4	Aligning Prioritized Work to Core Functions	11
2.2.5	Voluntary Retirement Incentive Program (VRIP)	12
2.2.6	Workforce Reduction Planning	12
<b>3.</b>	<b>Public Health Human Resource Overview</b>	<b>13</b>
<b>4.</b>	<b>2024 Budget Financial Assumptions</b>	<b>14</b>
<b>5.</b>	<b>2023 Grant Approval</b>	<b>15</b>
<b>6.</b>	<b>Reserve Funds</b>	<b>16</b>
<b>7.</b>	<b>Recommended 2024 Budget</b>	<b>16</b>
7.1	Operating Revenue	16
7.1.1	Review of the Provincial-Municipal Cost Sharing Formula	16
7.1.2	Provincial	16
7.1.3	Municipal	17
7.2	Expenditures	19
7.2.1	Salary and Benefit Changes	19
7.2.2	Operating Expenditure Changes	19
<b>8.</b>	<b>Capital Budget</b>	<b>20</b>
<b>9.</b>	<b>Conclusions</b>	<b>21</b>
	<b>Appendix A</b>	<b>22</b>
	<b>Appendix B</b>	<b>23</b>

## Issue

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

## Recommended Action

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

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

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

## 1. Budget Summary

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

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

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

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

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

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

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

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

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

The following sections provide details on key 2024 budget factors.

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



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

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

## 2. 2024 Budget Background

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

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

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

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

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

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

Four primary factors include:

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

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

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

In August 2023, the provincial government announced intentions to:

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

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

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

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

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

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

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

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

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

3. **Conduct a review of the ministry's funding methodology for public health**, with a new funding approach to be communicated in spring of 2025 and implemented in 2026; and meanwhile provide stable funding for the local public health sector during this period of change by
  - (a) **returning health unit base funding to levels previously provided in 2020** (i.e., prior to the change in the municipal cost-share ratio from 75:25 to 70:30); and
  - (b) providing an **increase in base funding of 1% per year over the three years from 2024-2026**.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

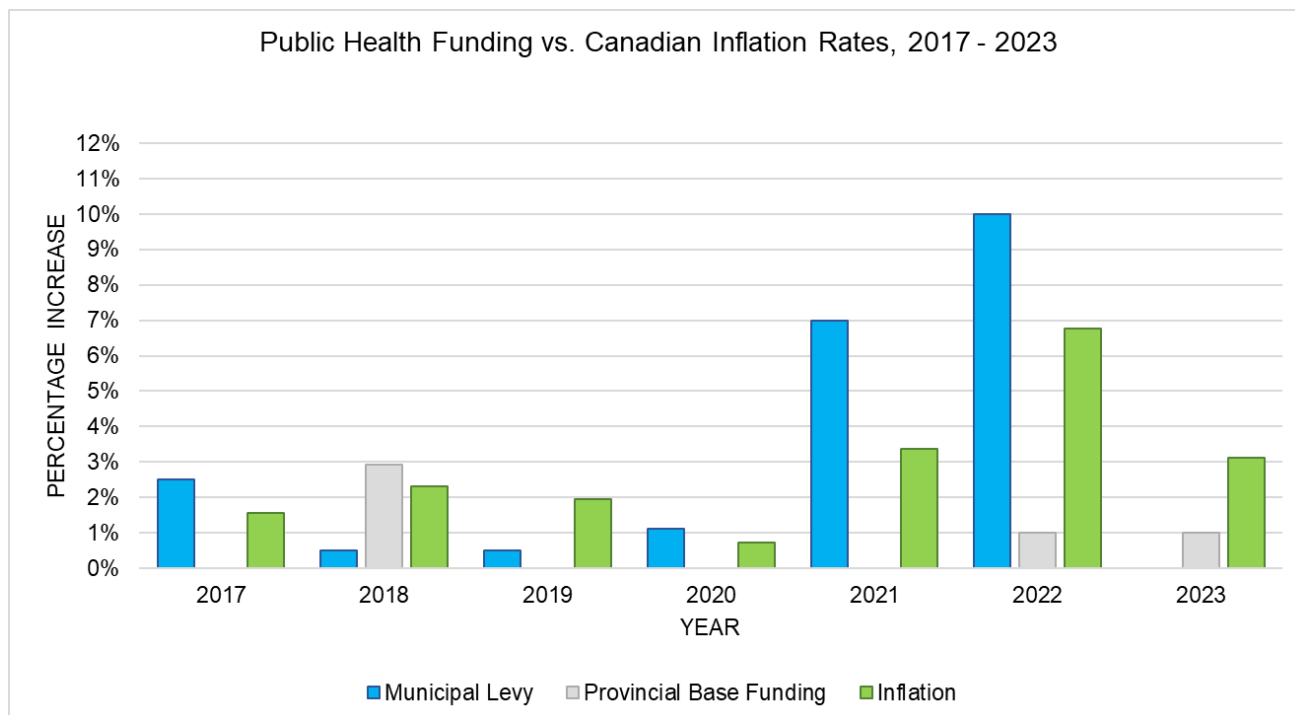
During the pandemic, these inflationary pressures were not as restrictive in budget planning, as APH had access to one-time COVID-19 extraordinary dollars to fund the ongoing work required to address our response to COVID-19, which represented the bulk of APH's work in 2020 through 2022. This funding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

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

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



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



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

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

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

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

### 2.1.3 End of Extraordinary COVID-19 Funding

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 2.1.4 Public Health Workforce Expansion during the Pandemic Response

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

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

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

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

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

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

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

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

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

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

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

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

## 2.2 Strategies to Mitigate the Impact of Financial Pressures

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

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

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

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

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

### 2.2.2 Seeking Additional Funding

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 2.2.4 Aligning Prioritized Work to Core Functions

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

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

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

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

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

Few examples of strategic realignment include:

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

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

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

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

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

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

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

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

### 2.2.5 Voluntary Retirement Incentive Program (VRIP)

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

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

### 2.2.6 Workforce Reduction Planning

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

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



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

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

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

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

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

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

### 3. Public Health Human Resource Overview

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

#### 2023 Recruitment Snapshot

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

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

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

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

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

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

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

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

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

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

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

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

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

## 4. 2024 Budget Financial Assumptions

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

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

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

## Ontario Senior Dental Care Program (OSDCP).

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

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

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

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

## 5. 2023 Grant Approval

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

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

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

## 6. Reserve Funds

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

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

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

## 7. Recommended 2024 Budget

### 7.1 Operating Revenue

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

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

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

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

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

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

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

#### 7.1.2 Provincial

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

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

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

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

### 7.1.3 Municipal

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

## 7.2 Expenditures

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

### 7.2.1 Salary and Benefit Changes

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

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

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

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

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

### 7.2.2 Operating Expenditure Changes

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

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

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

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

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

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

## 8. Capital Budget

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

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

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

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

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

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

## **9. Conclusions**

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

# Appendix A

## Annual Municipal Levy Comparison, 2018 to Proposed 2024

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

**Note:**  
 \* Statistics Canada. Census profile, 2021 census of population [Internet]. 2023 Mar 8 [cited 2023 Nov 3]. Available from: <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/search-recherche/results-resultats.cfm?Lang=E>

## **Appendix B**

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

See subsequent document.

# 2018 - 2030 Capital Asset Funding Plan

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*Algoma*  
PUBLIC HEALTH  
Santé publique Algoma

## **Algoma Public Health 2018 - 2030 Capital Asset Funding Plan**



# 2018 - 2030 Capital Asset Funding Plan

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## Table of Contents

▪ Purpose	Page 3
▪ Operating Budget versus Capital Asset Plan	Page 3
▪ Types of Capital Assets	Page 4
▪ Types of Financing Options Available	Page 4
▪ Appendix 1: Capital Asset Plan	Page 5

## 2018 - 2030 Capital Asset Funding Plan

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### **Purpose:**

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

As part of the Ontario Public Health Standards, "the board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported". As APH owns and operates a facility in Sault Ste. Marie, there is a need to plan for and appropriately fund the cost of major ongoing repairs and maintenance associated with the facility. In addition, APH leases several facilities which may require leasehold improvements. By maintaining adequate Reserves, APH will be able to offset the need to obtain alternate sources of financing.

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

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

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

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

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

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

## 2018 - 2030 Capital Asset Funding Plan

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

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

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

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

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

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

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

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

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

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

## 2018 - 2030 Capital Asset Funding Plan

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

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

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

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

**ALGOMA PUBLIC HEALTH  
CAPITAL ASSET PLAN**

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

**ALGOMA PUBLIC HEALTH  
CAPITAL ASSET PLAN**

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

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

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





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

## Blind River

9 Lawton Street

## Elliot Lake

302 - 31 Nova Scotia Walk  
(ELNOS Building)

## Sault Ste. Marie

294 Willow Avenue

## Wawa

18 Ganley St.

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23:

