



Algoma
PUBLIC HEALTH
Santé publique Algoma

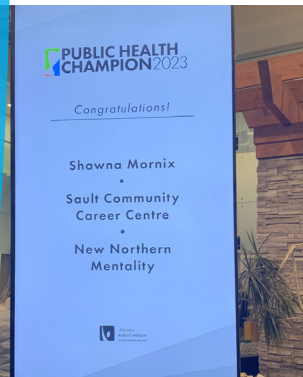
2025

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. John Tuinema, Acting
Medical Officer of Health & Chief
Executive Officer

November 6, 2024
For discussion & decision



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Issue

Approval is being sought for the recommended 2025 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 6, 2024, 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 2025 Capital & Operating Budget for Algoma Public Health in the amount of \$17,865,786.

Alignment to Ontario Public Health Standards (OPHS, 2021)¹

- 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 a medical officer of health and any other senior executives; financial management; and risk management.
- 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

The **recommended 2025 budget for public health programs and services is \$17,865,786.**

This represents an overall increase of 3.6% or \$623,607 from the 2024 Board approved budget for public health programming.

The Executive Team continues to work diligently in the current dynamic fiscal environment to identify further opportunities for operational efficiencies to help balance pressures and ensure the maintenance of quality public health programs, as aligned with agency values of excellence, respect, accountability, transparency, and collaboration.

The recommended budget is driven by rises in inflation, historic and forecasted sub-inflationary provincial base funding, maintaining priority public health programs and services based on the existing Ontario Public Health Standards (OPHS) and the core functions of public health, and the assumption that APH will not have access to request additional funding in 2025 to address ongoing base funding pressures for cost-shared programming.

The breakdown of the recommended 2025 operating budget of \$17,865,786 and a budget analysis is provided in **Table 1.0**. Comparisons are made between the recommended 2025 budget and the 2024 Board approved budget. For context, we recall that the 2022 and 2023 actual results include allocated COVID-19 extraordinary funding and one time funding for the Ontario Senior Dental Care Program (OSDCP), while based on known funding allocations at the

¹ 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/

time of writing, the 2024 and 2025 budgets do not.² For additional reference, it is noted that unlike previous years, a forecasted 2024 budget has not been provided within the analysis table. At the time of writing, APH has not yet received formal confirmation of additional material funding allocated for the 2024 operating year and as such the original Board approved budget for 2024 is deemed the most appropriate for comparison. In previous years, supplementary allocations for COVID-19 extraordinary and other one-time funding allocations were known at the time of budget planning.

As evident in **Table 1.0**, and for all programs except those 100% provincially funded, APH's budget recommendation is built assuming there will be a \$3.85 per capita levy increase in 2025 (\$46.72 per capita, increased from \$42.87 in 2024). This represents a 9% increase over the 2024 approved levy and is to be applied to the total amount levied across the participating municipalities of the Algoma district.

The following sections provide details on key 2025 budget factors.

² COVID-19 extraordinary funding was discontinued as of December 2023 and, at time of writing, APH has yet to receive confirmed OSDCP one-time allocations for 2024.

Table 1.0: Budget Analysis, 2022 – Recommended 2025

	2022	2023	2024	2025	% Change	\$ Change
	Actual	Actual	Budget	Recommended Budget	25 Bud vs 24 Bud	25 Bud vs 24 Bud
Revenues Summary						
Province Portion of Jointly Funded Programs	8,773,422	8,861,200	10,020,210	10,120,503	1.0%	100,293
100% Provincially Funded Programs	3,455,953	3,398,438	2,286,800	2,309,963	1.0%	23,163
Province Mitigation Fund	1,037,800	1,037,800	0	0	0.0%	-
Municipal Levies	4,189,216	4,189,216	4,440,569	4,840,220	9.0%	399,651
Other Recoveries and Fees	459,114	593,000	494,600	595,100	20.3%	100,500
Total	17,915,505	18,079,654	17,242,179	17,865,786	3.6%	623,607
Expenses:						
Salaries and Wages	10,417,870	10,712,095	10,236,246	10,934,635	6.8%	698,389
Benefits	2,408,728	2,722,376	2,665,035	2,837,798	6.5%	172,763
Travel	138,138	172,278	174,525	170,550	-2.3%	(3,975)
Program	1,380,781	1,638,934	1,012,197	922,034	-8.9%	(90,163)
Equipment	82,545	82,404	30,000	50,000	66.7%	20,000
Office	56,380	53,638	60,400	62,400	3.3%	2,000
Computer Services	850,406	802,632	896,000	787,912	-12.1%	(108,088)
Telecommunications	326,935	332,288	244,000	227,952	-6.6%	(16,048)
Program Promotion	145,166	78,850	70,605	98,255	39.2%	27,650
Facilities Leases	184,172	198,519	207,000	214,767	3.8%	7,767
Building Maintenance	1,095,440	737,618	770,000	674,962	-12.3%	(95,038)
Fees & Insurance	362,383	362,155	418,750	427,100	2.0%	8,350
Expense Recoveries	-6,750	0	0	0	0.0%	-
Debt Management (I & P)	457,420	457,421	457,421	457,421	0.0%	-
Total	17,899,614	18,351,208	17,242,179	17,865,786	3.6%	623,607
Surplus/(Deficit)	\$ 15,891	\$ (271,554)	\$ -	\$ -		

2. 2025 Budget Background

To provide context for the recommended 2025 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 2025**, including provincial announcements and anticipated public health sector changes, and inflation and sub-inflationary increases to public health provincial base funding.
- **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 cost-savings, and continued alignment of our work to the core functions of public health.

The recommended budget reinforces the minimum financial requirements needed to maintain mandatory public health programs and services to promote and protect community health and advance health equity across Algoma.

2.1 State of Public Health Funding and Financial Pressures

Similar to our 2024 recommended Capital and Operating Budget Report, two main factors continue to contribute to APH's financial pressures and reinforce the need for actions to mitigate the impact of those financial pressures, alongside an increase in municipal levy to balance the proposed 2025 budget.

These factors include:

- Provincial announcements and anticipated public health sector changes.
- Impacts of inflation and historic and forecasted sub-inflationary increases to public health provincial base funding.

2.1.1 Provincial Announcements and Anticipated Changes

As previously announced in August 2023, the provincial government outlined three (3) priorities for public health sector changes: supporting a coordinated approach to voluntary mergers for local public health units, a review of the Ontario Public Health Standards (OPHS), and a review of the ministry's funding methodology for public health. We outlined these priorities in our 2024 recommended Capital and Operating Budget Report, and a 2023 briefing note to the Board of Health³ provided situational awareness and background on the structure, governance, and funding of local public health and APH.

In February 2024, after months of exploration and collaboration between the two health units and Boards, the APH Board of Health unanimously voted against a voluntary merger with Public Health Sudbury & Districts which made us ineligible for one-time merger funding.

Below is an update on the remaining two priority areas for APH:

(1) Review of the Ontario Public Health Standards (OPHS)

The province continues with its intent to identify roles and responsibilities that can be refined or stopped, and/or "re-levelled" to a regional or provincial level. However, while revised OPHS were originally planned for release in January of 2025, recent communication indicates there is not currently an estimated timeline for the revised OPHS to be released.

Nonetheless, in May of 2024, public health units were given the opportunity to review draft OPHS documents and provide feedback through a survey submission. As part of this review process, fifteen (15) documents were provided for review, including the draft OPHS and fourteen (14) proposed

³ 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>

protocols⁴. Of note:

- The final updated OPHS are expected to have twenty-seven (27) protocols.
- Three (3) documents are planned for further staged review beyond the release of the updated OPHS including the Relationship with Indigenous Communities Protocol, the Infectious and Communicable Diseases Prevention and Control Standard, and the Immunization Standard.

Overall, while not final, **these early drafts indicate that the scope of public health will continue with an expansive focus⁵ that includes addressing prevention, health promotion and upstream factors.** For 2025, we continue to plan and deliver programs and services as outlined in the current OPHS and as directed by the Ministry of Health.

(2) Review of the ministry's funding methodology for public health

Upon the ministry's announcement of its intention to review the funding methodology for public health, a new funding approach was intended to be communicated in spring of 2025 and implemented in 2026; however, at time of writing there is also currently no estimated timeline for this review or implementation.

In the interim, health unit base funding levels have been restored to the level provided under the 2020 cost-share formula, with increases in base funding to be capped at 1% per year for each year from 2024-2026, which continues to be insufficient to maintain operations due to inflation. **Section 2.1.2** provides further detail on inflation and sub-inflationary increases to public health funding from the province.

Local public health units have not yet been engaged on the review of the funding model for public health. However, Medical Officers of Health from seven (7) Northern public health units, including APH, submitted a letter to the Chief Medical Officer of Health and Assistant Deputy Minister regarding Northern Ontario perspectives for consideration in the public health funding model review⁶.

This letter was included in the September 2024 Board of Health package and endorsed by the APH Board of Health; highlights of the considerations for funding public health in Northern Ontario are restated here:

- **Geography:** there is an increased cost to service delivery by car over large, sparsely populated geographical areas, and by boat or air travel where necessary to reach communities inaccessible by road; Northern Ontario public health units therefore do not benefit from economies of scale and plan and organize services many times over to reach rural and remote communities; and geography also impacts the nature of services we deliver such as our increased focus on inspections for small drinking water systems and private drinking water testing.
- **Breadth, diversity, and complexity of populations and partners:** Northern Ontario has proportionately more municipalities than it does Ontario public health units, 80% of the province's First Nations communities, a higher proportion of Francophones and French Designated Areas, and a lower socio-economic standing overall, all of which pose unique considerations for public health programs and services.
- **Healthcare gaps:** Northern Ontario communities lack health and dental care capacity; gaps in primary care impact local public health programming and services, such as increased need for immunizations, child health programming, sexual health programming, etc. For example, in the Spring of 2024, 10 000 patients were de-rostered from their primary healthcare providers in Sault Ste Marie. Although it is not within our public health mandate to mitigate the impact of this development, APH is under significant pressure to help where we can. We have seen increases in demand for areas within our mandate due to reduced capacity in primary care. However,

⁴ Ministry of Health, Office of Chief Medical Officer of Health. OPHS Review- Excerpt from alPha Symposium June 2024 presentation [Internal document]. 2024. [cited 2024 October 29].

⁵ 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

⁶ Medical Officers of Health, Seven (7) Northern local public health agencies. Perspectives from Northern Ontario for the public health funding model review. 2024. [cited 2024 October 29]. Available from: <https://www.algomapublichealth.com/media/hzppaprad/meeting-book-september-25-2024-board-of-health-meeting-website.pdf>

unlike primary care, we cannot bill the province for each new patient and must manage this increased demand within existing budgets.

- Municipal capacity: Northern Ontario municipalities are affected by the same economies of scale challenges as public health units; coupled with relatively lower economic opportunities in the North, this results in property tax bases that are very stretched, making contributions to cost-shared funding of public health comparatively more difficult in Northern Ontario.
- Caution on applying measures in Northern Ontario: applying per capita measures in a public health funding model should take into consideration historic under-counting of Indigenous populations in the Census and inapplicability of the Ontario Marginalization Index in Northern Ontario communities, where there can be insufficient populations to produce this type of equity-focused measure (though the equity concerns certainly remain).

Overall, **Medical Officers of Health in Northern Ontario are seeking an equitable funding approach that accounts for the increased costs and needs associated with delivering public health programs and services in Northern Ontario.**

2.1.2 Inflation and Sub-inflationary Increases to Public Health Funding

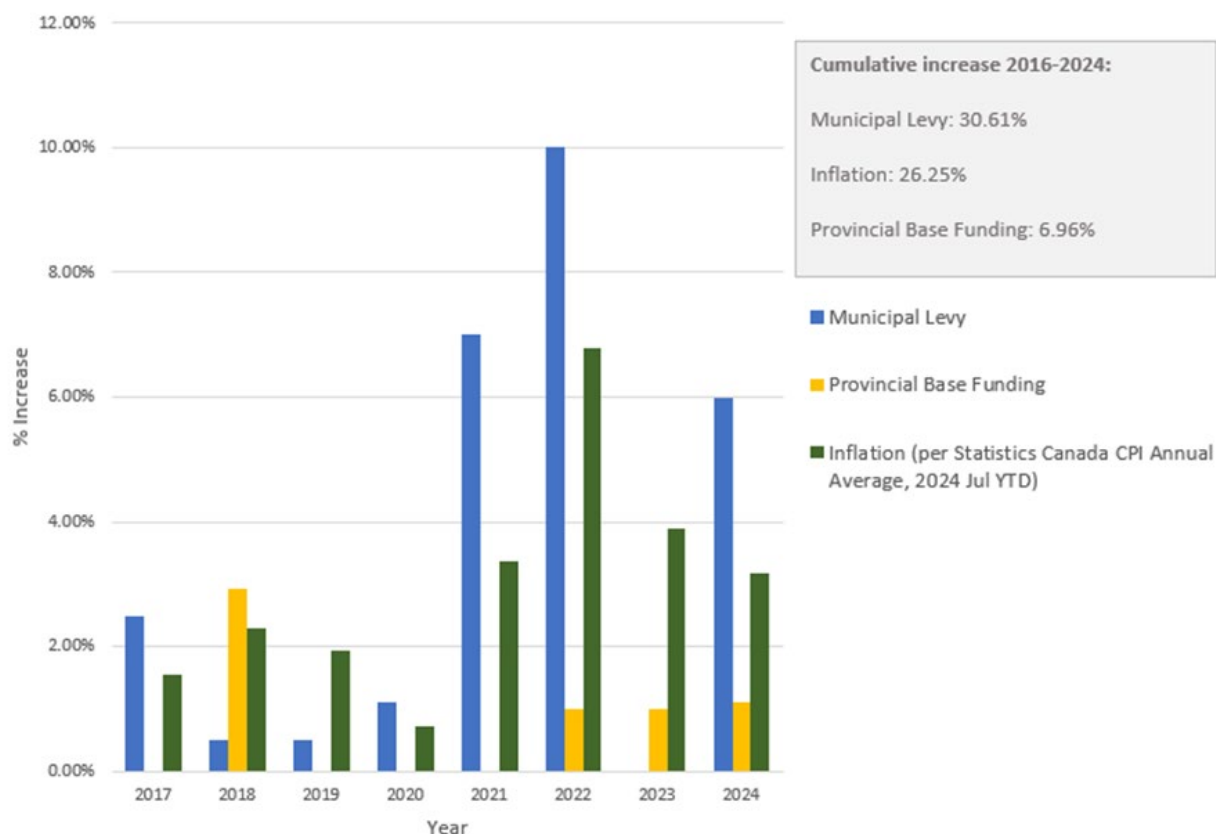
The continued gap between provincial base funding and general inflation has resulted in ongoing financial pressures for local public health.

Since 2016, provincial increases to base funding for cost-shared programs delivered by APH has cumulatively amounted to **6.96%**.

With the increases to base funding being capped at 1% for 2024-2026, provincial base funding remains insufficient to meet ongoing inflationary pressures which are estimated at **26.25%** since 2016.

Figure 1.0 summarizes historical trends in APH funding (both provincial and municipal sources) as compared to average Canadian inflation rates.

Figure 1.0: Public Health Funding vs. Canadian Inflation Rates, 2017-2024⁷



Over time, **Figure 1.0** shows that aside from an increase to provincial base funding in 2018 alongside release of revised OPHS, provincial base funding has not kept pace with inflation which affects both salary and benefit costs (see Section 7.1.1 for further information) as well as operating costs (see Section 7.2.2 for further information). The absence of provincial funding keeping pace with these factors necessitates valuable contributions from municipal levy to sustain the core functions of public health and service to Algoma communities.

As noted in our 2024 recommended Capital and Operating Budget Report, it bears repeating that in addition to not keeping pace with inflation, provincial funding for public health 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. 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 approximately 2% of the total Ministry operating expenses.⁸ A review of 2023-2024 estimated expenditures for the Ministry of Health indicates the Population and Public Health Program remains at approximately 2% of Ministry operating expenses.⁹

2.2 Strategies to Mitigate the Impact of Financial Pressures

To achieve a balanced budget, APH recognizes that we must continue to prioritize the health needs of our Algoma communities and be mindful of the impacts that any significant levy increase or workforce reduction would have on local municipalities and public health program and service delivery.

As further described below, Leadership has been working diligently to:

⁷ Statistics Canada. Consumer price index, annual average, not seasonally adjusted [Internet]. 2023 [cited 2024 Oct 29]. Available from: <https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=1810000501&pickMembers%5B0%5D=1.2&cubeTimeFrame.startYear=2016&cubeTimeFrame.endYear=2023&referencePeriods=20160101%2C20230101>

⁸ Association of Local Public Health Agencies. Public health matters. 2022 [cited 2024 October 29]. Available from: [alPHA_Public_Health_Matters_2022.pdf](#)

⁹ Ministry of Health. Expenditure estimates for the Ministry of Health (2023-2024). 2023. [cited 2024 October 29]. Available from: <https://www.ontario.ca/page/expenditure-estimates-ministry-health-2023-24>

- Maximize one-time and 100% funded opportunities.
- Seek additional funding opportunities.
- Identify efficiencies and implement cost-saving measures; and
- Align prioritized work to core public health functions.

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, respiratory syncytial virus (RSV) and/or COVID-19 enhancement funding).

2.2.2 Seeking Additional Funding

APH's corporate, foundational, and public health teams continue to identify opportunities to apply for external grant and project funding. Grant funding, pending requirements, can provide additional, time-limited financial support for retaining or recruiting FTE and supporting priority public health work. In addition, APH has been exploring alternative capital project funding due to the lack of one-time provincial funding opportunities which have historically been provided but, at the time of writing, are unavailable in 2024, 2025 and for the foreseeable future.

Past successful applications include:

- Public Health Ontario Locally Driven Collaborative Project funding for knowledge mobilization initiatives.
- 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 at APH.
- Health Canada HealthADAPT 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.

Despite adding value, one-time funding poses recruitment and retention challenges for new positions that are only temporary in nature. It is also worth noting that preparing competitive grant applications takes time which cuts into base funding resources, creating a loss when unsuccessful. In our experience, the grant process rarely includes equity considerations and APH competes with larger, increasingly resourced centres. Over 2023-2024, APH submitted nine (9) grant applications for a combined \$1,457,000 that were unsuccessful.

Of further note, reliance on one-time solutions to balance the budget for 2025 are not considered ideal, as current financial pressures are expected to outweigh funding growth for an indeterminable period.

2.2.3 Identifying Efficiencies and Cost-Savings

The APH leadership team continues to strategize to maximize current funding allocations and aggressively identify opportunities for operating efficiencies, leading to cost savings. Some examples of this include:

- Streamlining IT related services, including internet provision, videoconferencing, fax services, etc.
- Reducing the number of phone lines and cell phones.
- Sourcing lower cost, not-for-profit pricing where possible, such as for software licensing.
- Entering a third-party arrangement to hedge our natural gas expense by purchasing supply in bulk.

- Scrutinizing needs and exploring alternatives for building maintenance service contracts as they can be renewed, such as for janitorial services and security.
- Reducing external services and contractors for routine maintenance where possible. For example, repurposing existing internal positions for current needs such as building repairs and maintenance.
- Maintaining an agency-wide district travel calendar to coordinate travel of staff throughout the district with delivery of program material and supplies between APH offices, reducing the need for externally resourced delivery services.
- Gapping and reviewing positions where there are leaves or retirement, with a monthly review of gapped funding dollars and budgetary pressures.

On their own, opportunities to restrict expenses outside of labour and benefits (which currently represent 77% of the 2025 recommended budget) to balance the budget would not cover the entire estimated deficit, as most operational items are non-discretionary (e.g., utilities, insurance, etc.) and this course of action would severely restrict program work moving forward.

2.2.4 Aligning Prioritized Work to Core Functions

While the provincial government continues review of the OPHS, early drafts were shared with public health units in May of 2024 to provide an opportunity for local feedback. While not final, early drafts indicate that we can anticipate similar expectations around service delivery that are in alignment with public health's current roles and responsibilities.

The core functions of public health include¹⁰:

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

In accordance, APH program teams have proceeded with program planning and Standard Implementation Plans (SIPs) have been prepared for 2025 through review of community health needs and priorities, anticipated public health work in 2025, and required resources. Information from Algoma's Community Health Profile (CHP)¹¹ that was publicly launched in September 2024 informs SIPs and prioritization of public health programs and services at APH.

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 2024.

2024 Recruitment Snapshot

A snapshot of 2024 health human resource recruitment indicators is provided below. From January – October 3, 2024:

- Eight (8) permanent full-time and three (3) temporary employees have filled vacant positions.
- Three (3) temporary staff were awarded permanent full-time positions.

¹⁰ Canadian Public Health Association. Public health in the context of health system renewal in Canada [Internet]. 2019 [cited 2024 October 29]. Available from: <https://www.cpha.ca/public-health-context-health-system-renewal-canada>

¹¹ Algoma Public Health. Algoma's Community Health Profile. 2024. [cited 2024 October 29] Available from: www.algomapublichealth.com/CHP

- Three (3) permanent employees were successful candidates for other permanent positions (e.g., in another program, leadership, or new position).
- One (1) temporary full-time employee has secured another temporary position (extending their contract).
- Three (3) permanent positions remain vacant in active recruitment.

Success Story: Recruitment of Dental Health Educators and Registered Dental Hygienists

As of October 2023, there were three (3) vacant Dental Health Educator positions and one (1) vacant Registered Dental Hygienist position. All positions were filled as of September 2024. Successful recruitment allowed the Oral Health team to offer an additional 200 appointments from May to September 2024. Furthermore, the Oral Health team can now offer an additional two (2) days of clinic per week on-going and are resuming oral screening in daycares again this fall.

4. 2025 Budget Financial Assumptions

Several assumptions were required to base the 2025 estimated expenses and revenues. They are as follows:

- Base funding for cost-shared mandatory programs will increase at an annual rate of 1.0% for 2025.
- As per the 2024 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 OSDCP.

Of note, for the 2024 funding year, APH was allocated 100% funding for the OSDCP in the amount of \$1,382,700. Total actual expenditures for this program in 2023 amounted to \$1,852,850 and expenditures for 2024 are forecasted at \$1,855,717 (per APH's third quarter standards activity report due to the Ministry in November 2024). Although the Ministry has reiterated their ongoing dedication and support for this program, any further increases to committed base funding will be addressed in future years, once the impact of the new Federal Canadian Dental Care Plan can be estimated. For the 2025 budget, the Executive Team has assumed that 100% provincial funding for the OSDCP will remain at 2024 funding allocation levels, with any operating pressures to be identified and funded via the availability of one-time, in year funding requests from the Ministry.

- No additional funding will be provided by the Ministry to fund ongoing base funding and one-time pressures which include but are not limited to inflation, COVID-19 and other emerging disease responses, capital projects, workforce recovery & maintenance, etc. These anticipated costs will be managed within mandatory program base funding, impacting APH's ability to deliver and sustain ongoing support and services to our communities.
- One-time Infection Prevention and Control (IPAC) Hub funding will continue at current funding levels into the 2025/2026 fiscal year in order to support the continued implementation and operations of the Hub. Although formal base funding approvals for the current year have not yet been provided, in March 2024 the Ministry announced that this funding was confirmed to continue into the 2024/2025 fiscal year and in the years following at levels comparable to previous years allocations.
- A \$399,651 (9%) increase to the total municipal levy rate applied by the District of Algoma Health Unit will be implemented.
- A vacancy factor of 2% has been incorporated into overall salaries, wages, and benefits (\$275K).
- Fixed non-salary budgeted costs related to facilities, such as utilities and service contracts, have been estimated based on historical data, current contract rates, mobilized operational efficiencies, and assumed inflationary rates with a combined year over year decrease of 7.15% over the 2024 approved budget. A contingency representing 20% 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 identified local priorities, the requirements of boards of health remain the same, as articulated in the Health Protection and Promotion Act (HPPA)¹², related regulations, the OPHS, and related protocols and guidelines.
- As of the fall of 2024, despite the current review of the OPHS underway, local public health agencies have been instructed to base 2025 budgets on the current set of standards under the assumption that any forthcoming changes will not come into effect until 2026.

5. 2024 Grant Approval

The 2024 Ministry Program Based Grant approval was received and last revised as of June 2024.

- Allocated mandatory cost-shared program funding for 2024 restores provincial base funding to 2020 cost-share levels, as well as a 1% increase over 2023 allocations. Total 2024 funding of \$10,020,300 increased from \$9,921,000 in 2023 (\$8.9M base funding and \$1.0M mitigation funding).
- 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) remain unchanged.
- The Ontario Seniors Dental Care Program (OSDCP) was allocated \$1,382,700 and remains unchanged from 2023 allocation.
- The MOH/AMOH compensation initiative will continue to be based on the actual status of current MOH and AMOH positions.

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 2025 Budget

7.1 Operating Revenue

The 2025 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 assumed change to funding for Unorganized Territories or the OSDCP. The Executive team is recommending a \$399,651 (9.0%) increase to municipal funding over 2024.

7.1.1 Review of the Provincial-Municipal Cost Sharing Formula

The province has stated that they do not have specific cost-share ratio guidelines for the 2024 funding

¹² 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>

year and beyond.

As outlined above in section 2.1.1, despite the Ministry's initial expectation of implementing an updated funding methodology for public health in 2025, at the time of writing there is no longer an estimated timeline for this review to be communicated or implemented. Public health units across the province currently have varying cost-share ratios; as indicated via current in year reporting, municipal shares are estimated to vary anywhere between 20% of 52% at this time.

Traditionally, the Board of Health for Algoma Health Unit has contributed more than the minimum required cost-share ratio provided by the province, with the intention to contribute any surplus municipal levy contributions to the reserve funds.

For the recommended 2025 budget and based on the assumption of a \$399,651 (9%) overall increase in the levy from obligated municipalities within the District of Algoma Health Unit and budgeted sub-inflationary increases to provincial funding, the cost-share ratio would be estimated at 68:32.

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.¹³

*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.*¹⁴

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.

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.¹³

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.*¹⁴

As part of the recommended 2025 Operating & Capital Budget, the Executive Team is recommending a **9% overall increase** in the levy from obligated municipalities within the District of Algoma Health Unit. This equates to a **\$399,651 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 Canada¹⁵ (see **Appendix A**).

For context, **Table 2.0** illustrates historical changes and approved municipal per capita levy rates in Algoma from 2018 – 2025 (recommended).

¹³ 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>

¹⁴ Government of Ontario. Health protection and promotion act, R.S.O. 1990, c.H7 [Internet]. 2021 [cited 2024 October 29]. Available from: <https://www.ontario.ca/laws/statute/90h07>

¹⁵ 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>

Table 2.0: APH Historical Approved Levy Increases and Approved Per Capita Rates, 2012 – 2025 (Recommended)

Year	Levy Increase	Approved Rate
2018	0.50%	\$33.63
2019	0.50%	\$33.80
2020	1.12%	\$34.18
2021	7.00%	\$36.57
2022	10.00%	\$40.23
2023	0.00%	\$40.44
2024	6.00%	\$42.87
2025 Budgeted	9.00%	\$46.72

Based on a comparison of historical levied rates to corresponding revenue data for our contributing municipalities, on average, municipalities within the Algoma district contribute **approximately 1%** of their revenues towards the APH levy.

Value for Money: Per Capita Rate

When looking at the value for public health, as of 2024, the cost per capita in Algoma for public health services and programs was **\$42.87/person** when using population counts from the 2021 Census Profile by Statistics Canada.¹⁶

Based on a recent survey of other Northern public health units related to 2024 municipal levy rates per capita (which included review of publicly posted Board packages and resolutions), we stress the value of services provided to our Algoma communities at a current rate of \$42.87 per capita versus an average of \$53.03 per capita levied by our neighbouring public health units¹⁷. The forecasted 2025 cost per capita is estimated at **\$46.72/person**.

As evidenced through the programs and services provided by public health, municipalities across Algoma receive robust support for health protection, health promotion, and disease prevention among residents. When reviewing the cost of public health per capita, alongside the work that public health provides to support and protect community health and wellbeing, the 21 municipalities within Algoma **continue to receive exceptional value for local public health programs and services**.

The budgeted levy is **the minimum required to sustain local public health programming and our current workforce** given that provincial funding increases are capped at 1% for 2025, which is insufficient to meet ongoing and forecasted inflationary rates. Combined with budgeted non-labour related efficiencies, the recommended levy will limit impacts of financial pressures to the public health workforce and preserve health 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 2024 budget, the 3.6% overall recommended budget increase is comprised of an overall increase of 5.0% to salaries and benefits and a 1.4% overall decrease to operating expenses.

7.2.1 Salary and Benefit Changes

The 2025 expenditure comparisons with 2024 are made using the 2024 budgeted values (see **Table 1.0**).

- **Salary:** As compared to 2024, salaries are budgeted at an increase of \$698,389 or 6.8%. The salary amount includes cost of living annual increases as required/anticipated under union collective

¹⁶ Statistics Canada. 2023. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released November 15, 2023. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E> (accessed October 16, 2024).

¹⁷ APH per capita rate is based on census and others may be based on MPAC.

agreements, staff movement along salary grids, and an assumed 2% vacancy factor. Although staff attributed to intentionally gapped leaves in 2024 have been returned to our workforce planning for 2025, no net new positions are included in our budgeted 2025 workforce with the exception of those aligned to 100% provincially funded programming.

- **Benefits:** As compared to 2024, benefits are budgeted at an increase of \$172,763 or 6.5%. Historical utilization is factored heavily in the projection of the rates, in addition to expected market fluctuations. APH's health benefits are reviewed annually for utilization, any potential enhanced offerings and current fee guides by providers. Incorporated into budgeted benefits rates for 2025 are required updated contributions to Canada Pension Plan, employment insurance and OMERS pension plan, as well as recently negotiated benefit plan changes specific to union collective agreements.

7.2.2 Operating Expenditure Changes

As compared with the 2024 board approved budget, the 2025 recommended budget reflects an overall decrease of 1.4% (\$247,545).

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 in some cases, renewed contract agreement rates and mobilized efficiencies.

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

- **Program expenses:** Program expenses for 2025 are budgeted at a \$90,163 (8.9%) decrease from 2024. Although APH is not anticipating material savings related to general program materials and supplies associated with cost-shared programs, the Executive Team continues to strategically align 100% funding for the OSDCP on staffing (versus historically being more evenly weighted between staffing and externally provided professional services). Due to this program's rapid expansion in the recent years, APH has had to continually align additional FTE to support program services, thereby reducing the amount of base budget dollars available to fund other program resources. The 2025 budget is built assuming that required external professional services and general supplies to meet the demand of the program that cannot be supported by currently allocated base funding levels, will be funded by supplementary, in year one-time funding requests.

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

- **Equipment:** Equipment expenses are budgeted at a \$20,000 (66.7%) increase over 2024 based on the anticipation of having to replace a number of staff laptops as they will be considered obsolete as of 2025 (i.e. no longer able to support required Microsoft upgrades due to age).
- **Computer services:** Computer services is budgeted at a \$108,088 (12.1%) decrease over 2024 based on an ongoing thorough review and analysis of APH's software and IT support requirements (resulting in efficiencies, consolidation of services and negotiated reduced rates where possible).
- **Telecommunications:** The \$16,048 (6.6%) decrease in budgeted telecommunications expenses is driven by ongoing efficiencies and alternative solutions being realized with the migration to a Microsoft 365 platform, as well as the rightsizing of our phone lines and cell phone requirements.
- **Program promotion:** Program promotion is budgeted at a \$27,650 (39.2%) increase over 2024 based on anticipated professional development needs for APH staff in the coming year, as well as some larger scale, health promotion initiatives tied to priority work assessments planned for 2025.
- **Facilities leases:** The increase in facilities leases is driven by contracted renewal rates for each of our district offices.
- **Building maintenance:** Building maintenance is budgeted at a \$95,038 (12.3%) decrease over 2024 based on a combination of efficiencies introduced into daily maintenance/monitoring of our main building at 294 Willow Ave., newly negotiated service provider contract rates, implementation

of internal solutions for maintenance that previously would have been outsourced and hedging of APH's natural gas usage.

8. Capital Budget

In accordance with APH's 2018-2030 Capital Asset Funding Plan (see **Appendix B**), the 2025 capital budget was forecasted to include \$28,000 for a video conference system. At this point in time, these upgrades are not considered necessary.

Instead, the Executive Team is recommending a 2025 capital budget estimated at \$362,000, which includes the following expenditures:

- In 2024, APH resurfaced two of our three parking lots as a preventive measure for more costly repairs at a later date. For 2025, APH is requesting as part of the capital budget to resurface the third parking lot which is estimated at a cost of \$10,000.
- Based on a 2024 professional building status and efficiency review, it has been determined that the three boilers located at 294 Willow Avenue are near end of life as replacement parts from the original manufacturer are no longer available. Estimated replacement cost at this time is \$300,000.
- Based on recommendations from professional architects and in anticipation of preparing a portion of the office space at 294 Willow Avenue for potential leasing opportunities, an estimated \$40,000 is requested for the creation of one additional closed office space and one boardroom renovation.
- The floors within APH's district office located in Wawa, ON are deteriorated and in need of replacement as a leasehold improvement. This project is currently estimated at \$12,000.

As we look into further years of the established Capital Asset Funding Plan, we note that forecasted expenditures for 2026 through 2030 are no longer considered to be accurate. We anticipate revisiting the Capital Asset Plan in 2025, with intentions to bring a revised version to the Board alongside the 2026 budget.

9. Conclusions

The recommended 2025 budget for public health programs and services is \$17,865,786, representing an increase of \$623,607 over 2024 budgeted funding. At a 3.6% increase over previous, the recommended budget is considered the minimum required to keep pace with the cost of inflation and sustain the delivery of core public health programs and services as mandated by the OPHS and required to support health for all.

Appendix A

Annual Municipal Levy Comparison, 2021 to Proposed 2025

Municipal Levy Historical Analysis	POP 2016 Census	2021 Approved Rate	2021 Approved Levy	2022 Approved Rate	2022 Approved Levy	POP 2021 Census*	2023 Approved Rate	2023 Approved Levy	2024 Approved Rate	2024 Approved Levy	2025 Proposed Rate	2025 Proposed Levy	Appointment of Costs	Proposed Net Change	APH Levy as a Percentage of Municipality Revenue
<u>CITIES</u>															
Sault Ste. Marie	73,368	36.57	2,683,386	40.23	2,951,725	72,051	40.44	2,913,655	42.87	3,088,475	46.72	3,366,437	69.55%	277,963	1.13%
Elliot Lake	10,741	36.57	392,852	40.23	432,137	11,372	40.44	459,870	42.87	487,462	46.72	531,334	10.98%	43,872	1.28%
<u>TOWNS</u>															
Blind River	3,472	36.57	126,986	40.23	139,685	3,422	40.44	138,382	42.87	146,684	46.72	159,886	3.30%	13,202	0.83%
Bruce Mines	582	36.57	21,286	40.23	23,415	582	40.44	23,535	42.87	24,947	46.72	27,193	0.56%	2,245	1.08%
Thessalon	1,286	36.57	47,034	40.23	51,737	1,260	40.44	50,953	42.87	54,010	46.72	58,871	1.22%	4,861	1.19%
<u>VILLAGES/MUNICIPALITY</u>															
Hilton Beach	171	36.57	6,254	40.23	6,879	198	40.44	8,007	42.87	8,487	46.72	9,251	0.19%	764	0.55%
Huron Shores	1,664	36.57	60,859	40.23	66,945	1,860	40.44	75,216	42.87	79,729	46.72	86,905	1.80%	7,176	1.09%
<u>TOWNSHIPS</u>															
Dubreuilville	613	36.57	22,420	40.23	24,662	576	40.44	23,293	42.87	24,690	46.72	26,912	0.56%	2,222	0.56%
Jocelyn	313	36.57	11,448	40.23	12,593	314	40.44	12,698	42.87	13,460	46.72	14,671	0.30%	1,211	0.89%
Johnson	751	36.57	27,467	40.23	30,214	749	40.44	30,289	42.87	32,106	46.72	34,996	0.72%	2,890	0.83%
Hilton	307	36.57	11,228	40.23	12,351	382	40.44	15,448	42.87	16,374	46.72	17,848	0.37%	1,474	0.88%
Laird	1,047	36.57	38,293	40.23	42,122	1,121	40.44	45,332	42.87	48,052	46.72	52,376	1.08%	4,325	1.33%
MacDonald, Meredith and Aberdeen Ad	1,609	36.57	58,848	40.23	64,733	1,513	40.44	61,184	42.87	64,855	46.72	70,692	1.46%	5,837	1.51%
Wawa (formerly Michipicoten)	2,905	36.57	106,247	40.23	116,872	2,705	40.44	109,387	42.87	115,950	46.72	126,386	2.61%	10,436	0.76%
The North Shore	497	36.57	18,177	40.23	19,995	531	40.44	21,473	42.87	22,761	46.72	24,810	0.51%	2,049	1.08%
Plummer Add'l	660	36.57	24,139	40.23	26,553	757	40.44	30,612	42.87	32,449	46.72	35,369	0.73%	2,920	1.07%
Prince	1,010	36.57	36,940	40.23	40,634	975	40.44	39,428	42.87	41,793	46.72	45,555	0.94%	3,761	1.60%
St. Joseph	1,240	36.57	45,352	40.23	49,887	1,426	40.44	57,666	42.87	61,126	46.72	66,627	1.38%	5,501	0.95%
Spanish	712	36.57	26,041	40.23	28,645	670	40.44	27,094	42.87	28,720	46.72	31,304	0.65%	2,585	0.98%
Tarbutt	534	36.57	19,531	40.23	21,484	573	40.44	23,171	42.87	24,562	46.72	26,772	0.55%	2,211	1.28%
White River	645	36.57	23,590	40.23	25,949	557	40.44	22,524	42.87	23,876	46.72	26,025	0.54%	2,149	0.68%
Total	104,127		3,808,378		4,189,216	103,594		4,189,216		4,440,569		4,840,220	100.00%	399,651	
YOY % Increase			7.00%		10.00%			0.00%		6.00%		9.00%			
*Statistics Canada. 2023. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released November 15, 2023. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E (accessed October 16, 2024).															

Appendix B

2018-2030 APH Capital Asset Funding Plan

See subsequent document.

2018 - 2030 Capital Asset Funding Plan



Algoma
PUBLIC HEALTH
Santé publique Algoma

Appendix H

Algoma Public Health 2018 - 2030 Capital Asset Funding Plan

2018 - 2030 Capital Asset Funding Plan

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2018 - 2030 Capital Asset Funding Plan

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

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

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	
Computer Equipment														
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
Furniture and Equipment														
Vaccine Refrigerators	29,000	14,500	7,000				7,000				7,000			21,000
Digital Sign	21,000													
Vehicle														
Truck (land control)						50,000								50,000
Leasehold Improvements														
Blind River Office		5,000												
Generator		30,000												
Elliot Lake Office					7,000									7,000
Wawa Office			5,000											5,000
Owned Facility:														
294 Willow Avenue Building, Sault Ste. Marie														
Municipal/Utility Services														
Water Supply														
Sanitary Supply														
Storm Sewer														
Gas Utility														
Hydro Utility														
Other Municipal/Utility Services														
Site Finishes														
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														
Structural														
Building Substructure, including foundations and basement walls														
Building Superstructure														
Interior Stairs														
Roof Construction														
Other Structural														
Building Exterior														
Foundation Wall														
Cladding System														
Exterior Sealants and Caulking														
Entrances and Doors														
Windows Including Frames														
Parapets and Canopies														
Loading Dock														
Other Building Exterior														
Roof														
Roof Assembly (waterproofing membrane and roof surface)					165,000									165,000
Flashing														
Roof Drainage (eaves troughs/downspouts, roof drains)														
Chimneys/Boiler Stacks														
Skylights and other Roof Openings														
Roof venting, if any														
Other Roof														
Building Interior														
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														
Mechanical and HVAC														
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														
Plumbing														
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
Sanfé publique Algoma

Blind River

9 Lawton Street

Elliot Lake

302 - 31 Nova Scotia Wal
(ELNOS Building)

Sault Ste. Marie

294 Willow Avenue

Wawa

18 Ganley St.

