



2015



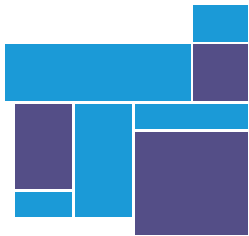
ANNUAL REPORT





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2015 saw several developments of note within APHEO. The organization started the year under the direction of a new president; Gillan Alton (Oxford County Public Health) assumed the responsibility of leading APHEO in January, supported by a mostly new executive committee. With the support of this executive committee, the Website Working Committee was able to continue and complete working on the redesign of the APHEO website, and the new website was launched in May 2015. Transfer of information from the old website continued for some time following the launch, and improvements will be made on an ongoing basis. The APHEO website now offers enhanced functionality that was not previously available, such as an integrated forum and listserv, and the addition of a News section that can be constantly updated to keep members and affiliates informed of current events.

In June, APHEO's 2015 conference was held in London, Ontario, with the theme 'Effective Communication of Epidemiological Information'. Attendance at the conference was good, with 98 attendees including 16 presenters, and feedback from attendees indicated an excellent level of satisfaction with the conference in general, and how it met the stated objectives. However, as has increasingly been the case in the recent past, expenditure involved in holding the conference exceeded revenue generated by the event, leaving APHEO with a considerable shortfall in funds. Conferences and workshops are important to APHEO members and affiliates for networking and the exchange of information and ideas, and so reducing the financial outlay required for these events and increasing their ability to generate revenue will be of prime importance in 2016 and future years.

A development in November 2015 that is to be much celebrated was the announcement by the new federal government that the mandatory long-form census would be reinstated with immediate effect. This means that the significant limitations presented by the data gathered in the 2011 census should be removed for the

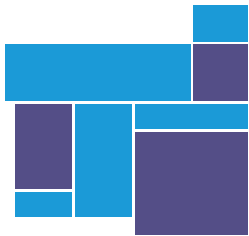
2016 census, and epidemiologists and data analysts attempting to generate estimates for remote and geographically small areas should now be able to do so with an acceptable level of precision in most cases. The importance of the availability of data of optimal quality to public health programs cannot be overstated.

The release in December 2015 of the Ministry of Health and Long-Term Care discussion paper *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* was also of interest to APHEO members and affiliates. The contents of this report, focussed on the relationships between Ontario's various agencies that plan and coordinate health care, including Local Health Integration Networks and public health units, will potentially give rise to interesting changes to local public health in the province that remain to be seen.

Fall 2015 saw the resignation of Gillian Alton from the position of APHEO president, on account of her move to a new job outside of local Ontario public health. Following her resignation, Lise Trotz-Williams assumed the role of Interim President, subsequently handing over the reins to James Macintosh (incoming 2016 APHEO President, Niagara Region Public Health) at the end of December 2015, at what would have been the end of Gillian's term as 2015 President. As APHEO moves forward into 2016, it is expected that new challenges and opportunities will present themselves, requiring ongoing planning and adaptation within the association in order to ensure that APHEO continues to progress from strength to strength.



*Lise Trotz-Williams,
Wellington-Dufferin-Guelph Public Health,
APHEO Vice-President 2015,
Interim APHEO President Fall 2015*



President

Gillian Alton (resigned September 2015)
Oxford County Public Health & Emergency Services

Vice President (& Interim President Fall 2015)

Lise Trotz-Williams
Wellington-Dufferin-Guelph Public Health

Secretary

Vidya Sunil
HKPR District Health Unit

Treasurer

Kelty Hillier
Hamilton Public Health Services

OCCHA Rep and Member at Large

John Barbaro
Simcoe Muskoka District Health Unit

OPHA Rep & Member at Large

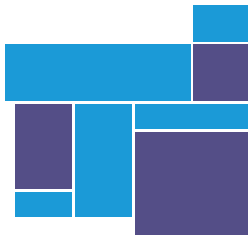
Emma Tucker
Halton Region Public Health

**Association of Local Public Health Agencies (ALPHA)
representative (until Summer 2015 – resigned Aug 2015)**

Celine Butler
Timiskaming Health Unit

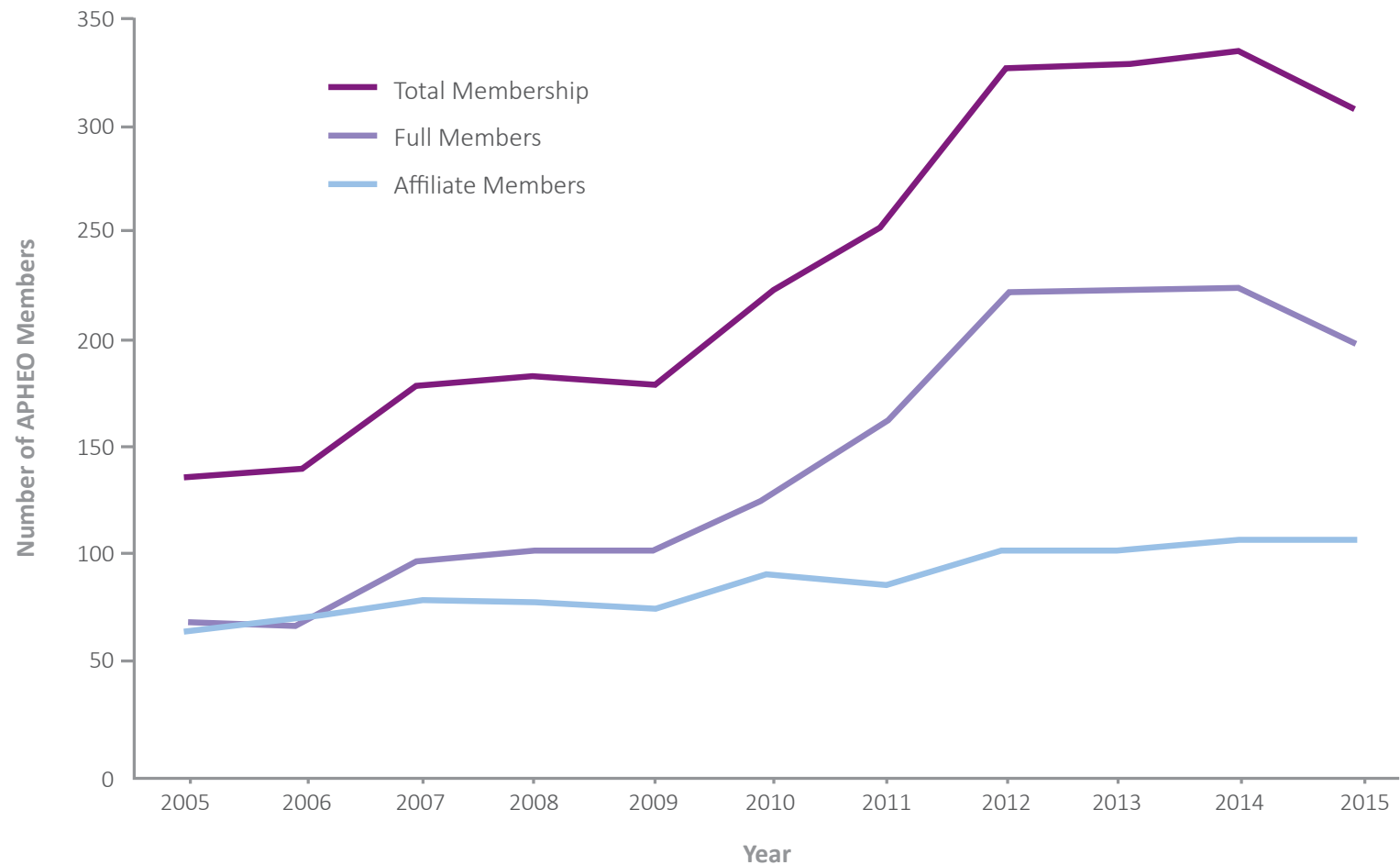
Past President

Cameron McDermaid
Ottawa Public Health



In 2015, the membership of APHEO consisted of 308 members (108 full members and 200 affiliates), representing a decrease of 26 members over the 2014 year-end totals. The number of full members has remained stable over the last three years; however, there was a decrease in the number of affiliate members from 2014 to 2015. The full members of APHEO represent 30 of the 36 health units in Ontario, while APHEO affiliate members represent 24 of the 36 health units and 54 other various organizations. The figure below shows APHEO’s growth over the past 10 years.

APHEO Membership Trend (2005 - 2015)





Overall, the APHEO finances were in good shape at the end of 2015. This was due to a sizeable nest egg that was built up over many years, mostly due to contract fees carried out by APHEO members on behalf of the Association. APHEO has not engaged in this work for some time and currently relies on membership fees as the main source of income.

The membership fees (\$9,129.88) were almost sufficient to cover basic expenses in 2015. However, there was a total loss of \$10,406.51 in assets during 2015 when compared to the 2014 end of year balance. This loss was principally due to the 2015 Conference which lost \$9,970.49. This loss was similar to the 2014 workshop which lost \$13,380.02. These losses were principally driven by a marked reduction in sponsorship and partly by a low registration fee in 2014.

APHEO should look for ways to increase revenue and decrease costs, especially when faced with rising costs and decreased and uncertain sponsorship commitments.

The assets of APHEO as of December 31st, 2015, show cash assets of \$59,980.97 and the GIC investment is \$10,792.19. Please refer to the 2015 year end statement for more details.

Summary of 2015 (as of 31 December 2015)

Revenues	\$ 45,769.88
Operational expenditures	\$ 9,422.00
Special projects expenditures	\$ 3,974.15
Subtotal	\$ 32,373.73
Encumbered expenditures (2015 Conference)	\$ 40,921.55
Total	\$ - 8,547.82

Summary of Assets (as of 31 December 2015)

Bank account balance	\$ 59,049.03
Paypal balance	\$ 931.94
GIC	\$ 10,792.19
Total	\$ 70,773.16

Projected Revenues	2015 Budget	YTD
Membership fees - 2015	\$ 8,000.00	\$ 8,601.20
Membership fees - 2016 (paid in 2015)	\$ 1,000.00	\$ 528.68
Website Revenue	\$ 300.00	\$ 96.80
2015 Conference - Sponsorships	\$ 5,200.00	\$ 5,118.20
2015 Conference - Registrations	\$ 35,000.00	\$ 31,425.00
Total	\$ \$49,500.00	\$ 45,769.88

Nondiscretionary Operational Expenses

Executive teleconferences	\$ 1,500.00	\$ 409.97
Executive transition meeting (Jan 2015)	\$ 300.00	\$ 194.93
General meetings - teleconferences	\$ 1,080.00	\$ 0.00
General meetings expenses	\$ 1,000.00	\$ 0.00
Insurance	\$ 2,050.00	\$ 1,453.68
CSAE Membership (for insurance discount)	\$ 621.50	\$ 621.50
Website Maintenance (Brickhost)	\$ 500.00	\$ 677.44
Website Maintenance (Lifeline)	\$ 1,124.35	\$ 1,124.35
Mailing costs (Courier fees, postage, etc.)	\$ 100.00	\$ 42.10
Total	\$ 8,275.85	\$ 4,523.97

Discretionary Operational Expenses

Annual Report	\$ 600.00	\$ 1,124.35
Gifts	\$ 350.00	\$ 54.86
APHEO Exec member travel support	\$ 1,200.00	\$ 187.58
APHEO rep attending constituent society meetings	\$ 1,000.00	\$ 1,218.04
Promotion	\$ 0.00	\$ 0.00

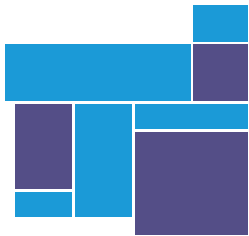
Continued	2015 Budget	YTD
OPHA Membership	\$ 2,000.00	\$ 2,000.00
Membership Drive	\$ 0.00	\$ 0.00
Student Sponsorship APHEO Membership and other Elaine Hector Student Award & other award	\$ 500.00	\$ 82.68
Software	\$ 500.00	\$ 230.52
On-line Registrations	\$ 0.00	\$ 0.00
Miscellaneous	\$ 500.00	\$ 0.00
Total	\$ 7,150.00	\$ 4,898.03

Special Projects

APHEO Small Rural and Northern PHU teleconference - MOHLTC line not available	\$ 0.00	\$ 6.52
Incorporation	\$ 3,152.56	\$ 0.00
BORN Working Group	\$ 800.00	\$ 286.70
Website Review Committee	\$ 1,000.00	\$ 714.42
Website update	\$ 3,246.78	\$ 2,973.03
Policy Review	\$ 1,000.00	\$ 0.00
2015 Conference	\$ 35,000.00	\$ 40,740.94 **
2015 Conference Committee teleconferences	\$ 200.00	\$ 170.81
2016 Workshop	\$ 3,300.00	\$ 3,022.75 ***
2016 Workshop Committee teleconferences	\$ 200.00	\$ 180.61 ***
Projected special project expenses	\$ 47,899.34	\$ 3,974.15
Encumbrances	\$ 35,000.00	\$ 40,921.55

** Conference Total = \$46,513.69 - \$5,772.75 paid in 2014 = \$40,740.94
paid from 2015 budget (+\$170.81 for teleconferences)

*** Workshop Total = \$3,022.75 + \$180.61 paid in 2015 = \$3,203.36



Key 2015 highlights/accomplishments: The 2015 Conference, with the theme ‘Effective Communication of Epidemiological Information’, was held at the London Armouries Hotel (London, ON) on June 14-16, 2015. There were 98 attendees including 16 presenters.

In total, the conference cost \$46,513.69 and brought in \$36,543.20 leaving a deficit of \$9,970.49. Total sponsorship was just under \$5200.00 which was less than that of previous conferences and in line with the experience from the 2014 workshop. We attempted to mitigate the loss by increasing the participation cost per person with adequate attendance; however, this was insufficient to cover the costs of the meeting. Suggestions for cost savings were shared by our conference planner for next year’s meeting.

An evaluation was included for the conference and we received a 50% response rate. A majority of respondents were satisfied the conference objectives were met (range of 94-100% for the 4 objectives). Respondents were also satisfied with both the food and beverages provided (range of 93-100% for breakfast, lunch, dinner) and the conference services and facilities (98%). A majority (98%) responded that the speakers at the conference increased their knowledge on how to effectively communicate epidemiological data. Full evaluation results were shared with the 2016 planning committee to inform the next meeting.

Key 2016 priorities/areas of focus: Work is underway to plan an ‘Unconference’ workshop for 2016, which is a loosely structured conference emphasizing the informal exchange of information between participants. Low sponsorship dollars are anticipated once again by the planning committee.

APHEO Website Working Group Sherri Deamond

Main Purpose/Objective of Group: A standing committee that provides periodic reviews of the association’s presence on the internet and provides recommendations to the APHEO Executive for future innovation as well as assisting in their implementation. During 2015, the main focus of the Working Group was the launch of the re-designed APHEO website and new forum.

Key 2015 highlights/accomplishments: The new APHEO Website, including the forum version of APHEOlist, was launched on May 1, 2015. The working group supported training of all members on the functionality of the new website, and of selected members on administration of the site. The working group promoted the new site’s functionality to members and has worked to address any issues and bugs raised. Work is ongoing to re-design the Core

Indicators and Data Sources portion of the website and complete this final migration from the old site.

Key 2016 priorities/areas of focus:

- Finalize Core Indicators and Data Sources templates and complete migration from the old site.
- Importation of APHEOlist archives, and organization of the archives to make them accessible to all members.
- Development of a User Guide for members.
- Make recommendations for training videos for website administration to be created by website developer.
- Creation of a system and category management documentation for document library.



Main Purpose/Objective of Group: To promote collaboration among small, rural and northern Health Units, and to address some of the challenges to complying, and develop solutions to facilitate compliance, with the Ontario Public Health Standards. The working group will focus on the areas of population health assessment, surveillance, research and program evaluation.

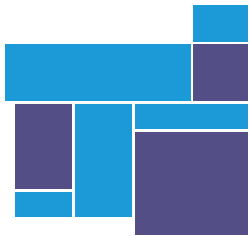
Key 2015 highlights/accomplishments: Finalized orientation manual for new epidemiologists and provided opportunities for committee members to brainstorm solutions to challenges faced in their health units.

Key 2016 priorities/areas of focus:

1. Continue to support committee members' work in the small, rural and northern health units.
2. Determine outbreak support from Public Health Ontario (PHO) available to members, through discussions with PHO representatives.

Cancer Surveillance for Public Health Working Group (CSPHWG) Mary-Anne Pietrusiak, Durham Region Health Department

This Working Group was not active in 2015. Due to a change in designation at her health unit, Anne Marie Holt had to resign from her position as Chair of the committee, and no meetings took place in 2015.



Main Purpose/Objective of Group: To systematically define and operationalize a core set of health status indicators using the Ontario Public Health Standards as a framework. To promote the use of the indicators and encourage public health units and others to adopt the indicators as defined and generate them for their areas.

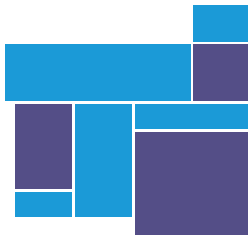
Key 2015 highlights/accomplishments:

Subgroups and Highlights:

- ▶ **Social Determinants of Health** (Lead: Virginia McFarland): Have completed work on all but three indicators that require external review. All other indicators are posted except for four, which are waiting for the APHEO website Core Indicators page update to be implemented.
- ▶ **The Built Environment** (Lead: Ahalya Mahendra): Have completed 6 new core indicators that measure the impact of the Built Environment on Physical activity, and are now in the final stages of three indicators that measure geographic food access. Next, they are looking at geographic food access from a school setting perspective.
- ▶ **Reproductive Health** (Lead: Amira Ali): Gestational weight gain is ready for external review. Public Health Ontario (PHO) to work with the subgroup to potentially create indicators using ISGIS data.
- ▶ **Injury and Substance Misuse Prevention** (Lead: Suzanne Fegan): This group is awaiting further APHEO website changes before making final revisions to the Alcohol Attributable Hospitalizations for Selected Chronic Disease and Injuries indicator guidelines.
- ▶ **Child and Adolescent Health Subgroup** (Lead: Sarah Collier): Have completed drafts for 7 indicators, including the oral health and child & adolescent hospitalization & mortality indicators. Early Development Instrument (EDI) core indicators in progress.

2015 Accomplishments:

- This year, the majority of our work was focused on re-organizing the core indicators and updating the core indicator section of the website, both of which led to the development of a new metadata template for core indicators. The purpose is to bring all indicator data together (including the indicators themselves, resources, and the gaps and alignments documents) into a new format that will allow easier access to all core indicators and resources in an organized, user-friendly format. This process is still under development and will be completed in 2016. A special thanks goes out to Caitlyn Paget who devised the new structure and re-organized all the core indicators and their resources into this new template, which I can assure you, was no small feat. *A huge thanks to you, Caitlyn!*
- This year, Mary-Anne Pietrusiak retired from being the lead of the Reproductive Health subgroup, and from the Core Indicators Working group. As many of you know, Mary-Anne has been a significant part of Core Indicators from its inception in Feb. 1998. Some of her extensive work included being the lead of the Reproductive Health subgroup for 9 years (from February 2006 to April 2015), the chair of the CIWG for 11 years, a member of the CIWG for 6 more years, and the project manager of the PHAC project to revise and create indicators and resources for chronic disease and risk factors from July 2008 to July 2009. Mary-Anne continues to be a member of the Reproductive subgroup. We wish to extend our heartfelt thanks to Mary-Anne for such an incredible contribution to Core Indicators. Her work has directly benefited epidemiologists and others across Ontario, and we are very grateful for her hard work and her contributions to Core Indicators.



Some words from Mary-Anne: “When I look back at those first meetings and our first products, including the binder of indicators distributed to health units in November 1999 (still on my shelf), I am struck by how much things have changed and also by how much they have remained the same. The indicators essentially have retained the same structure, many of the same players involved, and the same objectives. But there are also a lot of fresh new faces working on this rich, hugely useful resource. And while other indicator projects have fallen by the wayside, Core Indicators continues to chug along. Yes, we still struggle with getting enough time and resources to complete the indicators. Yes, it is still time-consuming, detailed work that never seems to end. Yes, sometimes we feel like we are making decisions for the province. Within all of that, there is no doubt that the Core Indicators are valuable to public health epidemiologists and analysts, and beyond. Even as I have worked on reproductive health indicators throughout all that time, I still need to go to the Core Indicators website when I am generating data for my health unit. I know I could not do my work as effectively without them.”

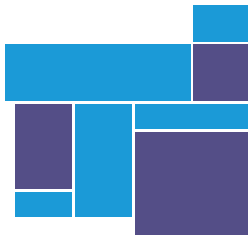
- The “Alignment of the APHEO Core Indicators with the Ontario Public Health Standards” has been revised and its release is planned for early 2016. The “Gaps in Public Health Indicators and Data in Ontario” is undergoing its final review process and should be released in the Spring of 2016.

- **Subgroup Changes:**

- Members of the Child and Adolescent Health subgroup have formed a smaller work group, led by Fangli Xie, to revise existing Oral Health indicators. In future, this group will explore developing adult oral health indicators. The Breastfeeding Subgroup used to be part of this subgroup, but is now under the Reproductive Health subgroup.
- The Cancer subgroup is looking for a lead! Please contact a member of the Core Indicators Work Group for more information by clicking the “Join” button on the Membership Workgroups page of the APHEO website.
- The Preventable Mortality subgroup has been disbanded, given that their task to create the Preventable Mortality Indicator has been completed.

Key 2016 priorities/areas of focus:

1. Complete reorganization of the Core Indicators and updating of the Core Indicators section of the APHEO website.
2. Ongoing development and revision of Core Indicators, including revision of the existing Oral Health indicators.



Main Purpose/Objective of Group: The purpose of the BORN Public Health Working Group is to advocate for access to and use of BORN data for public health purposes, and to establish an effective mechanism for communication between member agencies (BORN, public health units and Public Health Ontario).

Key 2015 highlights/accomplishments: The BORN PH Working Group is currently drafting a user manual for Epidemiologists related to BORN data. This manual is not intended to duplicate existing BORN documentation, but rather to provide a starting point for Epidemiologists/Health Analysts when accessing BORN data for population health assessment and surveillance activities.

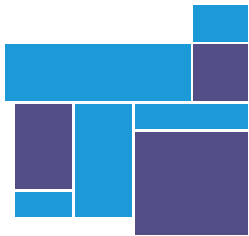
The working group created a mechanism for compiling issues identified by local public health Epidemiologists for resolution by BORN Ontario. This will streamline communications between local public health units and BORN, as well as keeping a centralized list of the issues that have been noted by users across the province.

Members of the BORN PH Working Group engaged with BORN representatives to provide technical guidance, to ensure the accurate assignment of local public health units to maternal and infant records within BORN.

The BORN PH Working Group collated feedback from public health units to inform the 2016 enhancements of the BORN Information System. These enhancements were deferred by BORN, for consideration in 2017.

Key 2016 priorities/areas of focus: Currently the user manual is in draft format. This manual will be finalized and disseminated to APHEO members in 2016.

Members of the BORN PH Working Group will engage with BORN Ontario in regards to facilitating access to maternal and infant records for on-reserve First Nations populations.



Main Purpose/Objective of Group: The Association of Local Public Health Agencies (alpha) is a non-profit organization that provides leadership to Boards of Health and public health units in Ontario. Our members include Board of Health members, Medical and Associate Medical Officers of Health, and senior public health managers. We advise and lend expertise to members on the governance, administration, and management of health units. alpha also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in Ontario.

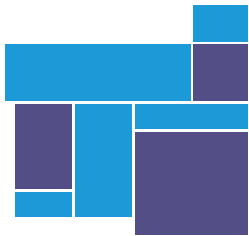
alpha is made up of Public Health Units, Boards of Health, the Council of Ontario Medical Officers of Health, and Affiliates, of which APHEO is one. The benefits of membership include advocacy, communication, education, and representation.

Key 2015 highlights/accomplishments:

- ▶ 2015 alpha conference, “Rethinking Public Health” held in June. This conference explored key areas of focus for public health in the future. Workshop on Risk Management was also held for Boards of Health (in November of 2015).
- ▶ Adopted, and actively advocated for, the following resolutions: “Public Health Funding”, “Applying the Health Equity Lens”, “National Universal Pharmacare Program”, “Amending Public Pools Regulation 565”, “Public Health Support for Basic Income Guarantee”, “Provincial Availability of Naloxone” and “Increasing the Minimum Legal Age for Access to Tobacco Products in Ontario to 21”.

- ▶ Throughout the year, alpha advocated to government leaders and key players on public health topics such as the oral health program consolidation, physical literacy in educational and childcare settings, supporting amending the Ontario Regulation to include professional competencies for public health inspectors, HPV vaccine, Healthy community fund, changes to alcohol retailing, Making Healthier Choices act, input into the Child Care and Early Years Act, Tobacco in movies, Long form census and Basic Income Guarantee. These letters as well as others can be found on alpha’s website under Correspondence 2015: http://www.alphaweb.org/page/Letters_2015
- ▶ President Lorne Coe stepped aside in November to run for a Member of the Provincial Parliament (MPP) position. Dr. Valerie Jaeger was acting President for the remainder of 2015.

Key 2016 priorities/areas of focus: One of the key areas of focus for 2016 will be responding to and monitoring the work with respect to the Patients First report released in late 2015.



Main Purpose/Objective of Group: OPHA is a not-for-profit organization that provides a strong, unified, independent voice for all citizens, public-health professionals and volunteers committed to improving the health of Ontarians.

OPHA seeks to be an independent voice for a broadly defined conception of Public Health. Through strategic collaborations with governments and partnerships with health units, non-governmental organizations (NGOs), addiction centres, academic institutions and community health centres, OPHA addresses and influences the broader elements of health policy as well as a wide range of specific Public Health issues. Their Mission, Vision & Values are outlined [here](#). The role of the OPHA Board of Directors is to accomplish its governance responsibilities and fulfill its strategic plan.

alPHA is made up of Public Health Units, Boards of Health, the Council of Ontario Medical Officers of Health, and Affiliates, of which APHEO is one. The benefits of membership include advocacy, communication, education, and representation.

Key 2015 highlights/accomplishments:

- ▶ It was decided by the APHEO Executive in early 2015 that APHEO would re-join OPHA as a constituent society. We were officially welcomed at the April 28-29 OPHA Board Meeting.
- ▶ Key highlights of their work can be found in the OPHA 2014-2015 “Year in Review” Video: <https://www.youtube.com/watch?v=VYmHZkT36ZA>; as well as the OPHA 2014-15 Annual Report available [here](#).

- ▶ Held 2015 OPHA Fall Forum, “A Strong Voice” in October 2015. This conference explored public health’s role in advocacy and shifting policy. APHEO was represented as a session facilitator (Emma Tucker) on Science, Advocacy & the Public.
- ▶ In 2015 OPHA offered Lean Sigma Workshops with a focus on public health.
- ▶ In 2015 a Basic Income Guarantee Backgrounder was produced by the OPHA/alPHA Health Equity working group. A Basic Income Guarantee Resolution was adopted in October.
- ▶ Throughout the year, OPHA advocated to government leaders and key players on public health topics such as: Food Literacy, the Early Years Act, Healthy Choices Act, Housing, Transportation, Built Environment, Air Quality, Water, and other important public health issues. About 30 letters were sent and can be found on OPHA’s website: <http://opha.on.ca/Advocacy-and-Policy/Letters.aspx>
- ▶ There are three OPHA subcommittees: Audit, Membership & Advocacy. In 2015 the OPHA rep participated on the Advocacy subcommittee and reviewed letters/responses to government on certain issues (see above).

Key 2016 priorities/areas of focus:

One of the key areas of focus for 2016 will be Health Equity. This was determined after a priority setting exercise in late 2015. There will also be work done on responding to and monitoring the work with respect to the Patients First report released in late 2015.