

APHEO ANNUAL REPORT 2008

ASSOCIATION OF PUBLIC HEALTH EPIDEMIOLOGISTS IN ONTARIO



TO ADVANCE AND PROMOTE THE DISCIPLINE AND PROFESSIONAL PRACTICE
OF EPIDEMIOLOGY IN ONTARIO PUBLIC HEALTH UNITS

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PRESIDENT'S REPORT Submitted by Joanna Oliver

The year 2008 began for APHEO with great new opportunities and a chance to grow on past leadership.

At the turn of 2007-2008, the Chronic Disease Branch of the Public Health Agency of Canada (PHAC) contacted me, as the in-coming president, about collaborating on the Chronic Disease Risk Factor Inventory Matrix Project – in fact – designing the matrix prototype! A presentation was made at the year's first General Meeting and the Executive decided that this was an excellent opportunity for APHEO to showcase its skills, passion and creativity. Six public health epidemiologists from across the province formed the work group, which I had the pleasure of chairing. The overarching theme of this initiative is knowledge transfer. More specifically, the goal of this initiative is to create an on-line tool that can efficiently house what is known about a particular chronic disease or risk factor and provide a concise summary of information gathered through

**“Building on Past Accomplishments...
Taking on New Challenges...
Quite simply – Full Speed Ahead.”**

meta analysis. Does that not get every Epidemiologist excited?!

I also had the opportunity to represent APHEO on the Childhood Obesity Surveillance Proposal – a proposal spearheaded by COMOH. This proposal was presented to Deputy Minister Cynthia Morton (Ministry of Health Promotion) and was endorsed by APHEO. The acceptance of this proposal led to the formation of the Childhood Healthy Weights Initiative Steering Committee in response to the Ministry's promise of addressing childhood obesity.

The year 2008 marked the 10th anniversary of APHEO's long-time project – the Core Indicators Project which was initiated in 1998 by the Provincial Health Indicators Work Group. In 2008 Mary-Anne Pietrusiak, a long-time chair and project lead on this initiative, made a successful proposal to the Public Health Agency of Canada for funding. *(continued on pg 2)*

PRESIDENT'S REPORT *(continued from front pg)*

This funding finally allowed for hiring of a project manager who could manage this ever growing and respected project and expand its scope. A new component – the Built Environment – was added for development of indicators. Quite impressively, the APHEO Core Indicators Project was included as a reference in the Ontario Public Health Standards. In all, there are six work groups working on over 120 public health indicators.

Another important milestone this year was the 10th Anniversary of APHEO's website. A number of longstanding APHEO members were instrumental in getting this website operational and overseeing it grow and develop. One in particular, Lee Sieswerda, continued to act as the webmaster tackling all technical glitches and managing the much-appreciated APHEO list serve. In addition, Lee, on behalf of APHEO, submitted a proposal to the Ministry of Health Promotion to expand the website to have a community-based wiki site while still ensuring security and integrity of the material housed on the website.

A second initiative to receive funding from the Ministry of Health Promotion this year was the GIS Interest Group with leadership by Mary-Lou Decou. The purpose of this group was to “provide members of APHEO who have an interest in GIS an opportunity to work together on common issues and share resources as they relate to the application of GIS in the Public Health environment”. As a result, a report with a number of recommendations was produced. This report is posted on our website. Stay tuned for more developments in this area.



The year 2008 also saw the loss of the very respected and much loved Dr. Sheela Basrur – the former Chief Medical Officer of Health. Dr. Basrur was the Medical Officer of Health for Toronto during the SARS outbreak, a public health champion and the recipient of the Order of Ontario. Many tributes were delivered to honour the life of Dr. Basrur, including the dedication of the headquarters for the Ontario

Agency of Health Protection and Promotion as the Sheela Basrur Centre and the OPHA Dr. Sheela Basrur Scholarship Award.

The Ministry of Health and Long-Term Care released a draft of the Ontario Public Health Standards in January. APHEO, keen to continue to contribute to the process, delivered a consolidated response which included a number of recommendations to ensure the integrity of these standards. In November, I was asked to present on behalf of APHEO at the launch of the OPHS and reflect on some of the opportunities and challenges as related to the OPHS, the work of public health epidemiologists and

the work and potential contributions of our association.

All this was underway as the Epidata Project, a project funded by PHAC, continued in its second year of a three-year contract started under the leadership of Jason Garay, the 2007 President. Brenda Guarda was hired as the project manager to oversee the work of the expert panel, comprised of APHEO members, and to be the liaison with PHAC and Dr. Jens Lauritsen of the Danish EpiData Association. The software functionality and improvements began to be tested and the user guide came into development. This led to a joint Field Epi workshop, in October, where the PHAC Field Epi program was able to jointly present instruction to all interested communicable disease epidemiologists. One of our SEA (Saskatchewan Epidemiology Association) counterparts attended this workshop and took the lessons learned to Saskatchewan.

As constituent society members of alpha, we provided our support to the resolution whereby alpha urged Cancer Care Ontario (CCO) to develop: a clear process whereby Boards of Health may obtain timely data for areas smaller than the health unit level; mechanisms or workshops to train public health epidemiologists on cancer analysis techniques; and, a forum by which Boards of Health and CCO can share findings and data quality issues. In addition to this, the Executive submitted a list of points for consideration by CCO. We will be hearing about the latest developments from CCO later in 2009.

One of our members, Nancy Day, received the OPHA Lifetime Membership Award in recognition of her service and dedication to public health. Nancy is a long-time member of APHEO and served as OPHA President in 1992. She returned to the OPHA Board as a representative of APHEO (a new constituent society) in 2002 serving a five-year term and later again served on the OPHA Board in various roles. Nancy works for Toronto Public Health as the Supervisor, Health Status and Epidemiology.

Indeed, 2008 was a year for new opportunities, celebrations, milestones and reflections.

With such tremendous growth in the association, the increased collaborations with external stakeholders, formation of new work groups and increase in funded projects, it was time for the Executive to create some new policies and procedures. As a result, the following new policies and procedures have been added: 1) Project Manager Roles and Responsibilities; 2) Recruitment, Roles and Responsibilities of Working Group Members; 3) Contracting of Services and 4) Student Award for APHEO Conference.

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Finally, as the 2004 Strategic Plan was coming to its end, a new process had to be started. During the course of the year, APHEO members provided their excellent ideas about the scope and future of APHEO through several meetings and on-line discussions and surveys. The mission statement was revisited and the mission was once again confirmed to be: “To advance and promote the discipline and professional practice of epidemiology in Ontario public health units”. And, the vision was enhanced to state “The excellent leadership and professional expertise of APHEO advances public health in Ontario”. Five strategic goals were developed and the Executive became eager to get the workplan underway. The full report is posted on the website for your information.

Speaking personally, as I reflect on 2008 in my role of APHEO’s President, I feel compelled to relay to you my gratitude for the dedication and hard work of each of the 2008 Executive Members (Jason, Lewinda and Sherri, Camille, Lindsay, Anne

Marie Holt and Alanna). And, I would like to express my gratitude to the Halton Region Health Department for giving me the opportunity and time to fulfill my role. Also, I must tell you how impressed I am by the tremendous dedication and hard work of each of the Work Group Chairs, Work Group members and the Workshop Planning Committee. You will get a chance to see some of their accomplishments later in this report. Our association is an excellent example of how one’s love and passion for the chosen field of work translates into the desire to better the profession, increase the body of knowledge and positively influence practice. APHEO members truly exemplify the association’s mission and vision.

I hope this provided you with an overview of the activities that took place in 2008 and shed some light on the increasing complexity of activities and roles of our members. Armed with new a strategic plan, APHEO is well poised to enter its 18th year of existence.

OCCHA REPORT Submitted by: Jason Garay on behalf of Shelley Stalker

OCCHA’s mission is to promote accountability and excellence in public health programs and services primarily through the administration of a comprehensive accreditation program. OCCHA fulfills this responsibility by enhancing knowledge through consultation and evaluation, measuring agency performance against peer set standards, facilitating continuous quality improvement in public health units and establishing accreditation standards related to governance, administration and evaluation. OCCHA is currently the only public health unit accrediting body in the province.

Throughout 2008, OCCHA board members and partners worked diligently to update the OCCHA accreditation standards. As a result of significant effort by all, OCCHA was pleased to release the 2009 Accreditation Principles, Standards and Components. These new standards were approved by the board in October 2008 and become effective January 2009. The new standards have been updated to incorporate the Ontario Public Health Standards and to more clearly reflect the quality components within OCCHA’s quality framework for public health units. The OCCHA Board of Directors is currently completing the review and revision of all accreditation documents, including the agency questionnaire, surveyor worksheets, introduction to accreditation and other supporting documentation. As these are approved, they will be posted to the OCCHA website.

The OCCHA Board of Directors has formally approved a standardized accreditation process and award, which was also implemented in January 2009. The standardized accreditation process will be based on a three year cycle, will include an annual review component, and will be linked to the OCCHA Quality framework for public health units. The resulting accreditation process will also be streamlined to facilitate ongoing participation in the process, through the development of documentation checklists and enhanced web pages for accredited health units. The accreditation process working group continues to develop the protocols and tools for the standardized accreditation process, including updates to the on-site survey review.

For more information on OCCHA, go to www.occha.org



OPHA REPORT Submitted by: Alanna Leffley

I have enjoyed my first full year in this position as OPHA representative for APHEO. It was an interesting year with many opportunities for APHEO to provide additional input (through OPHA) on the new Provincial Standards and Protocols and other matters.

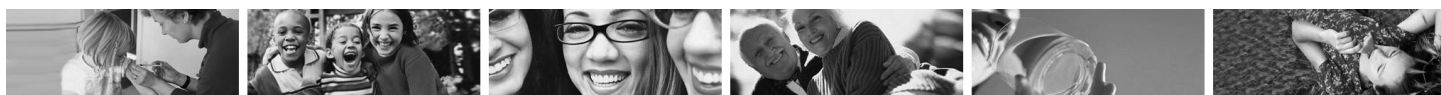
The OPHA Board moved into a new governance structure in 2008 in which the constituent society reps are required to sit on a Board subcommittee. APHEO will be represented on the Advocacy Committee (assist with the development of resolutions, position papers, advocacy initiatives). OPHA's Advocacy Approach 2008/09 will strengthen and focus advocacy efforts on the following areas:

- Public Health System Advocacy – implementation of the CRC recommendations including new Standards & Protocols, increased investment in public health human resources, stable predictable funding.
- Issue Specific Advocacy – health inequity and social determinants; healthy school food policy; ban of cosmetic use of pesticides; toxic use reduction strategy.

In 2008, another successful OPHA conference was held in Niagara Falls, Ontario. OPHA's 2009 conference will celebrate the 60th Anniversary of OPHA called "Celebrating our past, Building our Future" (November 1-4, 2009, Toronto). It will bring all public health disciplines together and APHEO will be having an education session and general meeting on the final day. For more information see www.ophaconference.ca

APHEO had a representative to participate in an OPHA Working Group planning session focusing on Access, Equity and Social Justice specifically focusing in on population health assessment and identifying priority populations out of the new standards. APHEO will continue to work on this matter as indicators need to be refined and developed.

alPHA REPORT Submitted by: Anne Marie Holt



alPHA is a non-profit organization that advocates for public health policies, programs and services on behalf of health units in Ontario. alPHA advocates members' interests and concerns before governments and other health-related organizations and consults and advises the Province on public health policies and programs.

This past year has been one of reflection in the Ontario public health community. Much of the work of Sheila Basrur as Chief Medical Officer of Health entailed in her report "Operation Health Protection" began to come to fruition. The establishment and staffing up of the Ontario Agency for Health Protection and Promotion (OAHPP), the launch of the new Ontario Public Health Standards (OPHS), along with a number of

celebrations of Sheila's life and passion for public health highlight the 2008-year.

The alPHA Board of Director's also reflected on their own history and future in a discussion on establishing one single public health association in Ontario. Executive Directors from both alPHA and the Ontario Public Health Association (OPHA) met to discuss potential opportunities. A decision was made to not pursue a merger but to continue to work closely on relevant initiatives.

Underscoring the critical importance of our public health system was the 2008 listeriosis outbreak at Maple Leaf foods that reinforced the need for continued renewal of the public health system. In light of the attention public health has received, alPHA worked very strongly to

advocate for strengthening the public health system. Over the past year alPHA was involved in an extensive range of activities to address public health issues in Ontario, of particular interest to public health epidemiologists is the submission of the Childhood Obesity Surveillance Proposal that was supported by the Ministry of Health Promotion. Funding was secured, which will allow alPHA to put a project manager in place to work with the OAHPP and public health units on this initiative in 2009.

For more information on alPHA's advocacy efforts, go to www.alphaweb.org

By the end of 2008, APHEO membership stood at 184 members and continues to grow. Of these 184 members, 80 were full members and 104 were affiliate members. These membership statistics are comparable to the previous year's membership.

COMMITTEE INVOLVEMENT

Epidata Project – Evaluation and Redevelopment

Members: Brenda Guarda (Chair), Mary Lou Decou, Jason Garay, Lee Sieswerda, Anne Arthur, Adam Stevens

The purpose of the Epidata project expert panel is to evaluate the use and expansion of Epidata for the practice of epidemiology in the field. Having received multi-year funding from the Public Health Agency of Canada, and working closely with the Denmark Epidata Association, the panel has introduced new versions and new functionality in the Epidata program. Applying this new functionality, in October 2008, the panel and additional APHEO and PHAC members planned and completed the 2008 APHEO/PHAC workshop to educate front-line epidemiology staff on the use of Epidata for outbreak management and analysis. As part of this workshop, an Epidata field guide was produced and will be updated with new information and outbreak scenarios for release in 2009.

APHEO Chronic Disease Risk Factor Inventory Matrix Workgroup

Members: Joanna Oliver (Chair) - Halton Region Health Department; Crystal Palleschi - County of Lambton Community Health Services Department; Renate van Dorp - Perth District Health Unit; Nancy Ramuscak - Peel Region Health Unit; Anne Marie Holt - HKPR District Health Unit; Amira Ali - Ottawa Public Health; Mary Lou Decou - APHEO; Kim Bergeron (Project Coordinator)

Time period: June 1, 2008 to March 31, 2009

Purpose of Matrix Working Group:

To provide a consultative service to Public Health Agency of Canada's (PHAC) Chronic Disease Risk Factor Inventory Project to identify the key elements of the Chronic Disease Risk Factor Inventory Matrix structure and develop a prototype. Deliverables included 1) Identification of the key elements and structure of the inventory matrix, 2) development of a matrix prototype, and 3) final report and user guide.

Objectives

Phase 1: June 1, 2008 to August 15, 2008

1. Participate in a joint meeting with the PHAC-Risk Factor Inventory Environmental Scan / Literature Review Work Group to:

- a. Gain insights into the process used
- b. Understand the scope of the literature search
- c. Understand the findings of the literature search
- d. Discuss the final (or draft, if unavailable) environmental scan report of the environmental scan / literature review work group for this project (report to be shared by PHAC in advance of this meeting)
- e. Have an opportunity to discuss the next steps, needs, gaps, requirements and plan for the work of the APHEO RFI WG

2. Meet as a working group to determine the proposed structure of the matrix to be pilot-tested and the content of the draft report on the key elements of the Risk Factor Inventory Matrix structure.
3. Member(s) of the working group will participate at the PHAC conference on November 6th and 7th 2008 in Ottawa.

Phase 2: August 18, 2008 to March 31, 2008

1. Members of the APHEO Executive and the APHEO Risk Factor Inventory Work Group (APHEO RFI MWG) will meet – meeting to be organized and sponsored by PHAC – with the Risk Factor Inventory Matrix pilot group to pilot test the proposed matrix:
 - a. Gain insights into the process used
 - b. Understand the findings of the pilot test
 - c. Discuss any issues, problems and brainstorm solutions
 - d. Derive an action plan for next steps for the APHEO RFI WG
2. Make changes to the proposed matrix based on the pilot test and document in the draft report.
3. RFIMWG to write, review and share a draft of the report with PHAC in advance of the November 6-7th conference.
4. RFIMWG to refine the structure of the matrix, based on the findings of the conference and share drafts with PHAC.
5. RFIMWG to write the final report on the key elements of the Risk Factor Inventory Matrix structure.

Activities Summary:

APHEO was approached to build on the work of PHAC's Centre for Chronic Disease Prevention and Control, by providing their expertise in the development of a prototype structure for a chronic disease risk factor inventory matrix (matrix). The intended users of this matrix are policy makers and practitioners. *(continued on pg 6)*

COMMITTEE INVOLVEMENT *(continued from pg 5)*

The goal of the matrix is to house up-to-date information on emerging and established risk factors and determinants related to chronic diseases in Canada. The APHEO Work Group (Work Group) developed a matrix prototype, based on a list of chronic diseases, risk factors and determinants identified by various chronic disease experts. Work Group members used literature reviews commissioned by PHAC to guide the development of this prototype. Pilot testing on the structure, function and usefulness of the prototype was conducted with a group of chronic disease experts and other APHEO members. Their feedback was used to further guide enhancements for development of a web-based user interface application prototype. A web-based application of the matrix prototype was developed and showcased at a PHAC Consensus Conference in November 2008. The prototype allows the user to query the matrix for select chronic disease and/or risk factor information, including prevalence, incidence, economic burden, mortality, morbidity, disability-adjusted life years and potential years of life lost. Indicators of risk/burden/impact are presented (where available), including relative risk, odds ratio, hazard ratio, population attributable risk or fraction, and attributable risk or fraction. Results can be stratified by age, sex, ethnicity and SES. All query reports contain relevant information for the interpretation of the results provided. For example the strength of the evidence of the relationship between the selected risk factor and chronic disease is included. The matrix will support hyperlinks to other data sources. All expert feedback received at the PHAC Consensus Conference has been incorporated to form the final report, including a user guide and recommendations on how to move the matrix beyond the prototype stage so it can become an on-going source of up-to-date information related to chronic disease risk factors.

Performance Management Working Group

Established: December 2007

APHEO Members: Julie Stratton (Peel Public Health)

• **Mandate:** To provide advice to the government on performance management and accountability issues in the public health system through the development of components of a performance management framework as recommended by the Capacity Review Committee (2006).

• **2007 Accomplishments**

- Initial meeting was held

• **2008 Accomplishments**

- Articulation of components of a public health performance management framework
- Development of a report format for the Initial Report on Public Health
- Identification of public health indicators and their assignment to dimensions
- Selection of indicators and variables for health unit profiles for initial report on public health
- Decisions on definitions and methodology for indicators and variables
- Extraction of data from existing data sources
- Collection of governance information through a board of health survey
- Collection of case studies from public health units to showcase innovation and best practices in areas poorly addressed by indicators
- Selection of case studies for inclusion in body of report
- Recommendations on text of narratives to support indicators
- Expansion of PMWG membership to include additional expertise as recommendations on other components of the performance management framework are examined (i.e. Accountability Agreements)

Canadian Congenital Anomalies Surveillance Network Advisory Committee

• APHEO representative added April 2005

• APHEO member: Mary-Anne Pietrusiak (Durham Region); Backup Julie Stratton (Peel Region)

Purpose: Provide the Maternal and Infant Health Section (MIHS) of the Public Health Agency of Canada with advice and direction on strategies for the development of congenital anomalies surveillance systems in provinces/territories where there are none and for maintaining and enhancing existing surveillance systems, including the Canadian Congenital Anomalies Surveillance System (CCASS).

• **2008 Accomplishments:**

- The Public Health Agency of Canada announced funding (\$5.9M over 5 years and \$1.7M ongoing) to provinces and territories to support enhanced provincial and territorial surveillance systems with respect to congenital anomalies. As a result of this announcement, the regular scientific meeting normally held in November was modified into presentations and working meetings to begin planning these surveillance systems. One potential model is that used in Europe (EUROCAT) where diverse systems from various countries are combined into one surveillance system.

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APHEO Core Indicators Working group

- **Established:** February 1998
- **APHEO Members:** Various APHEO members and members from the Ministry of Health and Long-Term Care, Ministry of Health Promotion, the Institute for Clinical Evaluative Sciences (ICES), Statistics Canada, the Public Health Agency of Canada and public health units.
- **Chair:** Mary-Anne Pietrusiak (Durham Region)
- **Purpose:** To systematically define and operationalize a core set of health status indicators using, as a framework, an elaboration of the Ontario Mandatory Programs and Services Guidelines. To promote use of the indicators and encourage public health units and others to adopt the indicators as defined and generate them for their areas.
- **Six Sub-Groups:** Cancer, Smoking and Sun Safety (Lead: Brenda Guarda); Healthy Eating and Active Living (Lead: Shanna Hoetmer); Infectious Disease (Lead: Sherri Deamond); Reproductive Health (Lead: Mary-Anne Pietrusiak); Leading Causes (Lead: JoAnne Heale); The Built Environment (Lead: Ahalya Mahendra)

2008 Accomplishments:

- APHEO received one-year funding from the Public Health Agency of Canada (PHAC) to create and revise indicators and resources related to chronic disease and risk factors. The Core Indicators PHAC (CIP) Project began in July with the hiring of Harleen Sahota as Project Manager.
- New Policies and Procedures (P&Ps) were created for the project, including a Membership P&P, sub-group terms of reference and an organizational chart.
- Presentations on the Core Indicators were provided at the: ICES Health Care 2008 Symposium in January (oral); the Durham Region Health Department Research and Knowledge Exchange Symposium in October (poster); and the Ontario Public Health Association conference in November (poster).
- Core Indicators held a strategic directions session in December with input from two member surveys (APHEO and Core Indicators). The report is posted on the website.
- Many indicators are in the process of being revised to align with the new Ontario Public Health Standards (OPHS). Core Indicators was referenced in the Population Health Assessment and Surveillance Protocol of the OPHS. It specifies that boards of health shall use standard definitions as provided by APHEO, where available and appropriate.

2008 APHEO Workshop Submitted by: Anne Arthur

SPECIFIC OBJECTIVES:

1. To understand the role of the epidemiologist in local communicable disease outbreak investigations;
2. Gain experience with information tools available for data collection and management before, during and after an outbreak investigation;
3. To understand data analysis methods related to investigation of a communicable disease; and
4. Conduct effective communication & presentation of epidemiologic findings.

In October 2008, APHEO held its first focused workshop, titled "Epidemiologic methods for investigation of communicable disease outbreaks at the local level". The goal of the workshop was to provide an overview of epidemiologic methods and tools as applied to outbreaks of communicable disease occurring at

the local public health unit level. The workshop included lectures, hands-on sessions, and group discussion to provide participants with a knowledge of tools to use in field studies and to reinforce epidemiologic practice in their workplace. Representatives from the Canadian Field Epidemiology Program (CFEP) and the EpiData Project in Denmark provided sessions on specific tools over the two-day workshop.

- "Data Manipulation in Outbreak Investigations" and "Communication of Outbreak Information using Poster Presentations": Two sessions, provided by CFEP.
- "Using EpiData for Outbreak Investigations": Session provided by EpiData.

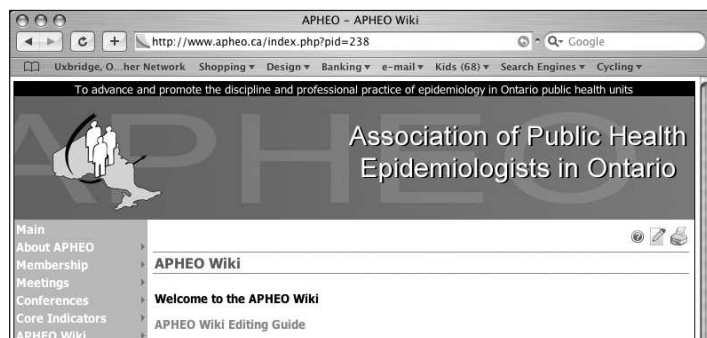
Following the workshop, participants were asked to participate in a survey to provide feedback on the workshop as a

whole, as well as comments on each of the sessions offered. Some of the common elements in the responses included:

- Very positive feedback about the format of an interactive hands-on workshop where participants learned by doing. Many would like to see similar opportunities again in the future.
- The majority of the respondents reported that they had never used EpiData Entry (60%) or EpiData Analysis (73%) before attending the workshop. Following the workshop, 80% of respondents would use EpiData Entry during an outbreak investigation and 63% would use EpiData Analysis.
- More than 70% of the respondents reported that the content provided in the session "Data manipulation in outbreak investigations" provided new information that would be useful during an outbreak investigation.

APHEO WEBSITE REPORT

Submitted by: Lee Sieswerda



In 2008, the APHEO website underwent a significant upgrade to a dynamic, user-editable site. The main impetus for the upgrade was the need to facilitate more frequent updates to the Core Indicators section of the website by increasing editing access to a much larger group of people. The new architecture has benefits beyond the Core Indicators Project in that the entire membership now has the capability to help keep the website accurate and up-to-date.

A content management system architecture (“wiki”) was created for the new website with the following characteristics:

- Integrated online editor allows all content to be modified without any additional software
- Page-level control of editing permissions control which members can edit which pages using the online editor
- File upload capability using integrated upload manager
- Search functionality
- Membership management system, including:
 - Login system based on individual member usernames and passwords
 - Ability for members to maintain their own membership record
- Special interface for the Secretary and Treasurer to maintain all elements of the membership database
- Administrative interface for maintaining administrative elements of the website (page and member permissions, organization of site, creating new pages, etc.)

Prior to the official launch of the new website on May 30, 2008, a panel of four APHEO members (Mary-Anne Pietrusiak, Shelley Stalker, Katherine Haimes, Ruth Sanderson) reviewed the migration of information from the old architecture to the new, made recommendations regarding the functionality of the new website, recommended an editing permissions structure, and wrote a user editing manual to serve as an orientation manual for members. Thanks are also due to the Ministry of Health Promotion for funding the project. Ruth Sanderson and Lee Sieswerda wrote the funding proposal. Lee Sieswerda was the project manager.

APHEO 2008 FINANCIAL REPORT

Submitted by: Dar Malaviarachchi and Lindsay Whitmore

INCOME

2008 Workshop Income - registrations	6,625.00
2007 Conference Income	2,392.31
2008 PHAC Contracts	
Epidata Project	11,292.55
Skills Enhancement	6,000.00
Risk Factor Inventory	19,900.00
Conference Sponsorships and Exhibits	3,000.00
GIC and Interest Income	1,655.23
Membership 2008 (Paid in 2008)	5,600.00
Membership 2009 (Paid in 2008)	525.00
MOHLTC Grants	
GIS Project	10,000.00
Wiki Website Project	12,395.00
TOTAL INCOME:	79,385.09

EXPENSES

Workshop 2008	5,539.87
Gifts (speakers, past exec., etc.)	636.88
General meetings expenses	572.22
APHEO rep attending constituent society meetings	680.63
2008 OPHA Membership	1,000.00
Review of Skill Enhancement Modules	1,500.00
Website Upkeep (BrickHost)	1,732.50
Survey Monkey Software (Membership Survey)	174.47
Miscellaneous	25.00
Insurance	1,628.55
Special Projects	
Strategic Action Plan Expenses	11,130.00
GIS	10,000.00
Risk Factor Inventory	18,871.85
Website - Wiki	12,395.00
TOTAL EXPENSES:	65,886.97

Total Income – Expenses (2008) 13,498.12

Balance forward from 2007	
Chequing	36,967.14
Investments (GICs)	3,899.59

Total Balance Forward 2007 40,866.73

Year end balance 2008 52,797.38	
Year end balance in chequing	50,390.26
Year end balance in GIC	2,407.12