

# 2012

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## PRESIDENT'S MESSAGE

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**“Come gather round people wherever you roam and admit that the waters around you have grown... then you better start swimming or you'll sink like a stone. For the times they are a changin.”**

*Bob Dylan, 1963*

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While it has been 50 years since these words were written, the message remains clear: Change can be swift and communication and cooperation must form the basis for building a better world.

### **Change was an important feature of Association activities and events in 2012.**

APHEO has a new logo as part of a major overhaul of our website that will include a fully integrated LISTSERV and Discussion Board to support more extensive exchanges of information and ideas. This will usher in an exciting new period as we move forward in the search for more effective and extensive ways to communicate.

We also renewed our strategic plan for the next three years. We are committed to facilitating learning and the sharing of expertise, building and strengthening the sense of community among our members, forging external relationships that strengthen us and the work of our members and activating and supporting interest groups within the membership.

Planning started for the 2013 APHEO Conference in Niagara Falls: “Breaking Boundaries in Equity and Accountability”; June 9th - 11th. The conference theme is Social Determinants of Health (SDOH); Accountability and Performance Evaluation. Conference participants will become familiar with emerging data sources and analytical methods on how to use an equity lens when applying evaluation and measurement techniques to accountability agreement indicators. They will also learn how to incorporate a social determinants of health perspective into their public health practice. We expect this work to provide a solid foundation to support and promote greater collaboration between governmental and non-governmental organizations, as we seek to meet our obligation to improve the health of the populations that we serve.

This year saw APHEO move closer to incorporation as well. Constitutional change is an essential part of that process and the discussion of membership status and involvement within the Association continued to be an important focus of conversation within the Executive Committee. We look forward to engaging our members in these discussions as we move closer to our goal(s). The outcome of this debate will have important implications for the future, as members experience and participate in the growth and evolution of APHEO.

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**“...Don't stand in the doorway, don't block up the hall... the first one now will later be last, for the times they are a changin”**

*Bob Dylan, 1963*

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# APHEO STRATEGIC PLAN 2013-2015

APHEO improves population health by supporting excellence in professional practice and promoting the integration of epidemiology within public health decision making in Ontario.

Strategic Areas of Focus	Purpose	High Leverage Actions
<b>Knowledge Exchange</b>	Facilitate learning and the sharing of expertise	Create searchable databases and inventories of tools and information.
<b>Networking</b>	Build and strengthen the sense of community among APHEO members	Activate and support interest groups within the membership
<b>Partnership Development</b>	Forge external relationships that strengthen APHEO and the work of its members	Cultivate formal and informal partnerships with individuals and organizations that have expertise in population health
<b>Professional Development Tools</b>	Equip APHEO members to effectively carry out their professional practice	Continue to organize relevant conferences, webinars and workshops Support the development of an orientation package for new epidemiologists
<b>Scientific Leadership</b>	Influence decision making in support of epidemiological evidence and practice	Strengthen Core Indicators work Use Core Competencies to influence practices within health units and other public health settings Provide feedback to statistical/epidemiological software developers
<b>Strategic Growth</b>	Increase APHEO's capacity, resiliency, expertise and viability	Invest in a student liaison Promote APHEO services and expertise
<b>Strong Governance and Operations</b>	Ensure APHEO's "back office" functions are sufficient to support the achievement of its strategic plan	Invite members to contribute to association infrastructure Improve APHEO documentation Ensure capacity for timely responses

## WORKSHOP

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**Planning Committee:** Anne Marie Holt, Caitlin Johnson,  
Caitlyn Paget, Adam van Dijk (Chair), Ryan Walton

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The 2012 APHEO Workshop took place at The Sheraton Centre Downtown in Toronto, Ontario on April 4th and 5th. This year's workshop was held in conjunction with The Ontario Public Health Convention (TOPHC) and was titled: "Social Media as a Tool for Public Health".

Benefits of partnering with TOPHC included registration support and materials, meeting room procurement, workshop promotion and the co-ordination of food/beverage and audio visual requirements.

The goal of the workshop was to provide an overview of social media and other online resources as tools for public health at the local level, across a variety of content areas and applications. The specific objectives of the workshop were:

- List and describe various social media platforms and online resources
- Recognize how social media is being used by public health as a recruitment tool and as a data source for qualitative and quantitative analyses.
- Identify potential issues regarding the use of social media at the local health unit level
- Integrate social media and online resources into everyday work
- Identify a network of other public health professionals with an interest in social media

The workshop had 60 participants and was open to APHEO members as well as any interested public health professionals. A networking event was held the evening before the workshop and allowed the planning committee to connect with colleagues. It also afforded everyone the opportunity to learn about APHEO and its overarching mission.

Workshop evaluations indicated that participants found the workshop content useful and liked how it covered a wide range of social media approaches currently being used across the province. Participants also appreciated the opportunity to network with colleagues and discuss their ongoing professional activity in relation to the benefits of social media.

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## CONFERENCE PLANNING

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**Planning Committee:** Ahalya Mahendra, Alanna Leffley, Deborah Moore (Chair), Earlyn D Etienne, Elaina Orlando, James Macintosh, Jannice So, Kristin Beaton, Marina Stegne, Ryan Waterhouse

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The planning for the 2013 APHEO conference titled “Breaking Boundaries in Equity and Accountability”, began in earnest in 2012. The conference is scheduled for Niagara Falls from June 9th to the 11th. The conference is open to all, and we have invited our cross-border counterparts from Western New York. Among others, Kathy Rowell will be speaking on Data Visualization and Elizabeth Rael will be describing the contribution of epidemiology to Accountability Agreements and the Decision Aid and Support Interactive (DASI) tool.

### Conference Objectives

- Become familiar with emerging data sources and analytical methods and the uses of data to form an equity lens for the evaluation and measurement of accountability agreement indicators
  - Learn how to incorporate a social determinants of health perspective into our daily activities within public health
  - Hear about cross-border public health activity
  - Network with other public health professionals
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## WEBSITE WORKING GROUP

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**Committee Members:** Sherri Deamond (co-chair), Mike Delorme, Jason Garay (co-chair), Alanna Leffley, Caitlyn Paget, Michelle Policarpio, Lee Sieswerda

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### Purpose

The APHEO Website Working Group is 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 2012, the main focus of the Working Group was the re-development of the APHEO website.

### Key 2012 Accomplishments

The main accomplishment of the committee in 2012 was to make recommendations to the Executive Committee regarding a new logo design for APHEO which was subsequently approved and adopted. Multiple options for a new “Skin” for the website were reviewed and feedback was provided with the new look for the website expected to be launched in 2013. In addition, the working group provided extensive feedback on a proposed Forum/Bulletin Board to integrate with existing APHEO LISTSERV functionality. Although the development of this project encountered some challenges, the development company has found solutions and a finished product is expected to be available in 2013. Lastly, the Terms of Reference for the working group were finalized, approved by the Executive Committee and adopted in October, 2012.

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## BUILDING CAPACITY FOR SMALL, RURAL, AND NORTHERN HEALTH UNITS (BCSRNHU) WORKING GROUP

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**Committee Members:** Chris Bowes, Erica Clark, Andrew Kurc, Alanna Leffley, Deanna White (Chair), Lee-Ann Nalezty, Peggy Patterson, Celine Butler, Renate van Dorp, Laura Zettler, Gillian Alton, Fidel Obu, Carolyn Coppens, Karen Graham, Lindsay Wonnacott, Dorian Lunny

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### **Purpose**

The APHEO Building Capacity for Small, Rural and Northern Health Units (BCSRNHU Working Group), was formed in 2011 to identify the unique challenges associated with small, rural and northern health units as they relate to addressing the Ontario Public Health Standards and to identify strategies to address these challenges. The formation of the BCSRNHU was important for epidemiologists to exchange information, ideas, and opinions and to identify activities that will support epidemiologists working in small, rural and northern health units. Over this past year, the group was able to address some of the barriers and inequities associated with working in a small rural health unit.

### **Key 2012 Identified Priorities**

- Development of an orientation binder for new public health epidemiologists
  - Collection and uploading of program evaluation tools and resources to the APHEO website
  - Collaboration and networking among small, rural, and northern health units (social events, webinars, list serves, continuing education opportunities, conferences, workshops and training opportunities)
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# CANCER SURVEILLANCE FOR PUBLIC HEALTH WORKING GROUP (CSPHWG)

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**Committee Members:** Anne-Marie Holt (Chair), Mary-Anne Pietrusiak, Susan Bondy, Jeremy Herring, Beth Theis

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## Purpose

This working group facilitates health unit access to and use of, good quality cancer-related data and promotes effective communication between Cancer Care Ontario, Public Health Ontario and APHEO.

Areas of collaboration include training, accessibility to data and data quality. In order to support implementation of the Ontario Public Health Standards as they relate to cancer prevention, the Working Group has established:

- A clear process for health units to obtain timely data, including data for areas smaller than the census division
- Mechanisms to train and support public health epidemiologists on cancer analysis techniques (workshops, webinars and the SeerStat Cancer Mentorship Group Project)
- A forum for member agencies to share findings, methods, and discuss data quality issues

## Key 2012 Accomplishments

- Ontario Cancer Registry and SeerStat Update for New Release
  - Work on a sustainable approach to release screening participation rates by health unit geography.
  - Collaboration between APHEO, Public Health Ontario (PHO) and Cancer Care Ontario (CCO) in the identification of surveillance indicator gaps and working towards cancer surveillance products for distribution through PHO's Central Analytics platform.
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# CORE INDICATORS WORKING GROUP (CIWG)

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**Committee Members:** Brenda Guarda (Acting Chair), many APHEO members, members from Public Health Ontario (PHO), Ontario Ministry of Health and Long-Term Care (MOHLTC), Statistics Canada, University of Toronto, Public Health Agency of Canada (PHAC), Local Health Integration Networks (LHIN), Better Outcomes Registry & Network Ontario (BORN) and public health units (PHU).

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## Purpose

This group systematically defines and operationalizes a core set of health status indicators using, as a framework, an elaboration of the Ontario Public Health Standards. It promotes the use of these indicators and encourages public health units, among others, to adopt the indicators as defined, and use them in their work.

## Sub-Groups:

- Healthy Eating and Active Living (Lead: Suzanne Fegan)
- Reproductive Health (Lead: Mary-Anne Pietrusiak)
- The Built Environment (Lead: Ahalya Mahendra)
- Social Determinants of Health (Co-leads: Cameron McDermaid and Luanne Jamieson)
- Injury and Substance Misuse (Lead: Suzanne Fegan)

## Key 2012 Accomplishments

- We partnered with Public Health Ontario (PHO) to enhance and make improvements. In an effort to continue to make headway in areas of mutual benefit, PHO provided the assistance of a contract epidemiologist who was responsible for supporting the development and revision of health status indicators and associated resource documents. This work sought to support the development of PHO's Analytic Services in the areas of injury prevention, reproductive health and the built environment.
- The group mapped existing core indicators to the requirements and standards of the Ontario Public Health Standards (OPHS, 2008) to determine alignments and gaps. This effort led to the release of the report titled "Alignment of the APHEO Core Indicators with the Ontario Public Health Standards". In that document, each OPHS program standard is presented in a table. The columns of the table represent assessment and surveillance requirements (healthy eating, healthy pregnancies, child immunization, food-borne illness, air quality), or in some cases the health promotion and policy development or health protection requirements (work stress) within each program standard. The rows of the table list the existing core indicators that are available to address the OPHS requirements. All items are hyperlinked which allows the user to quickly visit the Core Indicators Project Webpage for details on each indicator. The primary, and secondary data source(s), when available, can then be used to meet an assessment and surveillance requirement within the program standard listed in the tables.

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# CORE INDICATORS WORKING GROUP (CIWG) *(continued)*

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- The “Gaps in Public Health Indicators and Data in Ontario” report was also released in 2012. This report acts as a companion document to the alignment document. The primary purpose of this document was to highlight gaps in available data which affect our ability to create meaningful public health indicators and to identify areas where data may exist but no indicators are available. All gaps were identified based on a comparison of the core indicators and expectations outlined in the following components of the OPHS:
    - » Assessment and Surveillance Program Requirements
    - » Population Health Assessment Requirements and Surveillance Requirements of the Foundational Standard
  - An abstract was submitted for The Ontario Public Health Convention (April 2013) and was accepted for a poster presentation. The poster was intended to promote the Gaps and Alignment documents and to highlight our ongoing collaboration with PHO.
  - The Core Indicators Website was updated to a table format that includes the indicator status (new, under revision, under development, needs update, last date revised), and any known issues.
  - The following indicators were created and posted to the Core Indicators Website:
    - » Land Use Mix
    - » Proximity to Community Focal Point
  - The following resources were created and posted to the Core Indicators Website:
    - Data Sources:**
      - » Ontario Trauma Registry
      - » Hospitalization Data
    - Documentation:**
      - » Alignment of APHEO Core Indicators with the Ontario Public Health Standards
      - » Gaps in Public Health Indicators and Data in Ontario
      - » Retired Core Indicators
      - » Timeline of Changes in Live Birth Registration in Ontario
    - Syntax Files**
      - » SGA – LGA Syntax File (SPSS)
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# PERFORMANCE MANAGEMENT WORKING GROUP (PMWG)

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## **Purpose**

The Ministry of Health and Long-term Care (MOHLTC) is committed to developing and implementing a comprehensive performance management system that is grounded in clear standards and measures that make it possible to evaluate success in the delivery of public health programs and services. The performance management system is intended to capture, report on, and respond to the performance of boards of health and health units, and the public health system.

Since December 2007, the Performance Management Working Group (PMWG) has been providing advice and input on the components of a performance management system for public health in Ontario to guide the process of identifying the government's role in relation to local and provincial public health performance, accountability and sustainability.

In 2012, the PMWG continued to provide advice on the development of accountability mechanisms, such as a broader set of indicators that will meet both provincial and local information needs, data monitoring and reporting systems (dashboard), continuous quality improvement approaches and planning for the development and implementation of accountability agreements.

## **Key 2012 Accomplishments**

- Accountability agreement indicators were monitored twice during 2012 and the Directory of Networks (DoN) was chosen as the data sharing network site for communication between health units and the MOHLTC. Not all indicators were monitored during the mid-year phase of this work and some adjustments to the data collection requirements took place.
- Significant improvement in the quality of data for the health protection indicators was seen in the mid-year data. In December, year-end results for 9 of the performance indicators in the Accountability Agreements were requested of boards of health. The MOHLTC provided Boards of Health with an updated “Technical Document, Reporting Instructions” and year-end measurement tools in order to facilitate reporting and posting of data. Communications related to the year-end reporting period and associated materials were released in late December, with results to be posted by health units on the DoN by the end of January 2013.

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# PERFORMANCE MANAGEMENT WORKING GROUP (PMWG) *(continued)*

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- Work on deferred and developmental indicators identified in the 2011-2013. Field consultation took place related to the development of a standardized infection risk assessment tool to support the deferred personal services settings indicator. The PMWG considered options to further develop the vaccine wastage indicator in response to concerns raised in the field. Communications regarding the status of this work were communicated as part of the year-end reporting package. Preliminary work continued on the health promotion developmental indicators (physical activity; healthy eating and nutrition; child and reproductive health; comprehensive tobacco control). A survey was distributed to health units in regard to indicators currently being tracked to monitor and manage their performance. The results of this survey will be shared in early 2013. Throughout the year, progress was made toward the investigation and development of health equity indicators for use in upcoming accountability agreements. Communications regarding work to consider options for including an equity specific indicator in the 2013 agreement process is ongoing and will continue throughout 2013.
  - The PMWG considered options for organizational standards measurement throughout the year, with the hope that a health risk assessment tool would be developed and approved by early 2013. The “Organizational Standards Risk Monitoring Tool for Boards of Health” has been developed to monitor Board of Health implementation of the Ontario Public Health Organizational Standards. There will be a demonstration phase of the draft tool prior to implementation in mid 2013. Early in 2013, the Ministry will solicit a select number of boards to pilot test the tool based on expressed interest. This represents a large step in developing a performance measurement mechanism for the Organizational Standards.
  - The update to the “Initial Report on Public Health” (2009) will be completed in two phases. The first phase of work to refresh the health unit profile data is now complete. In December 2012, the first set of updated variables was posted on the MOHLTC Website and released to boards of health. This set includes fourteen updated variables, twelve of which were included in the 2009 report. The second phase of this work, updated with data from the 2011 National Health Survey and the 2011 Census, is planned for fall of 2013.
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# ALPHA REPORT

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**DEBORAH MOORE**  
(APHEO REPRESENTATIVE); NIAGARA REGION  
PUBLIC HEALTH DEPARTMENT

## **Purpose**

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. This Association 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, 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 2012 Accomplishments**

- Hosting of the following educational sessions:
  - » Promoting Public Health in Ontario
  - » Count on Us – Accountability in Ontario Health Units
  - » Understanding the Role of Public Health Laboratories
- Throughout the year alPHa met with government leaders on key public health issues such as the changes to the HBHC program, CMOH strategic plan, Healthy Kids Panel, Accountability Agreements Indicators, performance targets and recommendations from the Drummond Report.

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# POLICIES AND PROCEDURES

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**AMIRA ALI**  
OTTAWA PUBLIC HEALTH

## **Purpose**

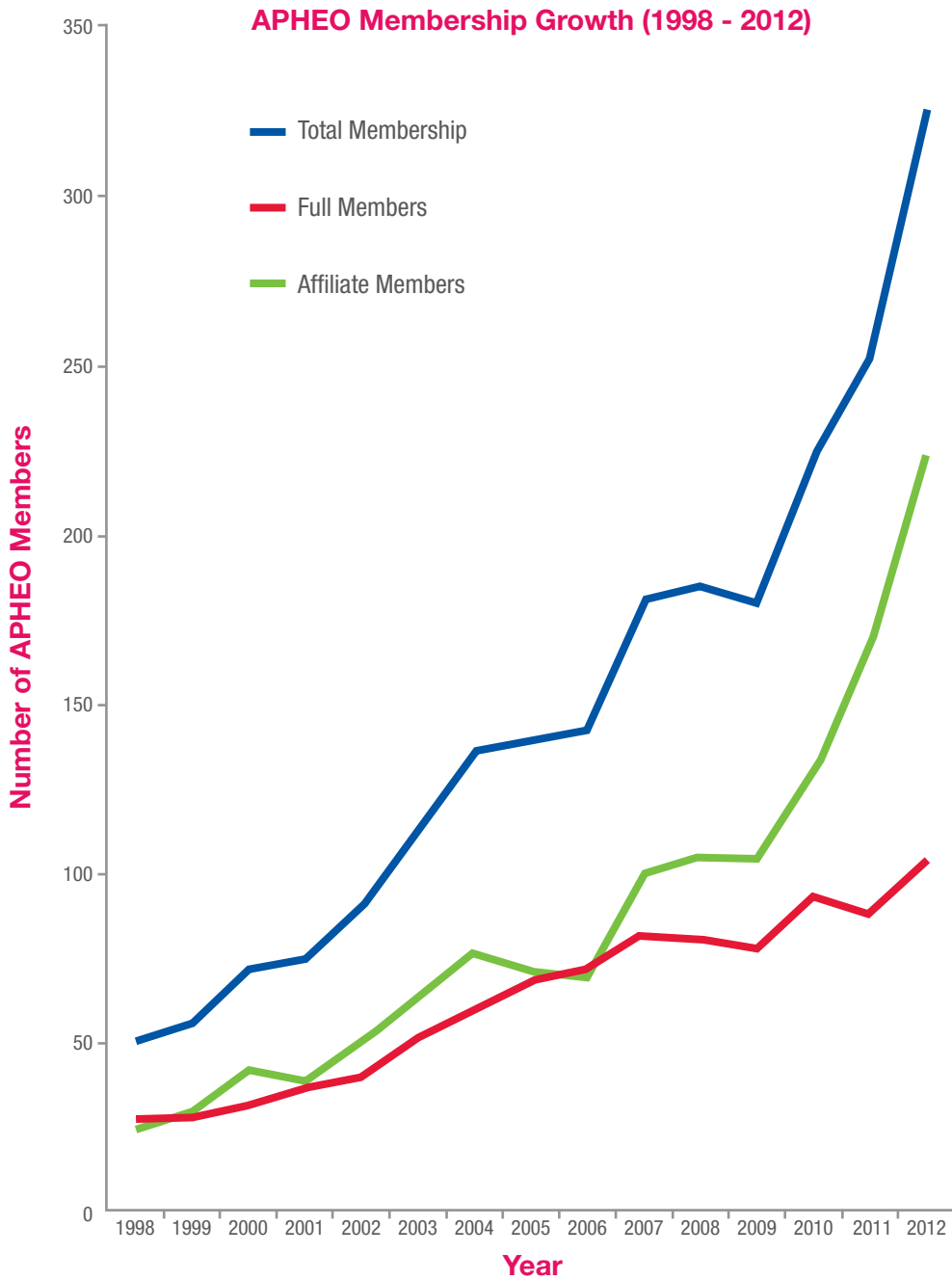
In response to 2011 recommended changes regarding the development, review and approval of APHEO policies and procedures, the 2012 Executive Committee implemented extensive content and format changes to new and existing policies.

## **Key 2012 Accomplishments**

- Existing Policy and Procedure Revision:
  - » Issuing Policies and Procedures
  - » Elaine Hector Student Award
  - » Recruitment Roles and Responsibilities of Working Group Members
  - » Contracting of Services
  - » Travel and Incidental Expenses Coverage
  - » Conflict of Interest
  - » Sponsorship
  - » Project Manager Roles and Responsibilities
  - » Membership Fees
  - » APHEO Conference and Workshop Planning
- New Policies and Procedure Development:
  - » Operations During a Public Health Emergency
  - » Job Posting on the APHEO Website
  - » Record Management.

# MEMBERSHIP REPORT

Ten years ago, APHEO had a membership consisting of 89 members (39 Full and 50 Affiliates). In 2012 our once small organization boasts a membership of 327 members (104 Full and 223 Affiliates). Our full members represent 34 of the 36 health units in Ontario while our affiliate members represent 25 of the 36 health units and 61 other organizations. The Figure below shows APHEO's growth over the past 15 years.



## TREASURER'S REPORT

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2012 was a year with a moderate amount of financial activity for APHEO with two standout activities: the spring workshop and the fall strategic planning session. APHEO was able to maintain support for teleconferences aligned with educational sessions to defray meeting expenses. APHEO also continues in a contract with Brickhost, our web site provider, to update and improve the web site to better serve the needs of the members.

The 2012 financial report shows the revenues received and expenses incurred in 2012. Revenues continue to be driven by membership with some additional revenue from web services and the workshop. The spring workshop was slightly overspent but was well within acceptable limits for cost overrun (7%). Non-discretionary and discretionary budgeted amounts were under spent, in part due to safety margins around items like teleconference calls. The strategic planning session came in on budget with a product that has been well received by the membership. Constitutional review and website development were both under spent in 2012 and these projects continue into 2013. Expenditures began for the 2013 conference and this encumbrance, \$26,300 will continue into the conference year, 2013. Because the conference is intended to be as revenue neutral as possible, this should not reflect a significant impact on APHEO's assets.

The comparison of revenues to operational expenditures and special project expenditures in 2012 showed net operating revenue of \$1,302. Considering the encumbered expenditures of the 2013 conference to date and the 2013-2015 strategic planning, there was a deficit of \$17,408.

The assets and liabilities of APHEO as of December 31st, 2012, shows cash assets of \$89,249 and the GIC investment is \$10,293. Going into 2013, APHEO looks to be in good shape.

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*(continued on pg 15)*

# TREASURER'S REPORT *(continued)*

## APHEO Annual Statement 2012 - March 26, 2013

Revenues	2012 Budget	2012 Year end
Membership	\$8,000.00	\$8,947.80
Website Revenue	\$500.00	\$300.00
Workshop 2012		\$5,608.31
Interest		\$41.11
<b>Total</b>	<b>\$8,500.00</b>	<b>\$14,897.22</b>

### Nondiscretionary operational expenses

Executive teleconferences	\$1,500.00	\$756.31
General meetings - teleconferences	\$1,080.00	\$0.00
General meetings expenses	\$1,000.00	\$127.01
Insurance	\$2,000.00	\$2,036.88
Website Maintenance	\$500.00	\$0.00
Mailing costs (Courier fees, postage, etc.)	\$100.00	\$0.00
<b>Total</b>	<b>\$6,180.00</b>	<b>\$2,920.20</b>

### Discretionary operational expenses

Annual Report	\$750.00	\$495.34
Gifts	\$500.00	\$0.00
APHEO Exec member travel support	\$1,200.00	\$269.60
APHEO rep attending constituent society meetings	\$1,200.00	\$0.00
Promotion	\$1,500.00	\$0.00
Membership Drive	\$100.00	\$0.00
Student Sponsorship		
APHEO Membership and other	\$500.00	\$0.00
Elaine Hector Student Award	\$500.00	\$0.00
Software	\$500.00	\$224.87
On-line Registrations	\$100.00	\$0.00
Miscellaneous	\$500.00	\$1.50
<b>Total</b>	<b>\$7,100.00</b>	<b>\$991.31</b>

### Special Projects

Incorporation	\$4,000.00	\$847.44
Website Review	\$1,000.00	\$0.00
Website Update	\$7,740.44	\$2,580.14
Policy Review	\$1,000.00	\$211.98
2012 Workshop	\$12,000.00	\$6,043.73
2013 Conference*	\$35,000.00	\$8,700.05
2013-2015 Strategic Planning*	\$10,000.00	\$10,010.29
<b>Total Special Project Expenditures</b>	<b>\$25,740.00</b>	<b>\$9,683.29</b>
<b>Total Encumbered Expenditures</b>	<b>\$45,000.00</b>	<b>\$18,710.34</b>

### Summary of fiscal year 2012

Revenues	\$14,897
Operational expenditures	\$3,911
Special projects expenditures	\$9,683
Subtotal	\$1,302
Encumbered expenditures	\$18,710
Total	(\$17,408)

\* Encumbrances for large special projects.

2012

## EXECUTIVE COMMITTEE

**President** - Patrick Seliske  
Wellington-Dufferin-Guelph Public Health

**Vice President** - Amira Ali  
Ottawa Public Health

**Secretary** - Adam van Dijk  
Kingston, Frontenac and Lennox & Addington Public Health

**Treasurer** - Cameron McDermaid  
Ottawa Public Health

**Representative for the Ontario Council  
of Community Health Accreditation** - Ali Artaman  
Windsor-Essex County Health Unit

**Representative for the Ontario Public Health Association/Ad hoc  
Member-at-Large** - Carmen Yue  
Toronto Public Health

**Representative for the association of local  
Public Health agencies (aPHa)** - Deborah Moore  
Niagara Region Public Health Department

**Past President** - Anne Marie Holt  
Haliburton Kawartha Pine Ridge District Health Unit

[www.apheo.ca](http://www.apheo.ca)