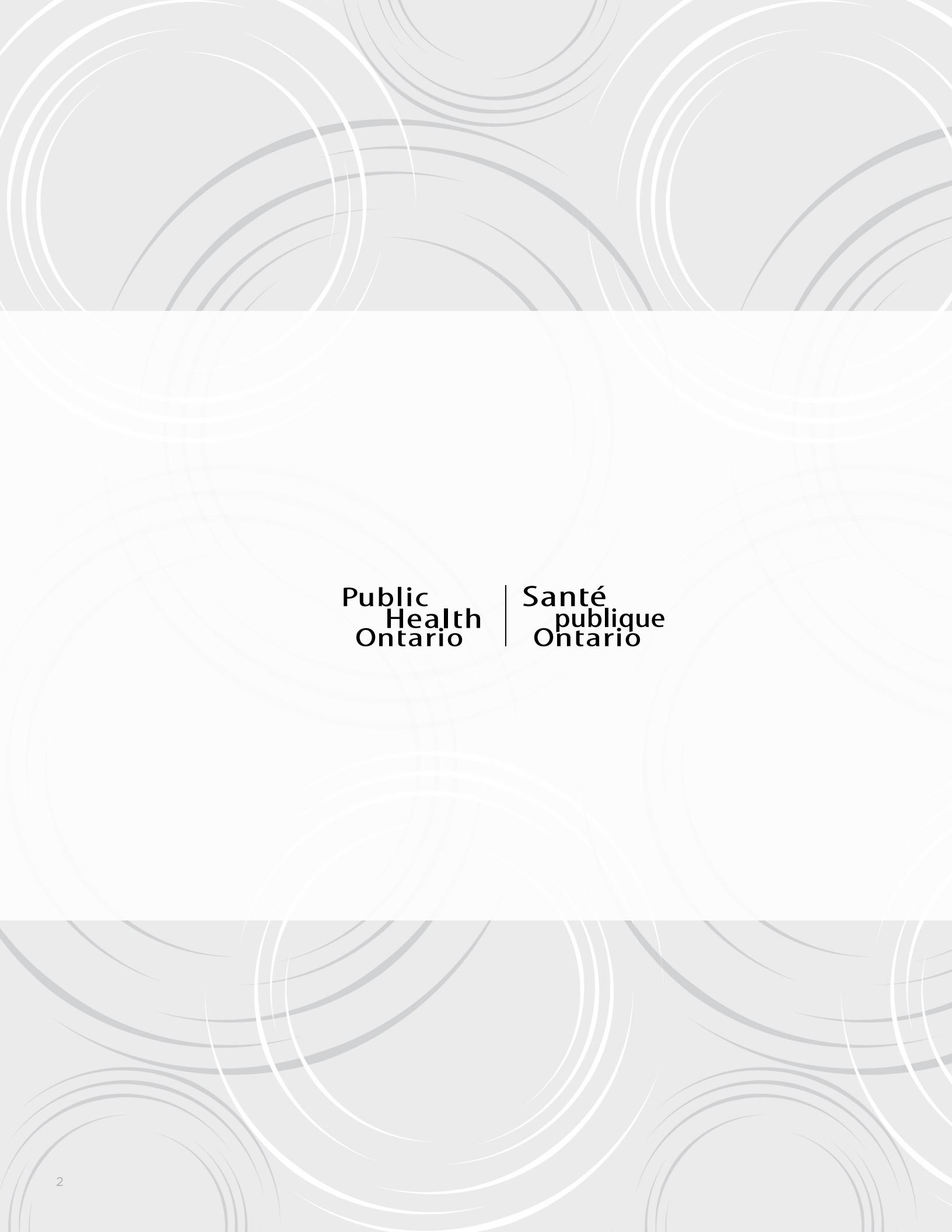


Public
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Annual Report 2017-18

Protecting and promoting the health of Ontarians



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Contents

Message from the Board of Directors	5
Highlights of our 2017-18 Annual Report	6
Organizational Overview	8
Delivering on our mandate	9
Keeping Ontarians safe	10
Making Ontario healthier	14
Information and innovation	16
Professional development and capacity building	20
Practical public health research	23
Report on 2017-18 deliverables and performance	25
Status of 2017-20 Annual Business Plan Priority Initiatives for Principal Program Areas, as of March 31, 2018	26
2017-20 Annual Business Plan Volumetric Commitments	33
Financial performance	38
Board of Directors	55
Appendix - Strategic directions	57

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Message from the Board of Directors

Public Health Ontario (PHO) is pleased to present our 2017-18 Annual Report. It provides an illustration of our activities and accomplishments throughout the year, a status report on key deliverables, and a year-end view of our financial performance.

The work of public health is very broad and safeguarding the health of Ontarians takes many interdependent partners working together. For our partners and clients — government, public health practitioners, hospitals and other health care facilities, community laboratories, front-line health workers and researchers — we provide the scientific evidence and expert guidance to enable informed decisions and actions, and to anticipate and respond to emerging public health issues.

With a presence throughout the province, we monitor, prepare for, detect, and respond to infectious disease outbreaks and other public health threats to keep Ontarians safe. We operate the public health laboratory for the province and perform millions of high quality tests a year for clients throughout Ontario's health care system, ensuring accurate and timely diagnoses and support for clinical and public health action. We provide evidence to improve Ontarians' health by addressing challenges such as substance abuse, the risk and spread of infections, environmental hazards, chronic diseases and food safety. We transform data into interactive resources that support the understanding of health information at local and regional levels to inform public health planning, policy and action. We also conduct influential and relevant applied public health research.

In 2017, PHO marked the ten year anniversary of the passage of its founding legislation, the *Ontario Agency for Health Protection and Promotion Act, 2007*. It is the basis of our work in enhancing the protection and promotion of the health of Ontarians and contributing to efforts to reduce health inequities. As a centre of independent scientific and technical advice and support, PHO plays an integral role in Ontario's public health and health care systems, serving as a link between the health sector and other sectors that influence the broader determinants of population health.

We are proud of PHO's accomplishments in the past year. In all that we do, we are committed to the responsible stewardship of resources entrusted to us. On behalf of the Board of Directors, we thank our leadership team and staff for their dedication to the continued delivery of high quality, timely and relevant programs, services and resources to our clients.

Building on our progress, we look forward to continuing to make a vital contribution to improving the health of Ontarians.



Robert Kyle
Chair, Board of Directors



Linda Rothstein
Vice-Chair, Board of Directors

Highlights of our 2017-18 Annual Report



2,373

scientific and technical support activities completed in response to client requests



More than

**5.9
million**

laboratory tests conducted

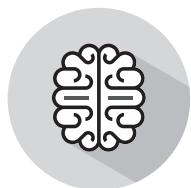
We are delighted to highlight some of our activities and accomplishments that are described in greater detail later in this report. June 2017 marked an important milestone for PHO – the ten year anniversary of the passage of the *Ontario Agency of Health Protection and Promotion Act, 2007*, which led to the establishment of Public Health Ontario in July 2008. Building on the significant accomplishments since then, PHO continues to deliver relevant, accurate and timely information, data and advice to advance public health in Ontario, at both provincial and local levels.

Keeping Ontarians safe: With our partners in government, public health and health care, we protect the health of Ontarians. We work across sectors and geographies to monitor, detect, and respond to current or potential infectious disease outbreaks and environmental incidents and prepare for their potential impacts to Ontario. Our work is responsive to the needs of the province's health system and ongoing and emerging public health issues at all levels. Whether concerns about opioid-related harms in Ontario, reducing infections acquired in hospitals to protect health care providers, patients and visitors, or investigating outbreaks of foodborne gastrointestinal illness which prompted recent national industry changes at the manufacturing/processing level, our role in keeping Ontarians safe is guided by the best scientific intelligence and knowledge from around the world.

Making Ontario healthier: We improve Ontarians' health by providing the evidence necessary to plan effective interventions that help people make changes that prevent and reduce chronic disease and injury and address some of our greatest public health challenges. Our latest analysis of the differences in health across levels of socioeconomic status is an important effort towards achieving Ontario's health potential. Additional features in this report profile our examination of the evidence on cannabis risk factors and our scientific inputs to supporting government policy for public health units.



175
knowledge products produced



102
education sessions offered to groups of external clients



161
peer-reviewed journal publications



136
new student placements



1.4 million
website visitors

Information and innovation: We transform public health and health care data into information and knowledge that supports evidence-based decision-making and informs population health monitoring in the province. Our 2017-18 efforts include incorporating local-level geographies and results into various products on our website to support local health system planning and service delivery. This report profiles our latest knowledge products released on the topic of diseases that are transmitted by mosquitoes and ticks, ongoing work tied to our evaluation of health promotion programs for children, and the use of laboratory data to monitor progress towards international targets for the prevention and treatment of HIV.

Professional development and capacity building: Our comprehensive professional development and continuing education program keeps Ontario's public health workforce up-to-date with new evidence and changing practice by bringing the best of local, provincial and international researchers, clinicians and practitioners together throughout the year. This year, we created a new learning opportunity within Ontario's annual public health convention for public health professionals. We also supported the development of programs to combat antibiotic resistant superbugs in Ontario hospitals with an online interactive resource to promote information sharing between health care organizations, and supported front-line health care workers with online learning programs.

Practical public health research: Our research generates knowledge that has broad influence on public health practice, laboratory science, public health programs and policy to better protect and promote the health of Ontarians. With 161 publications in peer-reviewed journals in 2017-18, examples of our work include confirming an association between influenza and heart attacks, influencing healthier food purchases, examining the effect of air quality alerts on public health and estimating the number of whooping cough cases in Ontario.

Organizational overview



Vision

Internationally recognized evidence, knowledge and action for a healthier Ontario.

Public Health Ontario exists to keep Ontarians safe and healthy. With our partners in government, public health and health care, we prevent illness and improve health. We provide the scientific evidence and technical advice to guide policy and practice for a healthier Ontario. We operate the provincial public health laboratory service, performing millions of tests for front-line health care workers and public health units. We focus on public health emergencies and outbreaks, infectious diseases, environmental hazards, health promotion programs, infection prevention and control, and health information. We educate health professionals with practical applications of public health principles.

As set forth in our legislation, the *Ontario Agency for Health Protection and Promotion Act, 2007*, we focus on:

- Providing scientific and technical advice and support
- Delivering public health laboratory services
- Advancing and disseminating knowledge, best practices, and research
- Serving as a model to bridge infection control and occupational health and safety
- Contributing to policy development
- Enhancing data development, collection, use, analysis and disclosure
- Providing education and professional development
- Conducting public health research
- Providing advice and operational support in emergency or outbreak situations with health implications



Mission

We enable informed decisions and actions that protect and promote health and contribute to reducing health inequities.

Our primary clients are:

- Ontario's Chief Medical Officer of Health
- Ontario Ministry of Health and Long-Term Care and other ministries
- Public health units
- Health system providers and organizations across the continuum of care

In addition to these clients, PHO's partners for health can also include academic, research, not-for-profit, community-based and private sector organizations and government agencies—working across sectors—that contribute to Ontarians achieving the best health possible.

Our strategic directions can be found in the Appendix of this report.



Mandate

We provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors.

Delivering on our mandate

PHO provides scientific and technical advice and support for those working to protect and promote the health of Ontarians. This means supporting our clients and partners across government, local public health units, Local Health Integration Networks and health care providers. The examples that follow demonstrate our contributions in five domains: keeping Ontarians safe; making Ontario healthier; information and innovation; professional development and capacity building; and practical public health research.

Keeping Ontarians safe

Together with our partners, PHO protects and promotes the health of Ontarians. With an integrated approach to monitoring and analysis, outbreak management, laboratory testing, environmental health assessment and field support, we help prevent disease and minimize risks before they cause harm to the public. We support the daily business of the Ontario public health system with our public health partners.

Through ongoing daily monitoring and tracking, PHO anticipates, detects and identifies current or potential infectious disease outbreaks or environmental incidents. We support coordinated and effective responses by Ontario's Chief Medical Officer of Health, the Government of Ontario, public health units, and health care institutions and providers.

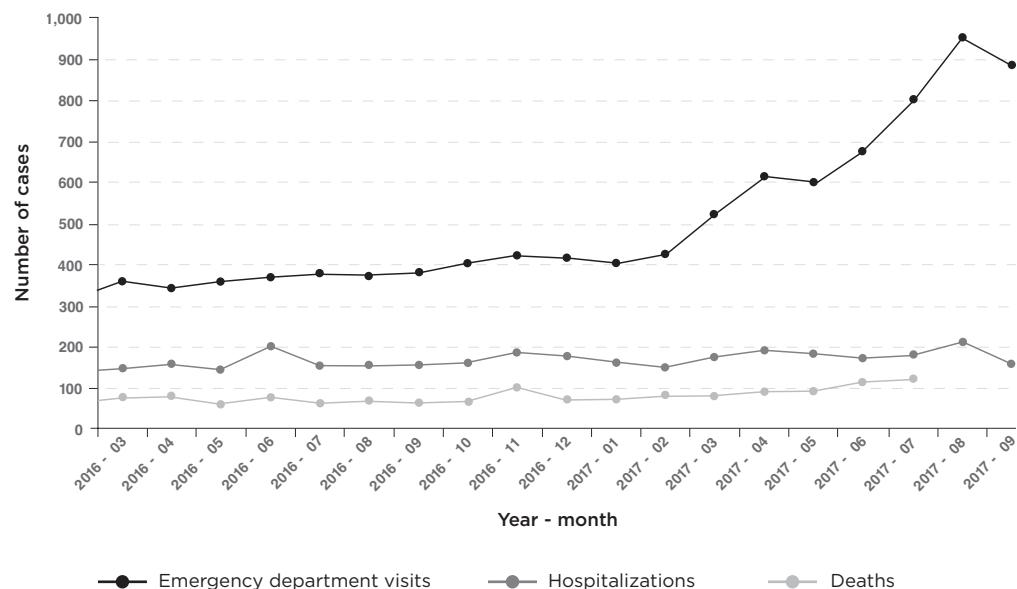
Supporting Ontario's comprehensive opioid strategy

With increasing public health and health care concerns about opioid-related harms in Ontario and beyond, it is important to understand and address how opioid overdose and death affects people. When faced with any health crisis, the collection, analysis and reporting of data informs decision-making and planning for a comprehensive and collaborative response. PHO is measuring the burden of opioid-related illness and death in Ontario to support the province's comprehensive opioid strategy.

PHO's new interactive opioid tracker provides ongoing and timely analysis and reporting of the magnitude and distribution of opioid-related illness and death in the province. Launched in May 2017 and covering more than

10 years of history, this is the first web-based tracker in Ontario to provide detailed, publicly-available data. In a series of interactive visualizations, trends in emergency department visits, hospitalizations and deaths by month and year are presented, and can be viewed by public health unit, Local Health Integration Network, age, sex, and in some cases, drug type. The tracker is continually updated to provide accurate information. In developing the tracker, PHO partnered with the Office of the Chief Coroner of Ontario, the Ministry of Health and Long-Term Care and others on a new data collection system which allows for more comprehensive and timely reporting of death data.

Rates of opioid-related illness and death in Ontario - January 2003 to September 2017





Supporting infection prevention and control standards of care in community settings

When people go into the health system for any type of visit or procedure, they do not expect their visits to result in the transmission of infectious disease. That expectation holds not just for health service settings but for any premises where potentially invasive personal services are provided such as tattoos. Nevertheless, problems like this can occur when there is deviation from established best practices resulting in possible infectious disease transmission to patients, clients or staff through exposure to blood, body fluids, mucous membranes, non-intact skin or soiled items. Infection prevention and control lapses as they are known, have generated media attention across Ontario and Canada related to outbreaks in settings such as pain clinics and endoscopy clinics.

When lapses do occur, PHO provides scientific and technical advice and laboratory services to support local public health units and regulatory health colleges in investigating, responding to, and applying learnings to prevent further lapses. We provide information on the solutions used in the cleaning, disinfection and sterilization of reusable medical

equipment and devices. We assess the risks of blood borne infection transmission and strategies to mitigate such risks. We support the adoption of best practices to reduce health care-associated infections and to protect health care providers, patients and visitors.

To support the prevention and investigation of lapses in dental clinics, our *Reprocessing in Dental Practice Settings Checklist*, released in 2017-18, was developed in collaboration with the Royal College of Dental Surgeons of Ontario, the College of Dental Hygienists of Ontario and the Ministry of Health and Long-Term Care. It is a resource to assist public health units and stakeholders in conducting inspections related to lapse investigations. This dedicated dental practice checklist is one of many resources PHO has developed based on the best available evidence to increase awareness about the day-to-day risks of infection acquisition and transmission in community settings and provide practical guidance to minimize such risks.

Prompting new national requirements for industry through links found during foodborne illness outbreaks



In many instances, foods contaminated with harmful bacteria look and smell normal. *Salmonella* is a bacterium that causes salmonellosis, a gastro-intestinal illness that can include symptoms of diarrhea, fever and abdominal cramps and can sometimes cause more severe complications resulting in hospitalization and even death. There are many different types of *Salmonella*; the most common type in Ontario is *Salmonella Enteritidis*, rates of which have increased consistently in Ontario in recent years to over 2000 cases a year.

Working with local, provincial and national food safety partners, PHO played a key role in providing evidence to identify and prove that an important source of *Salmonella Enteritidis* infection in Ontario is frozen chicken products. The connection between *Salmonella Enteritidis* illness and frozen processed chicken products was first suggested in Ontario almost ten years ago. Since that time, further studies provided the first definitive link between *Salmonella* illness and frozen processed chicken in Ontario. The identification of health risks associated with these products was made possible in part due to advancements in laboratory methods where PHO's laboratory, in partnership with Canada's National Microbiology Laboratory, conducted genetic testing

and analysis which enabled us to more precisely link the outbreaks to the frozen processed chicken products.

Our work informed product recalls of frozen processed chicken tied to four of these investigations. Many frozen chicken products appear to be fully cooked, but are actually sold raw. Food recalls for raw chicken products are not common because it is expected that these products are contaminated and that cooking to the right temperature will make them safe to eat.

Further, to address the root cause of the health risks from these products, PHO prepared a comprehensive report for food safety partners that described the concerns related to frozen processed chicken and the details of various *Salmonella Enteritidis* outbreaks linked to the products. This work has prompted and informed national industry changes regarding the production of frozen processed chicken that requires manufacturers to decrease the level of *Salmonella* in their products to non-detectable levels. The changes in manufacturing processes are expected to have a direct impact on the health of Ontarians by preventing frozen processed chicken-associated *Salmonella Enteritidis* infections and their complications.

Mapping municipal drinking water systems to assess health

Ontarians are fortunate to have access to safe and reliable drinking water systems. Ensuring the ongoing quality of those systems from a public health perspective means being able to quickly respond to any potential population threats in the form of exposures to biological and chemical hazards that could occur inside those systems. It also requires an understanding of the pathways between drinking water quality and population health outcomes. That is where the collaboration between public health and environmental systems comes into play.

In 2017-18, we completed a multi-year project that mapped municipal drinking water systems using census area boundaries and information provided by the Ministry of the Environment and Climate Change on the location of municipal drinking water distribution pipes. These maps capture the largest systems in Ontario that supply water to 85% of the population. By integrating water and health data into these maps, there is now huge potential for the continuous analysis and reporting of public health data by PHO and others to keep Ontarians safe.



Making Ontario healthier

Health promotion is a multifaceted concept. When we speak about promoting the health of Ontarians, we look at everything that ranges from creating supportive social or physical surroundings, removing barriers to healthy living, and increasing awareness of healthy lifestyles to help people make changes that prevent chronic disease and injury. At PHO, we provide the evidence necessary to plan effective interventions that help achieve just that, and address some of Ontario's greatest public health challenges. We also apply a focus on the reduction of health inequities across all of our work streams.

Describing differences in health across levels of socioeconomic status

One of the challenges in supporting Ontario's health potential is the ability to identify, understand and mitigate the range of personal, social, economic, and environmental factors that influence health status across population groups. Many of the causes of health disparities relate to factors including income, social status, gender, education, as well as the physical environment (e.g., housing). Considerable evidence points to a socioeconomic gradient of health whereby negative health outcomes are concentrated in groups that are of lower socioeconomic status.

To broaden and deepen our understanding of the disparities in the determinants of health and to advance health equity, it is important that public health professionals have access to up-to-date data trends. For this reason, we have captured health equity inside our assortment of *Snapshots*, our collection of interactive map-based dashboards that show geographic and time-related patterns for key public health indicators. The new *Health Equity Snapshots* summarize how rates of potentially avoidable deaths vary across vulnerable populations in the province, Local Health Integration Networks and public health units. The series describes health inequities in:

- Potentially avoidable deaths;
- Low birth weight;
- Mental health emergency department visits; and
- Alcohol-attributable hospitalizations.

The dynamically linked tables, graphs, and maps with pre-calculated statistics helps users make sense of health



data to inform population health decision-making and planning. Our aim is to ensure that we provide the best available data and evidence to contribute to the important work done in public health in advancing health equity across Ontario. We also recognize the importance of exploring ways to communicate this work without stigmatizing any population groups.

Our contributions to health equity go beyond analysis and visualization tools. We also assist public health professionals in understanding foundational health equity concepts through online training courses.

Our *Health Equity Impact Assessment Course* explores key concepts related to equity and the social determinants of health. Although this course is targeted to public health practitioners, it is also valuable for any practitioner who is looking to learn more about how health equity concepts are put into practice.

Evidence Brief: Driving Under the Influence of Cannabis and Risk of Motor Vehicle Collision

Evidence Brief: Driving Under the Influence of Cannabis – Risk Factors and Preventive Interventions

EVIDENCE BRIEF
Odours from cannabis production

Examining the evidence on cannabis risk factors

After tobacco and alcohol, cannabis is the most widely used psychoactive drug in Canada. The Government of Canada introduced legislation on the legalization and regulation of cannabis in April 2017. This legislation is expected to come into effect later in 2018. This change in legislation raises significant public health questions that will require new evidence. PHO is helping to prepare our clients, local public health units across Ontario, for the potential impacts that legalized cannabis will have on public health in their communities.

In 2017-18, we examined two key questions related to driving under the influence of cannabis. PHO produced a set of Evidence Briefs on the subject, summaries of the

best available evidence. We examined issues around the prevalence of driving under the influence of cannabis in Ontario and Canada and how it has changed over time; the increased risk of motor vehicle collisions from driving under the influence of cannabis as compared to driving sober; and interventions shown to prevent or reduce driving under the influence of cannabis. A third brief exploring the potential health effects related to odour producing emissions associated with cannabis production facilities was released in April 2018. Investigating these and other research questions in a timely manner helps to inform decision-making and the development of public health responses related to substance use and abuse.

Supporting provincial policy and practice with scientific evidence

One of the ways that PHO supports the Ministry of Health and Long-Term Care and other ministries is by providing scientific evidence to support policy development. In 2015, the Ministry of Health and Long-Term Care announced a modernization initiative for the *Ontario Public Health Standards*. The standards define the responsibilities of public health units to deliver mandated public health programs and services (e.g., school health programs) in an integrated health system. The modernization process updated the standards to respond to emerging evidence and priority issues in public health.

Over the last two years, PHO has provided scientific input and technical advice to support the modernization of the standards, now called the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*. January 1, 2018 marked the effective date of the modernized standards. With implementation planned to take place over the year, PHO will continue to work closely with local public health units to support them in the implementation of the new standards.

Information and innovation

The value of taking data and transforming it into meaningful and accessible information and knowledge is widely recognized in many sectors. In public health, we aim to take it one step further by exploring the integration and linkage of data from diverse sources, systems and sectors to help us to discern population health patterns to support evidence-based decisions. At PHO, we then take this integrated information and apply analytic and digital presentation methodologies to help our clients and partners easily access, understand and use what is very complex information in carrying out their work.

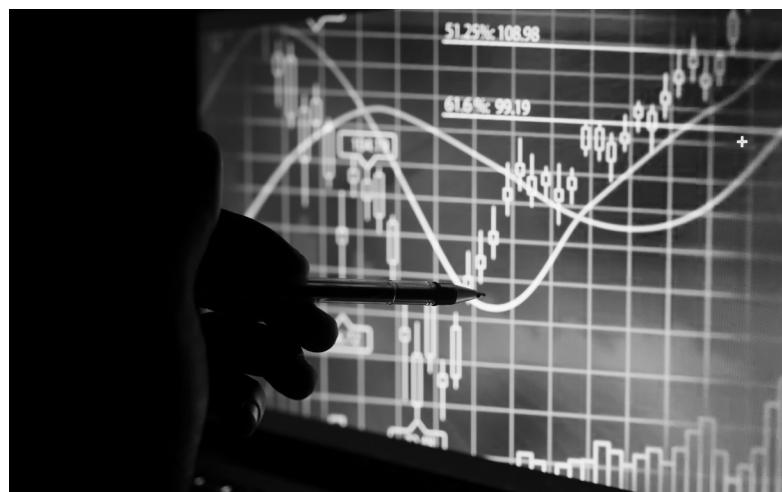
Monitoring patterns of diseases transmitted by mosquitoes and ticks



Vector-borne diseases are infections transmitted by a vector such as a mosquito, tick or flea. The major vector-borne diseases of public health importance in Ontario are West Nile virus, Lyme disease, and Eastern equine encephalitis virus (a mosquito-borne virus that circulates between birds and mosquitoes but can be transmitted to horses and humans).

Given that vector-borne diseases are major contributors to the burden of infectious diseases, it is important to monitor trends across the province. Each year we analyze provincial mosquito and human data with support and routine monitoring from the local public health units in Ontario, and weather data from Environment Canada, to publish our annual report on vector-borne diseases. In 2017-18, we released our *Vector-Borne Diseases: 2016 Summary Report*. It shows that there was an increase in West Nile virus positive mosquito pools. While information on human cases is generally not included in this report, it was noted that Ontario had the first ever human case of Eastern equine encephalitis virus reported in Canada.

Lyme disease is another infection that we examine closely. It has been present in Ontario for many years and the numbers and geographical range of the blacklegged tick vector have expanded. Our *Ontario Lyme Disease Map of Estimated Risk Areas* is updated on a yearly basis to assist clinicians in the diagnosis of Lyme disease by delineating areas of the province that pose a higher risk of exposure to disease-carrying ticks. Estimated risk areas are locations where blacklegged ticks have been identified or are known to occur and where humans have the potential to come into contact with infected ticks. The areas are calculated as a 20 kilometre radius from the centre of a location where blacklegged ticks were found through collecting them from their natural habitat where they may be present around vegetation.



Supporting health system planning with information

When various parties work together in support of local health and public health across Ontario, it is particularly important to ensure that those collaborations are supported with relevant local and provincial information. For public health units, their evolving relationship with Local Health Integration Networks involves monitoring and communicating population health information and informing health care system planning undertaken by the Local Health Integration Networks.

To support these efforts, PHO has developed approaches to ensure that its data and information products reflect the administrative boundaries of both public health units and Local Health Integration Networks. These approaches allow for searching, customizing and exporting of data to complete various analyses of health indicators. Examples of enhancements made in 2017-18 include:

- Localized data views of chronic disease hospitalization, emergency department visits and hospitalizations for injuries and neurotrauma and reproductive health.
- Local Health Integration Network-level data in our infectious diseases interactive map, *Reportable Disease Trends in Ontario*.
- Tracking new demographic and statistical data from the national census in our *Ontario Marginalization Index*. Marginalization is the process whereby individuals and groups can experience barriers to accessing meaningful employment, adequate housing, education, recreation, clean water, health services, and other social determinants of health that can prevent them from fully participating in society.

Incorporating local-level geographies and results into our user-driven knowledge products and data resources is one of many ways PHO helps public health practitioners, health system planners and stakeholders.



Evaluating the impact of health promotion programs

When projects, policies and programs are put in place to support health promotion in Ontario, PHO engages in efforts to answer questions about their efficiency and effectiveness so that those responsible for the programs or policies can make informed decisions. PHO is often asked by program funders and providers to conduct assessments based on a variety of questions relating to the relevance, success and cost-effectiveness of their programs. Questions may relate to whether a program addressed the problem that was identified or the impact or outcome a program had on the population's health.

We design and conduct program evaluations utilizing the most appropriate data-gathering tools and research methods. We consider it especially important to maintain collaborative relationships and open communication with our clients. In 2017-18, we continued our work evaluating cross-government initiatives to promote child health behaviours in communities across Ontario. Results of the evaluation of the Healthy Kids Community Challenge will help to strengthen the development of current and future programs targeting childhood overweight and obesity in Ontario and other jurisdictions.

Using laboratory data to contribute to progress in Ontario on international treatment targets for HIV

PHO contributes to international efforts to reduce the burden of human immunodeficiency virus (HIV). Known as the international 90-90-90 goal set by the Joint United Nations Programme on HIV/AIDS and the World Health Organization, the concept is that by 2020 at least 90% of people with HIV are diagnosed, at least 90% of those are on treatment and 90% on treatment have the amount of virus in their blood reduced to very low, often undetectable levels. The Public Health Agency of Canada released the first national 90-90-90 estimates for Canada in 2016.

One component of this goal is the principle of universal testing and treating. The earlier the HIV-infection can be

identified, the earlier the individual can start treatment to reduce the virus and the transmission of HIV can be further prevented as a public health threat. A main feature of 90-90-90 for stopping the spread of the infection is access to HIV testing. At PHO, we provide sophisticated laboratory testing and use integrated public health databases for the ongoing monitoring and reporting of Ontario's progress towards this international benchmark. Our database includes secure information on all HIV diagnostic testing in Ontario, HIV strain types and drug resistance. Our clients use this data to inform HIV prevention and treatment in Ontario.



Professional development and capacity building

For Ontario's public health and health care workforce, keeping pace with new research and changing practice requires a comprehensive professional development and continuing education program, one that brings the best of local, provincial and international researchers, clinicians and practitioners together. PHO's educational and training programs provide public health professionals, health care providers, scientists and policy-makers with the latest essential information to keep up with the future needs of public health.

Supporting front-line health care workers through learning and development

It is important for all health care workers to have the same basic infection prevention and control knowledge and skills to help protect themselves and others from infection. Supporting front-line health care workers through high quality, accessible and relevant learning and development is at the forefront of our infection prevention and control activities. Our series of online learning modules are designed to assist health care organizations to adopt good infection prevention and control practices. Courses focus on routine practices, additional precautions, cleaning and sterilizing medical equipment/devices and hand hygiene and other topics. They are used by various Ontario health care professionals including:

- Infection control professionals and health care providers who identify and manage infection cases and outbreaks in hospitals,
- Health care providers who clean, disinfect and sterilize reusable medical equipment/devices in community settings such as clinics, clinical office practice settings, family health teams and community health care centres,
- Any and all health care workers to help improve their knowledge about infection prevention and control,
- Environmental services managers and infection control professionals in providing training to staff regarding effective procedures for environmental cleaning,
- Health care providers in hospitals and long-term care homes to overcome the barriers to proper hand hygiene and improve compliance with hand hygiene best practices.



Online learning is an efficient way to deliver training to a diverse group of stakeholders who are geographically dispersed. Our online learning modules are the most frequently accessed resource on PHO's website. In 2017-18, we added *Clostridium difficile* infection (CDI) case scenarios to our online learning collection. The scenarios were developed to address frequently asked questions about CDI cases and outbreaks in hospitals. They guide learners to accurately define a CDI case, identify appropriate follow-up actions to complex CDI situations in daily practice and report the cases according to provincial requirements. In work to be continued later this year, additional scenarios will be developed for monitoring CDI data and declaring CDI outbreaks.

Supporting hospitals in combatting antibiotic-resistant superbugs

Antimicrobials are substances that kill or inhibit the growth of disease-causing microorganisms. Resistance to antibiotic drugs is recognized as a grave threat to global health as more antimicrobial drugs become ineffective and fail to treat a growing number of infections. It causes an estimated 700,000 deaths annually and without effective action is predicted to cause 10 million deaths annually by 2050. The effective use of antimicrobials is important for minimizing the unintended consequences of inappropriate use and for controlling drug-resistant organisms.

PHO promotes and supports strategies for limiting inappropriate antimicrobial use, while improving and

optimizing clinical health outcomes for patients. We conduct research and evaluation activities to inform practice changes and to support health care service delivery organizations to develop and/or enhance their own programs.

There are a number of ways to initiate and sustain strategies in this area, many of which are targeted to hospitals. To support hospitals across Ontario, we surveyed them to provide a means to share information and insights into how to advance practice and outcomes. In June 2017, PHO launched the *Ontario Antimicrobial Stewardship Program Comparison Tool*, the first of its kind in Canada. This online interactive resource is publicly available through PHO's website. It is designed to promote information sharing between hospitals on their antimicrobial stewardship activities and gain insights into how antimicrobial stewardship programs are advancing in peer hospitals. As hospitals continue to share information and best practices, it is expected to contribute to reduced antimicrobial resistance.





Keeping Ontario's public health workforce up-to-date

Public health professionals represent a multidisciplinary field spanning roles that include nurses, public health inspectors, epidemiologists, health promoters, physicians, researchers, microbiologists, scientists, occupational therapists, laboratory technologists, and many more. Sharing knowledge and skills development is essential to supporting, strengthening and expanding Ontario's public health workforce.

In our quest to contribute to this goal, we co-host annually with the Ontario Public Health Association and the Association of Local Public Health Agencies, the Ontario Public Health Convention, as the most comprehensive public health professional development event in Ontario. With a theme of "Leadership, Partnership, Change", our 2018 conference program drew 1006 public health professionals — our largest number of attendees to date.

This year, PHO created a new learning opportunity within the convention's three-day format in which the last day

was dedicated to full-day workshops on specific topics, allowing for in-depth reflection, discussion, skill-building and networking. Participants worked closely with public health colleagues from different organizations to explore:

- Informing Public Health Practice through Population Health Assessment
- The Role of Public Health on Mental Health Promotion
- Decolonizing Public Health: Indigenous Cultural Safety as Public Health Practice
- Strategies and Resources for School Health Standard Implementation
- Environmental Health

The workshops attracted local, provincial and federal government stakeholders, students and front-line public health professionals such as health promoters, epidemiologists, public health nurses, physicians, researchers, policy-makers, opinion leaders and health care executives.

Practical public health research

Research conducted by PHO scientists generates knowledge that has broad impacts on clinical practice, public health programs, and policy to better protect and promote the health of Ontarians. Our internationally-renowned researchers work in a wide range of disciplines and fields, conducting research that delivers on our mission and mandate. PHO researchers actively engage in collaborations with universities, hospitals and other health service organizations. PHO has achieved a strong track record of securing sought-after grants from third-party funders such as the Canadian Institutes of Health Research and Health Canada. In 2017-18, PHO-based investigators were awarded more than \$1.8 million for multi-year research projects. We continue to disseminate our research findings broadly, with 161 articles published in peer-reviewed journals relevant to public health in 2017-18.

Putting our research findings into the hands of our clients for progress

Responding to the needs of our clients and stakeholders, priorities for PHO's mandate-driven research include the filling of knowledge gaps where health needs persist, developing new systems and methods for public health, and overcoming barriers that prevent existing evidence from being applied.



- **Confirming an association between influenza and heart attacks:** In a study published in the *New England Journal of Medicine*, PHO supported active scientific work with researchers at the Institute for Clinical Evaluative Sciences, in finding that chances of a heart attack are increased six-fold during the first seven days after detection of influenza infection. The risk may be higher for older adults, patients with influenza B infections, and patients experiencing their first heart attack. The researchers also found elevated risk – albeit not as high as for influenza – with infection from other respiratory viruses. The study would not have been possible without contributions from PHO's laboratory. Researchers looked at nearly 20,000 Ontario adult cases of laboratory-confirmed influenza infection from 2009 to 2014 and identified 332 patients who were hospitalized for a heart attack within one year of influenza diagnosis. These findings are important because an association between influenza and acute myocardial infarction reinforces the importance of vaccination.
- **Influencing healthier food purchases:** Poor diet is a leading risk factor for chronic disease and premature death in Canada and in many other countries around the world. Healthy eating and informed food choices are a major focus in many jurisdictions. PHO led a team of researchers examining whether an on-shelf nutrition labelling system had an influence on food purchases. Researchers conducted the study across three supermarket chains in Ontario, one of which implemented a nutritional rating program. They used aggregated supermarket purchase data to test the effect of nutritional rating programs on food purchases between shoppers at the supermarket chains. Exit interviews of randomly selected shoppers were also conducted. In total, the researchers examined millions of transactions covering June 2012 to July 2013. Results showed that the introduction of an on-shelf nutrition labelling system led to a small but significant increase in the proportion of food purchased in the supermarket with higher nutritional ratings.
- **Investigating if air quality alerts work in protecting public health:** Ambient air pollution is a major health risk globally. Short-term increases in air pollution trigger many adverse health events, particularly cardiovascular-related and respiratory-related deaths, hospital admissions, and emergency-department visits. In many large cities, air quality alert programs are among the most predominant and highly visible public efforts to protect the population from air pollution. As Canada's most populous city, Toronto

has low to moderate air pollution levels, but spikes in air pollution are common. When spikes occur, authorities issue air quality alerts to warn the public and encourage people to reduce physical activities outdoors to reduce exposure and air pollution-related illness. This type of program is used elsewhere where air pollution levels are similar, including the United Kingdom, many European countries and the United States. However there is little evidence on whether or not these types of alerts have led to improvements in public health. PHO led research examining the health outcomes of people who lived in Toronto to assess the effectiveness of air quality alerts in reducing pollution-related illness after measured spikes in air pollution. The study suggests that while issuing air quality alerts alone has a limited effect on public health, collective public actions can address air pollution problems. These could include improvements in urban and transportation planning, fuel standards and emission control. Published in *The Lancet Planetary Health* journal, this study was a research collaboration among PHO, the Institute for Clinical Evaluative Sciences, the University of Toronto, McGill University, the Ministry of the Environment and Climate Change and the University of California.

- **Estimating the number of whooping cough cases in Ontario:** Whooping cough is a highly contagious respiratory tract infection. In many people, it is characterized by a severe hacking cough followed by a sharp intake of breath that sounds like "whoop". The diagnosis and reporting of whooping cough cases is a longstanding challenge. Though many people do not develop the whoop, sometimes a persistent hacking cough is the only sign that someone has the illness. In the case of infants, they may not cough at all. Instead, they may struggle to breathe, or they may even temporarily stop breathing. Infants are most at risk for serious complications from whooping cough. Researchers from PHO and the Institute for Clinical Evaluative Sciences compared and cross-referenced three different public health and health datasets in Ontario and found that the estimated total number of cases among infants is much greater than previously known. With evidence that whooping cough is much more prevalent in the community than realized, the risks of people catching and spreading the disease are higher. Whooping cough is a vaccine-preventable disease. These research findings reinforce the need for people to make sure their immunizations are up-to-date to limit potential infection and spread.

Report on 2017-18 deliverables and performance

Status of 2017-20 Annual Business Plan Priority Initiatives for Principal Program Areas, as of March 31, 2018

Laboratory

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Continue to work closely with the Ministry of Health and Long-Term Care in efforts to optimize quality and value in the laboratory and public health system		✓	
Continue to implement a laboratory transformation initiative with a focus on <i>Vision 2020</i> , a strategy for the future of our Laboratory program that considers longer term strategies to evolve in the areas of testing, research and information		✓	
Continue to enhance the delivery strategy and infrastructure that provides high quality public health and microbiology laboratory services to the province: - Manage the demands for reference and public health testing - Promote and enhance accessibility to testing across the province - Support both front-line clinicians and enable public health policy and action		✓	
Enhance the laboratory-based surveillance and data management program to support surveillance of pathogens of high priority in Ontario, monitor testing quality and accessibility, and improve microbiological and public health service delivery including exploring the use of OLIS system data and further development of web-based tools for PHO clients		✓	
Prepare for the relocation of London laboratory services to PHO's new Southwest Ontario hub			✓ ¹
Prepare for Toronto-based Operational support Facility/Biorepository and associated decommissioning of the Resources Road facility		✓	
Explore options for electronic test requisition, ordering and referral including potentially using the Ontario Laboratory Information System (OLIS)		✓	
Further develop the public health microbial genomics and bioinformatics capacity and program to ensure timely, relevant and high quality testing and tools to support outbreak detection and response for the people of Ontario		✓	
Enhance the delivery of public health research and development programs to combat antimicrobial resistance, pathogen discovery for outbreak response, and a proactive test method development and validation unit for optimal clinical and public health services in Ontario		✓	

¹Ministry of Health and Long-Term Care approval to proceed to bid for construction has been received. Relocation is targeted for 2019.

Key Ongoing Initiatives (representative sample):

- Deliver effective clinical and reference laboratory services.
- Provide a laboratory-based infectious disease surveillance and monitoring program.
- Operate laboratory incident and outbreak management services.
- Operate technical and customer service centre.
- Maintain quality management system including Ontario Laboratory Accreditation, Ministry of Environment and Climate Change licensure for drinking water testing, and the Canadian Association of Laboratory Accreditation.
- Advance public health testing and reporting through development of laboratory methods, evaluation of existing diagnostic practice, and translation of new recent findings to improve clinical testing reporting.

Communicable Disease, Emergency Preparedness and Response (CDEPR)

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Continue to support to the modernization of the <i>Ontario Public Health Standards</i>	✓		
Continue to provide provincial scientific and technical support for <i>Immunization 2020</i>		✓	
Continue to support the policy, program development, evaluation and modernization of the Universal Influenza Immunization Program (UIIP)	✓		
Provide scientific and technical support to the joint PHO/Ministry of Health and Long-Term Care initiative in the area of sexually transmitted infections	✓		
Complete data analysis to determine compliance to latest gonorrhoea treatment guidelines	✓		
Provide scientific and technical advice and support for improved tuberculosis prevention and control through the creation of the Tuberculosis Working Group of the Provincial Infectious Diseases Advisory Committee on Communicable Disease (PIDAC-CD)		✓	
Provide scientific and technical support for the planning and implementation of a provincial framework and action plan for vector-borne diseases, including Lyme disease		✓	
Provide provincial scientific and technical support for emerging infections including Zika virus		✓	
Provide epidemiologic, scientific and technical support to the Ministry of Health and Long-Term Care on opioid toxicity surveillance and other requests as required in support of Ontario's Opioid Strategy		✓	
Continue to conduct mandate-driven research activities in relevant CDEPR areas and disseminate findings: <ul style="list-style-type: none"> - Develop a framework and establish a rigorous process to identify indicators for public health emergency preparedness to be used by public health organizations to improve the way they prepare for and respond to emergencies 		✓	

Key Ongoing Initiatives (representative sample):

- Support routine case/contact/outbreak management for reportable/emerging diseases by providing scientific/technical information and support to stakeholders.
- Develop and maintain scientific and technical guidance documents in support of the prevention and control of infectious disease.
- Prepare knowledge products (literature reviews and knowledge syntheses) in response to client requests.
- Operate provincial communicable disease surveillance programs.
- Operate provincial vector-borne disease surveillance programs including West Nile Virus and Lyme Disease.
- Support the development of provincial data standards for immunization and communicable diseases.
- Design and implement research projects for the surveillance, prevention and control of communicable diseases and pathogens of concern for institutional infection control.
- Provide scientific and technical consultation and field support to immunization programs on immunization issues and vaccine safety.
- Design and implement program evaluations for public health interventions.
- Provide scientific and technical consultation and field support to emergency preparedness and response issues to the Chief Medical Officer of Health; the Population and Public Health Division, including the Emergency Management Branch of the Ministry of Health and Long-Term Care; and at the local level.
- Maintain a professional development program for emergency preparedness and response.

Infection Prevention and Control (IPAC)

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Continue to support the modernization of the <i>Ontario Public Health Standards</i>	✓		
Work with provincial partners, including hospitals, Health Quality Ontario, and the Ministry of Health and Long-Term Care, to support a surveillance strategy for antimicrobial use, antimicrobial resistance, and health care-associated infections in Ontario hospitals		✓	
Collaborate with stakeholders and partner with academic researchers and institutions to expand the scope of infection prevention and control research in Ontario. Build research capacity in response to emerging infection prevention and control issues		✓	
Conduct literature reviews and analysis to inform the development of two infection prevention and control best practice guidance documents on occupational dermatitis (in collaboration with EOH) and hemodialysis settings (with the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control - PIDAC-IPC)		✓	
Develop a plan for the provincial rollout of the Urinary Tract Infection program in long-term care homes, based on the analysis of the 2016-17 pilot and its evaluation	✓		
Undertake a comprehensive review of the current PHO hand hygiene program and resources and develop a plan that draws on the science of behaviour change to achieve greater hand hygiene compliance across all health care settings		✓	
Continue to conduct mandate-driven research activities in relevant IPAC areas and disseminate findings: - Continue to study reservoirs of <i>C. difficile</i> in communities - Develop methods to study antimicrobial utilization in order to support targeted antimicrobial stewardship programs, along with academic partners.		✓ ✓	

Key Ongoing Initiatives (representative sample):

- Maintain the capacity to deploy an Infection Control Resource Team to provide expert assistance to health care settings that are investigating and managing outbreaks.
- Maintain the Infection Prevention and Control Core Competency online learning program.
- Maintain a field presence to support the adoption of infection prevention and control best practices.
- Complete knowledge syntheses and conduct research on relevant IPAC topics to provide up-to-date knowledge to the field.

Environmental and Occupational Health (EOH)

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Continue to support the modernization of the <i>Ontario Public Health Standards</i>	✓		
Continue to analyze and develop the environmental burden of illness in Ontario, non-cancer outcomes report		✓	
Provide scientific and technical consultation to support the implementation of the modernized food safety and recreational water regulations under the <i>Health Protection and Promotion Act</i>	✓		
Continue to conduct mandate-driven research activities in relevant EOH areas and disseminate findings: - Identify links between exposure to air pollution and the risk of developing chronic diseases using Institute for Clinical Evaluative Sciences (ICES) health data and air pollution data.		✓	

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical consultation and field support to environmental health issues at the local level including support in the investigation and control of environmental health incidents and emergencies.
- Develop and implement a professional development program for environmental health.
- Maintain professional development program related to environmental health skills and competencies.
- Maintain environmental assessment equipment loan program for public health units.

Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Continue to support the modernization of the <i>Ontario Public Health Standards</i>	✓		
Lead on the evaluation of the Healthy Kids Community Challenge (HKCC), and provide scientific and technical advice on both the HKCC and the Healthy Kids Strategy		✓	
Support Ontario's Opioid Strategy, including evidence synthesis, research, and capacity building to support informed decision-making on interventions		✓	
Use available data sources to estimate the prevalence of overweight and obesity in Ontario in order to establish a baseline for assessing trends over time and for evaluation	✓		
Partner and engage in the generation of Indigenous specific health data, as requested		✓	
Complete the evaluation of Ontario's menu labeling legislation and disseminate results	✓		
Support Ontario's Alcohol Strategy, including evidence synthesis, research and capacity building to support informed decision making on policies and interventions		✓	
Develop curriculum and provide training in the areas of health equity, health inequities, social determinants of health, and related areas		✓	
Lead evaluation of the Healthy Smiles Ontario program and provide scientific and technical advice to support planning for a population health data repository		✓ ¹	
Continue to support the Healthy Human Development Table as it provides guidance on the dissemination, implementation and evaluation of the perinatal mental health care pathway and other related products		✓	
Complete dissemination of the Smoke Free Ontario-Scientific Advisory Committee (2.0) report, in partnership with tobacco control research and capacity-building partners	✓		

¹PHO has revised the scope of this initiative, and is providing ongoing scientific and technical consultations to the Ministry of Health and Long-Term Care as they continue with the evaluation of their Healthy Smiles Ontario program.

Health Promotion, Chronic Disease and Injury Prevention (HPCDIP) (continued)

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
<p>Continue to conduct mandate-driven research activities in relevant HPCDIP areas and disseminate findings:</p> <ul style="list-style-type: none"> - Develop and evaluate population level health interventions for chronic disease prevention, primarily in the areas of healthy eating, physical activity and alcohol policy - Partner and engage with Indigenous communities in Ontario to explore the lived experiences of people who are involved in the HKCC program and to understand if it helps to promote health behaviours for Indigenous children - Explore the application of epidemiological methods to inform solutions for reducing social inequities in chronic disease outcomes - Conduct research in the area of oral health - Conduct studies, in collaboration with partners, to address the burden of opioid use. 	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical consultation and field support at the local level.
- Develop and maintain scientific and technical guidance documents in support of HPCDIP health programs.
- Continue to provide support to clients and stakeholders to address health inequities, through:
 - Knowledge generation and knowledge exchange activities, including research projects on the application of Health Equity Impact Assessment tools.
 - Knowledge synthesis activities which analyze health inequity in PHO topic specific reports.
 - Capacity building efforts including the integration of marginalization and deprivation indices in analytic products.

Knowledge Services

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Continue to support the modernization of the <i>Ontario Public Health Standards</i>	✓		
Implement the PHO informatics strategy, with a focus on data management; optimized processes to organize, integrate and analyze data; and innovative and dynamic approaches to data visualization, information presentation and analytics		✓	
Redesign and update the PHO website on a new platform to improve access, usability, and innovation in the delivery of online services, data, and knowledge products, in order to improve client awareness of, utilization and access to PHO resources		✓	
Deliver a special edition of the Locally Driven Collaborative Projects (LDCP) program, supporting three projects on key strategic issues: the role of local medical officers of health and boards of health, set forth in the <i>Patients First: Action Plan for Health Care, 2015</i> ; reducing health inequities; and exploring models and approaches for local public health agencies' potential role in working with Indigenous peoples	✓		
Incorporate Local Health Integration Network (LHIN)-level information in our data and knowledge products (e.g., Snapshots), where available and feasible, to support shared understanding and support planning. Explore new methodologies to assess population health indicators at the sub-LHIN level as the geographic boundaries for these regions are clarified	✓		
Launch the 2011 Ontario Marginalization Index (ON-Marg) and continue to enhance our health equity data visualizations, integrating additional datasets that reflect all the dimensions of health equity and pursuing new analytic methods	✓		
Launch a learning management system (LMS) to support our professional development, education and knowledge exchange mandate. This LMS will service both our external clients as well as support our PHO staff in their learning and development and associated compliance and monitoring requirements		✓	

Key Ongoing Initiatives (representative sample):

- Provide specialized services in the areas of analytics, biostatistics, data visualization, epidemiology, geospatial services and population health assessment and surveillance (including support to access, analyze and link to existing data or new data sets).
- Support the planning, production, promotion, dissemination and evaluation of PHO products, services and expertise to maximize client awareness and usage.
- Organize and deliver comprehensive professional development and education offerings, including PHO rounds, visiting speakers, seminars, workshops, and Continuing Medical Education accreditation.
- Coordinate and support the provincial Shared Library Services Partnership and the Locally Driven Collaborative Projects program.
- Deliver The Ontario Public Health Convention (TOPHC) on an annual basis.

2017-20 Annual Business Plan Volumetric Commitments

This table shows the core activities for which PHO has established annual volume targets for 2017-18. Where applicable, specific topics of focus were guided over the course of the year by the priorities established by the Population and Public Health Division of the Ministry of Health and Long-Term Care, requests from the Chief Medical Officer of Health, ministries, and other clients; and our analysis of emerging issues and work plans.

Volume Targets for Core Activities

Core Activity	2017-18 Target	2017-18 Actual
Laboratory tests	5.3 million	5.9 million
<i>Production of surveillance reports:</i>		
Daily issues summary and situation reports	250	251
Bi-weekly iPHIS notices	26	27
Weekly Enhanced Surveillance Directives and Monitored Situations	38	52 ¹
Weekly respiratory pathogen report	38	51 ²
This Week in Public Health	50	51
Annual Immunization Coverage Report for School Pupils	1	1
Annual Report on Vaccine Safety	1	1
<i>Development of knowledge products to support clients and stakeholders:</i>		
Review of literature, including knowledge synthesis reports, in response to requests to summarize a body of published evidence	24-28	19
Major population and environmental health technical reports	1-2	1
Clinical guidelines to support provider and patient decisions about appropriate health care	2-4	0
Evaluation reports to support program or policy review	5-7	10
Jurisdictional/environmental scans	4-6	2 ³
Best practice or guidance document	30-35	29
Statistical reports or data requests	80-90	114
<i>Development of peer-reviewed abstracts and research protocols, and events to support knowledge exchange:</i>		
Abstracts (either as presentations, posters, or workshops) at scientific conferences	150	200
Develop research proposals to address important priorities in public health programs and laboratory science	20	28
Co-sponsor professional development events for public health professional associations and other professional groups	15	30
Deliver training sessions for infection control in health and community settings	200	83 ⁴
<i>Planning and delivery via the Health Promotion Resource Centres:</i>		
Training and capacity building workshops	85	97
Consultations	550	425 ⁵

¹ Due to increased outbreak activity this surveillance reporting was released more frequently.

² This includes the Ontario Respiratory Pathogen Bulletin as well as web-updates made in the off-season.

³ This includes standalone scans only. Additional scans may be completed as components of other PHO knowledge products.

⁴ This measures in person training and PHO has been changing our delivery model for this type of training, increasing the use of online learning modules relative to face-to-face sessions, and transitioning from leading to supporting public health units in delivering training sessions.

⁵ The funding for Resource Centres ended March 31, 2018 as per direction from Ministry of Health and Long-Term Care.

This decision resulted in staff losses and capacity challenges in Q4 across the Health Promotion Resource Centres preventing this annual target from being achieved.

PHO Quarterly Performance Scorecard:

2017-18 year-end view

The Scorecard summarizes PHO's performance related to its mandate and the five strategic directions of our *2014-19 Strategic Plan: Evidence, knowledge and action for a healthier Ontario*. Using traditional quantitative methods, it provides an assessment of PHO's performance in relation to a defined set of indicators and associated performance measures chosen because they are expected to be dynamic on a quarterly basis. A brief overview of each indicator and its associated measures is also provided.

	Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
SD 2 Accelerating integrated population health monitoring	2.1 Use of web-based Query tool	Descriptive	N/Ap	688	N/Ap	645	738	599	768
	2.1.1 Number of unique visits to the Infectious Diseases Query tool								
	2.1.2 Number of unique visits to the STI Query tool	Descriptive	N/Ap	95	N/Ap	71	107	93	108
	2.2 Use of web-based Snapshot reports								
	2.2.1 Number of indicators available in Snapshot	Descriptive	N/Ap	215	N/Ap	213	213	217	217
	2.2.2 Percent current within 6 months of release of information								
	2.2.3 Number of unique visits to the Snapshot tool by external users								
	2.3 Availability of laboratory information systems	Service Standard	99.5%	99.95%	●	99.8%	100%	100%	100%
	2.3.1 Laboratory Information System (LIS) uptime								
SD 1 Provide expertise to strengthen Ontario's public health sector	3.1 Responsiveness to client requests	Descriptive	N/Ap	32	N/Ap	40	32	32	25
	3.1.1 Number of knowledge products completed as a result of client requests								
	3.1.2 Number of scientific and technical support activities completed as a result of client requests	Descriptive	N/Ap	593	N/Ap	561	720	643	449
	3.2 Responsiveness to urgent client requests								
	3.2.1 Number of urgent requests completed	Descriptive	N/Ap	22	N/Ap	24	31	11	21
	3.3 Responsiveness to clients-timeliness	Directional	95%	97.6%	●	98.6%	98.0%	93.8%	100%
	3.3.1 Percentage of knowledge products completed within target turnaround time								
	3.3.2 Percentage of scientific and technical support activities completed within target turnaround time								
	3.4 Laboratory performance	Directional	90%	98.8%	●	98%	99%	99%	99%
	3.4.1 Percentage of laboratory tests completed within target turnaround time								
SD 3 Enable policy, program and practice action	3.5 Website usage	Directional	160K	347K	●	268K	361K	353K	407K
	3.5.1 Number of visits by external users								
	3.5.2 Number of product downloads by external users	Directional	50K	92K	●	77K	93K	93K	105K
	3.5.3 Number of unique visits by external users								

	Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
SD 1 Provide expertise to strengthen Ontario's public health sector	3.6 Client education 3.6.1 Number of education sessions offered to external clients	Directional	30	26	∅	27	24	28	23
	3.7 Client satisfaction with educational sessions 3.7.1 Percentage of client education sessions achieving a client rating of at least 3.5 out of 5	Directional	90%	87%	∅	100%	89%	86%	73%
	3.8 Student placements 3.8.1 Number of new student placements at PHO	Directional	N/Ap ³	34	●	45	27	28	36
	3.9 Number of laboratory tests	Directional	1.33M	1.50M	●	1.50M	1.54M	1.44M	1.51M
SD 4 Advance public health evidence and knowledge	4.1 Staff publishing 4.1.1 Number of articles published in peer-reviewed journals relevant to public health and to which PHO contributed	Directional	32-35	40	●	36	47	35	43
	4.2 Knowledge dissemination 4.2.1 Proportion of peer-reviewed articles published in priority journals	Directional	75%	65.8%	∅	63.9%	63.8%	65.7%	69.8%
	4.3 Third party funding 4.3.1 Dollar value of funding awarded to PHO researchers from third-party funders	Directional	>\$400K	\$453K	●	\$414K	\$462K	\$470K	\$467K
	4.4 Media mentions 4.4.1 Number of media mentions of PHO	Descriptive	N/Ap	1,137	N/Ap	660	980	759	2,149
SD 5 Great people exceptional teams	5.1 Recruitment efficiency 5.1.1 Average number of days to fill permanent and temporary staff positions	Directional	≤60	47	●	54	50	40	45
	5.2 Employee absenteeism 5.2.1 Average number of paid sick days/employee	Industry Standard	2.0	1.98	●	2.0	2.0	2.0	1.9
	5.3 Staff turnover 5.3.1 Voluntary and involuntary permanent employee turnover rate	Descriptive	N/Ap	1.35%	N/Ap	1.70%	1.02%	1.46%	1.23%
	5.4 Laboratories staff certification and credentials 5.4.1 Percentage of medical and clinical microbiologists and medical laboratory technologist credentials/certifications are in place ²	Industry Standard	100%	100%	●	N/Ap	100%	N/Ap	100%

Notes:¹Quarterly averages are calculated based on the full year's underlying data.²Annual status is based on the quarterly average value for each measure.³Quarterly target is based on the actual number of placements in the same quarter of the previous year.**Legend**

● Target met or exceeded

∅ Somewhat missed target

N/Ap Not Applicable

PHO Quarterly Performance Scorecard: 2017-18 year-end view (continued)

	Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
SD1 Provide expertise to strengthen Ontario's public health sector Organizational foundations and enablers	6.1 Financial performance 6.1.1 Year-to-date percent variance between actual and budgeted expenses	Directional	+/-1.5%	N/Ap	● ⁴	4.7% under spend	3.5% under spend	1.7% under spend	0.8% over spend
	6.2 Complaints 6.2.1 Number of complaints about PHO services or products	Directional	≤5	6	∅	6	7	6	5
	6.3 Availability of enterprise technology systems 6.3.1 General IT infrastructure uptime	Service Agreement	99.5%	99.5%	●	100%	100%	98.0%	99.8%
	6.4 Laboratories external quality assessment 6.4.1 Overall annual average score on Quality Management Program - Laboratory Services (QMP-LS) testing program ²	Industry Standard	>90%	99.5%	●	N/Ap	99.3%	N/Ap	99.6%
	6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA Z-score) ²	Industry Standard	>70%	81.2%	●	N/Ap	86.7%	N/Ap	75.6%

Notes:¹Quarterly averages are calculated based on the full year's underlying data.²Annual status is based on the quarterly average value for each measure.⁴Annual status is based on the Q4 year-to-date result of 0.8%.**Legend**

● Target met or exceeded

∅ Somewhat missed target

N/Ap Not Applicable

Description of Current Measures

2.1.1 Number of unique visits to the Infectious Diseases Query tool and 2.1.2 Number of unique visits to the STI Query tool count the total number of visits and number of people accessing these web-based dynamic data exploration tools that allow users to drill down and explore record-level data by public health unit and other demographics to improve the management of infectious diseases in Ontario.

2.2.1 Number of indicators available in Snapshot; 2.2.2 Percent of indicators current within 6 months of release of information are measures of the amount of content and currentness of these key population health indicators used to visualize trends in a web-based, interactive dashboard format. Indicators are refreshed regularly as new or updated data becomes available and new indicators are added as needed and data are available.
2.2.3 Number of unique visits to the Snapshot tool by external users counts the number of unique users accessing this material in a three month time period.

2.3.1 Laboratory information system (LIS) uptime is a measure of availability of the LIS, which is crucial to operations at the PHO laboratories. Service is provided under contract with the provincial government's service provider.

3.1.1 Number of knowledge products completed as a result of client requests and 3.1.2 Number of scientific and technical support activities completed as a result of client requests together provide a count of the number of knowledge activities completed by PHO staff as a result of a client request. Types of activities include literature reviews, statistical and technical reports, clinical guidelines, best practice and guidance documents, and scientific and technical support such as consultations and fact checking.

Description of Current Measures (continued)

3.2.1 Number of urgent client requests completed includes requests that PHO needs to respond to within 24 hours. This is a subset of 3.1.1 and 3.1.2.

3.3.1 Percentage of knowledge products completed within target turnaround time and **3.3.2 Percentage of scientific and technical support activities completed within target turnaround time** indicates the percentage of knowledge activities completed within the requested timelines.

3.4.1 Percentage of laboratory tests completed within target turnaround indicates the percentage of laboratory tests completed within the industry standard turnaround time for each test.

3.5.1 Number of website visits by external users and **3.5.2 Number of product downloads by external users** indicates the number of times external users access PHO's external website and/or download material from the website. **3.5.3 Number of unique visits by external users** is the number of unique visitors to the website within a three-month period.

3.6.1 Number of education sessions offered to external clients tracks the number of PHO Rounds, educational series, operational or procedural training and workshops offered to external clients or groups of five or more.

3.7.1 Percentage of client education sessions achieving a client rating of at least 3.5 out of 5 reflects the number of education sessions where the average evaluation score by participants met or exceeded 3.5 out of 5 divided by the total number of sessions offered.

3.8.1 Number of new student placements at PHO counts the number of student placements at PHO and includes medical residents, masters, doctoral and laboratory technologist students.

3.9.1 Number of laboratory tests captures the total number of tests performed at the PHO laboratories, excluding tests performed for research purposes.

4.1.1 Number of articles published in peer-reviewed journals counts the total number of articles written by PHO staff members as part of their work at PHO that are published in a peer-reviewed journal or a journal edited by an expert editorial board and/or affiliated with an authoritative organization.

4.2.1 Proportion of peer-reviewed articles published in priority journals captures the proportion of journals in measure 4.1.1 that are published in journals that are priority journals internationally and/or for Ontario's public health community. This indicator helps to ascertain the degree to which PHO research is entering the base of public health evidence and knowledge.

4.3.1 Dollar value of funding awarded to PHO researchers from third-party funders shows the amount of third-party funding that has been awarded to PHO, distributed over the length of the grants.

4.4.1 Number of media mentions of PHO counts the number of times PHO, its staff, products, services or research are cited in popular media, excluding social media.

5.1.1 Average number of days to fill permanent and temporary staff positions shows the average number of calendar days it takes to fill a position from the date the position was posted to the date PHO received a signed employment agreement.

5.2.1 Average number of sick days per employee shows the average number of paid sick days for full-time and part-time employees.

5.3.1 Voluntary and involuntary permanent employee turnover rate shows the percentage of permanent employees who leave the organization (excluding retirements) related to the total number of permanent employees.

5.4.1. Percentage of medical and clinical microbiologist and medical laboratory technologist credentials/certifications in place measures the proportion of medical microbiologist staff registered in good standing with the College of Physicians and Surgeons of Ontario and the proportion of medical laboratory technologist staff registered in good standing with the College of Medical Laboratory Technologists of Ontario.

6.1.1 Percent variance between actual and budgeted expenses indicates PHO's level of actual expenses relative to budgeted expenses and is reflective of PHO's financial position relative to its budget.

6.2.1 Number of complaints about PHO services or products is a count of the number of external complaints related to PHO products or services.

6.3.1 Technology infrastructure uptime is the percentage of time the general IT infrastructure including key systems such as Finance, SharePoint, email and Microsoft Lync are up and running.

6.4.1 Overall annual score on Quality Management Program – Laboratory Services (QMP-LS) testing program and **6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA Z-score)** measure the percentage of proficiency testing specimens, provided by proficiency testing programs QMP-LS (for clinical tests) and CALA (for environmental tests), that meet acceptance criteria.

Financial performance

PHO acknowledges the funding received from the Ministry of Health and Long-Term Care and has managed its resources in a prudent and careful manner. PHO ended the year in a balanced operating position and has fully utilized all operating funding received from the ministry in respect of the 2017-18 fiscal year. With respect to the \$157.839 million of operating funding received from the ministry, \$157.137 million was used to cover annual operating expenses with the balance of \$.702 million used to cover expenditures on minor equipment and other assets in support of PHO's base operations.

Funds provided by the Ministry of Health and Long-Term Care have allowed PHO to further develop its programs and advance various initiatives. PHO also receives revenue from third parties which is reflected in the audited financial statements as other grants revenue. As in prior years, reported expenses include expenditures equivalent to other grants revenue (with these expenditures funded exclusively from the revenue received from third parties).

Management responsibility report

PHO management is responsible for preparing the accompanying financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations as established by the Public Sector Accounting Board (PSAB) of the Chartered Professional Accountants of Canada (CPA).

In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

PHO maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with PHO policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit & Finance Standing Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Ernst & Young LLP has full and free access to the Audit & Finance Standing Committee.

Management acknowledges its responsibility to provide financial information that is representative of PHO operations, is consistent and reliable, and is relevant for the informed evaluation of PHO activities.



Cathy Campos, CPA, CA
Chief Financial Officer



Dr. Peter D. Donnelly, MD
President and Chief Executive Officer

FINANCIAL STATEMENTS

Ontario Agency for Health Protection and Promotion

[**operating as Public Health Ontario**]

March 31, 2018

Independent auditors' report

To the Members of

Ontario Agency for Health Protection and Promotion

We have audited the accompanying financial statements of **Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]**, which comprise the statement of financial position as at March 31, 2018, and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]** as at March 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Toronto, Canada

June 20, 2018

Ernst & Young LLP
Chartered Professional Accountants
Licensed Public Accountants

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Statement of financial position

[in thousands of dollars]

As at March 31, 2018

	2018	2017
	\$	\$
Assets		
Current		
Cash	16,700	28,612
Accounts receivable [note 3]	12,064	2,149
Prepaid expenses	1,418	1,453
Total current assets	30,182	32,214
Restricted cash [note 4]	6,454	7,072
Capital assets, net [note 5]	82,622	88,800
	119,258	128,086
 Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	23,667	26,150
Total current liabilities	23,667	26,150
Deferred capital asset contributions [note 6]	84,818	91,041
Deferred contributions [note 7]	2,436	3,068
Accrued benefit liability [note 8]	3,173	3,616
Other liabilities	5,164	4,211
Total liabilities	119,258	128,086
Commitments and contingencies [note 12]		
Net assets	—	—
	119,258	128,086

See accompanying notes

On behalf of the Board:



The image shows two handwritten signatures in black ink, one on the left and one on the right, positioned above a thin horizontal line. Below this line, the word "Director" is printed in a small, sans-serif font, centered under each signature.

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Statement of operations and changes in net assets

[in thousands of dollars]

Year ended March 31, 2018

	2018	2017
	\$	\$
Revenue		
Ministry of Health and Long-Term Care		
Base operations	152,918	152,960
Health Promotion Resource Centre	4,219	3,573
Amortization of deferred capital asset contributions [note 6]	6,951	6,932
Other grants	2,058	1,746
Miscellaneous recoveries	1,072	1,787
	167,218	166,998
Expenses [notes 8 and 10]		
Public health laboratory program	103,904	102,690
Science and public health programs	43,320	43,361
General and administration [note 9]	13,043	14,015
Amortization of capital assets	6,951	6,932
	167,218	166,998
Excess of revenue over expenses for the year	—	—
Net assets, beginning of year	—	—
Net assets, end of year	—	—

See accompanying notes

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Statement of cash flows

[in thousands of dollars]

Year ended March 31, 2018

	2018	2017
	\$	\$
Operating activities		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not affecting cash		
Amortization of deferred capital asset contributions	(6,951)	(6,932)
Amortization of capital assets	6,951	6,932
	—	—
Changes in non-cash operating items		
Decrease (increase) in accounts receivable [note 11]	(9,913)	5,701
Decrease in prepaid expenses	35	657
Increase (decrease) in deferred contributions	(632)	164
Increase in other liabilities	953	427
Decrease in accounts payable and accrued liabilities [note 11]	(46)	(57)
Net change in accrued benefit liability	(443)	(816)
Cash provided by (used in) operating activities	(10,046)	6,076
Capital activities		
Net acquisition of capital assets [note 11]	(3,210)	(1,841)
Cash used in capital activities	(3,210)	(1,841)
Financing activities		
Contributions for capital asset purchases [note 11]	726	471
Decrease in restricted cash	618	1,710
Cash provided by financing activities	1,344	2,181
Net increase (decrease) in cash during the year	(11,912)	6,416
Cash, beginning of year	28,612	22,196
Cash, end of year	16,700	28,612

See accompanying notes

Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]

Notes to financial statements

[in thousands of dollars]

March 31, 2018

1. Description of the organization

Ontario Agency for Health Protection and Promotion [“OAHPP”] [operating as Public Health Ontario] was established under the *Ontario Agency for Health Protection and Promotion Act, 2007* as a corporation without share capital. OAHPP’s mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the *Ontario Agency for Health Protection and Promotion Act, 2007*, OAHPP is primarily funded by the Province of Ontario.

OAHPP, as an agency of the Crown, is exempt from income taxes.

2. Summary of significant accounting policies

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector [“PS”] Accounting Board of the Chartered Professional Accountants of Canada. OAHPP has elected to follow PS 4200-4270 in the CPA Canada Public Sector Accounting Handbook.

Revenue recognition

Contributions are recorded in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are recorded as deferred contributions or deferred capital contributions when initially recorded in the accounts and recognized as revenue in the period in which the related expenses are incurred.

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

Capital assets

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value at the date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5–30 years
Other equipment	5–10 years
Furniture	5–20 years
Leasehold improvements	Over the term of the lease

Inventory and other supplies held for consumption

Inventory and other supplies held for consumption are expensed when acquired.

Employee future benefits

Contributions to multi-employer, defined benefit pension plans are expensed on an accrual basis.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of 10 years for the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are not allocated.

Contributed materials and services

Contributed materials and services are not recorded in the financial statements.

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

Financial instruments

Financial instruments, including accounts receivable and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Significant estimates and assumptions used in these financial statements require the exercise of judgment and are used for, but not limited to, salary and benefit accruals, employee future benefit plans [severance credits] and the estimated useful lives of capital assets. Actual results could differ from these estimates.

Adoption of new accounting standards

During the year, OAHP adopted the new accounting standards PS 2200, Related Party Disclosures, and PS 3420, Inter-entity Transactions. These new standards are effective for fiscal years beginning on or after April 1, 2017. PS 2200 defines a related party and establishes disclosures required for related party transactions. PS 3420 establishes standards on how to account for and report transactions between public sector entities that comprise a government's reporting entity from both a provider and recipient perspective. The change in accounting policy was applied on a retroactive basis and additional related party disclosures are included in note 10. The adoption of PS 3420 did not have any impact on the financial statements.

3. Accounts receivable

Accounts receivable consist of the following:

	2018	2017
	\$	\$
Ministry of Health and Long-Term Care	11,158	822
Harmonized Sales Tax	528	532
Other	378	795
	12,064	2,149

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

4. Restricted cash

[a] Restricted cash consists of the following:

	2018	2017
	\$	\$
Ministry of Health and Long-Term Care [<i>note 4[b]</i>]	6,407	6,969
Sheela Basrur Centre [<i>note 7[a]</i>]	47	103
	6,454	7,072

Restricted cash from the Ministry of Health and Long-Term Care ["MOHLTC"] represents funding received in connection with the liability assumed by OAHPP in connection with severance [*note 8[b]*], other credits [primarily accrued vacation pay] related to employees who transferred to OAHPP [Ontario public health laboratories in 2008 and Public Health Architecture in 2011] and unspent cash pertaining to capital projects. Funds associated with severance and other credits are drawn down when transferred employees leave employment with OAHPP. Funds associated with capital projects are drawn down when capital assets are purchased.

[b] The continuity of MOHLTC restricted cash is as follows:

	2018			
	Severance credits \$	Other credits \$	Capital projects \$	Total \$
Restricted cash, beginning of year	3,317	1,411	2,241	6,969
Interest earned [<i>note 6</i>]	39	16	26	81
Restricted cash drawdown [<i>note 8[b]</i>]	(556)	(16)	(71)	(643)
Restricted cash, end of year	2,800	1,411	2,196	6,407

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

	2017			
	Severance credits \$	Other credits \$	Capital projects \$	Total \$
Restricted cash, beginning of year	4,231	1,477	2,925	8,633
Interest earned [note 6]	36	13	38	87
Restricted cash drawdown [note 8[b]]	(950)	(79)	(722)	(1,751)
Restricted cash, end of year	3,317	1,411	2,241	6,969

5. CAPITAL ASSETS

Capital assets consist of the following:

	2018		
	Cost \$	Accumulated amortization \$	Net book value \$
Building service equipment	369	339	30
Other equipment	32,450	29,292	3,158
Furniture	3,852	3,279	573
Leasehold improvements	96,789	20,364	76,425
Construction in progress	2,436	—	2,436
	135,896	53,274	82,622

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

	2017		
	Cost \$	Accumulated amortization \$	Net book value \$
Building service equipment	369	302	67
Other equipment	31,764	27,559	4,205
Furniture	3,838	2,925	913
Leasehold improvements	96,789	15,537	81,252
Construction in progress	2,363	—	2,363
	135,123	46,323	88,800

6. Deferred capital asset contributions

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations and changes in net assets. The continuity of the deferred capital asset contributions balance is as follows:

	2018 \$	2017 \$
Deferred capital asset contributions, beginning of year	91,041	100,345
Contributions for capital purposes	702	704
Adjustment to deferred capital assets contributions	—	(3,114)
Interest earned on unspent contributions [note 4[b]]	26	38
Amortization of deferred capital asset contributions	(6,951)	(6,932)
Deferred capital asset contributions, end of year	84,818	91,041
Unspent deferred capital asset contributions [note 4[b]]	(2,196)	(2,241)
Deferred capital asset contributions spent on capital assets	82,622	88,800

In the prior year, OAHPP reduced deferred capital asset contributions by \$3,114 related to funding for leasehold improvements for a new laboratory facility incurred in 2015 that were determined to be those of the landlord and not OAHPP.

Restricted cash includes \$2,196 [2017 - \$2,241] [note 4[b]] related to unspent deferred capital asset contributions.

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

7. Deferred contributions

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	2018	2017
	\$	\$
Severance credits	561	671
Sheela Basrur Centre [note 4[a]]	47	103
Third party funds	1,828	2,294
	2,436	3,068

The continuity of deferred contributions is as follows:

	2018	2017
	\$	\$
Deferred contributions, beginning of year	3,068	2,904
Amounts received during the year	1,542	2,022
Amounts recognized as revenue during the year	(2,174)	(1,858)
Deferred contributions, end of year	2,436	3,068

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits [note 4[b]] and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the laboratories to OAHPP [note 8[b]].

[c] Deferred contributions for the Sheela Basrur Centre [the “Centre”] represent unspent funds held by OAHPP restricted for the Centre’s outreach programs. In addition to these funds, \$289 [2017 - \$278] is held by the Toronto Foundation for the benefit of the Centre and its programs.

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

8. Employee future benefit plans

[a] Multi-employer pension plans

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ["OPSEU"] Pension Plan, the Healthcare of Ontario Pension Plan ["HOOPP"] or the Ontario Public Service Pension Plan ["PSPP"], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and PSPP during the year amounted to \$1,787 [2017 – \$2,043], \$4,233 [2017 – \$3,915] and \$512 [2017 – \$511], respectively, and are included in expenses in the statement of operations and changes in net assets.

The most recent valuation for financial reporting purposes completed by OPSEU as of December 31, 2017 disclosed net assets available for benefits of \$20.3 billion with pension obligations of \$18.3 billion, resulting in a surplus of \$2.0 billion.

The most recent valuation for financial reporting purposes completed by HOOPP as of December 31, 2017 disclosed net assets available for benefits of \$77.8 billion with pension obligations of \$59.6 billion, resulting in a surplus of \$18.2 billion.

The most recent valuation for financial reporting purposes completed by PSPP as of December 31, 2017 disclosed net assets available for benefits of \$26.5 billion with pension obligations of \$27.2 billion, resulting in a deficit of \$0.7 billion.

[b] Severance credits

OAHPP assumed the unfunded non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the transfer of employees from Ontario public health laboratories [in 2008] and Public Health Architecture [in 2011]. These defined benefit plans provide a lump-sum payment paid on retirement to certain employees related to years of service. During the year ended March 31, 2018, severance credits related to employees under the AMAPCEO union were settled on a group basis and discharged from the liability. The total amount of this payout was \$492. The latest actuarial valuation for the non-pension defined benefit plans for the remaining eligible employees was performed as at March 31, 2018. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

Additional information on the benefit plans is as follows:

	2018	2017
	\$	\$
Accrued benefit obligation	3,409	4,047
Unamortized actuarial losses	(236)	(431)
Accrued benefit liability, end of year	3,173	3,616

The continuity of the accrued benefit liability as at March 31 is as follows:

	2018	2017
	\$	\$
Accrued benefit liability, beginning of year	3,616	4,432
Expense for the year	113	134
Contributions to cover benefits paid [note 4[b]]	(556)	(950)
Accrued benefit liability, end of year	3,173	3,616

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expenses are as follows:

	2018	2017
	%	%
Accrued benefit obligation		
Discount rate	2.50	2.00
Rate of compensation increase	2.25	2.25
Rate of inflation	2.00	2.00
Expense		
Discount rate	2.00	2.00
Rate of compensation increase	2.25	2.25
Rate of inflation	2.00	2.00

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

9. Directors' remuneration

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2018, directors were paid \$15 [2017 - \$27].

10. Related party transactions

OAHPP is controlled by the Province of Ontario through the MOHLTC and is therefore a related party to other organizations that are controlled by or subject to significant influence by the Province of Ontario. Transactions with these related parties are outlined below.

All related parties transactions are measured at the exchange amount, which is the amount of consideration established and agreed by the related parties.

- [a] OAHPP has entered into transfer payment agreements with various related parties. Under these agreements, OAHPP makes payments to these parties once defined eligibility requirements have been met. Expenses for the year include transfer payments of \$4,861 [2017 - \$3,634], which are recorded in science and public health programs in the statement of operations and changes in net assets.
- [b] OAHPP incurred costs of \$17,984 [2017 - \$18,170] for the rental of office space and other facility related expenses from Ontario Infrastructure and Lands Corporation, and information technology services and support costs of \$6,388 [2017 - \$6,332] from the Minister of Finance. These transactions are recorded in public health laboratory, science and public health programs or general and administration expenses in the statement of operations and changes in net assets.
- [c] OAHPP incurred costs of \$1,257 [2017 - \$1,296] with various related parties for other contracted services, including legal and laboratory testing. These transactions are recorded in public health laboratory, science and public health programs or general and administration expenses in the statement of operations and changes in net assets.

11. Supplemental cash flow information

The change in accounts payable and accrued liabilities is adjusted for capital assets received but not paid of \$192 as at March 31, 2018 [2017 - \$2,629].

The change in accounts receivable is adjusted for contributions for capital assets receivable but not received of \$824 as at March 31, 2018 [2017 - \$822].

**Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]**

Notes to financial statements

[in thousands of dollars]

March 31, 2018

12. Commitments and contingencies

- [a] Under the Laboratories Transfer Agreement, MOHLTC is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date, or that may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.
- [b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the liability insurance risks of its members. Members of the pool pay annual deposit premiums that are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. As at March 31, 2018, no assessments have been received.
- [c] OAHPP has committed future minimum annual payments related to premises as follows:

	\$
2019	17,391
2020	18,068
2021	17,480
2022	16,182
2023	16,250
Thereafter	<u>231,582</u>

Board of Directors

Board of Directors

As a board-governed provincial agency and in accordance with our legislation, PHO's Board of Directors is appointed by the Lieutenant Governor in Council, on the basis of the following competencies:

- Skills and expertise in the areas covered by the corporation's objects, or in corporate governance.
- Expertise in public accounting or with related financial experience.
- Demonstrated interest or experience in health issues.

Name	Location	First Appointed	Current Term
John Garcia	Waterloo	October 22, 2014	October 22, 2017 - October 21, 2020
Janet Hatcher Roberts	Ottawa	May 6, 2009	May 6, 2018 - December 31, 2018
Praseedha Janakiram	Toronto	March 23, 2016	March 23, 2016 - March 22, 2019
Robert Kyle (Chair)	Whitby	September 12, 2012	September 12, 2015 - September 11, 2018
Sandra Laclé	Sudbury	October 20, 2010	October 20, 2016 - October 19, 2019
Warren Law	Toronto	May 6, 2009	May 6, 2018 - December 31, 2018
Suresh Madan	Toronto	February 24, 2016	February 24, 2016 - February 23, 2019
S. Ford Ralph	Newmarket	December 2, 2015	December 2, 2015 - December 1, 2018
Pierre Richard	Ottawa	May 6, 2009	May 6, 2015 - May 5, 2018
Linda Rothstein (Vice-Chair)	Toronto	November 19, 2014	November 19, 2017 - November 18, 2020
Ronald St. John	Ottawa	November 3, 2010	November 3, 2016 - November 2, 2019
Carole Weir	Kingston	May 6, 2009	May 6, 2016 - May 5, 2018
Catherine Whiting	North Bay	November 14, 2012	November 14, 2016 - November 13, 2019

The Board is focused on effective oversight of PHO's operations and achievement of its mandate and strategic directions. Its ongoing commitment to governance excellence begins with comprehensive orientation of new Board members, and includes ongoing governance education and training to assist all Directors in fulfilling their duties and obligations. All new Board members participate in the Treasury Board Secretariat's Governance Training for Public Appointees.

Appendix

Strategic directions

Public Health Ontario (PHO) was created by legislation as a board-governed provincial agency.

The *Ontario Agency for Health Protection and Promotion Act, 2007* defines PHO as:

"An agency to provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians, and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation."

Strategic directions

As the world in which PHO operates continues to evolve, we have to respond to the changing environment, anticipate needs and remain a leader in preventing disease and promoting optimal health. Our five strategic directions, set out in our 2014-19 Strategic Plan, focus on our alignment with the public health sector, our mandate to transform data into knowledge, our enabling role, our research agenda, and our people:

1. Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals.
2. Accelerate integrated population health monitoring.
3. Enable policy, program and practice action.
4. Advance public health evidence and knowledge.
5. Great people, exceptional teams building a stronger PHO.

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