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PARTENAIRES POUR LA SANTÉ

Protecting and promoting the health of Ontarians

ANNUAL REPORT 2015-16

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Message from the Board of Directors

On behalf of Public Health Ontario (PHO), we are pleased to present the 2015-16 Annual Report. It provides a snapshot of our activities and accomplishments throughout the fiscal year, with stories that illustrate work we've done, a status report on key deliverables, and a year-end view of our financial performance.

As a provincial agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health, we play a critical role in Ontario's public health and health care systems, providing expert scientific and technical advice and support to our clients working in public health, health care, government and related sectors across the province. Our key role is to enable informed decisions and actions that protect and promote health and contribute to reducing health inequities - whether that is for a frontline clinician working with a patient, a medical officer of health seeking to improve the health of the local population or a government representative developing policy.

We study and evaluate what makes people healthy and how we can help Ontarians live healthier lives. In all that we do, we consider the implications of social determinants on population health.

We remain vigilant for current and emerging threats to health. We continually strive to apply the highest standards to our scientific work, acting with integrity; always mindful of the needs of our clients.

We are committed to strong accountability, transparency, fiscal prudence and operational excellence - all made possible by our great people. We continue to enhance our accountability and transparency mechanisms to comply with government standards.

We are proud of all that PHO achieved in the past year, all within a flat-lined funding envelope. The highlights on the following page and the stories in this report showcase some of the important work we have done in the past year to keep Ontarians safe and healthy. On behalf of the Board, we thank our leadership team and our staff for their tireless work, and we thank our partners at the Government of Ontario for their vision and support. We look forward to building on our momentum as we continue to make a vital contribution to improving the health of Ontarians.



Pierre Richard
Chair, Board of Directors



Dr. Robert Kyle
Vice-Chair, Board of Directors

Highlights of our 2015-16 Annual Report



2,521

scientific and technical support activities completed in response to client requests

We are delighted to highlight some of the stories that are described in greater detail later in this report. The breadth and scope of our work in 2015-16 demonstrates how PHO delivers sound information, data and advice to advance and protect public health in Ontario, at both the provincial and local levels.

Keeping Ontarians safe: Every day, we monitor and detect current or potential infectious disease outbreaks or environmental incidents to prevent disease and minimize risks before they cause harm to the public. From persisting problems to new and emerging public health threats, surge capacity to provide greater flexibility in health and public health emergency response is essential. Our efforts this year on a wide range of fronts – including preparing for, monitoring, coordinating, supporting and educating on matters of public health importance such as the 2015 Pan Am/Parapan Am Games, Zika virus, immunization, foodborne illness, institutional outbreaks of disease, antimicrobial resistance, and local environmental issues – demonstrate the critical role we play in keeping Ontarians safe.



5.5 million

laboratory tests

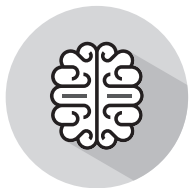
Making Ontario healthier: Our work sheds light on what affects health and identifies opportunities to reduce preventable disease and injuries. Ultimately, we find ways for more Ontarians to be healthier longer, and to live active and productive lives. We consider determinants of health and health inequities to assess the needs of the local population and identify those sub-populations that would benefit most from particular public health programs and services. This year's release of the *Priority Populations Project* exemplifies how we contribute to provincial efforts to better understand and address health inequities. We continue to support provincial efforts to make Ontario the healthiest place to grow up and grow old. Stories in this report profile our work on the Healthy Kids Community Challenge, our evaluation of Ontario's Daily Physical Activity in Elementary Schools policy, and our study on texting while driving in youth and young adults.



317
knowledge
products



119
new student
placements



122
education sessions
offered to groups
of external clients



158
peer-reviewed
journal publications



825,000
website visitors

Information and innovation: We strengthen the understanding of health status and the wide range of factors that influence health in Ontario by integrating data from diverse sources and sectors. Our strong base of information and knowledge that we derive from the data spurs individuals, communities and governments to action. We continually seek novel approaches to making information more accessible by presenting it in ways that are easy to understand and relevant to public health needs. Our 2015-16 enhancements include: our weekly *Ontario Respiratory Pathogen Bulletin* webpage, which allows users to easily compare information on flu or respiratory infections for the past three seasons; the interactive online format of our most recent *Reportable Disease Trends in Ontario* report, which makes it easier for users to find information on over 60 reportable infectious diseases; and new interactive mapping tools that illustrate the relationship between health data and geographic location.

Professional development and capacity building: We champion leadership development, building skills, capacity and competencies in Ontario's public health workforce. We continue to offer both general education sessions, and expertise-specific capacity building opportunities to our clients across the province. We expanded our educational offerings by introducing a new series called PHO Rounds: Microbiology and launching an online public health emergency preparedness course. We also offered a diverse range of student placement opportunities, providing enriching and engaging educational experiences in all of our public health program areas.

Leading public health research: Our interdisciplinary scientific staff and depth of partnerships bring a breadth of expertise and opportunities – unique in Ontario, with few peers globally – to address today's increasingly complex public health issues. We generate and share knowledge that has broad impacts on clinical practice, public health program and health policy, making contributions to more than 150 publications in peer-reviewed journals in 2015-16. Our research in 2015-16 explored a variety of areas of public health importance including the relationship between temperature and health, antibiotic resistant sexually transmitted infections, nutrition labelling and individual behaviour, and the cost-effectiveness of West Nile virus prevention strategies.

Organizational Overview

Who we are

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.”

With our 998 staff, our scientific expertise spans the following domains: chronic disease prevention, emergency preparedness, environmental and occupational health, health promotion, injury prevention, infectious disease and microbiology.

As set forth in our legislation, we focus on:

- Providing scientific and technical advice and support
- Delivering 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

We play a critical role in Ontario's public health and health care systems and serve as a bridge between the health sector and other sectors that influence the broader determinants of health. We recognize that it takes many partners, working together, to help Ontarians live healthier lives. We link public health practitioners, front-line health care workers and researchers to the best scientific intelligence and knowledge from around the world. Our public health laboratory and Regional Infection Control Networks (RICN) extend our reach to all areas of the province, supporting both provincial and local service needs.

Our key role is to enable informed decisions and actions that protect and promote health and contribute to reducing health inequities - whether that is for a clinician working with a patient, a medical officer of health seeking to improve the health of the local population or a government representative developing policy.

Our work is responsive to the challenges and opportunities presented by Ontario's changing demographics and constrained fiscal environment. It reflects the needs of the province's health system as well as ongoing and emerging public health issues at all levels from local to global.

Our work sheds light on what affects health, and quantifies the burden of disease. Working with our partners, we will continue to keep Ontarians safe and healthy.



Vision

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



Mission

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



Mandate

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

Primary clients

- Ontario's Chief Medical Officer of Health
- 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.

Strategic directions

As the world in which PHO operates in continues to evolve, we have to respond to the changing environment, anticipate needs, and remain a leader in promoting optimal health and preventing disease. Our five strategic directions, as set out in our *2014-19 Strategic Plan*, focus on our alignment with the 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.

Enablers for success

To achieve the goals set out in our strategic plan, key supports help us to be agile and responsive as we continue to evolve our organization and implement change to advance public health knowledge and practice:

- governance, accountability and performance
- change management
- privacy, information management and information technology
- strategic partnerships and alliances
- better integration of regional perspectives and diverse capacity
- organizational capacity, systems and infrastructure investments

Delivering on our mandate

Strength through collaboration

Every day, our teams work diligently—with each other, our partners and clients—to monitor, analyze, detect and respond to current or potential infectious disease outbreaks, as well as environmental incidents. Our laboratory is an indivisible component of our organization with close connections on every infectious disease issue we address, including an ever-increasing role in using genomic methods to identify previously unrecognized links between cases of infectious disease. Our collaborative and coordinated approach facilitates innovative and powerful linkages between infectious disease surveillance and assessment of the nature and spread of a disease.

Working together to address emerging public health risks

Our world-class team of medical, clinical, scientific and technical experts from across PHO takes a multidisciplinary, integrated approach to infectious disease and outbreak management. This expertise is matched with our cutting-edge laboratory technology, access to data and information, and unique position within the health system.

PHO plays a key role in responding to existing and emerging infectious disease threats. In 2015-16, our activities preceded the headlines: Ebola virus disease, influenza, health care-associated infections, and various institutional outbreaks of disease. Our efforts since the emergence of Zika virus underscore how our critical knowledge and support helps keep Ontarians safe and healthy.

In 2015, Zika virus emerged as a public health concern in South America. Although it was first identified in Uganda in 1947, this mosquito-borne virus had not been thought to be a serious threat to human health. Today, with widespread outbreaks across Central and South America, Mexico and the Caribbean, global attention has turned to preventing and minimizing the impact of Zika. Governments and public health organizations across the world, including Ontario, are preparing for and responding to the potential public health impact.

The mosquito species known to carry Zika virus are not established in Canada but there is ongoing risk to Canadians who travel to affected areas. We bring together infectious disease experts from across PHO – from entomologists working on vector-borne diseases, to microbiologists in our laboratory conducting tests, to emergency preparedness professionals – to assess and address the public health implications of Zika virus infection. Key aspects of our response to this emerging virus include:

- Monitoring and assessing Zika virus infection in collaboration with the Ministry of Health and Long-Term Care, the Office of the Chief Medical Officer of Health, the Public Health Agency of Canada and other partners



- Evaluating evidence and surveillance to provide scientific and technical support to the Chief Medical Officer of Health
- Consulting with clinicians on who to test and what tests are available for individual patients
- Coordinating specimen testing with the Public Health Agency of Canada's National Microbiology Laboratory
- Introducing molecular testing for Zika virus in Ontario, in collaboration with the National Microbiology Laboratory using the protocol established by the United States Centers for Disease Control and Prevention
- Advising on the most up-to-date evidence for our stakeholders

Understanding about Zika virus and its health effects is constantly evolving. Research has proven the association between this infectious disease and neurological disorders in newborns but more investigation is needed to better understand this and other potential complications. We will continue to monitor the situation as new research emerges and information becomes available.



Our laboratory is a critical component of Ontario's health system, providing essential services to public health units, hospital and community laboratories, long-term care facilities, clinicians in private practice and private citizens.

Our laboratory in action

A public health laboratory does much more than just test specimens. Consistent with the mandate of public health laboratories established by the Canadian and American Public Health Laboratory Networks, our laboratory goes beyond the clinical testing role of traditional laboratories by addressing the broader challenge of infectious disease prevention and control and providing highly specialized reference microbiology testing.

Our laboratory is staffed with highly trained scientists and technical staff conducting diagnostic, confirmatory and reference tests for diseases of public health importance. Our laboratory develops and performs tests to meet the changing needs of Ontario's health system. Working with federal, provincial and local partners, our laboratory develops protocols and methods to monitor and detect new diseases, such as the potentially untreatable strains of antibiotic resistant *E. coli*, re-emerging diseases like measles, or rare diseases such as Ebola. Many of the tests conducted by our laboratory, especially those for low-incidence infections or high-risk diseases, are not available elsewhere in Ontario. These tests include:

- **Laboratory testing for public health action** – Our laboratory conducts testing that captures specialized data needed to inform public health action, going beyond the role of a traditional clinical laboratory. Our testing enables us to identify and link cases in outbreaks such as foodborne illness, influenza, or measles; advise on vaccine effectiveness based on sequencing data; assess local risk to Lyme disease based on tick testing programs; keep water sources safe through well water and recreational water testing; and monitor antibiotic resistance through specialized surveillance programs to inform public health interventions.

- **Clinical testing of public health importance** – Laboratory testing is almost always required for the diagnosis of an infectious disease. Our laboratory conducts clinical testing for infectious diseases of public health importance, such as influenza, tuberculosis and HIV. While clinical test results are used to help individual physicians make treatment decisions for their patients, the cumulative population level picture that emerges from our large testing volumes provides important demographic, time- and place-based information to help track how and where the disease is spreading.
- **Reference testing** – Our laboratory is a provincial resource for clinicians, institutions and other laboratories in Ontario. Our testing diagnosis and confirms the identification of rarer organisms and unusual laboratory results. Our expertise is called on for the full spectrum of laboratory testing, from identifying a parasitic infection in an international traveller, to a fungal infection in a recent stem cell transplant patient, to the testing of emerging pathogens of local, provincial and international significance. With global travel, an aging population and a growing number of people living with chronic diseases, our specialized expertise is becoming more and more important.

Our laboratory is a critical component of Ontario's health system, providing essential services to public health units, hospital and community laboratories, long-term care facilities, clinicians in private practice and private citizens. When new health risks emerge, or well-known problems arise, our testing informs the public health response that protects the health of Ontarians. Our laboratory services are integral to our ability to enable policy, program and practice action.

Solving foodborne illnesses together

Most people have been affected by foodborne illness at some point. Finding the cause of these illnesses can be difficult – especially for foods that are widely distributed across jurisdictional boundaries.

In Ontario, public health and food safety responsibilities are shared across the local, provincial and federal governments. In any foodborne illness outbreak, information flow and coordinated action are essential. Collaborating and communicating with our partners and across jurisdictions is critically important to effectively manage outbreaks of foodborne illness and to mitigate risks to prevent further outbreaks.

PHO's work on a number of foodborne illness outbreak investigations this year – *Listeria* and *E. coli* associated with leafy greens, *Salmonella* in chicken products, and

Cyclospora in sugar snap peas – demonstrates our critical role in identifying the source of the outbreaks. We provide scientific and technical expertise to our partners in a variety of ways, including fact sheets and guidance resources, epidemiological summaries, support for standardized data collection, and forums to facilitate information sharing.

Our laboratory conducts specialized testing to characterize foodborne infections. Using the genetic fingerprint of the outbreak strain of bacteria, we can provide early detection and link seemingly unrelated cases of foodborne illness through laboratory testing. By integrating laboratory and epidemiological expertise, PHO works with local, provincial and federal partners to investigate outbreaks and inform product recalls in order to minimize the risk of harm to the public.





Collective action on government priorities

Timely, credible and evidence-based information, expertise and support is what the government, public health units and health care providers need to make decisions that protect and promote the health of Ontarians. PHO provides a wide range of expertise and resources to our clients and stakeholders to build essential skills, systems and supports.

As Ontario welcomed refugees from the Syrian conflict, PHO played an important role in that response, providing scientific and technical support to the Chief Medical Officer of Health, the ministry, public health units and other health sector stakeholders.

We worked behind-the-scenes with the Ministry of Health and Long-Term Care to support medical screening, surveillance, health care worker safety and the health and well-being of the arriving refugees. This includes laboratory

testing, surveillance, advice on immunization and infection prevention and control, and support for communications and education to frontline staff.

We are identified as a key partner in the *Ontario Health System Action Plan: Syrian Refugees*. The plan outlines the actions to be taken by Ontario's health system to support the resettlement effort. Building on the action plan, we developed resources in partnership with the Ministry of Health and Long-Term Care to support public health staff in managing infectious diseases as well as helping primary care providers in early assessments and care of Syrian refugees.

Global challenges and crises emphasize the need for a coordinated mobilization of multi-sectoral and multidisciplinary expertise. PHO is poised to adapt to these types of unforeseen challenges and support Ontario's health care system in responding effectively and cooperatively to public health events.

Keeping Ontarians safe

Together, with our partners, PHO protects and promotes the health of Ontarians. With an integrated provincial approach to surveillance, outbreak management, laboratory testing, environmental health assessment and field support, we prevent disease and minimize risks before they cause harm to the public. We support the daily business of the Ontario public health system, holding a forum each morning to discuss new, emerging and high profile issues 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 large-scale events

Large-scale mass gatherings pose a unique public health challenge and opportunity. In the summer of 2015, PHO played a key role in the public health preparation and response for the largest multi-sport games ever held in Canada – the 2015 Toronto Pan Am/Parapan Am Games (P/PAG).

Planning for the Games began years in advance, including preparing for public health events like food-related and infectious disease outbreaks and extreme weather impacts. PHO also provided the evidence base for the heat advisory system that was piloted during the 2015 P/PAG, and then implemented widely across Ontario.

In collaboration with local, provincial and federal partners, PHO led enhanced surveillance activities and laboratory testing, and provided expert technical advice for infectious disease outbreaks, infection prevention and control, and other incidents with health impacts. We supported the Ministry of Health and Long-Term Care, the 10 affected public health units and hospitals in the seven affected Local Health Integration Networks, allied health professionals, local paramedic services, Health Canada and the Public Health Agency of Canada. PHO experts were embedded within the P/PAG polyclinic, providing direct liaison support to games staff.

The success of the P/PAG depended on many groups and organizations working cohesively and seamlessly together. The absence of a major public health incident or outbreak speaks to how well all the players performed to protect the health and safety of the public, the participants and the athletes. PHO played an integral role in providing many of these services. Our P/PAG experience has raised the bar on our preparedness activities and we are now better equipped to manage future emergencies and incidents. Already, our P/PAG experience is being applied to the planning of another large-scale event, the 150th anniversary of Canada's Confederation in 2017.

PAN AM/PARAPAN AM GAMES BY THE NUMBERS



38

Surveillance reports produced



115

P/PAG related teleconferences



400

P/PAG related food and water analyses performed



35

On-site day and evening shifts at the Ministry Emergency Operations Centre (including some weekends)



21

Responses to requests for information or advice from the Ministry of Health and Long-Term Care, the Toronto Organizing Committee for the 2015 P/PAG, and public health units



20

Public health incident investigations supported



Strengthening immunization programs

Immunization is one of public health's most significant accomplishments in preventing disease and saving lives. Ontario's immunization system plays a critical role in keeping Ontarians healthy and limiting the spread of disease. The province's new strategy, Immunization 2020, is taking action to better protect Ontarians against diseases that can be prevented by vaccines. PHO's scientific advice, program evaluations, and immunization surveillance and research activities provide important evidence to inform decisions and drive continuous improvement in provincial immunization programs.

Our experts monitor the safety of administered vaccines and contribute to national and international vaccine safety surveillance systems. Each year, we produce the *Annual Report on Vaccine Safety in Ontario* to inform local and provincial stakeholders about the safety of vaccines.

We evaluate the public health potential of new vaccines to inform and improve immunization programs and schedules. Our evaluation of Ontario's chickenpox vaccination program for children, published in 2015, showed a significant decrease in doctor office visits, emergency visits and hospitalization for chickenpox during the 20-year study period, particularly since the vaccine became publicly funded. A second evaluation using data from the Ontario reportable disease database saw significant drops in chickenpox cases and low rates of reported adverse events after the introduction of the publicly funded vaccine program in Ontario.

Preventing and controlling infections

Lapses in infection prevention and control practices in health care facilities put people's health at risk and negatively impact public confidence in health services. With more and more medical procedures moving out of hospitals to community-based health care facilities, there is an increased need for infection prevention and control resources that meet the needs of these community settings.

In 2015-16, developing strategies for infection prevention and control in community-based settings was an area of major focus for PHO. Working closely with provincial partners, our infection prevention and control experts led in the development of best practice documents and resources to better prevent, monitor and manage lapses in community-based health care facilities. We also developed a framework to ensure a consistent approach to risk assessment and management of community-based lapses.

In addition to this work, we continued to promote the adoption of best practices in institutions, clinical and community settings by educating and coaching infection control professionals at the local level, and delivering training sessions on infection control.

In the event of a lapse, PHO collaborates with the Ministry of Health and Long-Term Care to support public health units and other stakeholders investigating, assessing the risk, and managing the outbreak. Lapses are one of the many types of infection prevention and control issues that we support our stakeholders in managing. On an ongoing basis, we also respond to inquiries from across the province, providing advice and guidance on prevention, surveillance and management of health care-associated infections, and outbreak investigations.



Combating antibiotic resistance

Resistance to antibiotic drugs is an increasingly serious threat to public health in Ontario and worldwide. The use and misuse of antibiotics accelerates the emergence of drug-resistant strains of microbes. As more antimicrobial drugs become ineffective and fail to treat a growing number of infections, those infections persist and increase the severity of disease, poor health outcomes and even death. There is a global movement to safeguard the utility of our existing antibiotics and contain the spread of antimicrobial resistance.

PHO is taking action to ensure the use of appropriate antimicrobials – and only when necessary – to ensure the drugs are available for future treatments for both common and serious infections. Our Antimicrobial Stewardship Program promotes strategies and tools for limiting inappropriate and excessive antimicrobial use, while improving and optimizing antimicrobial therapy and clinical outcomes for patients. We support community hospitals and other acute care facilities to select and implement the strategies best suited to their institution.

In 2015-16, we launched a new suite of resources for health care professionals and institutions building and enhancing their antimicrobial stewardship programs:

- 32 antimicrobial stewardship strategies and a search feature to help health care providers determine which one(s) would be most applicable to their setting.
- 12 hospital profiles that provide examples of the development of antimicrobial stewardship programs in hospital settings.
- Promotional materials to raise awareness for this important issue.

Our laboratory is key to our efforts to combat antimicrobial resistant organisms by monitoring antimicrobial resistance in Ontario, studying mechanisms by which resistance develops and can be mitigated, and collaborating on the development of new tools such as rapid diagnostics to address this urgent issue. Testing approximately 13,000 bacterial and fungal organisms for antimicrobial resistance per year, our laboratory holds a rich source of provincial data that allows us to monitor antibiotic resistant organisms and antimicrobial resistance rates in Ontario. The information is also used to inform treatment recommendations, compare resistance over time and between regions, evaluate the effectiveness of prevention programs, and provide evidence for public health interventions that will minimize the spread of antimicrobial resistant bacteria.

Supporting local environmental issues



PHO's experts support public health units, other members of the health system, and the Ontario government to assess and respond to local environmental health issues. Our environmental and occupational health experts are often called by health units to provide assistance with issues such as water quality, indoor air quality, ambient air pollution, Wi-Fi or physical hazards.

In the spring of 2015, groundwater testing conducted by the Ontario Geological Survey and the South Nation Conservation Authority found iodine concentrations to be considerably higher in eastern Ontario than in other parts of the province. Although iodine is essential for health, excessive intake can produce toxic effects, and too little intake is associated with even more serious effects on health. Most Canadians' iodine intake comes largely from diet, with only a small contribution from water. As there are no World Health Organization, Canadian or Ontario guidelines or standards for drinking water quality in relation to iodine, a clear health-based benchmark for interpreting the results of the groundwater testing was not available.

Our environmental and occupational health experts, along with the Ministry of Health and Long-Term Care and other partners, supported the Eastern Ontario and Ottawa public health units in investigating whether drinking the water posed a health risk for residents in the area. The inquiry included tap water and urinary testing for iodine, along with a questionnaire to all residents in the area where elevated iodine concentrations had been found. While participation was relatively low, the results of urinary iodine testing of the participants were no different than the general Canadian population. There was little to suggest that drinking water is an important contributor to overall iodine intake in this area.

We are now working with the Ministry of Health and Long-Term Care and the Ministry of Environment and Climate Change to develop criteria for referral to public health for other elements that may be included in geological surveys of groundwater, for which there are no Ontario Drinking Water Standards.

Making Ontario healthier

Making Ontario the healthiest place in North America to grow up and grow old is part of the province's *Action Plan for Health Care*. Creating supportive systems and environments, removing barriers to healthy living, and increasing awareness are examples of ways to help people make changes that prevent chronic disease and injury.

In keeping with PHO's commitment to enhance the protection and promotion of the health of Ontarians and contribute to efforts to reduce health inequities, we apply a focus on health inequities across all of our work streams. The ability to identify, understand and mitigate the disparities in the determinants of health, health behaviours, access to health services and health status, which exist across population groups, is critically important to achieving Ontario's health potential.

Identifying priority populations

Population health, determinants of health and health inequities are considerations used to assess the needs of the local population and identify the populations that would benefit most from public health programs and services – the priority populations. The Ontario Public Health Standards mandate that public health units in Ontario assess the needs of their local population, including the identification of priority populations.

In response to the need expressed by public health units for guidance to identify their local priority populations, PHO developed the Priority Populations Project. The resulting *Priority Populations Technical Report* and *Focus On: A Proportionate Approach to Priority Populations*, will contribute to the understanding and implementation of Ontario's Public Health Standards and supports public health practitioners in the reduction of health inequities.



Giving kids a healthier start

PHO works closely with the government to support the well-being of children in Ontario, and create communities where it is easy for children to lead healthier lives. The Healthy Kids Community Challenge (HKCC) is a key part of Ontario's Healthy Kids Strategy, a cross-government initiative to promote children's health. Forty-five communities across the province receive funding to participate in the HKCC, with the aim of preventing and reducing the prevalence of childhood overweight and obesity.

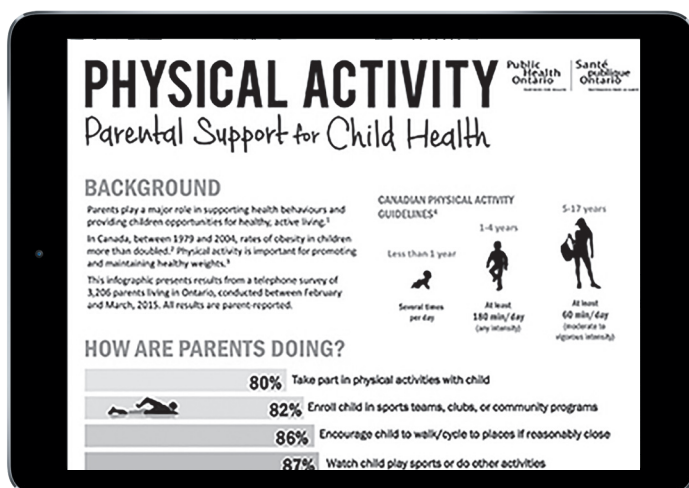
Six of the HKCC communities are defined as Aboriginal communities. These communities use the HKCC funding to initiate new and enhance existing culturally appropriate programs to improve the health of Aboriginal children. Recognizing the unique contexts of these communities, we have convened and are hosting the HKCC's Aboriginal Stream Scientific Sub-Committee, a sub-committee of the Scientific Reference Committee. The sub-committee provides Indigenous and scientific research, evidence and guidance to support the HKCC in Aboriginal Stream communities.

Our health promotion experts are leading an evaluation of the HKCC program that will provide an understanding of whether and how the HKCC is working, inform HKCC program implementation, and strengthen the development of current and future programs targeting childhood overweight and obesity. In late 2015-16, PHO was awarded funding by the Canadian Institutes of Health Research to support our work on the evaluation of the HKCC in Aboriginal Stream communities. Using innovative participatory approaches, this project will study the impacts of the HKCC's community based initiative to promote healthy behaviours and prevent obesity for Indigenous children.

Helping parents promote healthy behaviours

Physical activity, healthy eating, and reducing recreational screen time are important for promoting and maintaining healthy weights. We know that parents play a major role in supporting health behaviours and providing children opportunities for healthy, active living. To get a better understanding of the parental barriers and enablers that support healthy child behaviours in Ontario, PHO collected and analyzed data from 3,206 parents living in Ontario.

The findings are presented in infographics that serve as resources for families, public health units and others to inform and promote parental behaviours that support healthy child behaviours. Each infographic focuses on a specific child health behaviour: daily physical activity, screen time, and healthy eating. The results from the survey are also being used by 45 HKCC communities across Ontario to inform their program planning, and will inform the evaluation of the impact of HKCC.



Addressing distracted driving

According to current collision trends from the Ministry of Transportation, fatalities related to distracted driving are forecasted to exceed those from drinking and driving by 2017. Research shows that drivers who use cell phones are four times more likely to be in a collision than drivers who focus on the road. Studies have shown that rates of texting while driving among youth and young adults is of particular concern.

“The province’s new distracted driving penalties were implemented on September 1, 2015, so your report will be of tremendous interest to all of us.”

- Linda Jefferson-Kotack, Team Leader, Partnership & Development, Road Safety Marketing Office, Ontario Ministry of Transportation
October 2015

In 2009, Ontario introduced a ban on the use of hand-held devices while driving, prohibiting drivers from talking, texting, typing, dialling or emailing using hand-held cell phones. A number of awareness campaigns have taken place to complement the distracted driving law. However, education, awareness and penalties may not be enough to deter youth and young adults from engaging in distracted driving behaviours.

Initiated by a request from the Ontario Injury Prevention Practitioners Network through the Ontario Injury Prevention Resource Centre, PHO conducted a study to help inform strategies to address this serious issue. The online survey of 2,000 Ontario residents aged 16 to 24 included questions on whether the participants had ever engaged in texting while driving, what they thought about the behaviour and why they did it. Despite awareness of the law and strong beliefs against the behaviour, over half of study participants reported reading, and just over a third reported sending text messages while driving. There was also a perception that sending texts while driving was ‘more dangerous’ than reading texts, whereas both are causes of distraction.

Ontario’s Ministry of Transportation has used the findings of our study to inform the development of their social marketing campaign targeting texting while driving behaviour among youth.

Building capacity in health promotion

PHO builds capacity in Ontario's public health system, community health care intermediaries, partner ministries and non-governmental organizations to effectively promote health. Our Health Promotion Capacity Building unit provides a range of training and consultation services to build capacity in the areas of program planning and evaluation, healthy public policy and by-law development including alcohol policy, health communication and social marketing, community and stakeholder engagement, and other health promotion topics. The unit also supports an online health program planner, which is a robust tool designed to support health intermediaries to plan and evaluate programs.

Our Health Promotion Capacity Building unit provides:

- In-person workshops and presentations focused on increasing skills and knowledge among direct service providers, managers and team leaders
- In-depth consultations to assist in health promotion planning and problem solving in support of Ontario's Public Health Standards
- Referrals to health promotion partners and other service providers when our clients requested services that go beyond the scope or mandate of our resource centre

Our Health Promotion Capacity Building unit incorporates two of Ontario's Health Promotion Resource Centres (The Health Communication Unit and Alcohol Policy Network). PHO also provides oversight to the Program Training & Consultation Centre and the Ontario Injury Prevention Resource Centre. These PHO partner resource centres have a focus in the areas of tobacco control and injury prevention. The centres deliver high quality services to health intermediaries, organizations and government while meeting our mandate and enhancing our collective impact on building capacity for effective health promotion and chronic disease and injury prevention.



Information and innovation

PHO brings together traditional public health and health care data to create a strong base of information, and deepen the understanding of health status and what affects the health of Ontarians. Leveraging emerging technology and innovative digital products and tools, we help our clients make the right decisions by ensuring they can easily understand, use and interpret complex information.

In this digital age, our website is a gateway to our knowledge products, a vital resource for advice and technical support and a foundation for program and service delivery. Whether for a desktop or a mobile device, we continuously enhance and expand our online presence with new tools and resources.

Integrating our approaches to population health monitoring

Monitoring a population's health status and the factors determining health is a long-standing and essential public health function. The wide range of factors that influence health do not work in isolation. Increasingly, we are called upon to understand the dynamic relationships between them, and their individual and collective impacts. This requires a greater degree of integration in our approaches to monitoring and assessing population health.

PHO combines new and emerging sources of data collected at the local, provincial and national levels in innovative ways that enables more complete health monitoring. We assess gaps in current data, contribute our own data, support the acquisition of new data sources, and incorporate data from areas traditionally unavailable to public health and the health care system to understand the complexity of factors influencing the population's health.

Some examples of how we have expanded access to data and population health status resources:

- **Snapshots'** interactive map-based dashboards show both geographic and temporal trends for key public health indicators by public health unit and for Ontario overall. In 2015-16, we added reproductive health and maternal health indicators such as pregnancy rate, preterm birth, average age

PHO combines new and emerging sources of data collected at the local, provincial and national levels in innovative ways that enables more complete health monitoring.

of mother and high and low birth weight. Easy access to such indicators that dynamically link tables, graphs, and maps with pre-calculated statistics is foundational to planning, delivery and management of effective reproductive health programs.

- **Ontario Health Profile** is a series of 13 health 'stories' that illustrate some of today's key public health issues and factors shaping Ontario's population health status. In 2015-16, we released three new Ontario Health Profiles on health care-associated infections, traffic-related air pollution, and antimicrobial resistance. Each story features an infographic with easy-to-follow data and visuals, an interactive report for those needing to slice the data further, and data tables so all health system partners can download the dataset for further analysis.

Enabling public health action with meaningful data

PHO constantly and continuously monitors, detects, analyzes and disseminates information that describes the occurrence and distribution of infectious disease, chronic health conditions, and environmental incidents. We share our understanding of these health issues with our clients and stakeholders, enabling them to effectively and efficiently protect and promote the health of their local populations, and reduce health inequities.

Each year, we produce more than 250 surveillance reports that track and identify emerging health issues across the province. These reports range in scope and scale; from the daily surveillance reports produced during the 2015 Toronto Pan Am/Parapan Am Games, to weekly reports on key timely issues like influenza or West Nile Virus, to our annual surveillance report on reportable disease trends in Ontario.

Our reports are informed by our disease surveillance and monitoring programs including:

- Provincial reportable disease surveillance programs
- Laboratory-based infectious disease surveillance and monitoring program
- Mosquito surveillance for vector borne diseases and tick surveillance for Lyme disease
- Provincial patient safety indicators for health care-associated infections
- Antimicrobial resistance in Ontario surveillance activities
- Environmental surveillance systems

Our focus is to present the data in ways that are meaningful, easily understood and relevant to public health needs. Recognizing the pace and volume of data – and tapping into the rich data source of our laboratory – we enhanced our weekly *Ontario Respiratory Pathogen Bulletin* so that users can easily compare influenza and respiratory infections for the past five seasons. This interactive report lets users see trends by type of specimen (e.g. influenza A or B, enterovirus, coronavirus) to understand what's circulating in the province and how to manage both individual patients and population outbreaks. Putting more information in the hands of users is also behind the interactive online format of our *Reportable Disease Trends in Ontario* report that summarizes key statistics, temporal trends, laboratory data, age, sex and geographic distribution for over 60 reportable infectious diseases.



Linking location and health data

Understanding data across both space and time deepens our understanding of health and what's affecting people and places. PHO launched a new mapping platform with interactive maps that illustrate spatial relationships between various data points and administrative boundaries (e.g. cities, public health units, or local health integration networks). The user-driven maps are a new foundational tool that helps public health practitioners to identify and investigate patterns in local and provincial health data, and inform public health action.

The raw water contaminants map provides information on chemical levels found in untreated surface and ground water across the province. Public health units have operational roles and responsibilities for the drinking water systems within their jurisdictions such as conducting risk assessments of Ontario's 18,000 small drinking water systems. The map allows public health inspectors and public health units to identify areas with small drinking water systems that are more likely to be affected by high levels of specific contaminants relevant to public health.

We also created a health services locator map, allowing users to easily search by postal code for key health service sites, such as hospitals and long-term care homes, and see their spatial relationship with local health integration networks and public health unit boundaries. The mapping platform transforms health data into a geospatial product and is part of our growing suite of data and analytic products available on our website.

Professional development and capacity building

PHO continues to build Ontario's public health and health care workforce and support the next generation of public health professionals with our ongoing focus on professional development and education. 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. Our dynamic educational and training programs provide public health professionals, health care providers, scientists and policymakers with the latest research and literature, essential information, and opportunities for networking.

Our diverse range of educational opportunities offers both general education as well as targeted sessions for expert groups within public health: epidemiologists, inspectors and microbiologists, to name a few. Our annual collaboration with the Ontario Public Health Association and the Association of Local Public Health Agencies (ALPHA) to deliver The Ontario Public Health Convention (TOPHC) offers a face-to-face training opportunity; throughout the year, we provide comprehensive programming and access through online learning and webinars. PHO Grand Rounds are approved for continuing medical education from the Royal College of Physicians and Surgeons and we are working with other regulatory colleges and professional associations to jointly craft continuing education programs that meet the accreditation requirements of their members and support collaboration, information sharing and practice development. More than 100 hospitals across Ontario download our online learning programs into their organizational systems so that all staff have access to foundational training in infection prevention and control. We continue to enhance and expand our professional development and capacity building programs and services.

Our dynamic educational and training programs provide public health professionals, health care providers, scientists and policymakers with the latest research and literature, essential information, and opportunities for networking.

Increasing public health emergency preparedness

Over the past six years, PHO experts have facilitated one-day, hands-on public health emergency preparedness workshops for public health professionals and other emergency management professionals. In 2015-16 over 500 public health professionals from across Ontario participated.

As demand for these workshops increase, we recognize the benefit of online options to provide more public health units, practitioners, academics and others with easy, no cost, equitable access to our educational offerings at the time and place that suit their learning needs.

We launched a self-directed online course for public health emergency preparedness. Its interactive modules introduce the role, concepts and tools of public health emergency preparedness and the incident management system. Learners now do these modules in advance so that the in-person training can better focus on real-life scenarios and tailored discussions for that particular audience.



We are also building public health emergency preparedness capacity and knowledge in Ontario's next generation of public health professionals. In 2015-16, our experts facilitated public health emergency preparedness workshops with more than 50 Masters of Public Health students, as well as a small number of faculty members at Queen's University and McMaster University.

Expanding PHO Rounds

Our PHO Rounds have become a central component of the continuing education activities in Ontario's public health units and professional groups. Keynote speakers at our weekly grand rounds make the latest science widely available and feature leading researchers and practitioners. Delivered in person and via webinar across the province, the rounds bring our partners together to share knowledge on public health issues of importance.

In 2015-16, we introduced a new series called PHO Rounds: Microbiology. Leveraging the expertise and integration of our public health and laboratory sciences programs, these targeted rounds focus on infectious disease, medical laboratory sciences and microbiology, and support collaboration and practice development. Delivered in person from the Dr. Donald E. Low Emergency Operations Centre at our Toronto laboratory on University Avenue, and remotely via webinar, these rounds are attended by a diverse group of stakeholders; including researchers and physicians based at neighbouring hospitals on University Avenue, university partners, and public health practitioners across the province. PHO Rounds: Microbiology in 2015-16 featured timely topics like Ebola, hospital-acquired infections, influenza vaccine effectiveness, and Lyme disease (in collaboration with the Ontario Hospital Association). Many of these sessions were fully subscribed with the auditorium at full capacity.

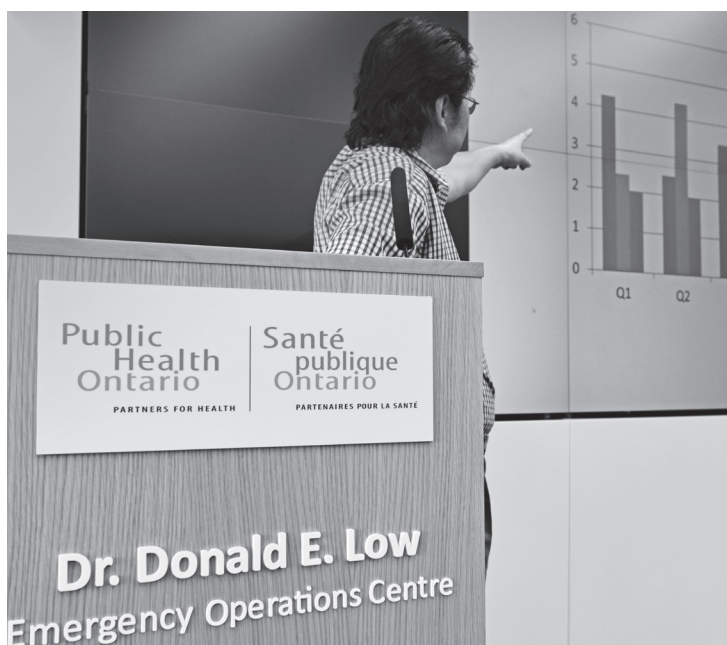


Providing shared library services

As a provincial agency, PHO works with system partners to provide key services required for health agencies. Access to up-to-date information and scientific resources and library specialists is essential to support evidence-informed public health practice. Our Shared Library Services Program provides public health units without an in-house library with access to information and expertise.

Building on the existing public health library infrastructure across Ontario, PHO funds four health unit libraries to act as "hubs" and provide services and supports to 22 client health units without an in-house library. Each hub health unit has a designated librarian who provides timely, equitable and comprehensive access to library services and supports such as article retrieval, literature searches, on-site training and webinars, and book loans.

A recent evaluation of the Shared Library Services Partnership validated that the program adds value to the health sector. It demonstrated that the partnership has met its objectives - developing a strong, cost-effective partnership to deliver a wide range of library services across Ontario's public health system. While the PHO resources allocated to the Shared Library Services Partnership are targeted to the four hubs and 22 client health units within the formal partnership, PHO enables an overall system benefit to all health units by providing full access to a comprehensive virtual library collection of online research databases, at no cost.



Supporting locally driven collaborative projects

PHO's Locally Driven Collaborative Projects (LDCP) program acts as an incubator for collaboration among public health units and community, academic and research partners. These applied research and program evaluation projects allow public health units to come together to tackle the critical public health issues of shared interest to help them meet the requirements of the Ontario Public Health Standards. Over the last five years, our LDCP program has supported 20 projects that engaged 97% of public health units.

Sharing the outcomes of the LDCPs is important to shape public health practice. This year, we initiated the Knowledge Exchange Fund to help past LDCP teams plan and engage in activities that increase awareness and usage of their research findings and improve public health practice and policy.



LDCP teams strive to innovate and find new solutions to program challenges. But it often takes time to understand and apply the innovation across the public health sector. The Knowledge Exchange Fund helps increase timely uptake and application. One LDCP team developed tools to help all public health units to collect accurate, standardized and comparable infant feeding information from their local populations. Since the toolkit was developed and tested in 2012, more and more public health units are collecting consistent infant feeding data, allowing health units to identify and compare local and provincial breastfeeding trends. The LDCP team's knowledge exchange project supports the uptake of the tool by all Ontario public health units and increases collaboration between public health units on infant feeding surveillance in Ontario.

Developing the next generation of public health professionals

Students at PHO

In collaboration with our academic partners, PHO offers a wide range of opportunities for students and medical residents in public health sciences programs and are broadening our reach to bioinformatics, computational biology and biosciences. Our enriching and engaging educational environment builds and strengthens knowledge and skills, with opportunities spanning a variety of public health areas. We continue to increase our number of student placements. In 2015-16, 119 students worked alongside our staff. These hands-on practicums and research placements give students the opportunity to develop skills and knowledge and to gain work experience to further their careers in public health. By inspiring and developing today's students, PHO is building the skills and competencies of the next generation of public health professionals.

Type of Student	Placements
Professional Master's Programs (e.g. Nursing, Public Health, Health Informatics, Public Policy, Science)	21
Medical Residents (e.g. Public Health and Preventative Medicine Residents, Infectious Diseases and Medical Microbiology Residents)	31
Medical Laboratory Assistant/Technician/Technologist (practical learning on laboratory procedures, microbiology, etc.)	48
Other (e.g. undergraduate Laboratory Medicine and Pathobiology students)	19
Total	119



Student Placement, Education and Preceptorship (SPEP) Network

It is essential that future professionals experience public health practice at all levels of the system – with local public health units being an important learning environment. PHO supports the placement of students at public health units across Ontario by facilitating the network of local public health unit placement coordinators and preceptors. This Student Placement, Education and Preceptorship (SPEP) Network helps ensure that students have a productive and rewarding experience and allows the whole public health sector to keep apprised of current education and human relations issues, share resources and collectively problem-solve on matters of relevance to all.

The role of the preceptor is vital to student success. We continue to assess program performance, outcomes and impacts, and to inform future planning and delivery of the network. Our recent evaluation found the SPEP Network to be an effective model to build capacity and support student placements, education and preceptor development across the public health system. PHO is continuing to build on this momentum and has launched a supervisor/preceptor development program, including regional workshops to deliver training to health units across Ontario to enhance and improve the professional practice experience.

Leading public health research

PHO's research generates knowledge that impacts 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. In 2015-16, one of our researchers was inducted to the Canadian Academy of Health Sciences, one of Canada's highest academic honours. Another one of our researchers was awarded a prestigious Canada Research Chair in Population Health Analytics.

Our researchers lead and collaborate in both investigator-driven and directed projects, responding to the needs of our stakeholders and our mandate. PHO scientists expand the scope and reach of their work through collaborations with universities, hospitals and other health service organizations. We are leveraging the new location of our Toronto laboratory on University Avenue, and its proximity to other leading health research and academic centres, pursuing synergistic opportunities both within PHO and attracting new partners that enrich our research and innovation capacity.

Publications and research grants

Our researchers have 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 2015-16, PHO-based investigators were awarded grants worth over \$1.6-million for multi-year research projects.

We continue to grow our research impact, with 158 articles published in peer-reviewed journals relevant to public health in 2015-16. More than two-thirds of these publications were published in priority journals internationally and for Ontario's public health community.

Sharing our research findings

At PHO, we recognize the importance of putting our research findings into the hands of our clients – public health practitioners, health care professionals and policy makers – and we appreciate that there are many ways we can do this. In addition to sharing the findings of our research studies through more traditional methods, such as publications in peer-reviewed journals, we apply our research findings to support the development of knowledge products for use in public health applications. This includes clinical guidelines, statistical reports, evaluation reports, and technical and scientific advice to partners. We continue to share the findings of our research studies with public health professionals and government policy makers on a broad range of topics of public health importance:

- **Temperature and health** - One of our studies led by PHO environmental and occupational health scientists and published in the *Canadian Medical Association Journal* found that even moderate daily temperatures had an impact on deaths in Ontario. The findings of the study, funded by Health Canada, suggest there may be health impacts even on days when temperatures are not considered extreme and no heat or cold alerts have been called – a finding that may be particularly important for homeless people and those who live in marginal housing.

- **Gonorrhea and antimicrobial resistance** - We continue to make important contributions to informing effective treatment of gonorrhea; the second most commonly reported sexually transmitted infection in Ontario and North America. We published groundbreaking research in 2013 on gonorrhea's resistance to its last available oral antibiotic, called cefixime. Building on these findings, we collaborated with the United States Centers for Disease Control and Prevention and the Clinical & Laboratory Standards Institute to revise current standards used to detect antibiotic resistant gonorrhea to enable earlier identification of resistance, and ensure the most effective testing and treatment. PHO research examining how antimicrobial resistance has emerged in *Neisseria gonorrhoeae* has been published in collaboration with the National Microbiology Laboratory in the *Journal of Clinical Microbiology and Emerging Infectious Diseases*, and ongoing PHO work includes enhancing molecular tools for optimal antimicrobial use and enhanced surveillance by direct testing of urine samples.



- **Nutrition labelling** - When it comes to sources of nutrition information, many people turn to nutrition labels to find out about the number of calories or nutrients in a food. A number of PHO studies are looking at the impact of nutrition labels on consumer behaviour and food choice in various environments including restaurants, supermarkets and on pre-packaged foods. One of our studies funded by the Canadian Institutes of Health Research is investigating how implementing a large-scale on-shelf nutrition rating system located on the shelf tag beside an item's price in supermarkets may affect Canadians food purchasing decisions when shopping in more than 1,000 supermarkets across Canada. With new legislative measures around nutrition labelling being considered at the federal and provincial levels, it is expected that the findings of these studies will be shared with decision-makers to inform policy action.
- **Cost-effectiveness of West Nile virus prevention strategies** - West Nile virus is transmitted to humans primarily through the bite of infected mosquitoes, and approximately 20% of those infected experience severe neurological illness. Diseases transmitted by mosquitoes and other insects are a growing public health challenge as global temperatures rise and their geographic range expands. Strategies to prevent West Nile virus infection include avoiding exposure to infected mosquitoes and reducing the abundance of mosquitoes. Approaches are also underway to develop a safe and effective human vaccine. With funding from the Canadian Institutes of Health Research, we are leading a multidisciplinary evaluation to estimate the comparative-effectiveness and cost-effectiveness of West Nile virus interventions across a range of environmental conditions. Our findings will provide evidence to directly support public health decision making for West Nile virus prevention strategies.

Bridging the gap between evidence and action

Several decades of research show a gap between the emergence of new knowledge and its implementation as best practice by health professionals. PHO's work in implementation science seeks to identify and evaluate methods to promote the uptake and adoption of research findings and evidence into routine practice in clinical, community and policy contexts. Our evaluation of the implementation of Ontario's Daily Physical Activity in Elementary Schools policy is an example of this work.

“Your report has given the ministry much to consider including how physical activity is measured, how the benefits of daily physical activity are promoted in school communities and the way in which ministry policies are communicated and implemented in school communities”

*- Dr. John Malloy, Assistant Deputy Minister,
Leadership and Learning Environment Division,
Ontario Ministry of Education
September 2015*

The policy was implemented in 2005, providing a school-based structured opportunity for physical activity, potentially contributing to students achieving the Canadian guidelines of 60 minutes of physical activity per day, along with the associated health benefits. PHO researchers, along with researchers at the University of Waterloo and the University of Guelph completed the first province-wide evaluation of the implementation of Ontario's Daily Physical Activity in Elementary Schools policy.

Our evaluation examined the extent to which the Daily Physical Activity policy is being implemented across Ontario elementary schools and the factors that may influence implementation. PHO submitted the report to the Ministry of Education, with findings and evidence-informed recommendations for strengthening the policy in Ontario. The report informed the Office of the Ontario Auditor General's update on their 2013 evaluation of the government's Healthy Schools Strategy.

Directives issued by the Chief Medical Officer of Health

Under section 24 (1) of the *Ontario Agency for Health Protection and Promotion Act, 2007*, the Chief Medical Officer of Health may issue directives in writing to Public Health Ontario to provide scientific and technical advice and operational support to any person or entity in an emergency or outbreak situation that has health implications. During the 2015-16 fiscal year, no written directives were issued by the Chief Medical Officer of Health.

Report on 2015-16 deliverables and performance

Status of 2015-18 Annual Business Plan Priority Initiatives for Principal Program Areas, as of March 31, 2016

Laboratory

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Further develop genomics and bioinformatics system to support high-quality testing, laboratory-based surveillance, outbreak management and public health research.		✓	
Enhance the laboratory-based data management infrastructure to support PHO surveillance, the OLIS system and additional web-based tools for greater client access to data.		✓	
Evolve the academic and educational programs to enhance collaborations and continue participation by students and public health system staff, including rotations and practicums for students, trainees and health professionals.		✓	
Enhance development of programs in surveillance and tools to combat antimicrobial resistance, pathogen discovery for outbreak response, and test method development and validation for optimal clinical and public health delivery.		✓	
Optimize the research infrastructure at the new Toronto Laboratory		✓	
Continue to advance work on the London Laboratory redevelopment project.		✓	
Relocate the Operational Support Facility/Biorepository to support laboratory operations in the new facility.			✓ ¹
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

¹The relocation of the Operational Support Facility/Biorepository and associated decommissioning of the Resources Road Facility was delayed due to reassessment by the Ministry of Health and Long-Term Care, but is now moving forward.

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 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.

Infectious Disease

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Achieve and maintain international and national recognition of work through various Public Health Agency of Canada (PHAC), World Health Organization (WHO), Pan American Health Organization (PAHO) and other partnerships, conferences, student teaching and supervision.		✓	
Provide scientific and technical support to the implementation of new vaccines and vaccine program expansions.		✓	
Continue and/or complete internally and externally funded research studies including: <ul style="list-style-type: none"> • Syndromic surveillance research • Health economics studies on health outcomes (illness, mortality), health care resource use and costs attributable to infectious disease • Influenza vaccine impact assessment • Rotavirus vaccine impact assessment 		✓	
Continue to develop a focused program of research in vaccine sciences, with both Ontario-specific projects, and participation in the CIHR-funded Canadian Immunization Research Network (CIRN) Award (June 2014): <ul style="list-style-type: none"> • Rotavirus vaccine safety • Pertussis vaccine effectiveness • Pertussis vaccine immunology • Measles sero-epidemiology • Coverage 		✓	
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

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, knowledge syntheses) in response to client requests.

Infectious Disease – Communicable Disease Prevention and Control

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Provide interactive, online surveillance reports to enable disease prevention and control at the local and provincial level.	✓		
Implement PHO's infectious diseases surveillance framework.	✓		
Complete development of the HIV data mart, including determination of data/analysis reports in conjunction with key external stakeholders.		✓	
Continue to support the policy and program development of health care worker immunization.	✓		

Infectious Disease – Communicable Disease Prevention and Control (continued)

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Provide recommendations to the Ministry of Health and Long-Term Care on additions and deletions to the current Ontario Reportable Disease List (ORDL).	✓		
Provide support to government's response to the Provincial Auditor's review of immunization programs, and to the response to the Immunization Review Panel by providing scientific and technical consultation and field support to immunization programs (i.e. immunization coverage and adverse events following immunization), health care provider education, cost-benefit analysis for new vaccines and vaccine coverage	✓		
Update guidance on the laboratory detection, surveillance and prevention and control strategies for Lyme Disease.		✓	
Provide scientific and technical advice to assist the Ministry of Health and Long-Term Care in revising provincial tuberculosis programs and policies as part of the development of the provincial tuberculosis strategy.		✓	
Provide scientific and technical support to the Ministry of Health and Long-Term Care review and evaluation of TB medical surveillance of refugees/new immigrants.	✓		
Prepare an evidence summary of Enterovirus D68 and Acute Flaccid Paralysis.	✓		
Develop an evaluation plan for the control of gonorrhoea, focused on the uptake and impact of the 2013 guidelines for the testing and treatment of gonorrhoea in Ontario.	✓		
Develop personal service settings "toolkits" to replace the scientific and technical components of the existing Guidance Document. The tools and resources for the personal settings programs are being created for the public health units.		✓	
Provide scientific and technical advice and support to provincial information technology projects in surveillance or disease control and laboratory testing with specific focus on the support for Panorama, including data-extraction, analysis and report generation.		✓	
Improve access to/utility of surveillance products through evaluation of existing products, including evaluation of Infectious Diseases Query reports.	✓		
Implement the provincial surveillance strategy for the 2015 Pan Am/Parapan Am Games.	✓		
Assess whether there has been an early impact from Ontario's Human Papillomavirus (HPV) vaccination program on health care utilization for anogenital warts in the province.	✓		

Key Ongoing Initiatives (representative sample):

- 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.

Infectious Disease - Infection Prevention and Control

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Support the efforts of the provincial community infection prevention and control lapse implementation plan through the development of a risk assessment framework and the development of online tools.	✓		
Continue to build capacity to respond to emerging infectious diseases/issues through Infection Control Resource Teams (ICRT) and infection prevention and control expert guidance.		✓	
Promote the uptake and adoption of infection prevention and control best practices across all health care settings by adopting an implementation science approach across and advancing new and existing knowledge about evidence-based infection prevention and control interventions.		✓	
Continue to develop Antibiotic Stewardship activities that support community hospitals in Ontario, including introducing methods to advance and measure the uptake of antimicrobial stewardship programs, and evaluation of antimicrobial use into other infection prevention and control services such as ICRTs.	✓		
Continue to enhance surveillance of Healthcare-Associated Infections (HAI) including promoting a streamlined surveillance system in Ontario that provides useful, timely surveillance data to inform infection prevention and control practice.		✓	

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 infection prevention and control topics to provide up-to-date knowledge to the field.

Emergency Preparedness and Service Integration

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Support 2015 Pan/Parapan Am Games preparedness, response and recovery.	✓		
Based on the evaluation of the pilot phase, review and revise the PHO weekly publication, <i>This Week in Public Health</i> on notable public health information for public health units.	✓		
Consolidate and enhance emergency preparedness tools and education for local public health practitioners, including Train the Trainer workshops and online educational components.	✓		
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical support, surveillance services and laboratory science and testing services to the Chief Medical Officer of Health and the Population and Public Health Division of the Ministry of Health and Long-Term Care, and specifically Emergency Management Branch, to prepare for and respond to emergencies and exigent issues through all aspects of the emergency management cycle.
- Provide scientific and technical consultation and field support to emergency preparedness and response issues at the local level.
- Maintain a professional development program for emergency preparedness and response.

Environmental and Occupational Health

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Continue development of geo-based information system for environmental data originating with PHO.		✓	
Complete environmental burden of illness report for Ontario.		✓	
Continue development of a provincial environmental-health-monitoring program, focusing on pilot projects on air, water and (possibly) poison control data sets.		✓	
Review lead exposure in Ontario including: <ul style="list-style-type: none"> • A jurisdictional scan of blood lead reporting requirements in Quebec, British Columbia and the United States. • Developing options for blood lead surveillance in Ontario. 	✓		
At the request of government, provide scientific and technical support to inform changes and modernization of Food Safety and Recreational Water Legislation in Ontario.	✓		
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

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 Diseases and Injury Prevention

Priority Initiatives	Complete	Multi-year: on track	Not completed within target timeframe
Support government efforts to address childhood obesity by providing scientific, technical and evaluation support to the Healthy Kids Community Challenge (HKCC), which includes: providing scientific and technical advice to the Ministry of Health and Long-Term Care upon request; hosting and providing secretariat support to the multi-year HKCC Scientific Reference Committee (SRC); providing capacity-building services and training to HKCC communities; undertaking the multi-year process and outcomes evaluation; and, supporting the implementation and evaluation of HKCC aboriginal components.		✓	
Support an update of the Smoke-Free Ontario Scientific Advisory Committee report, upon request.		✓	
Provide (or work with partners to support the provision of) scientific and technical support to the Healthy Smiles Ontario program.		✓	
Continue to disseminate Healthy Babies, Healthy Children (HBHC) evaluation results to diverse audiences; explore development Snapshots of selected HBHC ISGIS data and may include completing advanced data analysis.		✓	
Continue to disseminate the Daily Physical Activity (DPA) study results to diverse audiences and may include completing advanced DPA evaluation data analysis.		✓	
Support ministry-implemented Accountability Improvement Project in the areas of: alignment and coordination; use of evidence; and development of performance measures. Implement recommendations as requested through future work plan deliverables.	✓		
Support efforts to generate, analyze or interpret public health data for First Nations communities. At the request of government, provide scientific and technical support to the local public health unit and the community of Grassy Narrows as they develop and implement a community health assessment survey.		✓	
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

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 health promotion, chronic diseases and injury prevention 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 (HEIA) tools.
 - Knowledge synthesis activities that analyze health inequity in PHO topic-specific reports.
 - Capacity-building efforts including the integration of marginalization and deprivation indices in analytic products.
- Provide oversight for four Health Promotion Resource Centres (HPRC), and continue with the coordination and service delivery of technical support for planning; communications, information and knowledge exchange activities for PHO products; and the planning and delivery of training and capacity-building workshops, consultations and referrals.

Knowledge Services

Priority Initiatives	Complete	Multi-year: on track	Not completed within target time frame
Expand current Ontario Health Profile and associated products (e.g. infographics, interactive web reports) with new stories.	✓		
Provide ethics services to a select group of public health units in a pilot project and evaluate the pilot to assess possibility of expansion.	✓		
Build the foundations for place-based analytics (e.g. online dynamic mapping).		✓	
Include summary measures of socioeconomic inequalities in health in Snapshots and other analytic products.		✓	
Support automation of internal epidemiological analytic processes and external surveillance reports.		✓	
Evaluate the provincial Shared Library Services Partnership and implement program enhancements if necessary.	✓		
Develop and deliver public health educators' development program to PHO staff responsible for student education, supervision and preceptorship.	✓		
Enhance capacity of project teams to develop methodologically rigorous and ethically sound protocols through creation and delivery of research and ethics workshops to PHO staff and select public health units.		✓	
Create an ethics community of practice with public health units.	✓		

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 (CME) 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.

Corporate Services

Priority Initiatives	Complete	Multi-year: on track	Not completed within target time frame
Develop and implement multi-year action plans to support improvement in employee engagement.		✓	
Support the implementation of innovative organizational processes/technologies to achieve efficiencies: <ul style="list-style-type: none"> • Preliminary planning to support implementation of a new Human Resource Information System (HRIS) that will: <ul style="list-style-type: none"> - Create efficiencies in workflow and process timing including data entry; - Allow for cross-functional collaboration between all Human Resource (HR) programs, Payroll and Finance; and - Build additional system capacity to support HR programs (e.g. recruitment, performance) and reporting functionality • Undertake at least one significant project to improve existing processes using dedicated teams who can learn and apply basic Business Process Improvement principles and tools • Provide foundation for sustained learning and internalization of process improvement thinking and skills 	✓ ✓	✓	
Support major capital redevelopment and renovation projects: <ul style="list-style-type: none"> • Complete Regional Infection Control Network (RICN) Consolidations • Complete 480 University Avenue office renovations • Complete planning and design for the relocation of PHO's London Laboratory • Relocation of Toronto Operational Support Facility and Biorepository • Decommissioning of Resources Road 	✓ ✓	✓	✓ ¹ ✓ ¹
Support government relations and accountability requirements: <ul style="list-style-type: none"> • Provide leadership and support for all governance and accountability requirements including supporting committee structures (e.g. Business and Accountability Subcommittee (BASC), Joint Liaison Committee (JLC)), plans (e.g. Annual Business Plan (ABP), Annual Accommodation Plan (AAP)) and reporting (e.g. compliance, risk, financial) 	✓		
Consolidate PHO back office operations: <ul style="list-style-type: none"> • Create shared corporate service supports 	✓		
Implement recommendations of the Audit Review by the Ontario Internal Audit Division (OIAD).	✓		
Implement integrated, organization-wide approach to stakeholder engagement and issues management.		✓	

¹The relocation of the Operational Support Facility/Biorepository and associated decommissioning of the Resources Road facility was delayed due to reassessment by the Ministry of Health and Long-Term Care, but is now moving forward.

Key Ongoing Initiatives (representative sample):

- Provide support for HR foundational areas including employee and labour relations; HR policies and guidelines; HR administration; HR information technology; and HR performance measures and metrics.
- Provide healthy, safe and secure work places to all PHO staff members. This includes ensuring that the workspace is built to user requirements in an environmentally sound way and also meets organizational objectives.
- Provide support for finance foundational areas including information for decision-making; business support; finance administration and compliance.
- Support Information Management (IM) and Information Technology (IT) requirements, which range from IT infrastructure planning, project management, data and information management and ad hoc data extraction requests to SharePoint, boardroom and Blackberry support.
- Support management across the organization by providing leadership, coordination and support for Strategic Planning, Annual Business Planning, Annual Operational Planning, Organizational Performance Measurement, Enterprise Risk Management as well as Secretariat Services for key Organizational Committees.

2015-18 Annual Business Plan Volumetric Commitments

This table shows the core activities for which PHO has established annual volume targets for 2015-16.

Where applicable, specific topics of focus were guided over the course of the year by the priorities established by the Joint Liaison Committee and the Public Health Leadership Committee; 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	2015-16 Target	2015-16 Actual
Laboratory tests	5.1 million	5.5 million
Production of surveillance reports		
Daily issues summary and situation reports ¹	250	251
Weekly iPHIS notices	50	44 ²
Weekly respiratory pathogen report	38	38
Weekly Ontario respiratory virus bulletins and maps	50	52
West Nile Virus surveillance reports (seasonal)	15-20	18
<i>This Week in Public Health</i>	50	50
Monthly surveillance reports	12	12
Annual surveillance report "Reportable Disease Trends in Ontario"	1	1
Annual Immunization Coverage Report for School Pupils	1	0 ³
Annual Report on Vaccine Safety	1	1
Annual vector borne diseases report	1	1
Development of knowledge products to support clients and stakeholders		
Review of literature, including knowledge synthesis reports, in response to requests to summarize a body of published evidence	11-13	30 ⁴
Major population and environmental health technical reports	1-2	11
Clinical guidelines to support provider and patient decisions about appropriate health care	1-2	5
Evaluation reports to support program or policy review	5-7	9
Jurisdictional/environmental scans	4-6	3 ⁵
Best practice or guidance document	12	97 ⁶
Statistical reports or data requests	60	162 ⁷
Development of peer-reviewed abstracts and publications to support the exchange of knowledge		
Abstracts (either as presentations, posters, or workshops) at scientific conferences	120	117 ⁸
Develop peer-reviewed research protocols to address important priorities in public health programs and laboratory science	25	21 ⁹
Co-sponsor professional development events for public health professional associations and other professional groups	12	22
Deliver training sessions for infection control in health and community settings (via RICNs)	400	339 ¹⁰
Planning and delivery via the Health Promotion Resource Centres		
Training and capacity-building workshops	85	125
Consultations	400	791 ¹¹
Referrals	160	192

Notes to Volume Targets for Core Activities:

¹This report includes Information previously shown in the Daily Surveillance Reports.

²In the fourth quarter this bulletin became bi-weekly.

³As discussed with the Ministry of Health and Long-Term Care, this report was not produced this fiscal year due to transition to the Panorama system.

⁴Partially due to an increased number of unanticipated emergent health issues such as Syrian refugee settlement and Zika virus.

⁵Includes standalone scans only. Additional scans may be completed as sub-components of other PHO knowledge products.

⁶Largely driven by the release of Antimicrobial Resistance information including 52 documents and 9 online best practice modules.

⁷Primarily due to an increase in data requests. The approach for data requests will be reviewed for future years.

⁸Figure is slightly below target because the 2016 Ontario Public Health Conference (TOPHC) occurred just after the close of the 2015-16 fiscal year. Presentations prepared for that purpose will be reflected in the 2016-17 data.

⁹As the Canadian Institute of Health Research (CIHR) reformed their open funding program there were fewer funding opportunities relative to the previous scheme (including some with limited eligibility). The roll out of the new funding programs was completed in March 2016.

¹⁰The RICNs have been working towards more targeted and strategic education opportunities with stakeholders to maximize impact. The delivery of several key online education offerings has allowed stakeholders to access this type of education virtually rather than through face-to-face sessions.

¹¹Largely driven by an increase in requests for data as a result of new service offering that provides customized datasets from a provincial database, IntelliHEALTH.

PHO Quarterly Performance Scorecard: 2015-16 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. Recognizing that as a knowledge organization our performance and impact cannot be fully captured using quantitative methods, we also undertake a detailed exploration of a specific performance domain each quarter using a mixed method qualitative and quantitative approach, incorporating impact stories as applicable.

		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								
	2.1.1	Number of unique visits to the Infectious Diseases Query tool	Descriptive	N/Ap	811	N/Ap	820	735	781	909
	2.1.2	Number of unique visits to the STI Query tool	Descriptive	N/Ap	280	N/Ap	304	280	308	226
	2.2	Use of web-based Snapshot reports								
	2.2.1	Number of indicators available in Snapshot	Descriptive	N/Ap	N/Ap	N/Ap	165	184	184	189
	2.2.2	Percent current within 6 months of release of information	Directional	80%	99%	●	100%	100%	100%	94%
	2.2.3	Number of unique visits to the Snapshot tool by external users	Descriptive	N/Ap	3,311	N/Ap	2,147	3,241	3,426	4,429
2.3	Availability of laboratory information systems									
	2.3.1	Laboratory Information System (LIS) uptime	Service Standard	99.5%	98.8%	⊗ ³	86.6%	99.6%	100%	100%
SD 1 Provide expertise to strengthen Ontario's public health sector	3.1	Responsiveness to client requests								
		3.1.1	Number of knowledge products completed as a result of client requests	Descriptive	N/Ap	25	N/Ap	14	10	20
	3.1.2	Number of scientific and technical support activities completed as a result of client requests	Descriptive	N/Ap	630	N/Ap	666	466	746	643
	3.2	Responsiveness to urgent client requests								
	3.2.1	Number of urgent requests completed	Descriptive	N/Ap	24	N/Ap	22	28	11	34
	3.3	Responsiveness to Clients-Timeliness								
	3.3.1	Percentage of knowledge products completed within target turnaround time	Directional	95%	93.9%	⊖	85.7%	90.0%	100%	100%
	3.3.2	Percentage of scientific and technical support activities completed within target turnaround time	Directional	95%	98.9%	●	99.6%	98.3%	98.7%	99.1%
	3.4	Laboratory Performance								
	3.4.1	Percentage of laboratory tests completed within target turnaround time	Directional	90%	98.2%	●	97.9%	98.5%	96.9%	99.6%
SD 3 - Enable policy, program and practice action	3.5	Website usage								
	3.5.1	Number of visits by external users	Directional	160K	206K	●	197K	192K	205K	231K
	3.5.2	Number of product downloads by external users	Directional	50K	67K	●	66K	61K	68K	71K
	3.5.3	Number of unique visits by external users	Directional	100K	126K	●	120K	118K	126K	140K

		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	SD 3 – Enable policy, program and practice action	3.6 Client Education 3.6.1 Number of education sessions offered to external clients	Directional	30	31	●	32	21	38	31
		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%	85%	⊖	84%	90%	75%	90%
		3.8 Student Placements 3.8.1 Number of new student placements at PHO	Directional	N/Ap ⁴	30	●	30	27	36	26
		3.9 Client engagement 3.9.1 Number of client engagement activities	Directional	10	28	●	44	23	33	10
	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	48	34	40
		4.2 Knowledge dissemination 4.2.1 Proportion of peer-reviewed articles published in priority journals	Directional	75%	67%	⊖	72%	65%	65%	65%
		4.3 Third party funding 4.3.1 Dollar value of funding awarded to PHO researchers from third-party funders	Directional	>\$400K	\$416K	●	\$370K	\$429K	\$441K	\$422K
		4.4 Media Mentions 4.4.1 Number of media mentions of PHO	Descriptive	N/Ap	856	N/Ap	991	973	795	666
	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	55	●	47	54	66	54
		5.2 Employee absenteeism 5.2.1 Average number of paid sick days/employee	Industry Standard	2.0	2.2	⊖	2.2	1.8	2.4	2.3
		5.3 Staff turnover 5.3.1 Voluntary and involuntary permanent employee turnover rate	Descriptive	N/Ap	1.67	N/Ap	1.12	2.46	1.94	1.15
	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	●	1.0	0.6	1.9	0.3
		6.2 Complaints 6.2.1 Number of complaints about PHO services or products	Directional	< 5	3	●	6	2	3	2
		6.3 Availability of enterprise technology systems 6.3.1 General IT infrastructure uptime	Service Agreement	99.5%	99.5%	●	100%	99.7%	98.4%	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.

³For three days in April 2015 our service provider's data centre experienced repeated firewall failures. Since April, every month in 2015-16 was within the service level agreement target. PHO's technology infrastructure is maintained by Ontario government shared services (Infrastructure Technology Services – ITS). Accordingly, performance on this measure is not directly under PHO control, although we work closely with ITS to maintain availability.

⁴Quarterly 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
⊗	Significantly missed target
N/Ap	Not Applicable
N/Av	Not Available

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 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 3 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.

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 3.5 out of 5 or better 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 client engagement activities counts the number of formal stakeholder engagement activities by type of activity (i.e. consultation, survey, PHO presence at events).

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.

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.

2015-16 Laboratory Annual Performance Standards Report

This table summarizes the annual performance of PHO's laboratory on each of the eight performance standards specified in the 2008 Services Agreement, part of the Laboratory Transfer Agreement between PHO and the Ministry of Health and Long-Term Care.

Performance Indicator	Description of Measure(s)	2015-16 Results
1. External Quality Assessment	<p>90% average proficiency on Institute for Quality in Healthcare (IQMH) and other Proficiency Testing providers</p> <p>>70% average on Canadian Association for Laboratory Accreditation (CALA) Z-Score</p>	<p>Proficiency testing - 99.3%</p> <p>CALA Z-Score - 88.8%</p>
2. Productivity	Changes in test types and % change in related volumes	<p>Clinical - 1.2% increase</p> <p>Environmental - 2.6% increase</p> <p>No change to test types for clinical or environmental tests.</p>
3. Efficiency	Median test wait times within 80% of targets in PHO Laboratory Specimen Collection Guide	<p>GC Culture: Annual average TAT - 99.2%</p> <p>Measles IgG and IgM: Annual average TAT - 97.9%</p> <p>HIV Confirmatory: Annual average TAT - 97.7%</p>
4. Customer Satisfaction	Annual client survey	Survey to gain information on the attitudes towards using a respiratory viral surveillance system to guide patient management in place of laboratory testing for ambulatory patients was released in first week of April 2015, and extended through 2015-16.
5. Employee Performance	Complete annual performance reviews on all PHO laboratory employees	<p>100% non-unionized staff</p> <p>96.0% of unionized staff</p>
6. Employee Certification and Credentials	100% of required staff credentials/certifications in place	There is a compliance of 100% of staff certifications/credentials that include medical laboratory technologists, medical and clinical microbiologists.
7. Incident Reporting and Issues Management	Annual summary of incidents and issues	<p>128 incidents investigated</p> <p>8 issues responded to</p> <p>0 material issues to report to the ministry.</p>
8. Test Utilization	Annual review of at least 10% of test menu methodology and or utilization for appropriateness	12.3% of the laboratory test menu/methodologies were reviewed for appropriateness and utilization.

Financial performance

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 2015-16 fiscal year. With respect to the \$157,190 million of operating funding received from the ministry, \$155,010 million was used to cover annual operating expenses with the balance of \$2.180 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

Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

March 31, 2016

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, 2016, 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, 2016, 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 23, 2016

The logo for Ernst & Young LLP, featuring the company name in a stylized, handwritten-style script.

Chartered Professional Accountants
Licensed Public Accountants

STATEMENT OF FINANCIAL POSITION

[in thousands of dollars]

As at March 31

	2016	2015
	\$	\$
ASSETS		
Current		
Cash	22,196	25,128
Accounts receivable <i>[note 3]</i>	10,693	15,317
Prepaid expenses	2,110	2,052
Total current assets	34,999	42,497
Restricted cash <i>[note 4]</i>	8,782	8,914
Capital assets, net <i>[note 5]</i>	97,420	101,895
	141,201	153,306
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	29,736	39,224
Total current liabilities	29,736	39,224
Deferred capital asset contributions <i>[note 6]</i>	100,345	104,252
Deferred contributions <i>[note 7]</i>	2,904	2,417
Accrued benefit liability <i>[note 8]</i>	4,432	4,974
Other liabilities	3,784	2,439
Total liabilities	141,201	153,306
Commitments and contingencies <i>[note 11]</i>		
Net assets	—	—
	141,201	153,306

See accompanying notes

On behalf of the Board:



Warren Law,
Chair, Audit & Finance
Standing Committee



Pierre Richard,
Chair, Board of Directors

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

	2016	2015
	\$	\$
REVENUE		
Ministry of Health and Long-Term Care		
Base operations	151,437	151,669
Health Promotion Resource Centre	3,573	3,573
Amortization of deferred capital asset contributions <i>[note 6]</i>	7,873	5,613
Other grants	1,705	1,854
Miscellaneous recoveries	876	1,663
	165,464	164,372
EXPENSES <i>[note 8]</i>		
Public health laboratory program	100,514	108,132
Science and public health programs	42,578	39,511
General and administration <i>[note 9]</i>	14,499	11,116
Amortization of capital assets	7,873	5,613
	165,464	164,372
Excess of revenue over expenses for the year	—	—
Net assets, beginning of year	—	—
Net assets, end of year	—	—

See accompanying notes

STATEMENT OF CASH FLOWS

[in thousands of dollars]

As at March 31

	2016	2015
	\$	\$
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not affecting cash		
Amortization of deferred capital asset contributions	(7,873)	(5,613)
Amortization of capital assets	7,873	5,613
	—	—
Changes in non-cash operating items		
Increase in accounts receivable <i>[note 10]</i>	(2,810)	(1,454)
Decrease (increase) in prepaid expenses	(58)	142
Decrease in restricted cash	132	165
Increase (decrease) in deferred contributions	487	(9)
Increase in other liabilities	1,345	880
Decrease in accounts payable and accrued liabilities <i>[note 10]</i>	(28)	(3,993)
Net change in accrued benefit liability	(542)	(250)
Cash used in operating activities	(1,474)	(4,519)
CAPITAL ACTIVITIES		
Acquisition of capital assets <i>[note 10]</i>	(12,858)	(74,562)
Cash used in capital activities	(12,858)	(74,562)
FINANCING ACTIVITIES		
Contributions for capital asset purchases <i>[note 10]</i>	11,400	74,303
Cash provided by financing activities	11,400	74,303
Net increase (decrease) in cash during the year	(2,932)	(4,778)
Cash, beginning of year	25,128	29,906
Cash, end of year	22,196	25,128

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

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 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.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

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 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.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

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.

3. ACCOUNTS RECEIVABLE

Accounts receivable consist of the following:

	2016	2015
	\$	\$
Ministry of Health and Long-Term Care	9,645	11,099
Harmonized Sales Tax	530	1,912
Other	518	2,306
	10,693	15,317

There are no significant amounts that are past due or impaired.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

4. RESTRICTED CASH

[a] Restricted cash consists of the following:

	2016	2015
	\$	\$
Ministry of Health and Long-Term Care <i>[note 4[b]]</i>	8,633	8,735
Sheela Basrur Centre <i>[note 7[a]]</i>	149	179
	8,782	8,914

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:

	2016			
	Severance credits	Other credits	Capital projects	Total
	\$	\$	\$	\$
	<i>[note 7[b]]</i>		<i>[note 6]</i>	
Restricted cash, beginning of year	4,873	1,505	2,357	8,735
Funding received	—	—	1,536	1,536
Interest earned	45	14	59	118
Restricted cash drawdown <i>[note 8[b]]</i>	(687)	(42)	(1,027)	(1,756)
Restricted cash, end of year	4,231	1,477	2,925	8,633

Ontario Agency for Health Protection and Promotion
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NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

	2015			Total \$
	Severance credits \$	Other credits \$	Capital projects \$	
	<i>[note 7[b]]</i>		<i>[note 6]</i>	
Restricted cash, beginning of year	5,261	1,497	2,062	8,820
Funding received	—	—	69,712	69,712
Interest earned	79	20	221	320
Restricted cash drawdown <i>[note 8[b]]</i>	(467)	(12)	(69,638)	(70,117)
Restricted cash, end of year	4,873	1,505	2,357	8,735

5. CAPITAL ASSETS

Capital assets consist of the following:

	2016		
	Cost \$	Accumulated amortization \$	Net book value \$
Building service equipment	369	266	103
Other equipment	30,850	25,540	5,310
Furniture	3,818	2,566	1,252
Leasehold improvements	99,354	11,019	88,335
Construction in progress	2,420	—	2,420
	136,811	39,391	97,420

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

	2015		
	Cost \$	Accumulated amortization \$	Net book value \$
Building service equipment	369	229	140
Other equipment	30,069	23,231	6,838
Furniture	3,776	2,164	1,612
Leasehold improvements	94,920	5,894	89,026
Construction in progress	4,279	—	4,279
	133,413	31,518	101,895

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:

	2016 \$	2015 \$
Deferred capital asset contributions, beginning of year	104,252	25,961
Contributions for capital purposes	3,907	83,683
Interest earned on unspent contributions	59	221
Amortization of deferred capital asset contributions	(7,873)	(5,613)
Deferred capital asset contributions, end of year	100,345	104,252
Unspent deferred capital asset contributions [note 4[b]]	(2,925)	(2,357)
Deferred capital asset contributions spent on capital assets	97,420	101,895

Restricted cash includes \$2,925 [2015 - \$2,357] [note 4[b]] related to unspent deferred capital asset contributions.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

7. DEFERRED CONTRIBUTIONS

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

	2016	2015
	\$	\$
Severance credits	783	893
Sheela Basrur Centre [note 4[a]]	149	179
Third party funds	1,972	1,345
	2,904	2,417

[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, \$257 [2015 - \$280] 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.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

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 \$2,081 [2015 - \$2,271], \$3,473 [2015 - \$3,062] and \$518 [2015 - \$534], respectively, and are included in expenses in the statement of operations and changes in net assets.

[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. The latest actuarial valuation for the non-pension defined benefit plans was performed as at March 31, 2015. 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.

Additional information on the benefit plans is as follows:

	2016	2015
	\$	\$
Accrued benefit obligation	4,905	5,488
Unamortized actuarial losses	(473)	(514)
Accrued benefit liability, end of year	4,432	4,974

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NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

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

	2016	2015
	\$	\$
Accrued benefit liability, beginning of year	4,974	5,224
Expense for the year	145	217
Contributions to cover benefits paid [note 4[b]]	(687)	(467)
Accrued benefit liability, end of year	4,432	4,974

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

	2016	2015
	%	%
Accrued benefit obligation		
Discount rate	2.00	2.00
Rate of compensation increase	2.25	2.25
Rate of inflation	2.00	2.00
Expense		
Discount rate	2.00	3.25
Rate of compensation increase	2.25	3.25
Rate of inflation	2.00	2.25

9. DIRECTORS' REMUNERATION

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2016, directors were paid \$17 [2015 - \$34].

10. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets is adjusted for capital assets received but not paid for as at March 31, 2016 of \$6,158 [2015 - \$15,618] and has been excluded from the statement of cash flows.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2016

The change in accounts receivable related to contributions for capital asset purchases is adjusted for contributions receivable but not received as at March 31, 2016 of \$3,665 [2015 - \$11,099] and has also been excluded from the statement of cash flows.

11. 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, 2016, no assessments have been received..
- [c] OAHPP has committed future minimum annual payments to Infrastructure Ontario related to premises as follows:

	\$
2017	16,927
2018	14,971
2019	14,693
2020	12,446
2021	12,313
Thereafter	256,840

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 length (years)	Current Term
Gerald Bisson	Ottawa	November 19, 2014	>1	November 19, 2014 - June 10, 2015 (resigned June 10, 2015)
Ken Deane	London	August 29, 2012	3	August 29, 2012 - August 28, 2015
John Garcia	Waterloo	October 22, 2014	3	October 22, 2014 - October 21, 2017
Janet Hatcher Roberts	Ottawa	May 6, 2009	3	May 6, 2015 - May 5, 2018
Praseedha Janakiram	Toronto	March 23, 2016	3	March 23, 2016 - March 22, 2019
Robert Kyle (Vice-Chair)	Whitby	September 12, 2012	3	September 12, 2015 - September 11, 2018
Sandra Laclé	Sudbury	October 20, 2010	3	October 20, 2013 - October 19, 2016
Warren Law	Toronto	May 6, 2009	3	May 6, 2015 - May 5, 2018
Suresh Madan	Toronto	February 24, 2016	3	February 24, 2016 - February 23, 2019
S. Ford Ralph	Newmarket	December 2, 2015	3	December 2, 2015 - December 1, 2018
Pierre Richard (Chair)	Ottawa	May 6, 2009	3	May 6, 2015 - May 5, 2018
Linda Rothstein	Toronto	November 19, 2014	3	November 19, 2014 - November 18, 2017
Ronald St. John	Ottawa	November 3, 2010	3	November 3, 2013 - November 2, 2016
Carole Weir	Kingston	May 6, 2009	1	May 6, 2015 - May 5, 2016
Catherine Whiting	North Bay	November 14, 2012	3	November 14, 2013 - November 13, 2016

The Board is focussed on effective oversight of PHO's operations and achievement of 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.



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