Ministry of Health and Long-Term Care

2018 Annual Report and Attestation

(as of December 31, 2018)

To be completed by

Board of Health for York Region Public Health

2018 Annual Report and Attestation

Instructions

The Annual Report and Attestation, which replaces separate program specific annual reports and the Program-Based Grants Annual Settlement Report, is a new reporting tool that boards of health are required to submit annually as per the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the "Standards") and Public Health Funding and Accountability Agreement (the "Accountability Agreement").

The Annual Report and Attestation requires boards of health to provide a year-end summary report on program achievements and finances, identify any major changes in planned program activities due to local events, and demonstrate compliance with programmatic and financial requirements.
As per the Accountability Agreement, the Ministry of Health and Long-Term Care (the "ministry") requires that the 2018 Annual Report and Attestation be completed and returned to the ministry on April 30, 2019. However, the due date for submitting the 2018 Annual Report and Attestation to the ministry has been **extended to June 28, 2019**.

The Annual Report and Attestation worksheets have been organized as follows:

1. Cover

This page has been customized to include the name of the board of health for which this report is to be completed.

2. Instructions

Provides an overview of the intent of the template and instructions on how to complete the worksheets.

Narrative Report Worksheets

Includes a set of worksheets to report on key achievements related to the delivery of public health programs and services. Yellow cells in the following two worksheets indicate where narrative input is required.

3.1 Narrative – Base

The purpose of this worksheet is for boards of health to describe key activities and program achievements for 2018 for specific Foundational Standards and Program Standards. Required narrative information will differ for each Standard included in this worksheet.

3.2 Narrative – One-Time

The purpose of this worksheet is for boards of health to describe the activities they undertook for one-time projects/initiatives funded by the ministry in 2018-19 and any outcomes achieved. This worksheet has been customized to include 2018-19 one-time projects/initiatives approved by the ministry for the board of health, and as listed in the board of health's most recent Schedule A of the Accountability Agreement. Boards of health are also required to confirm whether a project was completed or started, and if not, why it was not completed or started.

4. Financial Worksheets

Financial Year-End Actuals by Program

This section includes a set of worksheets that requires boards of health to provide financial year-end actuals for each program delivered by the board of health for the period of January 1, 2018 to December 31, 2018 and for each one-time project approved by the ministry for the 2017-18 and 2018-19 fiscal years. Expenditures and offset revenues reported in these worksheets should only reflect funding approved by the ministry as per the programs/sources of funding listed in Schedule A of the Accountability Agreement, and should not include any funding approved through separate processes/transfer payment agreements (e.g. Healthy Babies Healthy Children).

Please note that yellow cells in the financial worksheets indicate where data input is required by the board of health.

4.1 Base Funding

The purpose of this worksheet is for boards of health to report financial year-end actuals at 100% (both provincial and municipal portions) for each program delivered by the board of health under the Foundational and Program Standards, as well as indirect administrative costs, for the period of January 1, 2018 to December 31, 2018. This worksheet has been customized to include program names submitted by boards of health in their 2018 Annual Service Plan and Budget Submissions and reported expenditures in their 2018 4th quarter Standards Activity Reports.

Similar to the 2018 Annual Service Plan and Budget Submissions, boards of health are required to report the financial data within specified expenditure categories – salaries and wages, benefits, travel, professional services, expenditure recoveries and offset revenues, other program expenditures, and any inadmissible adjustments (specifically capital fund reserves, depreciation of capital assets/amortization, and sick time and vacation accruals). Variances are calculated against reported expenditures from the 2018 Q4 Standards Activity Reports submitted by boards of health.

For the purposes of the 2018 annual reconciliation process, boards of health must report financial year-end actuals related to the Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative in the Indirect Costs section of this worksheet. Expenditures related to salaries, benefits and other program expenditures (eligible stipends funded by the ministry under the initiative) are **not** to include any portion of the cost-shared base salaries/benefits for the MOH and AMOH positions and should only reflect the 2018 “top-up”/eligible funding approved for the board of health by the ministry. Data entered in this worksheet will populate the Expenditures by Account and Offset Revenues worksheet ("4.4 Expend by Acct & Offset Rev") and the Annual Reconciliation by Sources of Funding worksheet ("4.6 AR by Sources of Funding").

4.2 One-Time Funding

The purpose of this worksheet is for boards of health to report financial year-end actuals for each one-time project approved by the ministry for the 2017-18 (April 1, 2017 to March 31, 2018) and 2018-19 (April 1, 2018 to March 31, 2019) fiscal years, and within specified expenditure categories (see above, "4.1 Base Funding"). Variances are calculated against reported expenditures from the 2018 4th quarter Standards Activity Report for the 2018-19 one-time funding.

2018-19 one-time projects/initiatives **will not** be settled as part of the 2018 annual reconciliation process; however, expenses incurred from April 1, 2018 to December 31, 2018 must be reported in this worksheet.

Boards of health must also report actual expenditures for one-time projects/initiatives approved for the 2017-18 fiscal year in this worksheet. 2017-18 funding for these projects will be settled as part of the 2018 annual reconciliation process.

Data entered in this worksheet will populate the Expenditures by Account and Offset Revenues worksheet ("4.4 Expend by Acct & Offset Rev") and the Annual Reconciliation by Sources of Funding worksheet ("4.6 AR by Sources of Funding").

4.3 Variance Explanation

Similar to the quarterly Standards Activity Reports, boards of health are required to provide an explanation for variances greater than 3% (negative or positive) in this worksheet.

Annual Reconciliation Report

This section refers to worksheets 4.4 (Expend by Acct & Offset Rev), 4.5 (Funding from Ministry), and 4.6 (AR by Sources of Funding).

The purpose of this section is to reconcile the expenditures incurred by the board of health for the period of January 1, 2018 to December 31, 2018 and for each one-time project approved by the ministry for the 2017-18 and 2018-19 funding years against the funding received from the ministry for the same periods.

Expenditures are populated from the base funding and one-time funding worksheets and funding received from the ministry is to be entered in worksheet "4.5 Funding from Ministry". Boards of health are also required to provide details about the expenditure recoveries and offset revenues for mandatory programs (cost-shared) and other sources of funding in worksheet "4.4 Expend by Acct & Offset Rev".

4.4 Expend by Acct & Offset Rev

Actual Expenditures by Account
This table summarizes the total base and one-time financial year-end actuals by expenditure account/category. Total expenditures in this table must align with the board of health's Audited Financial Statements.

There is no data entry required in this table. It has been populated with data entered in the previous base and one-time worksheets.

Expenditure Recoveries & Offset Revenues Reconciliation
Boards of health are required to enter the details of the total expenditure recoveries and offset revenues reported under the base funding and one-time funding worksheets. Totals calculated in this table have to match the information entered in the base funding and one-time funding worksheets.

4.5 Funding from Ministry

This worksheet calculates the funding the board of health received from the ministry for ministry funded public health programs/ sources of funding. The funding calculated in this worksheet will populate the funding received from the ministry column in the Annual Reconciliation by Sources of Funding worksheet ("4.6 AR by Sources of Funding").

Funding adjustments processed between January 1, 2018 and March 31, 2018, which pertain to the 2017 calendar year (e.g., cash flow adjustments related to the 4th quarter financial reporting), must be reported under the Prior Year Adjustments Processed in 2018 section (Column C). Clawbacks should be inputted as **positive** amounts and reflows should be inputted as **negative** amounts.

Funding adjustments processed between January 1, 2019 and March 31, 2019, which pertain to the 2018 calendar year (e.g., cash flow adjustments related to the 4th quarter financial reporting), must be reported under the 2018 Adjustments Processed in 2019 section (Column D). Clawbacks should be inputted as **negative** amounts and reflows should be inputted as **positive** amounts.

Boards of health can find these funding details in the IFIS TPAS payment reports provided by the ministry, for the relevant time periods.

4.6 AR by Sources of Funding

This worksheet reconciles the financial year-end actuals by program/source of funding against the ministry's approval and funding received from the ministry, and calculates any amount due to (from) the ministry. Please note that any surplus related to 2018-19 one-time funding can be carried over to March 31, 2019.

Please note that the amount reflected as the “Approved Allocation” for the MOH/AMOH Compensation Initiative is based on 2018 eligible funding/cash flow for the purposes of calculating any potential variance for the period of January 1, 2018 to December 31, 2018.

There is no data entry required in this worksheet. It has been populated with data entered in the previous base and one-time worksheets.

Along with the financial worksheets included in the Annual Report and Attestation, boards of health are also required to submit the following **by June 28, 2019**:

• *Audited Financial Statements* that have been audited by a licensed public accountant and include a Statement of Financial Position (Balance Sheet), a Statement of Revenues and Expenditures (Statement of Operations), and an Auditor's Report. The Audited Financial Statements must align with the reported total expenditures in the Annual Reconciliation Report worksheets.

• *Auditor's Attestation Report* signed by their auditor(s) in the prescribed format with all sections included. The auditor(s) is only required to audit the Annual Reconciliation Report worksheets 4.4 (Expend by Acct & Offset Rev), 4.5 (Funding from Ministry), and 4.6 (AR by Sources of Funding) in the Annual Report and Attestation. Boards of health must ensure that this requirement is met.

5. Program Outcome Indicators

The purpose of this worksheet is for boards of health to report on the program outcome and locally developed indicators as outlined in the accompanying Program Outcome Indicators Reporting Instructions. Program outcome indicators included in the Annual Report and Attestation are provincially defined indicators to help monitor success of program outcomes as referenced in the Ontario Public Health Standards, while locally developed indicators refer to measures used at the local level to help monitor success of programs that vary across boards of health due to differences in population needs.

6. Board of Health Attestation

The purpose of this worksheet is for boards of health to complete a certificate of attestation to demonstrate compliance with the organizational requirements outlined in the Standards, as well as some program specific requirements. The worksheet is organized according to each Domain of the Organizational Requirements in the Standards.

To complete these worksheets, review each attestation question/item (Column A) to assess whether the board of health has fully met a requirement and select one of the following responses (Column B) from a drop-down list as follows: "Yes" – indicates that the board of health has fully met this requirement; "No" – indicates that the board of health has not fully met this requirement; and, "Not Applicable" (N/A) – this requirement does not apply to the board of health.

If the response is "Yes", the board of health is **not** required to provide further explanation, and can proceed to the next attestation question/item.

If the response is “No”, the board of health is required to provide a high level explanation (Column C) describing the circumstances under which the requirement(s) was not fully met and any impacts, and what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement (Column D).

If the response is “N/A”, the board of health is required to provide a high level explanation (Column C) describing why the item is not applicable to the board of health.

7. Certification by the Board of Health

This worksheet provides certification of the submission by the Chair of the Board of Health, Medical Officer of Health/Chief Executive Officer, and the Chief Financial Officer/Business Administrator.

Board of Health for York Region Public Health

2018 Annual Report and Attestation

Narrative - Base Funding
(for the period of January 1, 2018 to December 31, 2018)

Foundational Standards

Population Health Assessment Foundational Standard

1. Describe the engagement mechanism that existed between the board of health medical officer of health (MOH) and the Local Health Integration Network (LHIN) Chief Executive Officer (CEO), and planning activities to support this engagement.

York Region's Community and Health Services Department, including Public Health, and Central Local Health Integration Network (LHIN) are engaged and collaborate through joint planning meetings, a Commitment to Collaboration agreement and a Partnership Advisory Table.
Joint Planning Meetings: York Region's Community and Health Services Department and Central LHIN held a joint planning session on June 14, 2018. The LHIN's Integrated Health Services Plan (IHSP) was presented, and representatives for the two organizations discussed: (1) Intersections and alignments between York Region and Central LHIN's priorities; (2) Opportunities to (a) integrate programs and services to strengthen care for patients, residents and caregivers, and (b) strengthen capacity to plan and deliver care together within the broader healthcare system; (3) First steps or actions that the two organizations could work on together to leverage their partnership.
A decision was made to formalize the partnership through an agreement to collaborate on identified joint planning initiatives.

Annual Meeting: York Region and Central LHIN held its Annual Meeting on September 12, 2018. During this meeting, the partnership agreement, Commitment to Collaboration, and the LHIN's IHSP were discussed. In attendance at the 2018 Annual Meeting was: Medical Officer of Health, Public Health, York Region; Chief Administrative Officer, York Region; Chief Executive Officer (CEO), Central LHIN; Vice President, Health System Planning & Engagement, Central LHIN; Commissioner, Community and Health Services, York Region; Chief Financial Officer and Treasurer, York Region; Chief and General Manager, Paramedic and Seniors Services, York Region; and the Director, Strategies and Partnerships, York Region

Commitment to Collaboration: York Region's Community and Health Services Department and Central LHIN entered into a formal partnership through a Commitment to Collaboration on December 20, 2018. The Commitment solidified alignment of efforts between the two organizations to accelerate the advancement of strategic partnerships, increase system access and strengthen integrated person-centred care. Four areas of focus were included in the Commitment:
- Sharing of data and development of common understanding for decision support
- Review current system navigation models and identify areas for greater intersection, integration and partnership
- Collaborate in program and service design in key areas of mental health, community paramedicine and supportive housing for priority populations and neighbourhoods
- Partner to strengthen and support the region's indigenous community through engagement and development of a centralized gathering place.

Partnership Advisory Table: In 2018, York Region's Community and Health Services Department and Central LHIN formed a Partnership Advisory Table to implement actions as part of the Commitment to Collaborate. The Table prioritized projects for collaboration, such as a data sharing and development initiative, flu immunization promotion, Indigenous Health Advisory Council, and mental health and addictions services inventory. Partnership Advisory Table members representing York Region Public Health included the Medical Officer of Health, the Associate Medical Officer of Health, the Director, Child and Family Health and the Director, Healthy Living

2. Describe how the board of health was consulted on the LHINs' 2018-19 Integrated Health Service Plan.

During the Joint Planning Session on June 14, 2018, the Central Local Health Integration Network (LHIN) engaged York Region's Community and Health Services Department on their 2016-2019 Integrated Health Service Plan (IHSP) and the draft direction for the next cycle's IHSP. Meeting attendees were presented with the priorities, sub-region planning areas and key areas of focus of the 2016-2019 IHSP. Attendees also had the opportunity to ask questions and provide comments on the IHSP. In attendance on behalf of York Region Public Health included:

- Director, Child and Family Health
- Director, Healthy Living
- Director, Infectious Diseases and Control
- Manager, Epidemiology and Research

On September 12, 2018, York Region and the Central LHIN met for its Annual Meeting. The Central LHIN presented an update on the IHSP during this meeting. On September 28, 2018, the Central LHIN invited York Region's Community and Health Services, including Public Health, to provide feedback on the IHSP's draft priorities. York Region's Community and Health Services Department submitted its feedback on October 10, 2018. This feedback included comments from Public Health.

3. Describe how population health assessments were used to influence program planning in order to meet the needs of priority populations.

The Child and Family Health Division conducted a program review to evaluate current programs and services to assess alignment with the new Ontario Public Health Standards and make recommendations to enhance the integration of evidence and address local needs. This process included the use of Innovation Labs for staff to share ideas and perspectives. The newly created Healthy Growth and Development Program, Healthy Babies, Healthy Children Program and Dental Programs utilized population health data to determine new boundaries for each program that would re-align resources to match population needs by geography. Dental school screening results and health equity attributes of neighbourhoods were used to develop a targeted approach to offering dental screening in Child Care Centres.

Healthy Living division conducted a full divisional program review. Each team undertook a situational assessment as part of the Health Promotion Program Planning Process. Population health assessment products supported each divisional team in the identification of local health burdens and priority populations most greatly affected by these burdens. Data tables were created for each healthy living team which provided information on relevant public health data sources, a snapshot of current statistics and the story behind the data. Chart books were created for each healthy living team which displayed trends over time. This information subsequently supported program planning tasks to gather the appropriate evidence and develop comprehensive action plans to meet the needs of the identified priority populations. The 2018-2020 Healthy Living Surveillance Plan was developed during 2018 and incorporates indicators chosen as part of the Healthy Living Health Promotion Program Planning Process.

In IDCD, following identification of a slight increase in iGAS cases in a particular month in 2018, a more comprehensive assessment was undertaken to better understand and describe the cases observed within our population, as well as the distribution of cases among various groups. This helped to provide insight into commonalities among our cases, including injection drug use. Consultation with an external public health practitioner expert and a grey literature review on the epidemiology of iGAS were undertaken to understand other common risk factors associated with this invasive disease. This resulted in combining the expertise of the Control of Infectious Diseases program and the Substance Misuse and Sexual Health Clinics Program staff to inform enhanced measures for identifying priority populations at risk for acquiring iGAS infections, and modifiying the practice for collecting risk factor information. In-depth analysis of risk factors for STIs was undertaken with the goal of identifying priority populations for whom educations and case management practices may require enhancement. An iterative review of the data collected within the integrated Public Health Information System (iPHIS), identified clients who experience multiple STI occurrences as the population of interest. Further efforts in 2019 for exploring subpopulations will enable prioritization efforts and to develop target specific resources and educational materials. Immunization data from the Digital Health Immunization Registry was used to understand characteristics of local populations of children who may have barriers to ISPA compliance or are under-vaccinated to support development of communication products and key message that resonates with the target population. The initial findings highlighted specific immunization-related measures/indicators being assessed to be directed to specific populations. Further discussion and analysis in 2019 will enhance our understanding of the findings and will support additional analyses to inform future planned immunization campaign.

Health Protection
The CCHVAA used population health assessment to identify priority populations that may be especially vulnerable to the health impacts of climate change. Because this is a multi-year project, analysis will be disseminated to programs and integrated into program planning in subsequent years. The Food Handler Certification program continues to monitor trends in the population of food handlers enrolling in the course and adapts programming accordingly, e.g. adjusting language support and dates/times/locations of workshops.

4. Describe how the board of health monitored food affordability.

• Monitored food affordability by completing food basket costing at nine grocery stores, based on the Ministry's Monitoring Food Affordability Reference Document (August, 2018), which references the Nutritious Food Basket Protocol (2014) and includes in the 2018 document the in-store costing tool (2008) in Appendix B
• Used the Income Scenarios Spreadsheet and Backgrounder developed by Ontario Dietitians in Public Health (August 2018) for conducting food affordability analysis
• Compiled a report which is shared with community partners and is found on-line

Health Equity Foundational Standard

1. Describe the engagement mechanisms that existed between the board of health, the LHIN(s), municipalities, and other relevant stakeholders working with Indigenous communities to decrease health inequities.

Urban Indigenous Community
York Region's Community and Health Services Department and the Central Local Health Integration Network are co-sponsoring the development of a York Region Indigenous Health Advisory Council. The creation of the Council is being led by Indigenous residents and organizations in and surrounding York Region and meetings are being facilitated by an Indigenous consultant. As the creation of the Council is being led by Indigenous residents, the roles and responsibilities have not yet been established. Possible roles can include the Council providing an Indigenous lens on the programs and services being offered in York Region and providing suggestions on how to decrease health inequities in the community.

On-Reserve Community
York Region's Community and Health Services Department has been meeting with the Chippewas of Georgina Island First Nation to strengthen the relationship with the community. Various topics and how they affect the on-reserve community have been discussed including housing and homelessness, EarlyOn child and family centres, community safety and well-being, diversity and inclusion and the social determinants of health.

Engagement Guidelines & Resources
As we continue to strengthen our relationships with Indigenous communities, York Region's Community and Health Services Department is developing engagement tools to support staff in engagement activities with Indigenous peoples. These include data on Indigenous peoples in York Region, tips for engagement, important dates as well as training resources which cover topics related to Indigenous history and cultural sensitivity.

2. Describe how health equity strategies and approaches were embedded into programs and services to reduce health inequities in the following areas:

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

ASSESS AND REPORT

On a) the existence and impact of health inequities, and b) effective strategies to reduce these inequities

•Immunization: Applied research was initiated in 2018 using immunization data from the Digital Health Immunization Registry to understand characteristics of local populations of children who may have barriers to ISPA compliance or are under-vaccinated to support development of communication products and key message that resonates with the target population. Targeted population-specific strategies were implemented to increase compliance with the Act including strengthening relationships with the school boards, making information/services available in multiple languages, offering school-based or evening services.

• CDP and well-being-Sexual health: Health Equity Impact Assessment was completed by the Sexual Health program to explore strategies to effectively identify and address the needs of priority populations. The program developed an outreach framework to improve their reach to vulnerable populations. The program continues to offer low-cost birth control options, low to no cost vaccines, and free condoms. Testing is also available within York Region shelters to increase accessibility to services.

MODIFY AND ORIENT INTERVENTIONS

And services to reduce inequities, with an understanding of the unique needs of populations that experience marginalization

• CDP and well-being-Healthy eating behaviours: Nutrition services continue to offer free, universally accessible programs through the Healthy Schools Program. Free parent workshops are offered to priority populations. Food literacy programs are planned with an equity lens that includes food and recipe options that are low-cost, easily accessible and culturally diverse to reflect the needs of YR residents. Workshops and resources are translated and written in plain language.

• CDP and well-being-Sexual Health: Guidelines for conducting case management were augmented with language specific to risk reduction health teaching to improve client interactions with individuals adversely impacted by social determinants of health, while also enhancing linkages to community supports and timely access to follow up care with health care professionals. The Sexual Health Outreach program is based on a health equity approach where access to services is provided to the most vulnerable priority populations at risk for sexually transmitted infections and blood-borne infections who may not regularly access health care services. The program is modified to ensure clients' specific needs are met, build rapport and trust, provide services to promote sexual health through health teaching and testing.

• Infectious and communicable diseases prevention and control-Rabies: The Rabies program provides communications support for low-cost rabies vaccination clinics offered by local veterinary partners. During rabies exposure investigations, if cost is identified as a barrier to vaccination, then Public Health Inspectors refer animal owners to upcoming low-cost rabies vaccination clinics or provide vouchers for vaccination.

• Infectious and communicable diseases prevention and control-Vector borne disease: The Vector-Borne Disease program publishes translated versions of key health promotion materials to make information on West Nile Virus and Lyme disease prevention more accessible to immigrants and individuals whose first language is not English.

• Food safety: The Food Handler's Certification (FHC) workshops are offered at no cost to low-income individuals, newcomers to Canada, volunteers at non-profit agencies, and community groups who serve vulnerable populations. The FHC program also reduces barriers to accessibility by offering translated materials, workshops in varying locations and at varying hours, and self-study and online options.

• Healthy growth and development-Child health: Health Equity Impact Assessments (HEIA) was completed on the Transition to Parenting Programs to explore strategies to effectively identify and address the needs of priority populations for each of these programs.

• Healthy growth and development-Reproductive health: The All Babies Count program, a prenatal nutrition education program for high risk populations, continued to provide transportation, childcare and interpretation services for families that requiring these services to reduce barriers for accessing the program. Option for prenatal online education is offered at no cost. Weekend and evening in-person prenatal program is offered at a low-cost, with the option for the fee to be waived. Health Equity Impact Assessments (HEIA) was completed on the Childbirth Education program to explore strategies to effectively identify and address the needs of priority populations for each of these programs.

• Healthy growth and development-Breastfeeding: Breastfeeding supports and services were expanded beyond the in-person clinic and telephone support services

to include face to face video-conferencing and e-Chat services. Translation services continue to be offered to all breastfeeding support services if needed.
• School health: Continuation of the Active School Travel universal program to all schools in York Region. To reduce barriers for accessing the program, translation services and translated resources are available. The program also facilitates access to safety equipment for children.
• School health-Mental health and well-being: The Healthy Schools program is a universal program offered to all schools in York Region. Each school identified their area of focus through a needs assessment. Schools that identify mental health are provided with support to develop a comprehensive action plan to meet the needs of the school. Programming is delivered universally to all students. A large number of schools that participated in the enhanced program had a focus on mental health and a proportionate universalism approach for supports and funding was applied to address the need of students.

PARTNER WITH OTHER SECTORS
Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization
• Infectious and communicable diseases prevention and control- Vector borne disease: YRPH worked in collaboration with our local Indigenous community, the Chippewas of Georgina Island, to support their funding application to implement their climate change adaptation plan focused on vector-borne disease (West Nile Virus and Lyme disease).
• Safe water: The Safe Water program collaborates with the Chippewas of Georgina Island to provide resources and education on recreational water safety prior to the beach sampling season.
• Healthy growth and development-Breastfeeding: YRPH's Breastfeeding Program worked in collaboration with local hospitals and midwives to distribute 2650 hand expression kits to individuals/families in York Region to encourage breastfeeding exclusivity and duration rates.
• Infectious and communicable diseases prevention and control-Tuberculosis prevention and control: YRPH in partnership with the Social Services branch reduced access barriers to tuberculosis treatment and management and provided enhanced support to clients who experience food insecurity. The Control of Infectious Diseases program also works with clients who may be excluded from a high risk setting due to a particular illness and their employers to develop a modified return-to-work plan to minimize financial impacts of the exclusion. This ensures protection of the community while balancing the needs of the clients.
• CDP and well-being-Smoke-Free Ontario Strategy-Youth Tobacco Use Prevention: YRPH continued to collaborate with youth serving organizations to build capacity to reach and engage high-risk youth who are at increased risk for tobacco use.
• CDP and well-being-Sexual health: Sexual health reference tools were developed and distributed to health care professionals to support them with engaging their patients in discussions related to sexual and blood borne infections which included specific information related to high risk populations identified within York Region in an effort to reduce inequities experienced by these populations.
• Food safety: The Food Safety at Home Program partners with community stakeholders to conduct food safety at home presentations to various community groups. In 2018, 10 Home Food Safety presentations were offered for seniors and newcomers, including 1 in Cantonese. Two presentations were offered for people with intellectual disabilities.
• Substance use and injury prevention-Road safety: Through the car seat gift project 41 car seats were provided to 40 low income families accompanied by home and shelter visits and education. Resources and education on car seat safety were provided in collaboration with community agencies to new immigrants, young and single parents, and those who were financially challenged.
• Substance use and injury prevention-Falls: Priority populations were identified based on local data and research. As a result, YRPH worked with community partners to identify actionable strategies to address fall related needs and deliver workshops in targeted geographic areas.
• Substance Use and Injury Prevention-Needle exchange: YRPH partnered with community agencies and peers (those with a history of using drugs or currently using drugs) in various program development and activities. YRPH supported community agencies to become distribution sites of harm reduction supplies to clients in need through various capacity building initiatives.
• Substance Use and Injury Prevention-Opioids: YRPH engaged community partners and clients with lived or living experience with opioid use to inform recommendations for the Opioid Action Plan for York Region regarding harm reduction, social services, and homelessness programs.

PARTICIPATE IN POLICY DEVELOPMENT
Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities
• CDP and well-being-Tobacco-free living: YRPH continued with work with Housing York Inc. and its residents to develop a comprehensive strategy including a smoke-free policy in multi-unit buildings in social housing to reduce exposure to second-hand smoke and smoking cessation support.
• Healthy environments: Health equity considerations were included as appropriate, when advising on land use planning documents (e.g. Official plans, secondary plans etc.), in addition to planning for local and regional strategies and initiatives.
• CDP and well-being-healthy eating behaviours: Nutrition Services works with community partners to identify approaches to reduce income inadequacy and food insecurity. Partnership building and awareness raising strategies are used to address the root causes of health inequities, including policies that impact on the social determinants of health.
• Substance Use and Injury Prevention-Concussion: Support school boards to implement PPM 158, School Board Policies on Concussion to increase concussion education and prevention in all schools in York Region. The program also helped to lead and coordinate network of provincial health units and other key agencies and stakeholders that support concussion awareness such as the Ontario Concussion Prevention Network.

3. Confirm the number of staff at the board of health that completed Indigenous cultural competency training.

28 Public Health staff received Indigenous cultural comptency training

Effective Public Health Practice

1. Describe how evaluation and research activities were embedded into board of health processes to inform improved outcomes and evidence-informed decision making.

In the Healthy Living division, research activities, such as engaging target populations and partners or literature reviews, occur early on within the program planning process to establish and define what outcomes should be of interest for programs. This also assists with the establishment of indicators which monitor program activities and outcomes to inform decision making throughout a program's life cycle. Beyond the monitoring of indicators process that is in place for programs, formal evaluations are undertaken with pilot programs and mature programs to foster an ongoing culture of improvement. More specifically, outcomes are assessed towards the end of a program life cycle, or each instance of a program, through formal evaluations which ultimately enhance the next iteration of programming. A program then re-enters the planning phase as necessary with a strong knowledge of the outcomes from the previous iteration.
Examples of reviews to identify evidence-informed interventions to achieve desired program results in 2018 included identifying effective interventions to reduce falls amongst seniors and prevent substance use amongst youth. The results of these literature reviews were then analyzed and considered in the identification of team action plans moving forward.
In 2018 the evaluation of the Tobacco Free Living Team's Community Based Nicotine Replacement Therapy Pilot Project was completed to understand the impacts of providing this service within local physician's offices. Based on the results of this formal evaluation the pilot project was continued as a component of the team's regular programming.

In IDCD, evaluation activities were integrated into mandated activities that have been legislated for a number of years, as well as for new programs that have been mandated by the province more recently. In 2018, York Region Public Health actively evaluated processes related to cold chain maintenance inspections owned by external health care provider and enforcement of the Immunization Schools Pupils Act (ISPA)
to identify areas of improvement, understand perceived quality of our services and products, and assess effectiveness of these initiatives. The results of surveys administered to those impacted by these activities and/or involved in the process were analyzed and summarized. Feedback provided to the service recipients included recommendations on how public health would address suggestions for improvement. Some recommendations have already been implemented and the remaining are being considered as improvements to existing processes (e.g., expansion of the well-received health education provided during inspections to all vaccine-handlers within the premises) in 2019.
In addition, in 2018, YRPH undertook a formal evaluation of the mandatory education sessions for parents seeking vaccination exemptions to assess the impact on immunization coverage and compliance, client and staff perspectives on the process, impact and value of the sessions and the costs and resources used to implement these education sessions. The report is being finalized in 2019.
Research activities are also integrated into board of health processes to inform evidence based decision making. For example, applied research was initiated in 2018 using immunization data from the Digital Health Immunization Registry to understand characteristics of local populations of children who may have barriers to ISPA compliance or are under-vaccinated to support development of communication products and key message that resonates with the target population. The initial findings highlighted specific immunization-related measures/indicators being assessed to be directed to specific populations. Further discussion and analysis in 2019 will enhance our understanding of the findings and will support additional analyses to inform future planned immunization campaign.
Moreover, the IDC Division maintains a dashboard of program indicators to support assessment and evaluation of performance and other key activities. The IDC Division has a strong culture of continuous quality improvement, focused on using data (research and evaluation information) to improve process. An active lens for improvement is applied to all programs through process mapping development and modification, resulting in the formation of improvement teams to oversee changes and modifications to program activities, and sharing of lessons learned and best practices within the division and branch.

The Child and Family Health Division developed new tools for Literature Reviews and provided a mentored program with three teams to support skills development in searching, appraising and implementing evidence into practice. Practice Briefs were prepared on emerging topics, including cannabis use during pregnancy and breastfeeding, to ensure staff are incorporating evidence informed messaging when interacting with families. Training was provided to Best Practice champions on evaluation tools and development of quality indicators. Lean Green belt training was provided to 6 staff and managers resulting in a number of successful process improvement projects that enhanced services, including the creation of more breastfeeding clinic appointments for clients. A community needs assessment was conducted to enhance understanding of community perspectives on parenting in the early years. Surveys, focus groups and key informant interviews were conducted with York Region residents as well as key community partners. The final report on the Community Needs Assessment outlines the division's next steps towards addressing themes that were raised.

CNO & BPSO - In order to fulfill the Chief Nursing Officer Initiative, the Nursing Practice Program implements strategic initiatives in the areas of nursing practice and quality assurance, nursing leadership and overall organizational effectiveness. The program focuses on enhancing public health nursing practice through professional and leadership development, reflection, use of evidence to support decision-making, fostering client engagement and interdisciplinary collaboration. In 2018, activities included implementing Best Practice Guidelines and enrolment in the Registered Nurses' Association of Ontario's Best Practice Spotlight Organization (BPSO) program. This three year candidacy period will result in designation as a BPSO in 2021. Templates, tools and training were provided to champions to support the implementation and evaluation of 5 Best Practice Guidelines. To support the implementation of the Person and Family Centred Care initiative, and integrate client experience measures into Public Health planning and evaluation, the Nursing Practice team released the Client Voice Action Guide, provided training and held an educational and showcase event, the Client Voice Learning Forum. These tools and resources were used to inform the development of a client experience framework for the Branch and accompanying client experience measures. Two education sessions were held with nurses and one with managers to support knowledge exchange, enhance practice and showcase nursing impact. Workforce development was supported through nursing student (bachelors and masters) placements and preceptor development opportunities. Leadership development was supported through the recruitment of mentees and mentors for a new cycle of the TripleM Leadership program. A revised version of the Public Health Branch Documentation Standards was released to increase understanding of documentation requirements and ensure quality documentation practices across public health disciplines. This was accompanied by an Elements of Quality Documentation Practice Framework to guide the process of integration and monitoring documentation practice.

In Health Protection, the IPAC program stopped offering the PSS workshop based on an evaluation report showing that despite high customer satisfaction, the workshop did not impact compliance at public health inspections. PHIs work areas were realigned based on a comprehensive inventory of premises, risk ratings, reinspection and complaint rates, and other factors influencing PHI workload. The YorkSafe evaluation report assessed the impact of a multi-year awareness campaign and identified future directions for targeted promotion of public health inspection disclosure. Evaluation reports were completed for the Clean Air at Home campaign and the Food Handler Certification program, and the program areas are currently considering actions to take based on those reports.

Emergency Management Foundational Standard

Emergency Management Planning Activities

1. Provide a short description of emergency management integrated* planning activities conducted this year, including key community stakeholders and levels of government engaged, processes in place for recovering public health services identified as time-critical (similar to those identified in the Continuity of Operations Plans), key responses you coordinated, and changes implemented to your emergency management planning, practice and plans that resulted from recommendations included in your debriefs and/or after action reports. *(*Developed in collaboration with community stakeholders, other levels of government and other health system partners)*

The York Region Public Health Emergency Response Plan was revised to align with the new Emergency Management Guideline. These changes were also incorporated into the Regional Emergency Plan and its annexes. A summary of the role of Public Health in municipal emergencies was shared with the nine local municipalities so that it could be included in their emergency plans.

In the Regional structure, Public Health works closely with its partners in the Community and Health Services (CHS) Department to integrate emergency planning/response/recovery efforts, as well as with Corporate Emergency Management and the Regional Community Emergency Management Coordinator (CEMC). Partners in the CHS Emergency Management Working Group include Paramedics, Long-Term Care, Emergency Social Services, and Housing among others. Public Health works alongside these CHS partners to coordinate emergency response through a Departmental Emergency Operations Centre (DEOC). In 2018, capital upgrades were completed at the Vaughan Office location so that an Alternate DEOC could be established as a back-up location.

Mass Immunization Agreements with the York Region District School Board and York Region Catholic School Board were updated and signed. Maps of all potential mass immunization sites (school and municipal) were developed and included with emergency management resources. Changes to the clinic set up processes and resources are being incorporated into plans following recommendations from the July 2018 set up drill.

N95 respirator (mask) fit testing was completed for 329 staff with an overall coverage rate for identified staff of 80%. The Health Emergency Planning program began the implementation of new PPE inventory stockpile management software, Operative IQ, in collaboration with Paramedics Services.

Public health programs reviewed and updated their Business Impact Assessments and Business Continuity (Continuity of Operations) Plans. Detailed plans for a loss of staff scenario were developed and lessons learned and recommendations were incorporated into the subsequent planning cycle. For time-critical public health services, manual work around procedures are recommended for at least 72 hours, and back up locations and strategies for loss of staff have been identified. Programs/services are to have electronic copies of contact lists, essential forms and documents saved on encrypted USB as well as in hard copy. A number of public health offices have backup generators, including the vaccine supply depot. Analog telephone lines are available in the DEOC and Alternate DEOC.

The health unit responded to several business continuity disruptions or near disruptions in 2018 including: a potential labour disruption, a high wind event causing power outages at some of our Newmarket offices, a lockdown at the Georgina office, a network outage in Newmarket, and a sewage system malfunction at the Markham office. The DEOC was activated on one occasion to support the business continuity event. For large disruptions, debriefs and after action reports were completed and lessons learned were incorporated into future planning objectives.

Public Health representatives regularly attend CEMC meetings with the upper and lower tier municipalities and emergency management meetings with Corporate partners including Environmental Services, Transportation, etc. As well, bi-annual meetings are attended with emergency management professionals from other health units through the Ontario Public Health Emergency Management Network.

Although the DEOC was only activated on one occasion in 2018, a number of key responses were managed within Public Health programs that did not require DEOC activation. One example is the management of an institutional outbreak of Invasive Group A Streptococcal Disease.

Health Assessment, Awareness, and Surveillance Activities

2. Provide a short description of activities/processes the board of health conducted to (1) identify public health risks, hazards and impacts; potential disruptions to public health service delivery; and, threats to continuity of operations; and, (2) provide a public health perspective to other hazard awareness and risk assessment processes conducted in your area/region.

(1) The annual Public Health Hazard Identification and Risk Assessment (HIRA) workshop was held on May 11, 2018. The current top public health threats for York Region were identified and shared with Public Health staff, municipal and community partners. The HIRA process included the identification of vulnerable populations (those that might experience disproportionate health impacts) and the organizational capacity to manage the identified risks.

Health hazard risk assessment is integrated at the program level across the health unit. Routine surveillance and reporting of diseases of public health significance are conducted and aberrations are flagged and investigated to inform the need for a local response. Approximately 2,300 case and contact investigations associated with diseases of public health significance are conducted each year. Routine surveillance of opioid overdoses and deaths is conducted through the Opioid Overdose Early Warning System and risk is assessed using a risk assessment tool that includes triggers for public health investigation and action.

Public health hazards are routinely assessed during public health inspections, investigations, and surveillance (e.g. beach water quality, extreme heat events, West Nile virus etc.). Risk assessments are used to determine if 24/7 follow up is required.

Situational awareness to possible events/disruptions was achieved through the monitoring of a variety of communication sources, for example: Canadian Network for Public Health Intelligence (CNPHI) alerts; Emergency Management Communication Tool (EMCT); Environment Canada weather alerts; Property Services notices; Information Technology Services (ITS) notices; and situation reports from partners including Paramedics; York Region Emergency Management; and the Ministry Emergency Operations Centre.

(2) Public Health participated in the Regional HIRA and critical infrastructure review on May 23, 2018 to provide public health input to the hazard assessment of both upper and lower tier municipalities in York Region.

York Region Public Health posts population health assessment and surveillance reports online on york.ca and disseminates directly to community partners. For example, weekly reports during influenza season with local data and trends are available online and extreme heat and cold events are monitored and reported on to support decision making and response at the local level.

Other examples in this area include: the risk assessment process for opioid overdoses and deaths including community partners, participation in the development of a Regional Climate Change Action Plan, and support provided to the CHS Department during the relocation of refugee claimants to a hotel in Markham.

Communication and Notification

3. Provide a short description of (1) 24/7 notification protocols available for communication with board of health staff, community partners, and governmental bodies, developed and maintained by the board of health, including main modes of contact available for the medical officer of health; and, (2) communication modes used to disseminate information regarding hazards to the board of health, staff and other relevant community partners (e.g., Emergency Management Communications Tool, social media, news, media).

(1) During normal business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.) there are program specific communication and notification protocols. Incoming telephone calls may come to Public Health through Health Connection, Access York, staff or program extensions. Notification procedures may use email, telephone, or fax, and may also use Enterprise Notification Service (ENS) or CNPHI alerts depending on the target audience. For example, urgent notices to physicians are sent using ENS to York Region physicians on the College of Physicians and Surgeons of Ontario contact list. Staff may be alerted to an emergency through their respective Manager, or through the York Region internal communication system (e.g., email, voicemail).

For high risk disease cases and outbreaks, rabies exposures, food safety, water safety, infection control and other health hazards, operations are maintained 24/7 through an after-hours on call program. An answering service (1-888-335-0111) routes calls to an on call public health inspector, and high risk disease cases and outbreaks are managed by Infectious Diseases on call staff who can be reached by cell phone, at a number published on all documentation for external providers who may report or require response to high risk diseases/outbreaks. Contact list information including preferred after hours telephone numbers is maintained in the staff database for ENS (i.e. ROSIE), manual fan-out lists, the CHS My Emergency Contacts app, and are referenced in the on call schedules and procedures. The Medical Officer of Health is included in these lists and is available by telephone and email.

Internal public health staff notification is outlined in the York Region Public Health Emergency Response Plan (Section 11.3) and Emergency Fan-Out Guidance Note (Annex 16.8.3). In the event of an emergency or disruption that requires staff notification, staff may be contacted by telephone and/or email through ENS or manual fan out procedures.
In the situation of an office incident (e.g. business continuity disruption), the lead manager identified for the event communicates to all management using a designated email distribution list as per the Public Health Office Incident Guideline.

(2) Communication modes used depend on the target audience. As mentioned above, for internal public health staff notification and communication, information may be disseminated by their Manager, telephone and/or email. A designated Emergency Communication Line also allows staff to call in for updates once it has been activated.
To manage call surge from the general public, the Public Health Emergency Telephone Surge Plan (Annex 16.8.2) may be activated to support the management of incoming phone calls.
Other communication modes include use of the EMCT, CNPHI alert posting, and media and social media (e.g. Twitter, Facebook, media releases, web content updates (addition of news items to York.ca)).

4. Does the board of health's 24/7 notification process include the availability of the medical officer of health?

Yes

Learning and Practice

5. Provide a short description of emergency management learning opportunities delivered to board of health staff, including the activities you conducted to practice emergency planning and 24/7 notification procedures (e.g., general response plans, etc.) either as part of training, an exercise, a response or recovery.

Various learning opportunities and practice took place throughout the year. Designates to the DEOC participated in orientation training (July 12, 2018) as well as Incident Management System position specific training opportunities. Members of the Public Health Emergency Support Group attended an annual training day (September 10, 2018). Public Health also participated in Regional workshops and exercises on: Cyber Security (May 9, 2018); Spills and Hazardous Materials (June 27, 2018); Building Resilience Training and Education Conference (November 9, 2018); Regional Emergency Control Group training (November 20, 2018); and a locally hosted Disaster Recovery Institute course on Business Continuity Planning Review (BCP 501) (June 4-6, 2018).

The Mass Immunization Emergency Clinic Planning and Implementation Manual (Annex 16.5 of the York Region Public Health Emergency Response Plan) was tested in clinic set up exercise July 18, 2018. The exercise included an evaluation of the plans for clinic set up, and testing of the 24/7 notification procedures using ENS. Technology set up of the DEOC was also tested on two occasions.

Public Health also participated as observers in reception centre set up exercises run by Emergency Social Services and the Red Cross (June 12 in Stouffville and September 13 in Newmarket), and in the sim cell at the City of Markham Emergency Exercise (September 13, 2018).

Program Standards

Chronic Disease Prevention and Well-Being Program Standard

1. Describe the program of public health interventions that was implemented and how mental health promotion strategies and approaches were embedded into the program of public health interventions.

TOBACCO FREE LIVING & SFO TOBACCO CONTROL COORDINATION: Community based tobacco cessation services including: STOP on the Road Tobacco Cessation Workshops monthly, Physician office and food pantry tobacco cessation clinics and Georgina First Nation tobacco cessation workshops; -In-home cessation services; -Georgina citizen engagement activities to guide program planning: In-person 5 focus groups and online survey recommending increased availability of services, partner with existing community programs and provide additional education resources; Capacity building & organizational change: Best Practice Guideline integration with Child & Family Health Division, Tobacco trauma-informed e-Learn module created for staff, External program consultations, Tobacco related education for local hospital staff, YR Mental Health and Tobacco Community of Practice member, Tobacco Addiction Recovery Program (TARP) member - 4 sessions, YR Tobacco Services pathway created and 500 pathways distributed; Policy Development: Participated in the creation of the Smoke-free Conservation Areas Toolkit and hosted Provincial Smoke-free Conservation Area Toolkit webinar, Participated in 3 community events to increase awareness of Smoke-free multi-unit housing; Provided consultation and support to local school board to update their tobacco and Smoke-free Environment Policy

Tobacco-free Living supports mental wellbeing by promoting tobacco prevention, supporting tobacco cessation and policy development since people who do not use tobacco or those who quit tobacco report better mental health. Also, those with mental health issues are more likely to use tobacco than the general population. We promote community smoking cessation workshops and nicotine replacement therapy with priority populations including those with mental health issues. In 2018 we provided nine STOP on the Road Workshops offer to 182 participants; (participants with reported diagnosed mental health disorders: Depression 38%, Anxiety 39%, Schizophrenia 3%; Bipolar disorder 9%) Programming also includes collaborating with community agencies (Mental Health Community of Practice) to provide 12 week Tobacco Addiction Recovery Program (TARP) for individuals with serious mental health issues (4 groups were provided in 2018). We provide education and awareness of the association between mental health and tobacco by creating and distributing resources to both internal and external community partners and clients through Public Health Branch mental health workgroup for York Region Webpage, externally to Mental Health and Tobacco Community of Practice member agencies and by using the trauma-informed harm reduction approaches to tobacco use resources for internal/external practitioners working with women and resources to assist women to quit tobacco

SMOKE-FREE ONTARIO STRATEGY: YOUTH TOBACCO USE PREVENTION: Provided education and awareness information booths/presentations to schools, and local youth serving agencies about trending tobacco products like e-cigarettes/vapes; Provided teacher tobacco education sessions and promoted the use of the Academy for Tobacco Prevention to incorporate tobacco prevention activities into their curriculum; Collaborated with youth serving community organizations to raise awareness about tobacco through regional campaigns like Smoke Free Movies, Party without the Smoke and That's Risky; Facilitated a youth smoking cessation program called NOT on Tobacco (NOT) with training from the Ontario Lung Association; Collaborate with schools, teachers, parents and youth servicing organizations to build capacity to reach and engage high-risk youth who are at increased risk for tobacco use

PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR

Collaborated and supported active transportation initiatives; Implemented and advocated for the school travel planning approach to identify and address barriers to AT and to increase active and sustainable modes of transportation to and from schools; Provided advice and information to link people to community programs and services related to physical activity; Increased public awareness of physical activity; Increased the capacity of community partners to coordinate and develop regional/local programs and services related to physical activity; Worked with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding physical activity; Developed and promoted physical literacy (PL) messaging to community partners; Built capacity of key stakeholders on PL and integrated into their programming; developed handbooks for parents and child care providers; worked in collaboration with a local college to integrate PL in their ECE curriculum; Active member of OSPAPPH sedentary behaviour workgroup. Developed key messages and infographics promoting active living; Active members of GTHA Hub committee promoting active school travel; Chair of the Regional Active Safe Routes to School committee promoting active school travel, networking, collaborating with York Region stakeholders; Participated and promoted provincial initiatives addressing physical activity e.g. bike to school week, iwalk day, Winter walk days; Promoted Nature Back Pack resource in libraries allowing children and families to be physically active in the outdoors while learning about nature

We ensure mental health key messaging relevant to physical activity is included in our consultations, fact sheets, newsletters, monthly e-Blasts to both elementary and secondary students. We encourage schools to use active school travel as a component of positive mental health. We promote MH physical activity key

messages through active school travel and our comprehensive resource
HEALTHY EATING BEHAVIOURS::Family Nutrition: All Babies Count (CPNP) program delivery - education, menus, food literacy; • Healthy Babies Healthy Children and Breastfeeding Clinic registered dietitian visits; Healthy Beginnings interdivision committee and fact sheets; Deliver workshops - to parents in two geographic areas with more high risk clients, to Early years internal and external agency staff, Child Care centres and home based providers to build capacity; Child Care menu reviews
School Nutrition: Healthy Schools nutrition consultations in elementary and secondary schools, local school policy support, and support leadership initiatives in secondary schools; Healthy Schools nutrition work with and support school board curriculum consultants and school board events; My Healthy Lunch Challenge in elementary schools & Healthy Eating Ambassador program; Food for Learning York Region steering committee chairing and local shared support, for breakfast, morning meal and snack programs; Food for Learning – nutrition support visits and consultations for new programs, e-newsletter, online training, website support, and annual volunteer appreciation event; Healthy Kids Community Challenge nutrition supports provided in Aurora and Georgina
Food Literacy: Let's Cook Phase 1 campaign and continuing support with Let's Cook eblasts; Let's Cook Phase 2 background research for fall 2019 campaign targeting launched millennials; You're the Chef for schools - train-the-trainer workshops and food literacy school programs; Junior Chef Ambassador program providing food skills training and support; You're the Chef for Parks and Recreation and school board summer camp staff train-the trainer workshops; You're the Chef train-the-trainer pilot for staff who support those with intellectual disabilities
Food Security, Adults and Built Environment: Healthy Weights tri-divisional Working Group, also Staff Capacity and Schools and Childcare subcommittees; Healthy Weights Recreation Centre subcommittee and Fall forum for Parks and Recreation staff; Healthy Weights Internal Practices subcommittee and development of Healthy Eating at Work and Physical Activity and Sedentary Behaviour at Work Policies, presentations to five management teams to seek their input and support; Town of Aurora Food Policy RFP consultation; Support for Health Protection's Food Safety menu labeling campaign; Building Environment/Healthy Communities consultation, including nutrition support to climate change team; Food insecurity, local support, and Nutritious Food Basket costing and report; Food Systems – York Region Food Council background support to form council; Ontario Food Collaborative and YR Environmental Services Department support for food waste campaign and initiatives; Living Well in York Region eBulletin; Nutrition Works internal requests and work with Corporate Wellness
Mental health is embedded throughout Nutrition Services programming. Healthy eating is an important factor contributing to positive mental health. Nutrition Services programs promote healthy eating consistent with Canada's Food Guide and mindful eating which focuses on the importance of "how" as well as "what" you eat or feed a child. Our programs emphasize the "do no harm" message, the enjoyment of food and eating with others, and the importance of having a healthy relationship with food. Nutrition Services also fosters mental health by promoting supportive nutrition environments and developing healthy policies where people work, learn and play.
The following program examples are based on these foundational mental health principles: All Babies Count (Canada Prenatal Nutrition Program) for high risk prenatal women, delivers nutrition and food literacy sessions, as well participants have access to an on-site counselor every other week. The counselor provides ongoing support to participants and shares community resources; Healthy Babies Healthy Children (HBHC) and breastfeeding clinic visits by a registered dietitian are offered to families that have identified nutrition as a program goal where enhanced services are determined based on criteria, beyond that provided by a PHN and/or Lactation Consultant or Family Visitor services; Child care and Early Years capacity building workshops are offered to increase knowledge and skills of local providers and their staff on feeding children, key messages and resources, and supporting healthy eating practices in child care centres; Food for Learning provides program support visits to school breakfast and snack programs; You're the Chef and Junior Chef Ambassador cooking program training is offered for community groups and schools; School nutrition programs promote an understanding of how to foster and maintain positive mental health through healthy eating. For example, Bright Bites provides comprehensive school nutrition program and resources and Healthy Eating Ambassador is the school peer leadership program; Healthy Weights offers a workshop to reduce weight bias; Nutrition education for adults include mental health related messaging in Living Well eBulletin, the Let's Cook campaign and workplace wellness supports
As well, the cooking, leadership and school meal programs above provide experiential opportunities and help people build self-esteem, confidence, social connectedness, leadership skills and a sense of achievement, while developing valuable life skills. Further, household food insecurity is strongly related to poor

mental health. Nutrition Services works in collaboration with community partners and the York Region Food Council to reduce food insecurity and improve the built environment through awareness raising and community development.
SEXUAL HEALTH: The clinics program provided a total of 6439 clinic visits testing and treatment for STI were provided and testing for BBI was provided along with pregnancy testing. Implemented throat and rectal NAAT testing for chlamydia and gonorrhea testing that provided a significant increase in detection, implemented IUD insertion services to meet best practice recommendations for birth control, provided 21 workshops to priority populations, schools, teachers and clients of community agencies that provide services to priority populations, worked with the school board to update curriculum resources to promote sexual health. The program also provided the opportunity for 27 medical students/residents to attend clinic with clinic physician supervision to learn more about clinical physician services including risk assessment, testing and treatment related to sexual health that will influence their future practice. The clinic program also implemented naloxone distribution through the clinics in 2018 to clients in need.
Clinic program clients are increasing presenting with more complex care needs related to risk taking, mental health conditions, experiences of being trafficked and/or abuse along with stigmatization related to their sexual practices. Mental health is promoted in the clinics program through use of a trauma informed and harm reduction approach. Care is provided in a confidential and non-judgmental setting, to reduce stigma associated with risk behaviours. Health teaching is provided using solution-focused and motivational interviewing approach. Both female and male clients are screened for abuse using the RUCS assessment tool and referral is provided for clients at risk. the program also provides referral to external agencies that support mental health.

Food Safety Program Standard

1. What actions were taken by the board of health to shift a food premise from high to moderate risk based on the annual risk categorization assessment?

York Region Public Health Inspectors use a comprehensive approach to improve compliance at food premises, which includes: one-on-one consultation and education during inspections; providing and promoting safe food handler certification to help more premises certify their staff; and, progressive enforcement including charges and orders in cases of non-compliance. As premises work with public health inspectors to improve their compliance and certify more staff, some premises' risk ratings may move from high to moderate as compliance and the presence of certified staff are among the criteria provided by MOHLTC as factors in food premises risk assessments. YRPH has also conducted significant quality improvement initiatives related to risk assessments in the last two years, including enhanced program training related to risk assessments, and a risk assessment audit to identify and correct any inconsistencies in risk assessments.

Healthy Environments Program Standard

1. Describe the program of public health interventions that was implemented and how environmental strategies and approaches in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current), were embedded into the program to promote healthy built and natural environments.

Through good working relationships with regional and local municipal partners, YRPH consults and provides input on land use planning, bylaws, standards, and other strategies to enhance the built and natural environment and reduce health hazards, including impacts from climate change. In 2018, YRPH met with by law representatives from all 9 local municipalities to enhance communication, and clarify roles and jurisdictional mandates when responding to health hazard/housing complaints and investigations. YRPH continued to foster a collaborative relationship with municipal bylaw enforcement officers and other local agencies, and conducts joint inspections as required. Specifically, YRPH works with Regional Planning to comment on the Regional Official Plan, Local Official Plans and Secondary Plans. Comments addressed topics such as climate change adaptation, outdoor air quality and access to green space.

YRPH continued work on a local climate change and health vulnerability and adaption assessment (based on the Ontario Climate Change and Health Toolkit, 2016) which identifies current and future health impacts related to climate change. The assessment addresses topics such as extreme temperatures, vector borne disease, food and waterborne illness and air quality. Indicators were also analyzed to better understand local impacts and highlight opportunities for program enhancements to increase community resiliency. YRPH has also implemented the Harmonized Heat Warning and Information System for Ontario. The system alerts internal partners, external stakeholders, and the public in the event of a heat event to mitigate heat health risks.

YRPH aims to reduce environmental exposures through research and public awareness. Specifically, YRPH continued a study on residential radon levels and awareness, and used social media messaging to promote Radon Action Month in November. Working in collaboration with the Lung Association (Ontario Branch), YRPH implemented a communication campaign which promoted AQHI tools and resources to increase public knowledge and awareness of the impacts of poor air quality.

Healthy Growth and Development Program Standard

1. Describe the program of public health interventions that was implemented and how mental health promotion strategies and approaches were embedded into the program of public health interventions.

In 2018 York Region Public Health, the Healthy Growth and Development (HGD) Program implemented public health interventions to support healthy growth and development of children in the health unit population. These program interventions include:

• Transition to Parenting – a 12-week psycho-education and social skills group to support parents who have signs and symptoms of depression and anxiety, or are looking for support while adjusting to parenting.

• Prenatal Education (online and in-person) – topics include healthy pregnancy and preparing for labour, childbirth, and parenthood.

• Canadian Prenatal Nutrition Program (All Babies Count) - group and one to one education for women who need extra support during their pregnancy. Topics include healthy pregnancy and nutrition.

• Bounce Back and Thrive! – A 10 week resiliency-skills program for parents and caregivers with children up to age 8. A sustainability plan has been created to provide resiliency training to community partners thereby increasing the Bounce Back and Thrive program reach and impact on York Region children, families and communities.

• Breastfeeding Clinics – supporting breastfeeding initiation, duration and healthy growth and development.

• Health Connection- provides up-to-date, accurate public health-related information to York Region residents, organizations and health care providers. Public health professionals offer confidential information and advice on public health-related topics, resources, services and other community programs by telephone, e-chat and e-mail.

The HGD Program embeds mental health promotion strategies and approaches across its programs and services, offering mental health promotion programs across the life course, and identifies priority populations using the Health Equity Impact Assessment (HEIA) tool. HGD program interventions provide universal screening for clients using the Edinburgh Postnatal Depression Scale (EPDS) and referrals for clients to local programs and supports as needed. To ensure that all HGD Program staff are able to promote mental health and support mental health concerns, they receive training related to the following: Mental Health First Aid, Solution Focused Communication, Trauma-Informed Practice, Perinatal Mental Health, and Suicide Prevention and Life Promotion. Additionally, mental health promotion has been embedded into the program planning process used by program staff to ensure that it is considered during program planning and evaluation and a mental health promotion action plan is developed, reviewed and assessed annually to ensure key performance indicators are being met.

The HGD Program area implements mental health whole-population and community based interventions. Interventions in this area include working to develop a mental health promotion webpage for health care professionals and the York Region community. The webpage will highlight mental health promotion key messages, work to increase mental health literacy and provide information regarding programs and services available in York Region. Additionally, the HGD Program ensures that Mental Health Promotion key messages are delivered to the public as part of mental health campaigns such as “Bell Let’s Talk,” the Canadian Mental Health Association’s Mental Health Week “Get Loud” and Maternal Mental Health Day. Key messages delivered during these campaigns are focused on the importance of social support networks, coping, resiliency, self-care, education and skill building as well as the availability of public health programs and services.

The HGD Program area also engages in multi-sectoral collaboration. This is accomplished through community coalitions and workgroups that operate both internally and externally to promote mental health. The HGD Program collaborates by participating in the following: • York Region Public Health’s Mental Health Workgroup • Community and Health Services Training and Resiliency Workgroup • The York Region Mental Health Resource Team • York Region Planning Collaborative

Outcomes of these collaborations include the development of a Perinatal Mental Health Pathway which is a tool that enables health care professionals to better connect their patients with community supports and resources for mental health. Through collaboration, training regarding the Perinatal Mental Health Pathway has been delivered externally at the York Region Public Health 2018 Prenatal Education Day, two York Region hospitals and to staff within York Region Social

Services, Early Intervention Program. The HGD Program area is also engaging in multi-sectoral collaboration to develop an Early Years Support Services Registry for use by health professionals who wish to refer a young child or their family for support services including mental health.

School Health Program Standard

1. Describe the program of public health interventions that was implemented and how the board of health offered support to school boards and schools to assist with the implementation of health related curricula and health needs in schools, as outlined in the *School Health Guideline, 2018* (or as current).

The dental program met the requirements set out in the Oral Health Protocol and this included providing:
• Oral health screening of children and youth
• Preventive Services Only (PSO) were offered to children and youth
• Confirmation of meeting the clinical criteria for HSO-EESS and oral health navigation for eligible families
• Preventive dental services in a York Region public health dental clinic to HSO-PSO eligible children

COMPREHENSIVE SCHOOL HEALTH:
School Services delivers the Healthy Schools Program to interested schools, which involves an assessment of the health needs of individual schools. With these individual school needs identified, the public health nurse then works with the school to develop an action plan with initiatives and activities to address these needs.
School Services provides resources and consultations to teachers to help support the implementation of the Health and Physical Education curriculum. Curriculum matched resources and programs include leadership training (Lead On), physical activity training (P.L.A.Y.) stress and coping workshops (Kids Have Stress) and Mental Health Awareness workshops. An annual health related poster contest for secondary students is also run each year and has been used as an assignment in Health and Physical Education classes.
School Services also links schools with internal programs including injury prevention, tobacco free living, substance use prevention, sexual health program and nutrition services who support teachers with the implementation of health related curricula.
School Services work closely with our school boards for planning and knowledge exchange through a curriculum consultant committee that provides a forum for collaboration and consultation on the direction and co-ordination of school services and programs, initiatives, resources and campaigns which enhance the well-being of the school community.
The School Services program now has a signed Memorandum of Understanding with our largest school board and another in progress with our second main board that formalizes our commitment to use collaborative and collective action to have a positive influence on the lives of children, youth and families.
Key Activities include: Provided consultation and support to develop and implement comprehensive action plans based on school need; Provided Healthy School grants; Worked in collaboration with curriculum consultants for both school boards to promote programs, initiatives, resources and campaigns that foster the well-being of the school community; Developed a Memorandum of Understanding with the York Region District School Boards and the York Catholic School Board to solidify and strengthen our partnership; Delivered Healthy School Networking opportunities in partnership with the School Board

MENTAL HEALTH & WELL BEING
The Healthy Schools program is a universal program offered to all schools in York Region. Based on a needs assessment schools identify their area of focus. Schools that identify mental health are provided with support to develop a comprehensive action plan to meet the needs of the school. Programming is delivered to all students rather than identified students to avoid stigmatizing students. Eighty percent of schools that participated in the enhanced program had a focus on mental health. These schools received increased funding and increased support from Public Health Nurses to address the needs of the students. It is important to note that all of our programming is run during the school day so as to reduce barriers such as transportation or parental engagement allowing students from all socio-economic realities to participate if they are interested.
Key Activities include: Provided consultations to teachers to implement action plans focused on physical activity and mental health; Delivered grade specific Stress and Coping Workshops to elementary students (Kids Have Stress Too, Stress Lessons and Surfing Through Stress); Built teacher capacity to deliver Stress and Coping Workshops; Delivered Mental Health Awareness Workshops for elementary & secondary students, parents and school staff; Delivered leadership workshops for elementary students (general and physical activity focus); Supported schools with curriculum matched resources; Implemented physical activity campaigns; • Implemented a student lead poster contest

VISION SCREENING

'Vision screening: Conducted an education and awareness campaign aimed at parents of SK children, encouraging them to take their children for an ocular health assessment. This campaign was on social media and on screens in physician offices. Messaging was also provided for the SK parental resource through the public and catholic school boards. Meetings occurred and a MOU developed to obtain SK vision screening data from community agency partners.

2. Describe how mental health promotion strategies and approaches were embedded into School Health programs and services.

COMPREHENSIVE SCHOOL HEALTH

Mental Health is one of the topic areas that schools may choose for their Healthy School Action Plans. School may choose to focus on mental health or co factor it with another health topic. Mental health sample action plans are developed for both elementary and secondary schools. These action plans provide schools with ideas on how to address mental health comprehensively across the five foundations for a healthy school (from the Ministry of Education). Public Health Nurses provide schools with consultations and support to develop and implement action plans and evaluate initiatives.

Mental health as a focus area is also co-factored into the various initiatives and activities public health collaborate on with schools, even when their primary topic is not mental health. For example, nurses will make intentional efforts to blend mental health messaging into school-run activities that focus on physical activity, tobacco use, substance use, etc.

MENTAL HEALTH AND WELLBEING

School Services also provides specific deliverables that focus on student engagement & leadership, mental health awareness & literacy and stress and coping & skills. Workshops, presentations and displays that increase awareness, knowledge and skills for both students, staff and parents are provided to schools. Public Health Nurses also focus on increasing student engagement through the development of Healthy Schools Student Clubs. These clubs provide students with leadership training, mental health literacy and a mental health student club guide so students can develop and deliver mental health programming in their schools.

School Service also cofactors mental health with other related health topics such as; physical activity, nutrition, injury and substance use, tobacco and sexual health. School Services works closely with School Board partners to ensure mental health promotion strategies are aligned with School Board priorities.

Substance Use and Injury Prevention Program Standard

1. Describe the program of public health interventions that was implemented related to Substance Use and how mental health promotion strategies and approaches were embedded into the program of public health interventions.

ALCOHOL, CANNABIS & OTHER DRUGS

Co-chaired the Ontario Public Health Collaboration on Cannabis, which consists of all 35 Ontario Health Units and stakeholders: Centre for Addiction and Mental Health, Public Health Ontario and Tobacco Control Action Network. This network allowed opportunities to take an unified approach across the Province in working towards activities, programs, policies of public health and safety to minimize the harms associated with use of recreational cannabis by increasing awareness of its health impacts and risks

- Collaborated with the OPHA Cannabis Task Force group, provided testimonies at Queen's Park for Bill 36 and consultations with the Ministry of Attorney General
- Collaborated with 4 community agency partners and submitted a funding proposal for the federal Substance Use and Addictions Program on peer engagement and cannabis
- Evaluated the overall effectiveness and impact of the Transition to High School program, which addresses alcohol, cannabis and other drug use among youth during their transition year to High School
- We incorporate resiliency promotion in substance use prevention programming to youth and young adults
- We promote low risk cannabis and alcohol use and address the links between cannabis, alcohol and mental health

OPIOIDS

- Collaborated with over 20 community agency partners, co-chaired the Opioid Education Response Workgroup, to develop an Opioid Action Plan for York Region
- Launched the Naloxone Program and acted as a naloxone distribution hub at York Region; entered agreements with 5 agencies and 6 fire services
- Conducted focus groups with people with lived/living experience to obtain feedback in the development of the Opioid Action Plan
- Developed an Early Warning and Surveillance Framework and communicated pertinent and timely information to community partners
- The Opioid Program is actively working with partners to address stigma associated with substance use, which links closely with mental health
- The Opioid program is beginning to incorporate trauma-informed practices

NEEDLE EXCHANGE

- Acted as a harm reduction supplies distribution hub for 2 Needle Exchange Program (NEP) distribution sites. Expanded the NEP by adding one additional NEP satellite site and launched the distribution of safer inhalation supplies
- The target population include people who use substances who often have concurrent disorders with mental health, underhoused, the LGBTQ2S community and others who face marginalization and stigmatization.
- The NEP is actively working with partners to address stigma associated with substance use, which links closely with mental health
- SHC incorporates trauma-informed practices in the NEP program.

2. Describe the program of public health interventions related to Injury Prevention and how mental health promotion strategies and approaches were embedded into the program of public health interventions.

Based on the foundations of Population Health Assessment and Effective Public Health Practice, a program review was completed and recommendations were made based on local data to stop, continue or enhance various injury prevention program initiatives in the areas of falls, road safety and concussion; A STOP tool was completed for those initiatives that were recommended to stop; A situation assessment was completed to inform planning decisions and to address the prevalence/incidence of falls across the lifespan, risk and protective factors for falls were identified, a data and analysis plan developed and the identification of priority populations and population level measures ; Comprehensive literature review was conducted; Based on program review, IP staff resources were reallocated to reflect priorities in other programs. The IP staff complement for childhood falls, concussion and road safety were adjusted from 8.0 FTE to 4.0 FTE - effective January 1, 2019. Key partners/stakeholders were notified of the changes; Program planning continued to year-end and ongoing in 2019
FALLS PREVENTION PROGRAM: Co-chaired the National Fall Prevention (FP) Community of Practice/ Loop an interactive communication platform that connects and supports people working in health care, policy development and research; Participated in a Provincial Think Tank to explore ways in which key FP stakeholders can work together to identify common issues and build commitment and consensus on next steps towards creating a more effective systems-based approach; Chaired the Fall Prevention Strategy for the CLHIN meetings and sub-group meetings. Analyzed data from 2017 stakeholder roundtables and presented findings. Submitted an internal research review application for an older adult engagement project. Conducted four focus groups and four interviews with 53 older adults based on the Rockwood Frailty scale. The research team gained a better understanding of older adults' experience related to falls and FP programs and services in the Central LHIN and how older adults define a fall and prevent falls and fall-related injuries; Provided consultation, information and data sharing to York Region Strategies and Partnerships towards YR Seniors Strategy implementation - including presented at the Many Ways to Gray – Developing Seniors Profiles workshop; We provide Healthy Aging workshops for older adult in the community. Based on a literature review key messages on mental health literacy were incorporated in the workshop which include the importance of social connectedness, mental health, care for the caregiver, hearing, vision, substance misuse and sleep hygiene. The benefits of being physical active and staying connected with family, friends and community are emphasized.

We offered in-person and e-learning Step Ahead to Fall Prevention training for health care providers and care-givers, which emphasizes the importance of social connectedness, mental health and the other related topics listed above. Mental health key messaging have been incorporated where appropriate into all print resources and posted on our web page. Participated in social media campaigns (internal and external) by providing key messages to promote mental health (social connectedness and the link to falls risk) and raise awareness of and reduce stigma. Participated in Mental Illness Awareness Week/World Mental Health Day (October) by developing/disseminating messaging and link to Fall Prevention month activities (November). Participated in Mental Health Week (May) by developing/disseminating messaging and link to seniors month activities (June). Collaborated with York Region Conservation authority re older adults, well-being, importance of nature and positive mental health.

ROAD SAFETY: See above Injury Prevention Program Planning, in addition, the Road Safety Program also carried out these program achievements: Collaborated with community partners through external road safety committee/coalitions: Toronto Area Safety Coalition (TASC); Ontario Injury Prevention Practitioners' Network (OIPPN) & GTA Child Passenger Safety Network (Chair)

CONCUSSION: See above Injury Prevention Program Planning, in addition, the Road Safety Program also carried out these program achievements: Collaborated with community partners through external road safety committee/coalitions: Toronto Area Safety Coalition (TASC); Ontario Injury Prevention Practitioners' Network (OIPPN) & GTA Child Passenger Safety Network (Chair); Increase awareness of concussion symptoms related to mental health i.e. depression, anxiety through presentations, written resources and social media campaigns (Rowan's Law Day and National Injury Prevention Day); Shared link between concussions and mental health with Mental Health Working Group.

Board of Health for York Region Public Health

2018 Annual Report and Attestation

Narrative - One-Time Funding
(for the period of April 1, 2018 to March 31, 2019)

Project / Initiative	Description *(Provide a brief description of the project/initiative that was undertaken. If the project was not completed, describe why)*	Outcomes *(Provide a brief description of the achievements of the project/ initiative)*
One-Time Funding		
Trauma Informed Practice	On May 9, 2018, one time funding was received from the Ministry of Health and Long-Term Care for a trauma informed practice project. Trauma informed practice is an approach which recognizes and acknowledges trauma, its prevalence, how it impacts clients and staff and how trauma is impacted by service delivery. The Trauma Informed Practice project consisted of several phases over a 2 month time period with the assistance of an external Trauma Informed Practice Consultant. The Trauma Informed Practice initiative was was planned, implemented, evaluated and a sustainability plan was created across all Child and Family Health Division programs and services across the Region. The project had two objectives: 1) To review current programs, practices, and policies of the Child & Family Health Division to identify strengths, gaps, and strategies to fully support an organizational culture and practices that align with a trauma-informed culture of service provision for both clients and staff. 2) To increase and sustain trauma informed-practice capacity within the Child and Family Health Division.	The project, which included 10 full day training sessions to 162 staff in varying roles from administrative support staff and program evaluators, to front-line dental staff, family visitors, and public health nurses from across all the programs of the Child and Family Health Division, resulted in an increase in knowledge of trauma-informed practice amongst staff. An additional full day training sessions was provided to 16 managers, and the Director of the Child and Family Health Division. A 3-day train the trainer session was provided to an 8 member training team to sustain Trauma-informed practice. As a results, training participants reported a dramatic increase in their understanding of the principles of trauma-informed practice, from 40% prior to training to 100% post-training; increased confidence in their ability to plan and provide services with clients who have or are currently experiencing trauma, from 34% to 80% following training; and increased ability to identify at least three impacts of trauma, from 51% to 94% following the trauma-informed practice training. Practices and processes were reviewed in collaboration with the consult to identify resources and strengths to leverage in order to increase trauma-informed practices throughout the division. Identifying key processes and levers to promote an organizational culture of trauma-informed practice for both staff and clients acknowledges the prevalence and impact of trauma on clients as well as within the workforce, so that services and programs are delivered in ways that are responsive to the impact of trauma and do not inadvertently traumatize or re-traumatize individuals in routine processes of care.
Ongoing Enhancements to the Vaccine Inventory Program	A new position of lead registered pharmacy technician was included in the 2018 budget to provide stronger oversight of the day to day activities carried out within the Vaccine Inventory program.	One-time funding for a Lead Registered Pharmacy Technician provided by the MOHLTC in 2018 was partially used in early 2019 to hire a permanent Pharmacist. This position provides leadership to the Registered Pharmacy Technicians (RPhT) in relation to pharmaceutical knowledge, beyond the scopes of RPhT practice. The Pharmacist ensures: daily over sight for the safe, effective and accurate distribution of publicly funded vaccines and medications; development and delivery of educational and training programs to help reduce vaccine wastage internally within Public Health as well as among external health care providers; maintenance of accurate up-to-date vaccine stability charts; accurate and timely vaccine dispensing and/or immunizing to York Region Public Health school and community immunization clinics; provision of vaccine content expertise and resources to internal and external providers.

2018 Annual Report and Attestation

Narrative - One-Time Funding
(for the period of April 1, 2018 to March 31, 2019)

Project / Initiative	Description *(Provide a brief description of the project/initiative that was undertaken. If the project was not completed, describe why)*	Outcomes *(Provide a brief description of the achievements of the project/ initiative)*
Unpasteurized Milk - Legal Support	Funding was used to retain a legal team to represent York Region Public Health in a multi-jurisdictional group, composed of other PHUs and OMAFRA representatives, representing the public interest on the issue of unpasteurized milk. This group is involved in an ongoing charter challenge regarding the distribution of unpasteurized milk, expected to come before the courts in Fall 2019.	The multi-jurisdictional group has secured a legal injunction preventing the unpasteurized milk distributor from distributing unpasteurized milk in Ontario. The injunction remains in effect.
Improvements to Vaccine Storage in York Region	Publicly-funded vaccines are stored in purpose-built refrigeration units across York Region to ensure storage requirements meet MOHLTC standards and protocols. Currently, there is an increase in demand for storage from our immunization programs and healthcare providers at our Richmond Hill location. Funding to purchase a second refrigerator was not used as a result of physical space constraints to house the refrigerator.	Funding was used to purchase one refrigerator, however, the second was not purchased as a result of physical space constraints to house the refrigerator.
COLA, Inflation, and True-up for Related Programs	In 2018 ASP, YRPH requested MOHLTC for a base funding increase of 956K to support YR's related programs as a result of forecasted additional cost due to COLA, inflation and true up. MOHLTC approved 72K(8%) out of the 956K in form of one time funding in 2018-2019 to support the operation of Vector-Borne Disease program, which was underfunded through cost share. The funding partially compensated for the over cost shared contribution that YR invested in the program.	With the one time funding, YRPH could better be positioned to respond effectively to current and evolving conditions; to positively contribute to the public's health and well-being with programs and services that guided by a culture of quality and evaluation, utilize the advancements of technology and innovation, and are rooted in evidence.

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

Base Funding
January 1, 2018 to December 31, 2018

Standard - Section / Program	Sources of Funding	Q4 Expenditures (at 100%)	Salaries and Wages	Benefits	Travel	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Adjustments	Actual Expenditures (at 100%)	Variance Under / (Over)	
A	B	C	D	E	F	G	H	I	J	K =SUM (D : J)	L = C - K	M =L / C
Direct Costs												
Foundational Standards												
Emergency Management	Mandatory Programs (Cost-Shared)	674,518	449,459	107,751	4,970	4,673		107,665		674,518	-	0.0%
Other Foundational Standards	Chief Nursing Officer Initiative (100%)	166,889	134,070	32,819						166,889	-	0.0%
Other Foundational Standards	Mandatory Programs (Cost-Shared)	5,735,002	3,653,566	859,767	72,327	201,037	(33,109)	971,195		5,724,783	10,219	0.2%
Other Foundational Standards	Social Determinants of Health Nurses Initiative (100%)	229,357	179,851	49,506						229,357	-	0.0%
Foundational Standards Total		**6,805,766**	**4,416,946**	**1,049,843**	**77,297**	**205,710**	**(33,109)**	**1,078,860**	**-**	**6,795,547**	**10,219**	**0.2%**
Chronic Disease Prevention and Well-Being												
Electronic Cigarettes Act	Electronic Cigarettes Act: Protection and Enforcement (100%)	117,526	93,156	24,370						117,526	-	0.0%
Healthy Eating Behaviours	Mandatory Programs (Cost-Shared)	1,739,123	1,308,511	313,695	17,551	2,023		97,343		1,739,123	-	0.0%
Physical Activity and Sedentary Behaviour	Mandatory Programs (Cost-Shared)	1,304,917	1,004,696	240,860	12,270	871		46,220		1,304,917	-	0.0%
Sexual Health	Mandatory Programs (Cost-Shared)	1,755,452	1,158,942	277,838	31,522	136,222	(151,369)	302,297		1,755,452	-	0.0%
SFOA - Prosecution	Smoke-Free Ontario Strategy: Prosecution (100%)	16,500	7,336	1,759				7,405		16,500	-	0.0%
SFOA - Protection and Enforcement	Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	898,209	708,885	167,907	25,249	4,500	(60,340)	52,008		898,209	-	0.0%
Smoke-Free Ontario Strategy: Tobacco Control Coordination	Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	182,011	143,564	34,417	399		(12,160)	15,791		182,011	-	0.0%
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention	Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	172,259	138,698	33,251				310		172,259	-	0.0%
Tobacco Free Living	Mandatory Programs (Cost-Shared)	1,125,550	841,579	201,755	10,112	1,001		71,103		1,125,550	-	0.0%
Chronic Disease Prevention and Well-Being Total		**7,311,547**	**5,405,367**	**1,295,852**	**97,103**	**144,617**	**(223,869)**	**592,477**	**-**	**7,311,547**	**-**	**0.0%**
Food Safety												
Enhanced Food Safety – Haines Initiative	Enhanced Food Safety - Haines Initiative (100%)	255,591	163,389	39,170	17			53,015		255,591	-	0.0%
Food Safety Program	Mandatory Programs (Cost-Shared)	4,085,978	3,088,681	740,462	104,438	18,238	(195,426)	329,585		4,085,978	-	0.0%
Food Safety Total		**4,341,569**	**3,252,070**	**779,632**	**104,455**	**18,238**	**(195,426)**	**382,600**	**-**	**4,341,569**	**-**	**0.0%**
Healthy Environments												
Healthy Environments Program	Mandatory Programs (Cost-Shared)	2,628,200	1,974,950	473,463	15,349	1,740	(87,749)	250,447		2,628,200	-	0.0%
Healthy Environments Total		**2,628,200**	**1,974,950**	**473,463**	**15,349**	**1,740**	**(87,749)**	**250,447**	**-**	**2,628,200**	**-**	**0.0%**
Healthy Growth and Development												
Breastfeeding	Mandatory Programs (Cost-Shared)	1,670,054	1,070,675	256,677	18,969	9,928	(2,754)	316,559		1,670,054	-	0.0%
Child Health (perinatal mental health, resilience building, family violence prevention)	Mandatory Programs (Cost-Shared)	1,943,471	1,289,050	309,029	22,500	10,366		312,526		1,943,471	-	0.0%
Reproductive Health (healthy pregnancies; preconception health; prep for parenting)	Mandatory Programs (Cost-Shared)	1,246,627	833,345	199,781	13,269	8,786	(33,901)	225,347		1,246,627	-	0.0%
Telepractice	Mandatory Programs (Cost-Shared)	1,247,862	832,435	199,563	4,318	6,305		205,241		1,247,862	-	0.0%
Healthy Growth and Development Total		**6,108,014**	**4,025,505**	**965,050**	**59,056**	**35,385**	**(36,655)**	**1,059,673**	**-**	**6,108,014**	**-**	**0.0%**
Immunization												
Immunization Record Data Management	Mandatory Programs (Cost-Shared)	2,347,497	1,585,122	380,008	3,957	9,765		368,645		2,347,497	-	0.0%
School and Community Based immunization Clinics	Mandatory Programs (Cost-Shared)	2,794,107	1,982,232	475,208	36,203	19,078	(287,589)	568,975		2,794,107	-	0.0%
Vaccine Inventory Management	Mandatory Programs (Cost-Shared)	1,775,581	1,142,278	273,843	17,578	8,456	(963)	334,389		1,775,581	-	0.0%
Immunization Total		**6,917,185**	**4,709,632**	**1,129,059**	**57,738**	**37,299**	**(288,552)**	**1,272,009**	**-**	**6,917,185**	**-**	**0.0%**
Infectious and Communicable Diseases Prevention and Control												
Community Outreach (Sexual Health Program)	Mandatory Programs (Cost-Shared)	145,746	110,423	26,472	637	2,730		5,484		145,746	-	0.0%
Control of Infectious Diseases and Outbreak Management	Mandatory Programs (Cost-Shared)	3,409,110	2,241,038	537,254	26,008	18,435		586,375		3,409,110	-	0.0%
Infection Prevention and Control	Infection Prevention and Control Nurses Initiative (100%)	117,831	92,827	25,004						117,831	-	0.0%
Infection Prevention and Control	Mandatory Programs (Cost-Shared)	1,996,899	1,450,160	344,903	46,592	1,940	(9,961)	163,265		1,996,899	-	0.0%
Infectious Diseases Control Initiative	Infectious Diseases Control Initiative (100%)	922,061	737,490	176,801	3,428			4,342		922,061	-	0.0%
Rabies	Mandatory Programs (Cost-Shared)	940,494	705,729	169,188	10,672	5,455		49,450		940,494	-	0.0%
SBBI case management	Mandatory Programs (Cost-Shared)	1,737,461	1,331,870	319,295	7,500	1,159		77,495		1,737,319	142	0.0%

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

Base Funding
January 1, 2018 to December 31, 2018

Standard - Section / Program	Sources of Funding	Q4 Expenditures (at 100%)	Salaries and Wages	Benefits	Travel	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Adjustments	Actual Expenditures (at 100%)	Variance Under / (Over)	
A	B	C	D	E	F	G	H	I	J	K =SUM (D : J)	L = C - K	M =L / C
Tuberculosis Prevention and Control	Mandatory Programs (Cost-Shared)	1,094,630	697,337	167,176	27,583	5,851	(11,248)	207,931		1,094,630	-	0.0%
Vector Borne Diseases	Vector-Borne Diseases Program (Cost-Shared)	629,613	170,978	40,989	14,195	278,585		124,866		629,613	-	0.0%
Infectious and Communicable Diseases Prevention and Control Total		**10,993,845**	**7,537,852**	**1,807,082**	**136,615**	**314,155**	**(21,209)**	**1,219,208**	**-**	**10,993,703**	**142**	**0.0%**
Safe Water												
Enhanced Safe Water Initiative	Enhanced Safe Water Initiative (100%)	83,595	56,566	5,583		14,586		6,860		83,595	-	0.0%
Safe Water	Mandatory Programs (Cost-Shared)	1,444,366	1,046,223	258,793	48,117	2,493	(3,993)	92,733		1,444,366	-	0.0%
Small Drinking Water Systems Program	Small Drinking Water Systems Program (Cost-Shared)	120,678	97,138	23,288	252					120,678	-	0.0%
Safe Water Total		**1,648,639**	**1,199,927**	**287,664**	**48,369**	**17,079**	**(3,993)**	**99,593**	**-**	**1,648,639**	**-**	**0.0%**
School Health - Oral Health												
Health Smiles Ontario (HSO)	Healthy Smiles Ontario Program (100%)	2,838,490	1,882,395	467,215	17,266	3,081		402,747		2,772,704	65,786	2.3%
Oral Health Assessment and Surveillance	Mandatory Programs (Cost-Shared)	1,532,196	960,805	214,397	16,081	11,047		395,652		1,597,982	(65,786)	-4.3%
School Health - Oral Health Total		**4,370,686**	**2,843,200**	**681,612**	**33,347**	**14,128**	**-**	**798,399**	**-**	**4,370,686**	**-**	**0.0%**
School Health - Vision												
										-	-	0.0%
School Health - Vision Total		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.0%**
School Health - Immunization												
										-	-	0.0%
School Health - Immunization Total		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.0%**
School Health - Other												
Comprehensive School Health	Mandatory Programs (Cost-Shared)	2,584,948	1,888,065	452,633	31,684	4,071		208,495		2,584,948	-	0.0%
Mental Health and Well-Being	Mandatory Programs (Cost-Shared)	335,474	245,526	58,861	4,233	139		26,715		335,474	-	0.0%
School Health - Other Total		**2,920,422**	**2,133,591**	**511,494**	**35,917**	**4,210**	**-**	**235,210**	**-**	**2,920,422**	**-**	**0.0%**
Substance Use and Injury Prevention												
Concussion	Mandatory Programs (Cost-Shared)	283,859	208,237	49,921	2,979	200		22,522		283,859	-	0.0%
Falls	Mandatory Programs (Cost-Shared)	1,132,119	862,290	206,720	6,819	2,780		53,510		1,132,119	-	0.0%
Road Safety	Mandatory Programs (Cost-Shared)	358,767	262,812	63,005	3,829	254		28,867		358,767	-	0.0%
Alcohol, Cannabis and Other Drugs	Mandatory Programs (Cost-Shared)	1,236,716	918,356	220,162	13,793	1,513		82,892		1,236,716	-	0.0%
Needle Exchange	Mandatory Programs (Cost-Shared)	114,263	78,704	18,868	1,913	8,204		6,574		114,263	-	0.0%
Needle Exchange	Needle Exchange Program Initiative (100%)	10,192						10,192		10,192	-	0.0%
Opioids	Harm Reduction Program Enhancement (100%)	348,191	275,964	66,158	357			5,712		348,191	-	0.0%
Substance Use and Injury Prevention Total		**3,484,107**	**2,606,363**	**624,834**	**29,690**	**12,951**	**-**	**210,269**	**-**	**3,484,107**	**-**	**0.0%**
Direct Costs Total		**57,529,980**	**40,105,403**	**9,605,585**	**694,936**	**805,512**	**(890,562)**	**7,198,745**	**-**	**57,519,619**	**10,361**	**0.0%**
Indirect Costs												
[redacted]	Mandatory Programs (Cost-Shared)	8,354,561	2,546,740	561,691		33,631		5,201,159		8,343,221	11,340	0.1%
MOH / AMOH Compensation Initiative	MOH / AMOH Compensation Initiative (100%)		123,979	20,616						144,595	(144,595)	0.0%
Indirect Costs Total		**8,354,561**	**2,670,719**	**582,307**	**-**	**33,631**	**-**	**5,201,159**	**-**	**8,487,816**	**(133,255)**	**-1.6%**
Total Expenditures related to 2018		**65,884,541**	**42,776,122**	**10,187,892**	**694,936**	**839,143**	**(890,562)**	**12,399,904**	**-**	**66,007,435**	**(122,894)**	**-0.2%**

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

One-Time Funding

Project / Initiative	Source of Funding	Q4 Expenditures (at 100%)	Salaries and Wages	Benefits	Travel	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Adjustments	Actual Expenditures (at 100%)	Variance Under / (Over)	
A	B	C	D	E	F	G	H	I	J	J =SUM (C : I)	K = C - J	L = K / C
2017-18 One-Time Funding												
April 1, 2017 to December 31, 2017												
Operating Funding												
Expanded Smoking Cessation Programming for Priority Populations	Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)									-		
Harm Reduction Program	Needle Exchange Program Initiative (100%)							5,045		5,045		
Health Menu Choice Act, 2015 Inspections	Healthy Menu Choices Act, 2015 -Enforcement (100%)									-		
Increase ISPA compliance among private school students	Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)									-		
Panorama	Panorama - Immunization Solution (100%)									-		
Staff required to accomplish expanded HSO workload	Healthy Smiles Ontario Program: Extraordinary Staffing (100%)									-		
York Region Vaccine Storage Improvements	New Purpose-Built Vaccine Refrigerators (100%)									-		
April 1, 2017 to December 31, 2017 Total			-	-	-	-	-	**5,045**	-	**5,045**		
January 1, 2018 to March 31, 2018												
Operating Funding												
Expanded Smoking Cessation Programming for Priority Populations	Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)							25,752		25,752		
Harm Reduction Program	Needle Exchange Program Initiative (100%)							17,867		17,867		
Health Menu Choice Act, 2015 Inspections	Healthy Menu Choices Act, 2015 -Enforcement (100%)		58,443	12,565						71,008		
Increase ISPA compliance among private school students	Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)		46,280	13,713						59,993		
Panorama	Panorama - Immunization Solution (100%)		183,861	40,161				305		224,327		
Staff required to accomplish expanded HSO workload	Healthy Smiles Ontario Program: Extraordinary Staffing (100%)		145,567	39,623						185,190		
York Region Vaccine Storage Improvements	New Purpose-Built Vaccine Refrigerators (100%)							47,252		47,252		
January 1, 2018 to March 31, 2018 Total			**434,151**	**106,062**	-	-	-	**91,176**	-	**631,389**		
2017-18 One-Time Funding Total			**434,151**	**106,062**	-	-	-	**96,221**	-	**636,434**		
2018-19 One-Time Funding												
April 1, 2018 to December 31, 2018												
Operating Funding												
Trauma Informed Practice	Healthy Growth/School Health: Trauma Informed Practice (100%)	124,000	21,442	4,973						26,415	97,585	78.7%
Ongoing Enhancements to the Vaccine Inventory Program	Immunization/Infectious Diseases: Enhancements to the Vaccine Inventory Program (100%)	9,300	-							-	9,300	100.0%
Unpasteurized Milk - Legal Support	Mandatory Programs: Unpasteurized Milk Legal Support (100%)	71,338				56,338				56,338	15,000	21.0%
Improvements to Vaccine Storage in York Region	New Purpose-Built Vaccine Refrigerators (100%)	24,000						6,789		6,789	17,211	71.7%
COLA, Inflation, and True-up for Related Programs	Vector-Borne Diseases Program: Cost of Living and Inflation Increases (100%)	72,000	58,646	13,354						72,000	-	0.0%
SFOA, 2017 - Cannabis Use Enforcement - One-Time Funding	Smoke-Free Ontario Strategy: Cannabis Enforcement (100%)									-	-	0.0%
April 1, 2018 to December 31, 2018 Total		**300,638**	**80,088**	**18,327**	-	**56,338**	-	**6,789**	-	**161,542**	**139,096**	**46.3%**
2018-19 One-Time Funding Total		**300,638**	**80,088**	**18,327**	-	**56,338**	-	**6,789**	-	**161,542**	**139,096**	**46.3%**

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

Variance Explanation

**** Please provide variance explanations for variances that are greater than 3% (negative or positive).***

Program / Project / Initiative	Source of Funding	Variance Under / (Over)	
		$	%
A	B	C	D
Oral Health Assessment and Surveillance	**Mandatory Programs (Cost-Shared)**	**(65,786)**	**-4.3%**
Due to 2017 one time expenses (Jan.-Mar.2018) reallocation for the project of Staff Required to Accomplish Expanded HSO Workload.			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**

2018 Annual Reconciliation
As of December 31, 2018

Variance Explanation

**** Please provide variance explanations for variances that are greater than 3% (negative or positive).***

Program / Project / Initiative	Source of Funding	Variance Under / (Over)	
		$	%
A	B	C	D
Variance Explanation			

[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			

[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			

[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			

[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			

2018 Annual Reconciliation
As of December 31, 2018

Variance Explanation

**** Please provide variance explanations for variances that are greater than 3% (negative or positive).***

Program / Project / Initiative	Source of Funding	Variance Under / (Over)	
		$	%
A	B	C	D
[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			
[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			
[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			
[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			
[Program / Project / Initiative Name]	[Sources of Funding]	[$]	[%]
Variance Explanation			

2018 Annual Reconciliation
As of December 31, 2018

Variance Explanation

**** Please provide variance explanations for variances that are greater than 3% (negative or positive).***

Program / Project / Initiative	Source of Funding	Variance Under / (Over)	
		$	%
A	B	C	D
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			

2018 Annual Reconciliation
As of December 31, 2018

Variance Explanation

**** Please provide variance explanations for variances that are greater than 3% (negative or positive).***

Program / Project / Initiative	Source of Funding	Variance Under / (Over)	
		$	%
A	B	C	D
[Program / Project / Initiative Name]	**[Sources of Funding]**	**[$]**	**[%]**
Variance Explanation			

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

Actual Expenditures by Account
January 1, 2018 to December 31, 2018

Account	Budget (at 100%)	Actual (at 100%)	Variance Under / (Over)	
A	B	C	D = B - C	E = D / B
Salaries and Wages	41,918,818	43,290,361	(1,371,543)	-3.3%
Benefits	11,252,091	10,312,281	939,809	8.4%
Travel	701,628	694,936	6,692	1.0%
Professional Services	916,328	895,481	20,847	2.3%
Expenditure Recoveries & Offset Revenues	(534,474)	(890,562)	356,088	-66.6%
Other Program Expenditures	14,136,500	12,497,869	1,638,631	11.6%
Total Expenditures	**68,390,891**	**66,800,366**	**1,590,525**	**2.3%**
Adjustments	-	-	-	0.0%
Total Adjusted Expenditures	**68,390,891**	**66,800,366**	**1,590,525**	**2.3%**

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

Expenditure Recoveries & Offset Revenues Reconciliation
January 1, 2018 to December 31, 2018

Mandatory Programs	Actual (at 100%)
Interest Income	
Universal Influenza Immunization Program clinic reimbursement	(850)
Meningococcal C Program clinic reimbursement	(107,389)
Human Papilloma Virus Program reimbursement	(179,350)
Fees and Charges	(291,724)
OHIP	(89,774)
Contribution From Sick Leave	(43,772)
Third Party Revenue	(105,203)
Sub-total Mandatory Programs Expenditure Recoveries & Offset Revenues (A)	**(818,062)**
Reported in Base Funding and One-Time Funding Worksheets	(818,062)
Difference	-
Other Sources of Funding	
Interest Income	
Fees and Charges	(60,340)
Third Party Revenue	(12,160)
Sub-total Other Programs Offset Revenues (B)	**(72,500)**
Reported in Base Funding and One-Time Funding Worksheets	(72,500)
Difference	-
Total Expenditure Recoveries & Offset Revenues (C = A+B)	**(890,562)**
Difference	-

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

Funding Received from the Ministry

Programs/Sources of Funding	Cashflow Received in 2018	Prior Year Adjustments Processed in 2018	2018 Adjustments Processed in 2019	Other		Funding Received from the Ministry
				$	Please Specify	
A	B	C	D	E	F	G = SUM (B:E)
2017-18 One-Time Funding (April 1, 2017 to March 31, 2018)						
Operating Funding						
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)	21,600					21,600
Needle Exchange Program Initiative (100%)	23,633					23,633
Healthy Menu Choices Act, 2015 -Enforcement (100%)	69,300					69,300
Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)	50,000					50,000
Panorama - Immunization Solution (100%)	220,700					220,700
Healthy Smiles Ontario Program: Extraordinary Staffing (100%)	181,700					181,700
New Purpose-Built Vaccine Refrigerators (100%)	51,100					51,100
2017-18 One-Time Funding Total (A)	**618,033**	**-**	**-**	**-**		**618,033**
Base Funding (January 1, 2018 to December 31, 2018)						
Mandatory Programs (Cost-Shared)	38,862,300					38,862,300
Chief Nursing Officer Initiative (100%)	121,500					121,500
Electronic Cigarettes Act: Protection and Enforcement (100%)	107,300					107,300
Enhanced Food Safety - Haines Initiative (100%)	208,500					208,500
Enhanced Safe Water Initiative (100%)	79,400					79,400
Harm Reduction Program Enhancement (100%)	250,000					250,000
Healthy Smiles Ontario Program (100%)	2,652,000					2,652,000
Infection Prevention and Control Nurses Initiative (100%)	90,100					90,100
Infectious Diseases Control Initiative (100%)	777,900					777,900
MOH / AMOH Compensation Initiative (100%)	113,377		31,218			144,595
Needle Exchange Program Initiative (100%)	29,900	(10,500)	(9,208)			10,192
Small Drinking Water Systems Program (Cost-Shared)	58,700					58,700
Smoke-Free Ontario Strategy: Prosecution (100%)	16,500					16,500
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	827,800					827,800
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000					100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000					80,000
Social Determinants of Health Nurses Initiative (100%)	180,500					180,500
Vector-Borne Diseases Program (Cost-Shared)	416,200	(4,200)				412,000
Base Funding Total (B)	**44,971,977**	**(14,700)**	**22,010**	**-**		**44,979,287**
2018-19 One-Time Funding (April 1, 2018 to March 31, 2019)						
Operating Funding						
Healthy Growth/School Health: Trauma Informed Practice (100%)	93,000			31,000	cash flow in Jan-Mar 2019	124,000

2018 Annual Reconciliation
As of December 31, 2018

Funding Received from the Ministry

Programs/Sources of Funding	Cashflow Received in 2018	Prior Year Adjustments Processed in 2018	2018 Adjustments Processed in 2019	Other		Funding Received from the Ministry
				$	Please Specify	
A	B	C	D	E	F	G = SUM (B:E)
Immunization/Infectious Diseases: Enhancements to the Vaccine Inventory Program (100%)	83,700		(102,300)	27,900	cash flow in Jan-Mar 2019	9,300
Mandatory Programs: Unpasteurized Milk Legal Support (100%)	168,750		(153,662)	56,250	cash flow in Jan-Mar 2019	71,338
New Purpose-Built Vaccine Refrigerators (100%)	18,000			6,000	cash flow in Jan-Mar 2019	24,000
Vector-Borne Diseases Program: Cost of Living and Inflation Increases (100%)	54,000			18,000	cash flow in Jan-Mar 2019	72,000
Smoke-Free Ontario Strategy: Cannabis Enforcement (100%)				17,800	cash flow in June 2019	17,800
2018-19 One-Time Funding Total (C)	**417,450**	**-**	**(255,962)**	**156,950**		**318,438**

Board of Health for York Region Public Health

2018 Annual Reconciliation
As of December 31, 2018

Annual Reconciliation by Sources of Funding

Programs/Sources of Funding	Q4 Expenditures (at 100%)	Actual Expenditures (at 100%)	Variance Under / (Over)		Actual Expenditures (at provincial share)	Approved Allocation	Eligible Expenditures	Funding Received from the Ministry	Due to / (From) Province
			$	(%)					$
A	B	C	D = B -C	E = D / B	F = C * Prov. Share	G	H = MIN(F,G)	I	J = I - H
2017-18 One-Time Funding (April 1, 2017 to March 31, 2018)									
Operating Funding									
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)		25,752			25,752	21,600	21,600	21,600	-
Needle Exchange Program Initiative (100%)		22,912			22,912	23,633	22,912	23,633	721
Healthy Menu Choices Act, 2015 -Enforcement (100%)		71,008			71,008	69,300	69,300	69,300	-
Immunization of School Pupils Act - Regulatory Amendments Implementation (100%)		59,993			59,993	50,000	50,000	50,000	-
Panorama - Immunization Solution (100%)		224,327			224,327	220,700	220,700	220,700	-
Healthy Smiles Ontario Program: Extraordinary Staffing (100%)		185,190			185,190	181,700	181,700	181,700	-
New Purpose-Built Vaccine Refrigerators (100%)		47,252			47,252	51,100	47,252	51,100	3,848
2017-18 One-Time Funding Total (A)		**636,434**			**636,434**	**618,033**	**613,464**	**618,033**	**4,569**
Base Funding (January 1, 2018 to December 31, 2018)									
Mandatory Programs (Cost-Shared)	58,775,548	58,819,633	(44,085)	-0.1%	44,114,725	38,862,300	38,862,300	38,862,300	-
Chief Nursing Officer Initiative (100%)	166,889	166,889	-	0.0%	166,889	121,500	121,500	121,500	-
Electronic Cigarettes Act: Protection and Enforcement (100%)	117,526	117,526	-	0.0%	117,526	107,300	107,300	107,300	-
Enhanced Food Safety - Haines Initiative (100%)	255,591	255,591	-	0.0%	255,591	208,500	208,500	208,500	-
Enhanced Safe Water Initiative (100%)	83,595	83,595	-	0.0%	83,595	79,400	79,400	79,400	-
Harm Reduction Program Enhancement (100%)	348,191	348,191	-	0.0%	348,191	250,000	250,000	250,000	-
Healthy Smiles Ontario Program (100%)	2,838,490	2,772,704	65,786	2.3%	2,772,704	2,652,000	2,652,000	2,652,000	-
Infection Prevention and Control Nurses Initiative (100%)	117,831	117,831	-	0.0%	117,831	90,100	90,100	90,100	-
Infectious Diseases Control Initiative (100%)	922,061	922,061	-	0.0%	922,061	777,900	777,900	777,900	-
MOH / AMOH Compensation Initiative (100%)		144,595			144,595	144,595	144,595	144,595	-
Needle Exchange Program Initiative (100%)	10,192	10,192	-	0.0%	10,192	19,400	10,192	10,192	-
Small Drinking Water Systems Program (Cost-Shared)	120,678	120,678	-	0.0%	90,509	58,700	58,700	58,700	-
Smoke-Free Ontario Strategy: Prosecution (100%)	16,500	16,500	-	0.0%	16,500	16,500	16,500	16,500	-
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	898,209	898,209	-	0.0%	898,209	827,800	827,800	827,800	-
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	182,011	182,011	-	0.0%	182,011	100,000	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	172,259	172,259	-	0.0%	172,259	80,000	80,000	80,000	-
Social Determinants of Health Nurses Initiative (100%)	229,357	229,357	-	0.0%	229,357	180,500	180,500	180,500	-
Vector-Borne Diseases Program (Cost-Shared)	629,613	629,613	-	0.0%	472,210	412,000	412,000	412,000	-
Base Funding Total (B)	**65,884,541**	**66,007,435**	**(122,894)**	**-0.2%**	**51,114,955**	**44,988,495**	**44,979,287**	**44,979,287**	**-**
Total 2018 Annual Reconciliation (A+B)		**66,643,869**			**51,751,389**	**45,606,528**	**45,592,751**	**45,597,320**	**4,569**
2018-19 One-Time Funding (April 1, 2018 to March 31, 2019)								**Surpluses to be Carried Forward to March 31,2019**	
Operating Funding									

2018 Annual Reconciliation
As of December 31, 2018

Annual Reconciliation by Sources of Funding

Programs/Sources of Funding	Q4 Expenditures (at 100%)	Actual Expenditures (at 100%)	Variance Under / (Over)		Actual Expenditures (at provincial share)	Approved Allocation	Eligible Expenditures	Funding Received from the Ministry	Due to / (From) Province
			$	(%)					$
A	B	C	D = B -C	E = D / B	F = C * Prov. Share	G	H = MIN(F,G)	I	J = I - H
Healthy Growth/School Health: Trauma Informed Practice (100%)	124,000	26,415	97,585	78.7%	26,415	124,000	26,415	124,000	97,585
Immunization/Infectious Diseases: Enhancements to the Vaccine Inventory Program (100%)	9,300	-	9,300	100.0%	-	111,600	-	9,300	9,300
Mandatory Programs: Unpasteurized Milk Legal Support (100%)	71,338	56,338	15,000	21.0%	56,338	225,000	56,338	71,338	15,000
New Purpose-Built Vaccine Refrigerators (100%)	24,000	6,789	17,211	71.7%	6,789	24,000	6,789	24,000	17,211
Vector-Borne Diseases Program: Cost of Living and Inflation Increases (100%)	72,000	72,000	-	0.0%	72,000	72,000	72,000	72,000	-
Smoke-Free Ontario Strategy: Cannabis Enforcement (100%)		-			-		-	17,800	17,800
2018-19 One-Time Funding Total	**300,638**	**161,542**	**139,096**	**46.3%**	**161,542**	**556,600**	**161,542**	**318,438**	**156,896**

Board of Health for York Region Public Health

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

1.0. CHRONIC DISEASE PREVENTION AND WELL-BEING

1.1 Provide locally developed indicators and associated results, where possible, to monitor the success of chronic disease prevention and well-being programs.

TOBACCO FREE LIVING & SMOKE-FREE ONTARIO STRATEGY: TOBACCO CONTROL COORDINATION
Proportion of YR adults (19+) who are current cigarette smokers: 14% (CCHS 2015-16); Proportion of YR adult smokers who made a quit attempt: 46% (CCHS 2013-14); Number of YR smokers supported through cessation services: 177 Stop on the road participants, 53 clients community based 12 week program, 19 N.O.T on tobacco cessation serices with youth 14-18; Number of external community agencies/organizations and internal programs that have the capacity to integrate best practice tobacco control strategies: 24 external agencies
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR
Number of STP consultations attended: 111; Number of schools reached: 22000; Number of schools with infrastructure changes due to STP process: 24; Number of school walkabouts completed: 21; Proportion of municipalities adopting operational policies that reflect the STP approach: 22%; 47% of YR families with an elementary school aged child allowed their child to walk and/or bicycle to school (2016)
HEALTHY EATING BEHAVIOURS
27% of adults (12+) consumed 5 or more fruits and vegetables daily (CCHS 2015-16); 4% of YR households experienced food insecurity. This represents approx. 15, 000 households (CCHS 2017); 53% of YR students ate breakfast every school day (OSDUHS 2015); Number of consultations with unique key stakeholders: 178; Number of food skills train the trainer workshops in schools and in the community: 18; 9% of students (grades 9-12) reported drinking sugar sweetened beverages (such as pop, sports drinks, coffee, tea) once a day or more in the last 7 days
SEXUAL HEALTH
Access to clinics services through outreach testing: 50 clients were provided with risk assessment, health teaching and/or referral to clinic (2018); Incidence of STI and BBI; Incidence of adolescent pregnancy; 'Proportion of e-cigarette vendors with all required routine inspections completed: 100% (414/414); Proportion of e-cigarette vendors requiring re-inspection: 5% (21/414); Proportion of SFOA-related charges laid that result in conviction: 83%; Proportion of tobacco vendors with all required routine inspections completed: 100% (508/508); Proportion of tobacco vendors requiring re-inspection: 1% (3/508); Proportion of youth test shops where tobacco vendors sold to minors: 3% (31/1075); Number of SFOA-related complaints received: 227

2.0. FOOD SAFETY

2.1. Proportion of food premises that shift between moderate and high risk based on annual risk categorization assessment

Number of food premises that shift from high to moderate risk	157
Total number of food premises that shift from moderate to high risk	161

Board of Health Comments (as needed)

2.2. Percentage and number of Salmonella and E. Coli foodborne outbreaks investigated for which a probable source was identified

Number of locally acquired Salmonella and E. Coli foodborne outbreak(s) where a probable source was identified	-
Total number of Salmonella and E. Coli outbreak(s)	-
Number of locally acquired Salmonella and E. Coli foodborne outbreak(s) where a probable source was identified/Total number of Salmonella and E. Coli outbreak(s)*100	0.00%

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

In addition, note the type of setting where the outbreak occurred (e.g., hospital, long-term care home, day care, restaurant, home).

There were no Salmonella and E.coli outbreaks in 2018.

Board of Health Comments (as needed)

2.3. Incidence of reportable Salmonella, Campylobacter and E. Coli foodborne illness cases

As per the technical instructions, the ministry will be collecting the data for this section.

3.0. HEALTHY ENVIRONMENTS

3.1 Provide locally developed indicators, where possible, to monitor the success of healthy environments programs.

Stage of progress toward completing the Climate Change and Health vulnerability and Adaptation Assessment: First draft underway as of 2018 year-end
Number of heat and cold warnings communicated within 24 hours of a heat/cold event or extended heat/cold event: 100% (6/6 heat warnings, 2/2 cold warnings)
Number of consultation requests completed, including but not limited to: development applications, regional or municipal strategic or official plans, municipal bylaws, environmental assessments, land use planning standards, transportation engineering and design standards, and planning or infrastructure initiatives: 24
Proportion of health hazard investigations initiated within 24 hours of receiving report: 100% (78/78)

4.0. HEALTHY GROWTH AND DEVELOPMENT

4.1 Provide locally developed indicators, where possible, to monitor the success of healthy growth and development programs.

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

Since the submission of the 2018 Annual Service Plan, the Child and Family Health Division has realigned a number of programs and services in order to better respond to local needs. The previously named Breastfeeding, Reproductive Health and Child Health Programs have been combined into the Healthy Growth and Development Program with three geographic teams. This has enabled teams to focus on tailoring interventions to address the local population health needs. As a result, indicators will be reported under the new Healthy Growth and Development Program.

HEALTH GROWTH AND DEVELOPMENT PROGRAM
Breastfeeding Services: Babies breastfeeding regardless of supplementation on entry to service (i.e., “any breastfeeding” rate) = 93%; Babies breastfeeding regardless of supplementation at 6-months (i.e., “any breastfeeding” rate) = 71%; Babies exclusively breastfeeding or receiving only human milk on entry to service (i.e., exclusive breastfeeding rate) = 56%; Babies exclusively breastfeeding or receiving only human milk at 6-months (i.e., exclusive breastfeeding rate) = 11%; Number of unique clients receiving face-to-face or telephone breastfeeding support = 2157; % breastfeeding persons (population) reporting that they were aware of their right to breastfeed in public = 95%; % breastfeeding persons (population) reporting that they were comfortable breastfeeding in public = 83%

Mental Health Promotion, Screening and Education: % of attendees at Prenatal Education Day for Health Care Providers who reported intention to incorporate Prenatal Mental Health content into their work = 80%; Number of Edinburgh Postnatal Depression Scale (EPDS) screens completed = 809

Transition to Parenting - When surveyed upon graduation from Transition to Parenting Program, the % of participants who strongly agreed/agreed with the following statements: I am able to connect with my baby to build our relationship = 98%; I am able to encourage my baby's healthy emotional development = 98%; I have communication strategies to promote healthy relationships within my family = 88%; I have the confidence to use positive parenting strategies = 92%; I have knowledge of strategies to cope as a parent = 94%;

All Babies Count: Proportion of All Babies Count participants who report an increase in knowledge = 89%;

Telepractice: Number of live telephone contacts with clients within the prenatal period to parenting children up to age 6 years stage (Health Connection) = 6106

5.0. IMMUNIZATION

As per the technical instructions, the ministry and Public Health Ontario will be collecting the data for this section.

6.0. INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

As per the technical instructions, the ministry will be collecting the data for this section.

7.0. SAFE WATER

7.1. Recreational Water: Percentage of re-inspections of spas per year

Number of re-inspections of spas	79
Total number of re-inspections and inspections of spas	826
(Number of re-inspections of spas/Total number of re-inspections and inspections of spas)*100%	9.56%

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

Board of Health Comments (as needed)

7.2. Recreational Water: Percentage of recreational water premises with no critical infractions in the last year (pools, spas, wading pools, splash pads, and receiving basins for water slides)

Number of Class A pools with no critical infractions	56
Total number of Class A pools	65
(Number of Class A pools with no critical infractions/Total number of Class A pools)*100%	86.15%
Number of Class B pools with no critical infractions	168
Total number of Class B pools	219
(Number of Class B pools with no critical infractions/Total number of Class B pools)*100%	76.71%
Number of spas with no critical infractions	92
Total number of spas	145
(Number of spas with no critical infractions/Total number of spas)*100%	63.45%
Number of wading pools with no critical infractions	12
Total number of wading pools	13
(Number of wading pools with no critical infractions/Total number of wading pools)*100%	92.31%
Number of splash pads and receiving basins with no critical infractions	96
Total number of splash pads and receiving basins	100
(Number of splash pads and receiving basins with no critical infractions/Total number of splash pads and receiving basins)*100%	96.00%

Additional Reporting Information:
- Include inspections conducted during the reporting year
- Include total number of each recreational water facility as per the inventory in the reporting year

Board of Health Comments (as needed)

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

The total number of facilities reported here differs slightly (-10 facilities total) from the total number of facilities reported in York Region Public Health's 2018 Program activity report. Some technical errors were discovered after the 2018 Program Activity Report was submitted, due to a change in the underlying architecture of our inspection database. The differences are -1 Class A pool, -5 Class B pools, -3 Spas, and -1 class C facility. The total numbers of facilities reported here are correct, and should replace any count of total facilities previously reported for 2018.

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

8.0. SCHOOL HEALTH

8.1 Provide locally developed indicators, where possible, to monitor the success of school health programs.

COMPREHENSIVE SCHOOL HEALTH:
'Number of elementary and secondary schools submitting comprehensive Healthy Schools action plans = 90
Number of students on the Healthy Schools Student Clubs and Healthy School Committees = 2007
Number of schools/staff/students attending Healthy School Networks = 377
MENTAL HEALTH AND WELLBEING:
Percent of students reporting increased knowledge on how to promote positive mental health at their school = 95%
Percent of schools that have increased knowledge of a comprehensive approach to physical activity = 84%
Percent of students indicating they have increased knowledge on mental health and well-being (stress, mental health & leadership) = 99% increased on leadership, 96% increased knowledge on stress, 96% increased knowledge on mental health
23 P.L.A.Y training sessions provided, 113 student leaders trained in P.L.A.Y, 283 students implemented P.L.A.Y
VISION SCREENING:
Vision screening is currently being conducted in York Region schools by community agencies such as the Lions Club and the School Screening Association with limited reach. 134 York Region schools, or 39%, were screened in the 2017/2018 school year. There are 345 schools in York Region, which consist of schools with senior kindergarten classes in both York Region Boards and private schools.

9.0. SUBSTANCE USE AND INJURY PREVENTION

9.1 Provide locally developed indicators, where possible, to monitor the success of substance use and injury prevention programs.

2018 Annual Report and Attestation

Program Outcome Indicators

Please refer to the technical instructions provided with the Annual Report and Attestation template to enable the board of health to report on program outcome indicator results. Section numbers in this worksheet refer to section numbers in the technical instructions.

SUBSTANCE USE:
ALCOHOL, CANNABIS & OTHER DRUGS:
Number of individuals trained: 212 student leaders; Number of consultations: 25; Number of individuals reached through awareness activities: 4333
OPIOIDS:
Number of individuals reached through awareness activities: 680; Number of clients, family and friends trained to administer naloxone: 515; Number of naloxone kits distributed via ONP: 1358; Number of individuals training in naloxone distribution: 67; Number of ER visits related to an opioid overdose: 267
NEEDLE EXCHANGE:
Number of needles/syringes = 219,231, cookers = 32,875, sterile water = 97,220, vitamin C = 5,413, bio bins = 1,000, condoms distributed = 2,771; Number and percentage of needles returned: 62,330 (28%); Number of clinets provided with needle exchange services: 1,176

INJURY PREVENTION:
FALLS:
Proportion of Step Ahead participants who indicateintention to teach/or continue teaching/providing fall prevention information with their clients: 87.5%; Community partners who are members of the Healthy Aging Working Group are meaningfully engaged and report having made changes to their practice as a result of their participation: 85%; adults age 55+ who report satisfaction and increased awareness of the risk and protective factors associated with falls as a result of participation in a Healthy aging workshop: 99%
ROAD SAFETY:
Number of injury prevention consultations related to road safety = 147; Number of car seats given = 41; Number of home visits made through Car Seat gift project = 40; Number of road safety workshops and displays = 194; Number of targets reached from various communication channels for road safety = 1495 webpage hits; Number of car seat policies maintained at YR hospitals = 3; Number of annual education sessions provide for YR hospital staff = 7
CONCUSSION:
Number of concussion workshops and displays = 25 workshops and 10 displays; Number of target reached for concussion messaging = 904 webpage hits; Number of concussion consultations = 15; Number of concussion resources distributed through internal and external partners = 4540; Proporation of partners and members of OCPN who are engaged in the collaborative and are able to inform and improve their practices as a result of their participation = 100% comprising of 33 health units and 14 additional stakeholders

Board of Health for York Region Public Health

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required) If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
1.0 Delivery of Programs and Services			
1.1 Did the board of health deliver programs and services in accordance with the Ontario Public Health Standards?	Yes		
1.2 Did the board of health comply with programs provided for in the *Health Protection and Promotion Act*?	Yes		
1.3 Did the board of health undertake population health assessments that included the identification of priority populations, social determinants of health and health inequities, and measure and report on them?	Yes		
1.4 Did the board of health publicly disclose results of all inspections or other required information in accordance with the Ontario Public Health Standards?	Yes		
1.5 Did the board of health prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from, emergencies with public health impacts, in accordance with ministry policy and guidelines?	Yes		
1.6 Did the board of health collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Ontario Public Health Standards?	Yes		
1.7 Does the board of health have a strategic plan that establishes strategic priorities over 3 to 5 years? Did the plan include input from staff, clients, and community partners, and is a process in place to review the plan at least every other year?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item **(A)**	**Yes, No, N/A** *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* **(B)**	**Validation/Explanation** *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* **(C)**	**Action Plan/Mitigation** *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* **(D)**
1.8 Did the board of health develop and implement a program of public health interventions in accordance with the Chronic Disease Prevention and Well-Being Program Standard, using a comprehensive health promotion approach as outlined in the *Chronic Disease Prevention Guideline, 2018* (or as current), that addressed chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the public health unit population?	Yes		
1.9 Did the board of health enforce the *Skin Cancer Prevention Act (Tanning Beds), 2013* in accordance with the *Tanning Beds Protocol, 2019* (or as current)?	Yes		
1.10 Did the board of health conduct routine inspections of all high and moderate risk fixed food premises as per the *Food Safety Protocol, 2019* (or as current)?	Yes		
1.11 Did the board of health develop and implement a program of public health interventions that promoted healthy built and natural environments in accordance with the Healthy Environments Program Standard?	Yes		
1.12 Did the board of health develop and implement a program of public health interventions in accordance with the Healthy Growth and Development Program Standard, using a comprehensive health promotion approach as outlined in the *Healthy Growth and Development Guideline, 2018* (or as current), that supported healthy growth and development in the public health unit population?	Yes		
1.13 Did the board of health complete inventory counts as specified in the *Vaccine Storage and Handling Protocol, 2018* (or as current)?	Yes		
1.14 Did the board of health conduct routine inspections of small drinking water systems and recreational water facilities as per the *Recreational Water Protocol, 2019* (or as current) and *Safe Drinking Water and Fluoride Monitoring Protocol, 2019* (or as current)?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
1.15 Did the board of health develop and implement a program of public health interventions in accordance with the School Health Program Standard, using a comprehensive health promotion approach as outlined in the *School Health Guideline, 2018* (or as current) to improve the health of school-aged children and youth?	Yes		
1.16 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) and the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current), that addresses risk and protective factors to reduce the burden of substance use in the public health unit population?	Yes		
1.17 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the *Injury Prevention Guideline, 2018* (or as current), that addressed risk and protective factors to reduce the burden of preventable injuries in the public health unit population?	Yes		
2.0 Fiduciary Requirements			
2.1 Did the board of health comply with the terms and conditions of the Public Health Funding and Accountability Agreement?	Yes		
2.2 Did the board of health place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry?	N/A	YR PH programs are underfuned by MOHLTC, therefore no interest was earned from ministry grant in 2018.	
2.3 Did the board of health report all revenues it collected for programs or services in accordance with the direction provided in writing by the ministry?	Yes		
2.4 Did the board of health report any part of the grant that was not used or accounted for in a manner requested by the ministry?	Yes		
2.5 Did the board of health repay ministry funding as requested by the ministry?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item **(A)**	**Yes, No, N/A** *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* **(B)**	**Validation/Explanation** *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* **(C)**	**Action Plan/Mitigation** *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* **(D)**
2.6 Did the board of health ensure that expenditure forecasts were as accurate as possible?	Yes		
2.7 Did the board of health keep a record of financial affairs, invoices, receipts and other documents, and prepare annual statements of their financial affairs?	Yes		
2.8 Did the board of health comply with the financial requirements of the *Health Protection and Promotion Act* (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations?	Yes		
2.9 Did the board of health use the grant only for the purposes of the *Health Protection and Promotion Act* and provide or ensure the provision of programs and services in accordance with the *Health Protection and Promotion Act*, Ontario Public Health Standards, and the Public Health Funding and Accountability Agreement?	Yes		
2.10 Did the board of health spend the grant only on admissible expenditures?	Yes		
2.11 Did the board of health comply with the *Municipal Act, 2001,* and ensured that the administration adopted policies with respect to its procurement of goods and services?	Yes		
2.12 Did the board of health conduct an open and competitive process to procure goods and services?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item **(A)**	**Yes, No, N/A** *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* **(B)**	**Validation/Explanation** *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* **(C)**	**Action Plan/Mitigation** *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* **(D)**
2.13 Did the board of health ensure that the administration implemented appropriate financial management and oversight to ensure the following were in place? a) A plan for the management of physical and financial resources; b) A process for internal financial controls based on generally accepted accounting principles; c) A process to ensure that areas of variance were addressed and corrected; d) A procedure to ensure that the procurement policy was followed across all programs/services areas; e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and, f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.	Yes		
2.14 Did the board of health have financial controls in place that met the specified attributes and objectives as per *Schedule D* of the Public Health Funding and Accountability Agreement?	Yes		
2.15 Did the board of health negotiate and have in place service level agreements for corporately provided services?	Yes		
2.16 Did the board of health have and maintain insurance?	Yes		
2.17 Did the board of health maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances?	Yes		
2.18 Did the board of health dispose of an asset which exceeded $100,000 in value, and with the ministry's prior written confirmation?	N/A	No asset was disposed exceeding $100,000 in value.	
2.19 Did the board of health ensure that the grant was not carried over from one year to the next, unless pre-authorized in writing from the ministry?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
2.20 Did the board of health maintain a capital funding plan which included policies and procedures to ensure that funding for capital projects was appropriately managed and reported?	Yes		
2.21 Did the board of health comply with the Community Health Capital Programs policy?	N/A	The 2018 capital funding for YR PH was provided by York Region.	
3.0 Good Governance and Management Practices			
3.1 Did the board of health operate in a transparent and accountable manner, and provide accurate and complete information to the ministry?	Yes		
3.2 Did the board of health ensure that members were aware of their roles and responsibilities, and emerging issues and trends, by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members?	Yes		
3.3 Did the board of health carry out its obligations without a conflict of interest and disclose to the ministry an actual, potential, or perceived conflict of interest?	Yes		
3.4 Did the board of health comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item **(A)**	**Yes, No, N/A** *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* **(B)**	**Validation/Explanation** *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* **(C)**	**Action Plan/Mitigation** *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* **(D)**
3.5 Did the board of health comply with medical officer of health appointment and reporting requirements of the *Health Protection and Promotion Act* , and the ministry's *Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation*? This includes, but is not limited to, having or ensuring: a) The appointment and approval of a full-time Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit); b) The appointment of a physician as Acting Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit), where there was no Medical Officer of Health or Associate Medical Officer of Health in place; c) The Medical Officer of Health reported directly to the board of health (solid line relationship) on matters of public health significance/importance; d) The Medical Officer of Health was part of the senior management team; e) Staff resopnsible for the delivery of public health programs and services reported directly to the Medcial Officer of health without any need to report to intermediaries (solid line relationship); and, f) Compliance with eligibility criteria under the Medical Officer of Health and Associate Medical Officer of Health Compensation Initiative.	Yes		
3.6 Did the board of health ensure that the administration established a human resources strategy which considered the competencies, composition and size of the workforce, as well as community composition, and included initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce?	Yes		
3.7 Did the board of health ensure that the administration established and implemented written human resource policies and procedures which were made available to staff, students, and volunteers?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item **(A)**	**Yes, No, N/A** *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* **(B)**	**Validation/Explanation** *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* **(C)**	**Action Plan/Mitigation** *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* **(D)**
3.8 Did the board of health ensure all policies and procedures were regularly reviewed and revised, and included the date of the last review/revision?	Yes		
3.9 Did the board of health engage in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities?	Yes		
3.10 Did the board of health engage in relationships with Indigenous communities in a way that was meaningful for them?	Yes		
3.11 Did the board of health provide population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program Standards?	Yes		
3.12 Did the board of health develop and implement policies or by-laws regarding the functioning of the governing body, including: a) Use and establishment of sub-committees; b) Rules of order and frequency of meetings; c) Preparation of meeting agenda, materials, minutes, and other record keeping; d) Selection of officers; e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health were able to recommend the recruitment of members to the appointing body; f) Remuneration and allowable expenses for board members; g) Procurement of external advisors to the board such as lawyers and auditors (if applicable); h) Conflict of interest; i) Confidentiality; j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and, k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
3.13 Did the board of health ensure that by-laws, policies and procedures were reviewed and revised as necessary, and are reviewed at least every two years?	Yes		
3.14 Did the board of health provide governance direction to the administration and ensure that the board of health remained informed about the activities of the organization regarding the following? a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; d) Research and evaluation; e) Compliance with all applicable legislation and regulations; f) Workforce issues, including recruitment of medical officer of health and any other senior executives; g) Financial management, including procurement policies and practices; and, h) Risk management.	Yes		
3.15 Did the board of health have a self-evaluation process of its governance practices and outcomes that are completed at least every other year?	Yes		
3.16 Did the board of health ensure that the administration developed and implemented a set of client service standards?	Yes		
3.17 Did the board of health ensure that the medical officer of health, as the designated health information custodian, maintained information systems and implemented policies/ procedures for privacy and security, data collection and records management?	Yes		
4.0 Public Health Practice			
4.1 Did the board of heath ensure that the administration established, maintained, and implemented policies and procedures related to research ethics?	Yes		

2018 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
4.2 Did the board of health designate a Chief Nursing Officer and meet specific requirements under Schedule B of the Public Health Funding and Accountability Agreement? This includes but is not limited to: a) The Chief Nursing Officer role was implemented at the management level or participated in senior management meetings; b) The Chief Nursing Officer reported directly to the medical officer of health or Chief Executive Officer; and, c) The Chief Nursing Officer articulated, modelled, and promoted a vision of excellence in public health nursing practice, which facilitated evidence-based services and quality health outcomes in the public health context.	Yes		
4.3 Did the board of health use a systematic process to plan public health programs and services to assess and report on the health of local populations, describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities?	Yes		
4.4 Did the board of health employ qualified public health professionals in accordance with the *Qualifications for Public Health Professionals Protocol, 2018* (or as current)?	Yes		
4.5 Did the board of health support a culture of excellence in professional practice, ensuring a culture of quality and continuous organizational self-improvement?	Yes		
5.0 Other			
5.1 Did the board of health have a formal risk management framework in place that identified, assessed, and addressed risks?	Yes		
5.2 Did the board of health produce an annual financial and performance report to the general public, as well as its Strategic Plan?	Yes		

Board of Health for York Region Public Health

2018 Annual Report and Attestation

Certification by the Board of Health

Chair, Board of Health	
Name	
(Signature) (Date)	

Medical Officer of Health / Chief Executive Officer	
Name	Dr. KARIM KURJI
(Signature) (Date)	Karim Kurji June 27, 2019

Chief Financial Officer / Business Administrator	
Name	Alex Bilton (For Karen Antonio Hadcock
(Signature) (Date)	June 28 2019

Medical Officer of Health / Chief Executive Officer and Chief Financial Officer / Business Administrator:

- certify that the Annual Reconciliation worsheets with all the supporting documents are accurate financial statements attributable to the public health programs for the period specified and that the supporting documents are available for audit.
- certify that the attached Audited Financial Statements have been reviewed and approved by the Board and are in accordance with GAAP reporting standards.