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REF.: 04-PF#7(13)**

October 4, 2004

BOARD OF HEALTH:**Subject: Policy and Finance Committee Report 7, Clause 13
Peer Nutrition Program, 2004 Budget Enhancement**

City Council on September 28, 29, 30 and October 1, 2004, considered this Clause, and a copy is attached for the Board's information or appropriate action.

for City Clerk

M. Toft/sb

Attachment

Sent to: Budget Advisory Committee
Board of Health
Medical Officer of Health

c. Chief Financial Officer and Treasurer

Consolidated Clause in Policy and Finance Committee Report 7, which was considered by City Council on September 28, 29, 30 and October 1, 2004.

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Peer Nutrition Program, 2004 Budget Enhancement

City Council on September 28, 29, 30 and October 1, 2004, adopted this Clause without amendment.

The Policy and Finance Committee recommends that City Council adopt the action taken by the Board of Health in the communication (July 14, 2004) from the Board, subject to:

- (1) Recommendation (1) being conditional on Toronto Public Health meeting the savings targets set by Council after the implementation of this expansion; and**
- (2) amending Recommendation (2) to provide that the Board of Health consider the inclusion of a base budget expansion to the Peer Nutrition Program in the Toronto Public Health 2005 Operating Budget submission.**

The Policy and Finance Committee submits the communication (July 14, 2004) from the Secretary, Board of Health:

Action Taken by the Board of Health:

The Board of Health adopted the staff recommendations in the Recommendations Section of the report (June 25, 2004) from the Acting Medical Officer of Health, and:

- (1) endorsed the one-time expansion of the Peer Nutrition Program to provide services to an additional 600 parents and 850 children at a cost of \$137,000 gross/\$68,500 net, to be funded through under-spending within the Toronto Public Health 2004 Operating Budget;
- (2) endorsed the inclusion of a base budget expansion to the Peer Nutrition Program in the Toronto Public Health 2005 Operating Budget submission;
- (3) directed that this report be forwarded to Policy and Finance Committee for its consideration;
- (4) directed that this report be forwarded to Budget Advisory Committee for consideration during the 2005 Budget Process; and
- (5) authorized and directed the appropriate City Officials to take the necessary action to give effect thereto.

Background:

The Board of Health, at its meeting on July 12, 2004, considered the attached report (July 5, 2004) from the Acting Medical Officer of Health, reporting back to the Board of Health on the feasibility of enhancing the Peer Nutrition Program through the 2004 Toronto Public Health Operating Budget variance.

(Report dated July 5, 2004, addressed to the Board of Health from Dr. Barbara Yaffe, Acting Medical Officer of Health)

Purpose:

The purpose of this report is to report back to the Board of Health on the feasibility of enhancing the Peer Nutrition Program through the 2004 Toronto Public Health Operating Budget variance.

Financial Implications and Impact Statement:

As submitted to Corporate Finance, Toronto Public Health is currently projecting a zero operating budget variance at year-end 2004. However, included in this projection is an assumption that \$137,000 gross/\$68,500 net will be spent on the one-time expansion (September to December 2004) of the Peer Nutrition Program as recommended in this report. The under-expenditure is the result of the freeze in discretionary spending.

The Chief Financial Officer and Treasurer has reviewed this report and concurs with the financial impact statement.

Recommendations:

It is recommended that the Board of Health:

- (1) endorse the one-time expansion of the Peer Nutrition Program to provide services to an additional 600 parents and 850 children at a cost of \$137,000 gross/\$68,500 net, to be funded through under-spending within the Toronto Public Health 2004 Operating Budget;
- (2) endorse the inclusion of a base budget expansion to the Peer Nutrition Program in the Toronto Public Health 2005 Operating Budget submission;
- (3) forward this report to Policy and Finance Committee for its consideration;
- (4) forward this report to Budget Advisory Committee for consideration during the 2005 Budget Process; and
- (5) authorize and direct the appropriate City Officials to take the necessary action to give effect thereto.

Background:

As part of the 2004 budget review process, the Board of Health recommended an expansion of the Peer Nutrition Program. This expansion would have allowed the Peer Nutrition Program to reach an additional 900 families and 1400 children (and would have added a Nobody's Perfect parenting program for 800 Peer Nutrition Program participants) at a cost of \$525,500 gross/\$262,800 net in 2004 (\$1,051,200 gross/\$525,500 net annualized). City Council, at its Special Meeting in April 2004 adopted, as amended, Clause No. 2 of Report No. 3 of the Policy and Finance Committee stating, among other things, that "Toronto Public Health consider the Peer Nutrition Program enhancement for one time only to be absorbed within the 2004 Toronto Public Health Operating Budget and, if this cannot be done, the Acting Medical Officer of Health be requested to report to City Council through the Board of Health by September 2004." This report responds to that request.

Comments:

Nutrition is an important factor for the healthy growth and development of children. Two of the most common nutrition-related problems in children are iron deficiency and childhood obesity. Recent research shows a relationship between poverty, food security and obesity and that childhood obesity predicts adult obesity as well as other health consequences including diabetes, heart disease and cancer. Under-nutrition during any period of childhood can have detrimental effects on cognitive and behaviour development in children and consequently their level of productivity later in life. Environmental and social issues such as immigration, changes in lifestyle, access to food, food purchasing and preparation skills, unemployment, lack of social support and cost of housing can also influence children's nutritional status.

The Toronto Public Health Peer Nutrition Program was established in 1999 in response to recommendations by the Children and Youth Action Committee and the Board of Health. The program aims to improve infant and child feeding practices, and food selection, purchasing and preparation skills among parents of children aged six months to six years. This program reaches parents from diverse ethno-racial communities who are often missed by traditional nutrition programs. The Peer Nutrition Program is delivered in up to 27 languages to the ethnically and culturally diverse populations of Toronto. The Peer Nutrition Program also builds leadership skills among women in the community and improves the nutritional status of a vulnerable population during the critical years of growth and development. The Peer Nutrition Program is delivered as part of the requirements of the Mandatory Health Programs and Services Guidelines under the Chronic Disease Prevention, Child Health and Equal Access Standards.

Currently, 1800 parents and caregivers, and 2600 children of diverse ethno-cultural and linguistic communities are served in more than 60 program sites, with 700 of these parents also attending nutrition support groups at 12 sites across the city. These groups provide women with an opportunity to further develop their food and nutrition skills, actively participate in food security activities such as community gardens, the Good Food Box, and the Field to Table programs, and develop food budgeting skills. However, the program continues to have long waiting lists, especially for some ethno-cultural communities. In addition, there are other ethno-cultural communities that have been identified as having a high need but are not currently being served due to limited financial and human resources.

There are a number of operational challenges that limit the feasibility of expanding any program on a temporary basis. Recruitment, orientation and training processes are time consuming and doing so for a four-month period (September to December) is not a good use of resources. Similarly, there is insufficient time to establish new community partnerships, secure program sites and conduct outreach to parents. Beginning a service, only to end it several months later can be more frustrating than beneficial to the community. Certainly, a permanent expansion of the Peer Nutrition Program is the most efficient and effective means of meeting the needs of the community. A permanent expansion request will be included in the 2005 Toronto Public Health Operating Budget submission.

It is, however, possible to temporarily expand the Peer Nutrition Program on a one-time smaller scale by extending the hours of the part-time Community Nutrition Assistants who are already on staff and by offering additional services at existing program sites. For the period September 1 to December 31, 2004, it will be possible to provide service to an additional 600 parents and 850 children by extending the hours of 16 Community Nutrition Assistants from 21 hours per week to 35 hours per week. The total cost will be \$137,000 gross/\$68,500 net. This temporary expansion can be funded through the Public Health 2004 Operating budget variance. The Toronto Public Health Operating Variance Submission for the period ended April 30, 2004 shows a 2.8 percent (\$521,800 net) favourable variance and the projected 2004 year-end operating budget variance of zero included an assumption that \$137,000 gross/\$68,500 net would be spent on this one-time expansion.

It is important to note that this expansion will only provide an enhanced level of service from September 1 to December 31, 2004. Service levels will return to their present level on January 1, 2005 pending approval of a base budget enhancement in the 2005 Toronto Public Health Operating Budget.

Conclusions:

The Peer Nutrition Program promotes healthy eating for families with children six months to six years of age and also provides an opportunity for women who tend to be quite isolated to make strong community connections. It is an effective, supportive way of bringing parents from diverse ethno-cultural communities across the city together to develop food purchasing and meal preparation skills, and to assist them in dealing with their household food insecurity issues.

While this enhancement falls short of the original request, it will meet some community needs and reduce waiting lists on a one-time temporary basis.

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