

# TORONTO STAFF REPORT

---

November 10, 2004

To: Board of Health

From: Dr. David McKeown, Medical Officer of Health

Subject: Toronto Public Health - 2005 Operating Budget Submission

Purpose:

This report outlines the Toronto Public Health 2005 Operating Budget request to the Board of Health.

Financial Implications and Impact Statement:

The Toronto Public Health 2005 Operating Budget request totals \$191,297.0 thousand gross and \$71,510.9 thousand net. This is a \$6,899.8 thousand or 3.7% increase in gross expenditures and a \$1,416.3 thousand or 1.9% decrease in net expenditures from the 2004 Approved Operating Budget. These estimates assume full provincial cost sharing for eligible programs.

The net decrease of \$1,416.3 thousand is comprised of a reduction of \$4,674.4 thousand in the base budget and an increase of \$3,258.1 thousand in new and enhanced Public Health services.

The net reduction in the base budget of \$4,674.4 thousand includes: a revenue increase of \$6,332.5 thousand due to an increase in the share of provincial grant from 50% to 55%; a reduction of 2004 one-time costs and non-recurring items of \$574.5 thousand; salary and benefits increases of \$310.0 thousand; annualization of prior year approved programs of \$198.7 thousand; a reduction of \$550 thousand in other revenues; economic factor and zero based budget adjustments of \$274.0 thousand; and a provision towards the 2005 wage settlements of \$900.0 thousand.

The net budget request of \$3,258.2 thousand for new and expanded services includes: a reduction in the TPH gapping target from 4% to 3%; measures to sustain and strengthen current services, including quality assurance measures; and service enhancements for several local and provincially mandated programs, including Council initiated or referred items; Board of Health directives and corporate initiatives.

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

Recommendations :

It is recommended that:

- (1) a Toronto Public Health 2005 Operating Budget of \$191,297.0 thousand gross and \$71,510.9 thousand net including a Base Budget of \$182,439.9 thousand gross and \$68,252.8 thousand net and New and Enhanced Services of \$8,857.1 thousand gross and \$3,376.9 thousand net, be approved;
- (2) the list of adjustments included in the Toronto Public Health 2005 Operating Budget and summarized in Table 1, "Summary of 2005 Base Changes from 2004 Approved Budget" of this report totalling a reduction of \$1,957.2 thousand gross and \$4,674.4 thousand net, be approved;
- (3) the list of adjustments included in the Toronto Public Health 2005 Operating Budget and summarized in Table 2, "Summary of 2005 New and Enhanced Services" totalling \$8,857.1 thousand gross and \$3,258.1 thousand net, be approved; and
- (4) this report is forwarded to the Budget Advisory Committee for its consideration.

Background:

The Toronto Public Health 2005 Operating Budget request of \$191,297.0 thousand gross and \$71,510.9 thousand net is \$6,899.8 thousand or 3.7% higher in gross expenditures and \$1,416.3 thousand or 1.9% lower in net expenditures compared to the 2004 Operating Budget.

The Ministry of Health and Long Term Care (MOHLTC) has committed to strengthen the resource base for public health by increasing the provincial share of funding for local health units from 50% to 55% in 2005. This change results in an increase of \$6,332.5 thousand in provincial subsidy available to Toronto Public Health. The 2005 Operating Budget has been prepared on the assumption that the MOHLTC will fund its full share of costs for all mandatory health programs and services. The approval of the grant from MOHLTC is usually received in the 4th quarter of each fiscal year.

Comments:

The TPH 2005 Operating Budget request totals \$191,297.0 thousand gross and \$71,510.9 thousand net. This total request includes a base budget request of \$182,439.9 thousand gross and \$68,252.8 net and a request for additional resources totalling \$8,857.1 thousand gross and \$3,258.0 thousand net.

The net decrease from 2004 of \$1,416.3 thousand or 1.9% is primarily due to an increase in the provincial revenue grant from 50% to 55% cost sharing that provides additional resources of \$6,332.5 thousand to strengthen public health programs.

(1) Base Budget Adjustments

Base budget adjustments totalling a net reduction of \$4,674.2 thousand are included in the 2005 requested budget and are listed in Table 1 - Summary of 2005 Base Changes from 2004 Approved Budget, followed by an explanation of the key components.

**Table 1**  
**Summary of 2005 Base Changes from 2004 Approved Budget**  
**(\$000s)**

	Positions	Gross Expenses	Revenues	Net	Net Incr 2006 Impact
<b>2004 Approved Operating Budget (April 2004)</b>	<b>1,815.5</b>	<b>182,671.7</b>	<b>109,292.7</b>	<b>73,379.0</b>	<b>0.0</b>
In-year approvals and technical adjustments	3.5	1,725.5	2,177.3	(451.8)	0.0
<b>2004 Approved Operating Budget</b>	<b>1,819.0</b>	<b>184,397.2</b>	<b>111,470.0</b>	<b>72,927.2</b>	<b>0.0</b>
Prior year impacts	(40.2)	(4,235.8)	(4,420.1)	184.2	0.0
Zero base items	0.0	(276.9)	(143.0)	(134.0)	0.0
Economic factors	0.0	548.5	256.2	292.3	0.0
<b>Adjusted Base Budget</b>	<b>1,778.8</b>	<b>180,432.9</b>	<b>107,163.1</b>	<b>73,269.7</b>	<b>0.0</b>
Other base changes	0.0	2,007.0	1,101.4	905.6	(115.7)
Base revenue changes	0.0	0.0	5,922.5	(5,922.5)	0.0
Other Base Budget Changes	0.0	2,007.0	7,023.8	(5,016.9)	(115.7)
<b>Total Base Budget Adjustments</b>	<b>(40.2)</b>	<b>(1,957.2)</b>	<b>2,717.0</b>	<b>(4,674.4)</b>	<b>(115.7)</b>
<b>Total 2005 Base Budget Request</b>	<b>1,778.8</b>	<b>182,439.9</b>	<b>114,186.9</b>	<b>68,252.8</b>	<b>(115.7)</b>
Over (Under) 2004 Approved Budget	(40.2)	(1,957.3)	2,716.9	(4,674.2)	
Over (Under) 2004 Approved Budget (%)	(2.2)	(1.1)	2.4	(6.4)	

In-Year Approvals and Adjustments:

The 2004 Approved Operating Budget of \$184,397.2 thousand gross/\$72,927.2 thousand net includes several in-year adjustments, the major components being an adjustment to 100% funded programs of \$2,421.2 thousand gross/\$0 net and a reduction of \$790.6 thousand gross/\$411.4 thousand net related to the GST rebate.

Adjusted Base Budget:

The net adjusted base budget of \$73,269.7 thousand includes adjustments of \$342.5 thousand primarily related to approved non-payroll economic factors.

Other Base Budget Adjustments:

Other base budget changes total a net reduction of \$5,016.9 thousand. This reduction in the base budget includes the increased provincial revenue of \$6,332.5 thousand from the change in the cost sharing formula and a contribution of \$2,000.0 thousand gross / \$900.0 thousand net towards 2005 funding of negotiated settlements based on the new collective agreements. The balance of the net reduction is primarily related to a \$410.0 thousand reduction in animal services revenue that has been consistently overstated in the budget since amalgamation.

(2) New and Enhanced Services

New and enhanced services of \$3,258.1 thousand net are included in the 2005 requested operating budget and are listed in Table 2 - Summary of 2005 New and Enhanced Services, followed by an explanation of the key components.

These new and enhanced service proposals are classified in the following four categories: Maintenance/Sustainability of Services; Quality Assurance/Risk Management; Service Enhancements – Mandated Programs; and Service Enhancements – City Programs.

The first category, Maintenance/Sustainability of Services, includes those services that TPH currently offers that require resources to maintain and sustain the current service level provided.

The second category, Quality Assurance/Risk Management, includes proposals that will help ensure that basic standards are maintained for both quality assurance and risk management.

The third category, Service Enhancements - Mandated Programs, includes proposed services that will either enhance the current level of service offered on provincially mandated programs or will initiate a new service that will support mandated program compliance.

The fourth category, Service Enhancements - City Programs, includes programs and services that are not mandated or funded by the Province.

**Table 2**  
**Toronto Public Health**  
**Summary of 2005 New and Enhanced Services**  
(\$000s)

Priority Classification	Description	2005 Budget Request			Positions			2006 Net Impact
		Gross	Revenue	Net	Perm	Temp	Total	
Maintenance/ Sustainability of Services	Reduction in Gapping to 3% from 4%	1,104.4	539.4	565.0	0.0		0.0	0.0
	Medical Resources Delivery	79.0	43.4	35.6	1.0		1.0	(4.2)
	Senior Budget Analyst	0.0	0.0	0.0	1.0		1.0	0.0
	West Nile Virus Program - Restructuring	0.0	0.0	0.0	(26.4)	15.0	(11.4)	0.0
	Improved Nutrition Standards for Student Nutrition Programs	104.0	57.2	46.8	2.0		2.0	17.6
	Peer Nutrition Program	546.9	300.8	246.1	12.0		12.0	103.0
	Timely Payroll Processing	41.4	22.8	18.6	1.0		1.0	6.4
	HBHC Complement Change	39.7	39.7	0.0	1.0		1.0	0.0
	Methadone Program	76.6	0.0	76.6	1.0	0.5	1.5	25.6
	Use of In-House Veterinarians	0.0	0.0	0.0	2.0		2.0	0.0
	Toronto Community Health Info System (TCHIS) Sustainment	289.2	159.1	130.1	5.0		5.0	12.5
	IT Support of New Public Health Systems	0.0	0.0	0.0	5.0		5.0	45.7
	Tobacco Control	161.1	88.6	72.5	4.0		4.0	23.6
	<b>Sub-total</b>	<b>2,442.3</b>	<b>1,250.9</b>	<b>1,191.4</b>	<b>8.6</b>	<b>15.5</b>	<b>24.1</b>	<b>230.2</b>
	Quality Assurance/ Risk Management	Privacy and Legislated Standards Compliance	222.6	122.4	100.2	4.0		4.0
2005 Facilities State of Good Repair Operating Projects		369.0	101.8	267.2	0.0		0.0	(267.2)
Needle Exchange Quality Assurance		58.8	32.3	26.5	1.0		1.0	8.9
Vaccine Preventable Disease (VPD) Quality Assurance		56.6	31.1	25.5	1.0		1.0	6.6
TPH AIDS & Drug Prevention Community Capacity Building		60.8	33.4	27.4	1.0		1.0	9.3
<b>Sub-total</b>		<b>767.8</b>	<b>321.1</b>	<b>446.7</b>	<b>7.0</b>	<b>0.0</b>	<b>7.0</b>	<b>(217.0)</b>
Service Enhancements - Mandatory Programs	Sexual Health Program Enhancements	1,159.5	637.7	521.8	12.0		12.0	207.5
	Restaurant Inspection Compliance Tools	674.0	370.7	303.3			0.0	0.0
	TB Program - Liaison with Prisons	110.7	61.0	49.7	2.0		2.0	20.8
	20/20 The Way to Clean Air	100.0	55.0	45.0	0.0		0.0	0.0
	Food Safety Program Compliance	663.4	364.9	298.5	12.0		12.0	107.8
	At Risk Parent Education Program Expansion	229.3	126.1	103.2	3.0		3.0	42.6
	3-1-1 Capital Project payroll costs	1,519.5	1,519.5	0.0		17.5	17.5	0.0
	iPHIS Capital Project payroll costs	628.0	628.0	0.0		7.6	7.6	0.0
	Operational Planning Capital Project payroll costs	264.0	264.0	0.0		3.2	3.2	0.0
	<b>Sub-total</b>	<b>5,348.4</b>	<b>4,026.9</b>	<b>1,321.5</b>	<b>29.0</b>	<b>28.3</b>	<b>57.3</b>	<b>378.7</b>
Service Enhancements - City Programs	Annual Mobile Dental Program for Seniors Living in Institutions	298.6	0.0	298.6	7.0	0.5	7.5	115.2
	<b>Sub-total</b>	<b>298.6</b>	<b>0.0</b>	<b>298.6</b>	<b>7.0</b>	<b>0.5</b>	<b>7.5</b>	<b>115.2</b>
	<b>Grand Total</b>	<b>8,857.1</b>	<b>5,599.0</b>	<b>3,258.1</b>	<b>51.6</b>	<b>44.3</b>	<b>95.9</b>	<b>507.1</b>

(3) Maintenance/Sustainability of Services

Reduction in Gapping:

Salary gapping for Toronto Public Health in the 2004 budget is 4% or approximately 60 positions. To maintain this gapping target, TPH has had to reduce service levels across the division resulting in lower compliance with mandatory guidelines and reduced capacity to respond to emergencies and urgent public health issues. TPH has proposed that gapping be reduced to 3% which has a \$1,104.4 thousand gross/\$565.0 thousand net impact on the base budget.

TPH new and enhanced proposals have assumed the approved gapping level of 4%. If Council approves this lower gapping percentage, then new and enhanced requests will be adjusted accordingly.

#### Medical Resources Delivery:

Delivery of medical resources includes transport of influenza and rabies vaccines, medical samples of blood, sputum, urine and faecal matter; blood test results; and contaminated food samples. Demand for this service has increased and the four specialized Public Health couriers are unable to meet increased workload demands. Outside contractors to transport these materials are not properly equipped to handle these sensitive products and/or may fail to meet critical deadlines.

#### Financial Planning – Senior Budget Analyst:

A Senior Budget Analyst is required to support the annual budget process and further development of program-based budget to meet the needs of Program Managers and the reporting requirements for the Province. Both the quality and timeliness of financial planning is compromised with only one Financial Analyst supporting the budget process in Public Health. Significant overtime is required to meet the minimal financial management requirements. The 2005 cost of hiring a Senior Budget Analyst is \$63.6 thousand gross / 28.6 thousand net and an annualization cost of \$22.1 thousand gross / 12.2 thousand net in 2006. This cost will be funded through internal efficiencies within the 2005 operating budget submission.

#### West Nile Virus Restructuring:

Starting in 2005 TPH is proposing use of a licensed Pest Control service to apply larvicide to city catch basins. In 2003 and 2004 seasonal students were hired to perform this function. However, this method of delivering service proved to be problematic in terms of recruitment, retention, training and supervision. Using a specialized service to do this work will improve efficiency, effectiveness and reduce liability to the City. The cost of using external services to do the larviciding has been reduced significantly over the past two years and there is no net financial impact to the City.

#### Improved Nutrition Standards for Student Nutrition Programs:

In partnership with the community and the Province of Ontario through Breakfast for Learning, Canadian Living Foundation, Toronto Public Health supports 279 student nutrition programs that serve over 70,000 children and youth. These programs operate in schools and community sites. Student Nutrition Programs serve multiple purposes by addressing health issues through the provision of nutritious foods to children, as a vehicle for nutritional education for all children, and modelling of healthier food choices on a daily basis. Toronto Public Health provides quality assurance and provides training for staff, teachers, parents and community volunteers. Two additional Toronto Public Health dietitians would provide a minimum of two visits annually to each program site to support menu planning and assessment to ensure healthy nutritious foods are offered in a safe and cost-effective manner.

#### Peer Nutrition Program:

The goal of the Peer Nutrition Program is to enhance the nutritional status of children 6-month to 6 years. The program aims to improve food selection, purchasing & preparation skills of the families who participate in the program and to provide social supports & build leadership skills among parents of the diverse racial & ethnic communities who are often missed by traditional nutrition programs. The Peer Nutrition Program includes peer nutrition education and food skills workshops led by multilingual community workers. Support groups provide women with an opportunity to further develop their food and nutrition skills and actively participate in food security activities such as community gardens and the Good Food Box and Field to Table programs.

This proposal will provide resources for the Peer Nutrition Program to increase the number of parents who attend the 6-week nutrition education and food skill workshops from 1,800 to 2,700 per year and to provide support groups for an additional 700 parents. This ensures that the Peer Nutrition Program expansion endorsed by the Board of Health at its July 2004 meeting is included in the 2005 base budget. Failure to approve this request would be a cut in current service level.

#### Timely Payroll Processing:

As a result of new and expanded programs over the last 5 years, there have been over 100 additional employees added to TPH payroll. This increase in staffing has resulted in increased workload for existing staff, which has caused delays in processing payroll documentation.

#### HBHC Complement Change:

Healthy Babies, Healthy Children is a 100% provincially funded program that provides screening, assessment, education, counselling, service co-ordination and referral to pregnant women and families that have children aged 0 to 6 years. The High Risk Home Visiting Component of this program provides a blended model of Public Health Nurse (PHN) and Family Home Visitor (FHV) home visiting to at risk and high risk families. The current organizational structure has PHNs and FHVs together on geographically based Family Health teams. The organizational structure is being revised to create distinct FHV teams managed by FHV Supervisors (who will report to Healthy Families Managers). This will be achieved by converting two Manager positions into three Supervisor positions. There is no net cost impact in implementing this change.

#### Methadone Program:

Methadone Works is a unique communicable disease prevention program which will have to close down if not funded by the City. Methadone is a recognized substitute for opiate addiction and the prescription of methadone in Ontario is regulated through guidelines from the Ontario College of Physicians and Surgeons. The program provides assessment, counselling, support and prescriptions for methadone. This service is provided to 35 high need, primarily homeless drug users and is staffed by a full time Registered Nurse and a Methadone Support Worker.

The Works has been operating a methadone program since 1997. Historically this program has been 100% funded by the Province. Toronto Public Health will continue to advocate for Provincial support for this program. Should these efforts not be successful this essential service should be funded through Toronto Public Health to ensure continuity.

#### Use of In-house Veterinarians:

Utilizing staff veterinarians, as opposed to external contract veterinarians, would result in numerous operational advantages for Toronto Animal Services in terms of the use of specific medications, cost efficiencies in the purchase of drugs, timely staff assistance during animal disease outbreaks and support for communicable disease control and environmental health.

In addition a greater number of sick animals in the shelters will be examined directly by a veterinarian and treated. There is no net financial impact in implementing this change.

#### TCHIS Sustainment:

Toronto Community Health Information System (TCHIS) is scheduled for implementation in 2005. Five TPH Information & Technology positions are required to support and maintain TCHIS. These positions are required to keep the system in a state of good repair, comply with legislation (e.g. MFIPA), enhance existing functionality to reflect ongoing changes in the Healthy Families/ Healthy Living (HF/HL) programs and legislation (e.g. Bill 31), and ensure a smooth transition from TCHIS development to TCHIS implementation.

#### I & T Support of New Public Health Systems:

Toronto Public Health relies on health information systems and information technology to effectively and efficiently deliver programs and services. Five TPH I&T permanent positions are required to support increases in technical support calls, system change requests, and recently implemented hardware and business systems. These positions are required to keep the systems in a state of good repair, maintain the current level of I.T. support, and enhance existing functionality to reflect ongoing changes in the programs / legislation and ensure compliance to legislation. The 2005 cost of \$274.8 thousand gross / \$123.7 thousand net will be absorbed through internal efficiencies resulting in no net cost to the City.

#### Tobacco Control:

The Tobacco Control proposal includes four permanent Municipal Code Smoking Enforcement Officers to continue enforcement of the final phase of the smoking by-law.

In the 2004 budget, funding of four temporary MCEO's was approved to enhance the team overseeing the implementation of the final phase of the bylaw. Enforcement of the by-law is required on a permanent basis after 2004. This responsibility should rest with a specialist team as Public Health Inspectors in both the Health Hazard and Food Safety Program are unable to accommodate this additional workload. The Province will be introducing additional non-smoking legislation in 2005 that will add additional enforcement / monitoring pressures. Dedicated staff will be required to assist in determining levels of compliance, undertaking surveillance and collecting data on this issue.

(4) Quality Assurance/Risk Management

Privacy and Legislated Standards Compliance:

The resources identified in this proposal to lead and co-ordinate harmonized policies and procedures in all Public Health programs are required to help ensure that the division is fully in compliance with the current and future legislation including the new Private Health Information Protection Act.

2005 Facilities State of Good Repair Operating Projects:

This proposal includes the costs of keeping facilities occupied by Toronto Public Health in a state of good repair based on a corporate facilities audit of TPH facilities. Public Health in conjunction with Facilities and Real Estate have identified sites which require State of Good Repair Validation, security audits, replacement of out-of-date exterior signage, painting of interior walls, and other essential maintenance.

Needle Exchange Quality Assurance:

A supervisor is required to provide supervision, training and ongoing support for the nursing functions performed at the Works as well as provide coverage for the Works manager. The Needle Exchange program offers a wide variety of services involving high-risk clients. The Supervisor's position will develop and monitor nursing policies and procedures and create and monitor quality assurance mechanisms for both internal and external sections of the program as well as increase the availability of consultation to and supervision for staff.

Vaccine Preventable Disease (VPD) Quality Assurance:

The Vaccine Preventable Disease Program (VPD) requires an additional supervisor. Currently, one supervisor is responsible for overseeing the VPD Call Centre, a central program resource with 28 clerks that is entrusted with managing critical immunization information for 400,000 students in Toronto schools and receives over 100,000 calls from the public each year. The existing supervisor is also responsible for maintaining quality assurance for the Call Centre, supervising the clerks and supporting mandated Ministry of Health and Long Term Care programs such as the Universal Influenza Immunization Program (UIIP) plus supporting city wide emergency planning and response where VPD services are needed. All of these duties has made it impossible for this one supervisor to manage all the required responsibilities while maintaining appropriate oversight of staff, performing the required management duties for the Call Centre, maintaining the critical information technology needed for program functioning and ensuring the continued development of the Call Centre component of the VPD Program.

TPH AIDS and Drug Prevention Community Capacity Building:

The Auditor's report on Community Services grants, "CNS – Community Services Program Grants Review" contained a number of recommendations regarding risk management, accountability and evaluation of all grants programs. As a result, the TPH AIDS and Drug Prevention grants programs have made a number of administrative changes.

Additional support is required to enable TPH to effectively co-ordinate and evaluate TPH Grants programs as well as to ensure an adequate response to high profile, emerging issues. The program grants address significant urban issues including AIDS Prevention Grants, Drug Prevention Grants, Mental Health, Tuberculosis, Injury Prevention and At-Risk Youth.

(5) Service Enhancements – Mandatory Programs

Sexual Health Program Enhancements:

Implementing this proposal will increase sexual health treatment and prevention measures to respond to a resurgence in sexually transmitted infections in Toronto. Program strategies include increased clinical diagnosis and treatment, case management, education for youth in schools and the community, and condom distribution.

A large increase in common sexually transmitted infections has occurred in the past five years – Chlamydia is up by 58% and Gonorrhoea is up by 55%, predominantly in youth 15-24 years in at risk neighbourhoods. In the same period HIV is up by 41%, and there has been a syphilis outbreak in gay men. Clinical and case management services have been overwhelmed, leading to unacceptable waiting times. Services must be increased to respond to existing caseloads and to reduce infection rates.

Surveys show students are getting less sexual health education in schools, and community sexual health education campaigns have not been done since 2001. Increased caseloads mean that treatment and partner follow-up are delayed, clinic waiting times have increased and drop-in clients are turned away. Condom distribution meets only 75% of demand (a shortfall of over 1 million condoms).

Approval of this proposal will result in an increase in clinic and case management staff, reduced waiting times and timely treatment and partner follow-up. In addition there will be increased support for school-based sex education and restart of community sexual health campaigns. The condom distribution will be increased and there will be more support for HIV / AIDS prevention services to at-risk communities through community groups.

Restaurant Inspection Compliance Tools:

The Toronto Healthy Environments Information System mobile computing pilot project was a successful test of the viability of using mobile technology by Healthy Environments inspectors. Funding is required to complete the rollout of wireless technology to assist Healthy Environments inspection staff and managers to meet the minimum mandatory restaurant and food inspection frequencies prescribed by the Province.

TB Program – Liaison with Prisons:

The 2004 budget provided the initial phase of this program with the hiring of three staff to work with the four correctional facilities in Toronto. To establish full time liaison with each of the four correctional facilities, two additional Public Health Nurses (PHNs) are required in 2005.

Toronto has approximately 25% of the active tuberculosis (TB) cases in Canada (370-400 cases annually) and a rate of drug resistant TB that is two to three times the Canadian average. In order to reduce the burden of TB illness in Toronto, it is best to prevent TB disease from spreading by ensuring early case-finding and careful contact follow-up. Outbreaks of TB in correctional facilities in the United States (US) and in Russia have been well documented. These outbreaks inevitably resulted in transmission to others in the community when infected inmates were released.

In the US, a strain of multi-drug resistant (MDR) TB that started in a correctional facility in New York City spread across the country and eventually cost \$US 1 billion to eradicate. The Report of the Homeless/Corrections Working group of the TB Subcommittee of the Board of Health (October 3, 2002) stated "the mobility and transience of this population, both within the correctional system and between corrections & homeless communities, compounds and potentiates the cumulative risk factors for TB & cannot be ignored".

There are measures to be implemented in collaboration with correctional facilities including routine screening procedures, investigation & management of active cases of TB, treatment of Latent TB Infection, discharge planning and education of staff and inmates. The development of a close working relationship and educational opportunities for the health care staff at correctional facilities should result in improved TB prevention and control.

#### 20/20 The Way to Clean Air:

This proposal is for implementation of an air quality education/social marketing campaign, 20/20 The Way to Clean Air, that encourages the community to reduce their home energy and vehicle use by 20%.

Additional funds are required to maintain and expand the reach of 20/20 The Way to Clean Air to involve more local schools, workplaces and community groups in energy-reduction activities that will help improve air quality in Toronto. This phase of 20/20 will focus on engaging more school communities through a strengthened partnership with the Toronto District School Board's EcoSchools program. The campaign will also embark on a new outreach model with local NGOs, training them to utilize 20/20 resources to encourage participation in their own communities.

#### Food Safety Program Compliance:

Toronto Public Health is not able to meet the mandatory inspection frequencies prescribed by the Province. The Province has the expectation that all low risk food premises will be inspected once per year, all medium risk premises twice per year and all high-risk premises three times a year (including a HACCP inspection).

Additional food safety capacity will enable TPH to more closely monitor the illegal trade in uninspected meat and ungraded eggs. There also continues to be an increase in the number and size of special events held across Toronto. Many of these events include the sale of a wide range of potentially hazardous food products and it is essential that TPH have the staff to undertake food safety inspections and monitoring at these events.

The Province recognised the need for additional inspectors to undertake this work and allocated funding of \$450,000 at the beginning of 2004 as part of a 50% cost share offer to the city in order to acquire additional inspectors. Unfortunately due to budgetary constraints the City did not match this funding for 2004 and no additional staff were acquired.

#### At Risk Parent Education Program Expansion:

Nobody's Perfect is a Parent Education/Support Program facilitated by Public Health Nurses, for parents with children under 6 years of age who are either young, single, low-income, poorly educated or socially, culturally isolated. Utilizing a participant-centred approach, the program helps parents to recognize and build on their strengths and find positive ways to raise healthy, happy children and focuses on five themes: Body, Mind, Safety, Behaviour and Parents. Nobody's Perfect is delivered in partnership with community agencies.

This proposal allows Toronto Public Health to offer an additional 80 Nobody's Perfect Parenting Programs in at-risk communities per year, with particular emphasis on meeting the needs of specific ethnocultural groups accessed through the Peer Nutrition Program and Early Years Centres. Proposed service levels will increase access for underserved cultural groups in all areas of Toronto.

#### 3-1-1 Capital Project payroll costs:

Based on the 3-1-1 customer service strategy report, the City of Toronto and Toronto Public Health will enable better service quality management in a 3-1-1 specialized team environment. The objective of this project is to provide customers with a co-ordinated method for accessing information, services and programs provided by Toronto Public Health and its service partners. Access methods will include the telephone, email, fax, TPH Web portal, kiosks and walk-ins when fully implemented.

The project payroll costs are included in the operating budget but are fully recoverable from capital. The status of Toronto Public Health's role in the project will be confirmed as the scope and timing of the corporate initiative is more closely defined.

#### iPHIS Capital Project payroll costs:

The payroll costs for this capital project are reflected in the operating budget with full recovery from the capital budget. This new information system is being developed and supported to replace systems that are 10 years of age or older and is critically required to support delivery of Communicable Disease Control programs in Toronto and to enable Toronto Public Health (TPH) to meet minimum legislated provincial mandatory requirements. Health Canada and the Ontario Ministry of Health and Long Term Care are partners in the development and support of implementing iPHIS in Ontario and across Canada. The project has multiple phases with the first phase implemented in 2004.

#### Operational Planning Project payroll costs:

An Operational Planning infrastructure (i.e. process, guidelines, performance measures, program maps and logic models) is required to replace manual processes used to prepare and monitor

annual operating plans. This infrastructure will support integration between the operational plans, budget plans and the strategic Toronto Public Health Plan. The system will also support a framework for accountability, systematic decision-making, rationalizing and allocating resources and executing activities directed at achieving the mission and goals of TPH including those embedded within the mandatory Health programs and service guidelines. The planning and infrastructure support cost of \$264.0 thousand gross in 2005 is fully recoverable from the capital budget.

(6) Service Enhancements - City Programs

Annual Mobile Dental Program for Seniors Living in Institutions:

During the 2003 budget process, Council approved the addition of \$100.0 thousand gross/net to expand the mobile dental program for seniors in long-term care facilities to regions of the City of Toronto that did not receive this service. This resulted in a service reduction for residents in the former City of Toronto. The Board of Health requested the Medical Officer of Health to report on the cost to harmonize the program across the city at the level that existed in the former City of Toronto.

With the present level of harmonization, 3,635 residents in 23 facilities in the former City of Toronto and approximately 4,500 residents in long-term care facilities in the rest of the city, as well as residents of city-operated Homes for the Aged, will receive screening, denture identification, preventative services, caregiver education and referral for dental treatment services every two years. Additional funds are required in 2005 to provide this service annually which is the level of service that existed in the former City of Toronto.

Conclusion:

The 2005 Public Health Operating Budget submission totals \$191,297.0 thousand gross / \$71,510.9 thousand net. This is \$6,899.8 thousand gross or 3.7% above and \$1,416.3 thousand net or 1.94% below the funding levels in the 2004 Operating Budget. The submission assumes full provincial cost sharing for eligible programs. Revenue increased by \$6,332.5 thousand due to the change in the Provincial cost sharing formula from 50% to 55% in 2005.

The net request of \$3,258.1 thousand for New and Enhanced services includes a reduction in gapping target from 4% to 3%, and proposals to sustain and stabilize existing services including required quality assurance measures as well as enhancements to mandatory provincial programs and to non-mandatory City of Toronto programs.

In 2005, TPH will continue to evaluate strategies, programs and project priorities to ensure its readiness and ability to respond to Toronto's public health needs and to meet mandatory requirements.

Contact:

Shirley MacPherson  
Acting Director, Support Services  
Toronto Public Health  
Tel: 416-338-7840  
Fax: 416-392-0713

Riyaz Kachra  
Manager, Financial Services  
Toronto Public Health  
Tel: 416-338-8106  
Fax: 416-392-7418

A handwritten signature in black ink, appearing to read "D. McKeown". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Dr. David McKeown  
Medical Officer of Health