

Analyst Briefing Notes

Budget Committee

(February 10, 2009)

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Executive Summary

- Toronto Public Health's (TPH) mission is to improve the health of the whole population and reduce health inequalities. The Program's primary focus is to promote the health of all communities and individuals, who live, work and visit Toronto by providing services and/or information to the public in the following areas: protecting against health hazards which includes air quality improvement, food safety, safe water, heat alerts, smoking by-law enforcement, and environmental protection; preventing disease which includes cancer prevention, dental screening, disease surveillance, immunization, tuberculosis control, and outbreak management; and, promoting good health which includes primarily alcohol/drug use prevention, nutrition promotion, parenting support, sexual health promotion, and sun safety programs. TPH also implements the requirements of the Ontario Public Health Standards – Emergency Preparedness Protocol.
- TPH faces a number of challenges in its provision of public health programs and services to the City of Toronto residents. These challenges include: meeting the legislative requirements of the new Ontario Public Health Standards (OPHS) that came into effect in January 1, 2009; implementing TPH's 2005-2009 Strategic Plan "Toward a Healthy City"; and, addressing increased service demands to deal with issues such as longer wait times for programs and services, higher incidence of food recalls, difficulty in providing sexual health programs within limited space and resources, and bridging the gap in oral health care for low income families. TPH is also faced with the challenge to provide programs and services that are accessible and equitable to residents of Toronto, Canada's most populated and ethnically diverse city.
- To address its commitment to keep people healthy by preventing the spread of disease, promoting healthy living and advocating for conditions that improve health, TPH established the following service objectives:

Healthy Families

- To increase the percentage of the total number of infants born in Toronto who are screened for hearing loss from 87% in 2008 to 90% in 2009 with the ultimate goal of 95% in 2011.
- To increase the percentage of women enrolled in the Healthiest Babies Possible program who have low birth weight babies which will improve Toronto's low birth weight rate of 5.2% in 2008 to 5.0% in 2009; 4.8% in 2010 and 4.6% in 2011.

Healthy Environment

- To reduce the potential for food borne illness outbreaks in Toronto food premises by maintaining the rate of compliance of premises with the food premises regulations (% of Pass Notice on initial inspection) at or above 90%.

Communicable Disease Control

- To maintain its success rate of 86% for 3-months follow-up on potential household contacts of pulmonary tuberculosis cases to a success rate of 88% by 2011.

Healthy Living

- To support low income residents of Toronto to eat sufficient and nutritious food given income inadequacies.

Address increased service demands

- Improve service delivery by implementing its Information Technology (IT) strategic vision to establish enhanced access channels.
- The 2009 Recommended Operating Budget includes funding for priority actions that will help TPH to achieve its service objectives and address its challenges.

Healthy Families

To address the service objectives of Healthy Families, TPH will increase its capacity to provide parenting education in priority neighbourhoods especially under the Healthy Babies Healthy Children (HBHC) program, a free, confidential and voluntary program for pregnant women and families with children up to age six. This program has expanded to include the Homeless At-Risk Prenatal Program (HARP), the Infant Hearing Program (IHP) and the Blind–Low Vision Program. (base funding of \$18.873 million gross, \$0 million net).

Healthy Environment

To ensure food safety, TPH will continue to provide food safety inspection and education activities to prevent food borne illness through the Food Handler Certification Program. This program provides an opportunity for food handlers to learn about the public health legislation, the role of the public health inspector, food borne illnesses, safe food handling methods and food premises sanitation. (base funding of \$0.814 million gross, \$0.017 million net).

To minimize health hazards from exposure to toxic chemicals, TPH will implement the Preventing Pollution to Reduce Exposure to Toxics program, a new service priority action with funding of \$0.221 million gross and \$0.055 million net. Two new permanent positions (effective May 1, 2009) are recommended to develop and implement this project to assist facilities across the City reduce its use and release of toxics.

Communicable Disease Control

To minimize the spread of communicable diseases, TPH will continue to ensure that all potentially infected parties are tested and treated. Through the Tuberculosis Prevention and Control Program, TPH works together with health care providers and the community to ensure that tuberculosis strategies, standards, and policies are developed, implemented, and evaluated (base funding of \$6.878 million gross, \$1.681 million net).

Healthy Living

To promote healthier food choices for residents and visitors when purchasing street food, the Toronto Street Food Pilot, a new service priority action was approved by City Council, at its meeting of December 1, 2008. The approved pilot project with recommended funding of \$0.086 million gross, \$0 net will enable existing street food vendors to expand their menu selection to include healthier and more diverse food choices. One temporary Manager position is recommended to administer the pilot project effective May 1, 2009.

Dental and Oral Health Services

To address the dental health care needs of low income families, the Province announced the expansion of the Children in Need of Treatment (CINOT) with new funding to the City of \$5.253 million gross and \$0 net (100% fully funded by the Province in 2009 to be changed to 75% funding in 2010). The expansion of CINOT will provide access to dental coverage to include children up to their 18th birthday (the current maximum eligibility age is 13). This service expansion will increase the 2009 base budget to \$8.005 million gross and \$0.688 million net.

IT Strategic Plan

To improve service delivery by implementing its IT strategic plan, 12.5 temporary positions are recommended to develop 4 new capital projects included in the 2009 Approved Capital Budget. The salaries and benefits of \$1.243 million gross, \$0 net are fully recovered from capital budget debt funding.

- For 2008, TPH is projecting net expenditures to be at the 2008 Approved Operating Budget of \$42.902 million. The gross under expenditure of \$3.122 million is mostly attributed to savings in salaries and benefits for 100% Provincially funded programs and capital funded positions which will result in a corresponding reduction in Provincial subsidies and transfers from capital funds. The 100% provincially funded programs experienced delayed spending as a result of late receipt of funding approvals from the Province while 4 capital IT projects that were anticipated to be completed in 2008 will now be completed in early 2009.

Table 1: 2009 Recommended Budget

(In \$000s)	2008		2009 Recomm'd Operating Budget			Change - 2009 Recommended Operating Budget v. 2008 Appvd. Budget		FY Incremental Outlook	
	2008 Appvd. Budget	2008 Projected Actual	2009 Base	2009 New/ Enhanced	2009 Operating Budget	%	2010	2011	
	\$	\$	\$	\$	\$		\$	\$	
GROSS EXP.	209,696.6	206,574.7	211,002.9	6,803.9	217,806.8	8,110.3	3.9	2,593.9	2,126.0
REVENUE	166,794.3	163,672.5	167,640.6	6,748.5	174,389.1	7,594.8	4.6	641.7	1,476.2
NET EXP.	42,902.3	42,902.2	43,362.3	55.4	43,417.7	515.5	1.2	1,952.2	649.8
Approved Positions	1,892.8	1,714.3	1,870.3	15.5	1,885.8	(7.0)	(0.4)	8.0	1.0
TARGET			42,044.2		42,044.2				
\$ Over / (Under) Program Target			1,318.1		1,373.5				
% Over / (Under) Program Target			3.1%		3.3%				

- The 2009 Recommended Operating Budget for TPH of \$217.807 million gross and \$43.418 million net is \$0.516 million or 1.2% higher than the 2008 Approved Operating Budget and \$1.374 million or 3.3% higher than the 2009 target set at 2% less than the 2008 Approved Operating Budget. Further reductions to achieve the 2009 target will result in significant service impacts.

- The 2009 Recommended Operating Budget of \$43.418 million net is comprised of base funding of \$43.362 million and \$0.055 million for new/enhanced services after the inclusion of service reductions of \$0.103 million.
 - The net increase of \$1.952 million projected in 2010 includes funding for merit and step increases, annualized impact of recommended new/enhanced priority actions in 2009, and operating impact of 2 capital projects anticipated to be completed in 2009. The net increase of \$0.650 million projected in 2011 is comprised of ongoing merit and step increases as well as the operating impact of 2 capital projects expected for completion in 2010. The 2010 and 2011 Outlooks do not include a provision for COLA as this is subject to future negotiations.
- The 2009 Recommended Operating Budget includes a reduction of 7 positions, decreasing the staff complement from 1,892.8 to 1,885.8 positions. The reduction in approved positions mainly results from the following:

Description	No. of Positions	Comment
Capital Projects completed in 2008	(17.5)	Positions funded from the Capital Budget no longer required in 2008 primarily due to the HF/HL Mandatory Management Reporting and the Personal Health Information Protection Act (PHIPA) System that are anticipated to be completed in early 2009.
One-time 100% Externally Funded Programs in 2007	(0.5)	Reversal of 100% Provincial one-time funding of the Air Quality Health Index Initiative.
Cancellation of the West Nile Virus (WNV) Bird Surveillance Program	(5.5)	The Province will no longer fund this program in 2009
Rabies Control under Toronto Animal Services (TAS)	(1.0)	The Rabies Control Program is supported by TAS which has been transferred to Municipal Licensing Standards (MLS) in 2008
Operating Impact of two Capital projects	2.0	IT positions required to support the implementation of two systems, the Personal Health Information Protection Act (PHIPA) System Compliance and the HF/HL Mandatory Management Reporting.
New Capital Projects in 2009	12.5	Recommended additional positions to develop four IT systems: Health Environment Inspection System; Healthy Environment Reporting; Health e-Services and the Environmental Data Reporting and Disclosure.
Toronto Street Food Pilot Project	1.0	Recommended new/enhanced service priority action to enable existing street food vendors to expand the menu selection to include healthier food choices.
Preventing Pollution to Reduce Exposure to Toxics Program	2.0	Recommended new/enhanced service priority action to ensure facilities implement reduction measures to limit the use and release of toxins.
TOTAL	(7.0)	

- The 2009 Recommended Operating Budget of \$43.418 million net includes base pressures due to merit and step increases, annualized impact of 2008 COLA and wage harmonization, (including job evaluation impact of 60 positions) and inflationary increases for non-labour costs, mainly for medical and dental supplies, food costs, contracted services (translation services, professional medical and dental services, advertising and promotion). These base pressures are partially offset by the reversal of one-time 2008 funding for public health programs of \$3.061 million, the reversal of the extra working day in 2008 of \$0.542 million and the service level reduction that will cancel funding for the West Nile Virus Bird Surveillance Program of \$0.103 million.

- The 2009 Recommended Operating Budget addresses a broad range of priority actions that advance the Mayor's mandate and Council's policy agenda. These include:
 - **Toronto's Emergency Preparedness initiative.** TPH will continue to develop and enhance communication capabilities in keeping with the recommendations of the Walker and Naylor reports to allow rapid notification and dissemination of key information to staff and external partners and support TPH staff mobilization in an emergency.
 - **Making a Safe City Safer.** TPH will continue to coordinate the City's Hot Weather Response Plan. This plan includes routine monitoring, heat alerts and extreme heat alerts. The plan is intended to alert those most at risk of heat related illness that hot weather conditions are either imminent or currently exist and to take immediate precautions. TPH annually reviews and revises a number of educational materials that outline general precautions to take during hot weather and these are widely distributed to the public.
 - **A Clean, Green, and Beautiful City.** TPH will continue to work with federal and provincial governments and in collaboration with the Clean Air Partnership to promote the Air Quality Health Index (AQHI) to Toronto's diverse population. The Toronto Air Quality Health Index (AQHI) measures the daily health risks from local air pollution and gives those most vulnerable the information they need to protect themselves.
 - **Climate Change, Clean Air and Sustainable Energy Action Plan.** TPH will develop and implement a pollution prevention program for local businesses, in consultation with Economic Development, Culture and Tourism, Toronto Water, Toronto Environment Office, and provincial, industry and community partners to ensure facilities, that use and discharge toxic substances of priority health concern to, implement reduction measures to limit their use and release of toxins.
- The 2009 Recommended Base Budget of \$43.362 million will allow TPH to provide the following services:
 - **Healthy Living:** TPH will continue to respond to 7,500 calls for Healthy Living services and 976 referrals for service to schools through PHN liaison services; support 212 school health committees (Toronto Schools on the Move, Health Action Teams and others); and, provide health promotion service to 147 workplaces.
 - **Healthy Families:** TPH will continue to reach over 4,000 individuals with appropriate Peer Nutrition educational assessment and counselling workshops in priority neighbourhoods; provide hearing loss screening to a targeted 42,000 newborn infants with a projected 95% reach; provide an appropriate range of Preschool Speech and Language services to 8,000 children with an identified speech and language disorder; and, provide targeted services to 4,000 nutritionally at risk pregnant women.
 - **Communicable Disease Control:** TPH will continue to provide Hepatitis B and Meningitis C vaccine to approximately 28,000 grade 7 students and influenza vaccine to 40,000 clients; distribute safe drug use supplies (525,000 needles) to drug users in Toronto; and, provide 178.5 hours of sexual health services (STI testing and free treatment, supply low cost birth control and pregnancy testing) in Sexual Health Clinics across the City.

- **Healthy Environment:** TPH will continue to ensure compliance with mandated inspection frequencies by conducting approximately 32,000 high, medium and low risk inspections; increase the number of trained and certified food handlers in high risk premises by 12,000; and reduce the number of mosquito breeding sites by treating 200,000 storm sewers and other sites.
- **Dental and Oral Health:** TPH will continue to provide 22,000 preventive services in public health clinics to children and seniors, provide basic dental treatment to 325,100 clients in targeted groups, screen 636 schools and 218,000 children in public schools; and, provide oral health education to 24,000 people.
- The new/enhanced service priority actions with recommended funding of \$6.804 million gross and \$0.055 million net will enable TPH to:
 - Expand the CINOT dental program to include children up to 18 years old (from the current maximum eligibility age of 13) who will now be eligible to receive preventive dental services from the City (\$5.253 million gross and \$0 net).
 - Develop and implement a pollution prevention program for facilities across Toronto to reduce the use and release of toxics (\$0.221 million gross and \$0.055 million net).
 - Develop four new capital information technology (IT) projects with an additional 12.5 temporary positions included in TPH's 2009 Approved Capital Budget that will improve TPH service delivery with the development and implementation of IT systems to support Environmental Health programs (\$1.243 million gross, to be fully recovered from the capital budget debt funding).

Recommendations

The City Manager and Acting Chief Financial Officer recommend that:

1. Council approve the 2009 Recommended Operating Budget for Toronto Public Health of \$217.807 million gross and \$43.418 million net, comprised of the following services, be approved:

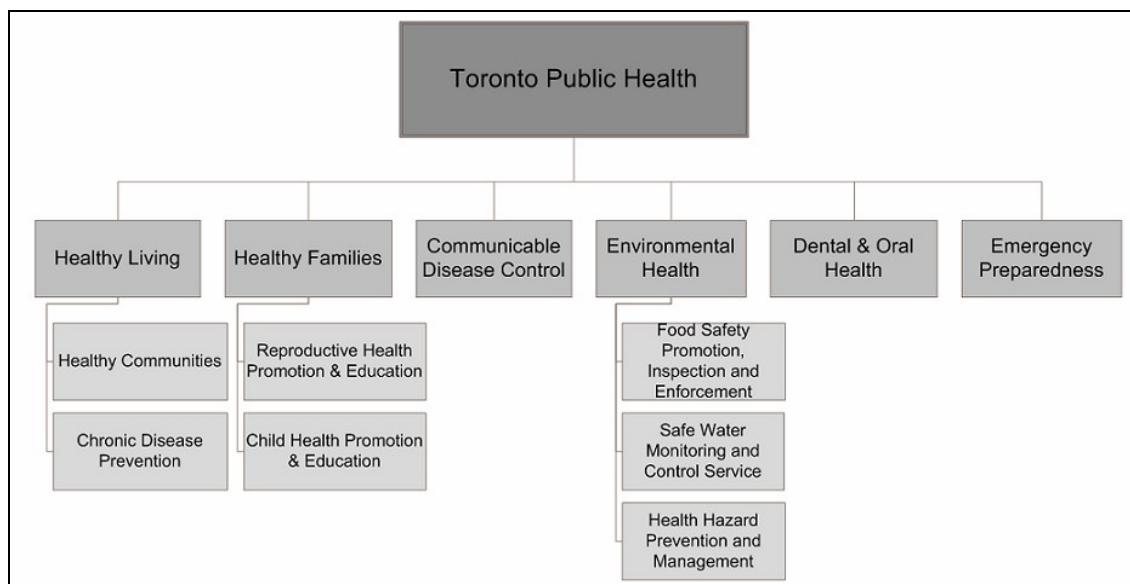
<u>Service:</u>	<u>Gross</u> <u>(\$000s)</u>	<u>Net</u> <u>(\$000s)</u>
Office of the MOH	679.0	169.8
Public Health Planning & Policy	12,304.9	3,016.3
Healthy Families	57,111.2	6,746.8
Communicable Disease	40,736.2	8,445.1
Healthy Environments	24,007.7	5,060.1
Healthy Living	33,704.8	8,258.7
Dental / Oral Health	26,746.4	8,350.9
Finance & Administration	22,516.7	3,370.5
	<hr/>	<hr/>
Total Program Budget	<u>217,806.8</u>	<u>43,417.7</u>

2. Funding of \$5.253 million gross and \$0 net be approved in 2009 for the Expansion of the Children in Need of Treatment (CINOT) Dental Program for individuals 14-18 years of age, but the continuation of the program into 2010 be subject to review given the change in cost sharing by the Province from 100% in 2009 to 75% in 2010 resulting in a net pressure to the City of \$1.313 million.

Toronto Public Health (TPH) is the largest health unit in Canada. TPH works to promote, protect and enhance the health of all communities and individuals that live, work or play in the City of Toronto. TPH also works to reduce health disparities and focus on narrowing the health gap between disadvantaged / vulnerable neighbourhoods and other communities within the City of Toronto. TPH provides public health programs and services to individuals and communities according to the directions and health priorities established by the Board of Health, comprised of elected councillors and citizen representatives, and the guidelines of the Ontario Public Health Standards issued by the Province of Ontario. TPH provides six public health services which include:

- **Communicable Disease Control** provides services that reduce the occurrence and transmission of infectious diseases through 15 sexual health clinics;
- **Healthy Families** promotes and supports healthy behaviour for people in their reproductive years by public health professionals which include public health nurses, dieticians, and speech language pathologists;
- **Health Living** promotes behaviours that reduce the risk of chronic disease and provides support low income Torontonians to eat sufficient and nutritious food given income inadequacies;
- **Healthy Environment** promotes safety of food and beverages in restaurants and processing plants (TPH inspects over 15,000 food premises in the City of Toronto);
- **Dental and Oral Health** provides dental treatment, screening and preventive services to over 31,000 clients through 14 dental clinics; and,
- **Emergency Preparedness**, where TPH implements the requirements of the Ontario Public Health Standards (OPHS) - Emergency Preparedness Protocol.

Program Map



Service Challenges and Opportunities

Toronto Public Health is faced with a number of external key service challenges in its provision of public health programs and services. These key challenges include: meeting the legislative requirements of the new Ontario Public Health Standards (OPHS), implementing the Program's 2005-2009 Strategic Plan "Toward A Healthy City", supporting a number of the Mayor and Council priorities, and addressing increased service demands.

External Service Drivers:

- **Meeting the Legislative Requirements/Changes:** With the implementation of the new Ontario Public Health Standards (OPHS) that came into effect in January 1, 2009 (replacing the Mandatory Health Programs and Services Guidelines of 1997) TPH will have to re-evaluate its current strategies, program services and project priorities.
- **Implementing TPH's Strategic Plan, "Toward A Health City":** TPH strategic plan outlines a very challenging role for Toronto Public Health in improving the health of the City and reducing health inequalities. The plan requires priority actions on a wide range of public health initiatives with collaboration from both the Federal and Provincial governments, and other public health community partners.
- **Supporting the City's Strategic Plans and the Mayor's Priorities:** TPH advances several strategic plans which includes Toronto's Pandemic Planning and Preparedness Plan; the Climate Change, Clean Air and Sustainable Energy Action Plan, the Hot Weather Response Plan, and well as supports the Mayor's priority of Making a Safe City Safer and Clean, Green and Beautiful City.
- **Meeting Service Demands:** Increased service demands are largely driven by a number of issues: longer wait times for programs and services especially parenting education in priority neighbourhoods, higher incidence of food recalls while trying to maintain mandated inspection frequencies, difficulty in providing sexual health programs within limited space and resources, difficulty in bridging the gap in oral health care for low income families, and providing programs and services that are accessible and equitable to residents of Canada's most populated and ethnically diverse city – Toronto.

Service Objectives

TPH constantly demonstrates the value of public health services by responding to public health needs in the community and through education and outreach initiatives. TPH has established the following service objectives that are aligned with its strategic plan to keep people healthy by preventing the spread of disease, promoting health living and advocating for conditions that improve health. These service objectives address local issues and priorities specific to residents of the City of Toronto:

Healthy Families

- To increase the percentage of the total number of infants born in Toronto who are screened for hearing loss from 87% in 2008 to 90% in 2009 with the ultimate goal of 95% in 2011.

Toronto's Infant Hearing Program (IHP) is a community program designed to identify infants born deaf or hard of hearing in the City of Toronto. Over the next 3 years, the percentage of infants screened is targeted to increase by 8% so that the program will reach 95% of all infants.

- To increase the percentage of women enrolled in the Healthiest Babies Possible program who have low birth weight babies which will improve Toronto's low birth weight rate of 5.2% in 2008 to 5.0% in 2009; 4.8% in 2010 and 4.6% in 2011.

Toronto's percentage of babies born with a low birth rate of 5.5% for all expecting mothers is higher than the provincial average of 4.5%. This is an important indicator of health and TPH objective is to increase the birth weight of infants born to program participants.

Healthy Environment

- To reduce the potential for food borne illness outbreaks in Toronto food premises by maintaining the rate of compliance of premises with the food premises regulations (% of Pass Notice on initial inspection) at or above 90%.

TPH continuing challenge in this area is responding to increasing number of food recalls while at the same time trying to maintain mandated inspection frequencies.

Communicable Disease Control

- To maintain its success rate of 86% for 3-months follow-up on potential household contacts of pulmonary tuberculosis cases to a success rate of 88% by 2011.

As tuberculosis is a deadly and very contagious disease, TPH makes sure that all potentially infected parties are tested and treated to minimize the impact of outbreaks.

Healthy Living

- To support low income residents of Toronto to eat sufficient and nutritious food given income inadequacies.

Public health nurses (PHN) acts as school liaison to facilitate collaborative partnerships among community agencies to create healthy, safe and supportive school environments especially in schools and communities in the 13 strong neighbourhoods.

Priority Actions

The 2009 Recommended Operating Budget provides \$217.807 million gross and \$43.418 million net in base and new funding to support a broad range of services designed to promote the health of the population as a whole, and with community partners to reduce health inequities. The implementation of the following programs will assist TPH in achieving its service objectives and address its service challenges:

Healthy Families

- To address the service objectives of Healthy Families, TPH will increase its capacity to provide parenting education in priority neighbourhoods especially under the Healthy Babies Healthy Children (HBHC) program, a free, confidential and voluntary program for pregnant women and families with children up to age six. This program has expanded to include the Homeless At-Risk Prenatal Program (HARP), the Infant Hearing Program (IHP) and the Blind-Low Vision Program. (\$8.873 million gross, \$0 million net).

Healthy Environment

- To ensure compliance with food premises regulations, TPH will continue to provide food safety inspection and education activities to prevent food borne illness through the Food Handler Certification Program. This program provides an opportunity for food handlers to learn about the public health legislation, the role of the public health inspector, food borne illnesses, safe food handling methods and food premises sanitation. (\$0.814 million gross, \$0.017 million net).
- To implement the Preventing Pollution to Reduce Exposure to Toxics program, a new service priority action with funding of \$0.221 million gross and \$0.055 million net is recommended for 2009. Two new permanent positions are recommended to develop and implement this project to assist facilities across the City reduce its use and release of toxics.

Communicable Disease Control

- To minimize the spread of communicable diseases, TPH will continue to ensure that all potentially infected parties are test and treated. Through the Tuberculosis Prevention and Control Program, TPH works together with health care providers and the community to ensure that tuberculosis strategies, standards, and policies are developed, implemented, and evaluated (\$6.878 million gross, \$1.681 million net).

Healthy Living

- The Toronto Street Food Pilot, a new service priority action approved by City Council, at its meeting of December 1, 2008, with funding of \$0.086 million gross, \$0 net is recommended for 2009. This project will enable existing street food vendors to expand their menu selection to include healthier food choices. One temporary Manager position is recommended to administer the pilot project effective May 1, 2009.

Dental and Oral Health Services

- Expansion of the Children in Need of Treatment (CINOT) of \$5.253 million gross and \$0 net (100% fully funded by the Province in 2009; to be changed to 75% funding in 2010) is recommended for 2009. This project is part of the provincial poverty reduction strategy to address the dental health care needs of low income families. The expansion of CINOT will provide access to dental coverage to include children up to their 18th birthday (the current maximum eligibility age is 13).

IT Strategic Plan

- To support its strategic vision to invest in technology to improve efficiency and service delivery, funding for an additional 12.5 temporary positions are recommended to develop 4 new capital projects approved in TPH's 2009 Capital Budget that will support Healthy Environment programs provided by TPH. The salaries and benefits of \$1.243 million gross, \$0 net are fully recovered from capital budget debt funding.

The new/enhanced service priority actions recommended for 2009 are aligned with the Program's strategic plan to improve the health of the city's diverse population through responsive services:

- The 2009 Recommended Operating Budget provides funding of \$0.086 million gross and \$0 net (to be funded from revenues generated from application, endorsement and location fees from vendors) for the Toronto Street Food Pilot, approved by City Council at its meeting of December 1, 2008. This funding will support the implementation of a pilot project that will enable existing

street food vendors to expand their menu selection to include healthier food choices. A temporary Manager position is recommended to administer the pilot project effective May 1, 2009. The incremental impact in 2010 is \$0.039 million gross and \$0 net.

- The expansion of the provincial Children In Need of Treatment (CINOT) dental program of \$5.253 million will provide access to dental coverage to include children up to their 18th birthday (the current maximum eligibility age is 13). This recommended new funding will increase the 2009 base budget to \$8.005 million gross and \$0.688 million net.
- To improve service delivery in response to increase in services demands, an additional 12.5 temporary positions are recommended to develop 4 new Capital Projects. The salaries and benefits of \$1.234 million gross are fully recovered from the 2009 Approved Capital Budget debt funding. These capital projects include: Environmental Data Reporting, Disclosure and Innovation; Healthy Environments Inspection System; the Healthy Environments Reporting project; and, the Health e-Services.

The following service priority actions advance the Mayor's mandate and Council's policy agenda.

- ***Toronto's Emergency Preparedness initiative.*** TPH will continue to develop and enhance communication capabilities in keeping with the recommendations of the Walker and Naylor reports to allow rapid notification and dissemination of key information to staff and external partners and support TPH staff mobilization in an emergency.
- ***Making a Safe City Safer.*** TPH will continue to coordinate the City's Hot Weather Response Plan. This plan includes routine monitoring, heat alerts and extreme heat alerts. The plan is intended to alert those most at risk of heat related illness that hot weather conditions are either imminent or currently exist and to take immediate precautions. TPH annually reviews and revises a number of educational materials that outline general precautions to take during hot weather and these are widely distributed to the public.
- ***A Clean, Green, and Beautiful City.*** TPH will continue to work with federal and provincial governments and in collaboration with the Clean Air Partnership to promote the Air Quality Health Index (AQHI) to Toronto's diverse population. The Toronto Air Quality Health Index (AQHI) measures the daily health risks from local air pollution and gives those most vulnerable the information they need to protect themselves.
- ***Climate Change, Clean Air and Sustainable Energy Action Plan.*** The Preventing Pollution to Reduce Exposure to Toxics Program includes funding of \$0.221 million gross and \$0.055 million net to develop and implement a pollution prevention program for local businesses, in consultation with Economic Development, Culture and Tourism, Toronto Water, Toronto Environment Office, and provincial, industry and community partners to ensure facilities, that use and discharge toxic substances of priority health concern to, implement reduction measures to limit their use and release of toxins. Funding for two new permanent positions is recommended to develop and administer this program.

Table 2: 2008 Budget Variance Review

(In \$000s)	2007 Actuals	2008 Approved Budget	2008 Projected Actuals*	2008 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
GROSS EXP.	204,223.4	209,696.6	206,574.7	(3,121.8)	-1.5%
REVENUES	156,548.5	166,794.3	163,672.5	(3,121.8)	-1.9%
NET EXP.	47,674.9	42,902.3	42,902.2	(0.0)	0.0%
Approved Positions	1,974.5	1,892.8	1,714.3	(178.5)	-9.4%

*As of September 30, 2008

2008 Experience

As submitted in the September 30, 2008 Operating Variance, net expenditures are projected to be at the 2008 Net Operating Budget of \$42.902 million.

The gross under expenditure of \$3.122 million is mostly attributed to salaries and benefits for 100% Provincially funded programs and capital-funded positions. The 100% provincially funded programs experienced delayed spending as a result of late receipt of funding approvals from the Province while four capital IT projects that were anticipated to be completed in 2008 will now be completed in early 2009.

The gross under expenditure will result in a corresponding reduction in Provincial subsidies and transfer from capital funds.

Impact of 2008 Operating Variance on the 2009 Recommended Budget

The 2008 variance will not continue into 2009 as staff positions are expected to be filled by the 4th quarter of 2008 while approved capital projects in 2008 will be completed in 2009.

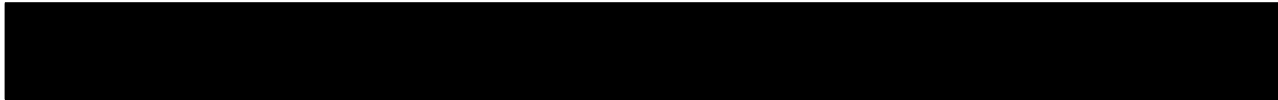


Table 3: 2009 Recommended Base Budget

(In \$000s)	2008 Appvd. Budget	2009 Recommended Base	Change		FY Incremental Outlook	
			2009 Recommended Base v. 2008 Appvd. Budget		2010	2011
	\$	\$	\$	%	\$	\$
GROSS EXP.	210,613.9	211,002.9	389.0	0.2	2,593.9	2,126.0
REVENUE	167,711.6	167,640.6	(71.0)	(0.0)	641.7	1,476.2
NET EXP.	42,902.3	43,362.3	460.0	1.1	1,952.2	649.8
Approved Positions	1,892.8	1,870.3	(22.5)	(1.2)	8.0	1.0
NET TARGET		42,044.3				
\$ Over / (Under) Program Target		1,318.1				
% Over / (Under) Program Target		3.1%				

2009 Recommended Base Budget

- The 2009 Recommended Base Budget of \$211.003 million gross and \$43.362 million net is over the 2009 target (set at 2% less than the 2008 Approved Operating Budget) by 3.1% or \$1.318 million, after the recommended service level adjustments of \$0.103 million
- The 2009 Recommended Base Budget includes base pressures of \$4.705 million consisting of merit and step increases, annualized impact of the 2008 COLA and wage harmonization (including the job evaluation impact of 60 positions) and inflationary increases for non-labour costs (medical supplies and contracted services).
- The 2009 Recommended Base Budget includes a net staff reduction of 22.5 positions due to the following:

Description	No. of Positions	Comment
Capital Projects	(17.5)	Positions funded from the Capital Budget no longer required in 2008 primarily due to the HF/HL Mandatory Management Reporting and the Personal Health Information Protection Act (PHIPA) System that are anticipated to be completed in early 2009.
One-time 100% Externally Funded Programs in 2007	(0.5)	Reversal of 100% Provincial one-time funding of the Air Quality Health Index Initiatives
Cancellation of the West Nile Virus (WNV) Bird Surveillance Program	(5.5)	The Province ceased funding this program starting in 2009
Rabies Control under Toronto Animal Services (TAS)	(1.0)	The Rabies Control Program is supported by TAS which has been transferred to Municipal Licensing Standards (MLS) in 2008
Operating Impact of two Capital projects	2.0	IT positions required to support the implementation of two systems, the Personal Health Information Protection Act (PHIPA) System Compliance and the HF/HL Mandatory Management Reporting.
TOTAL	(22.5)	

2009 Key Cost Drivers

Key cost drivers for 2009 include:

- Salary cost increases of \$3.757 million for merit and step increases and the annualized cost of 2008 COLA, harmonization awards, as well as the job evaluation impact of 60 positions;
- Inflationary increases for non-labour costs of \$0.601 million mainly for medical and dental supplies, food costs, contracted services (translation services, professional medical and dental services, advertising and promotion);
- Operating impact of \$0.354 million for two additional IT positions and maintenance costs for two completed capital projects, Personal Health Information Protection Act – PHIPA System Compliance and the Health Families/Health Living (HF/HL) Mandatory Management Reporting.
- Funding of \$0.350 million (equivalent to 5 positions) to support the Corporate 311 project.
- These pressures are offset by the following:
 - reduction in corporate charges of \$0.650 million based on a review of charges eligible for Provincial cost sharing (see Issues on page 24).
 - additional gapping of \$0.107 million to maintain the gapping rate of 4.3%;
 - reversal of non recurring expenditures such as funding for the extra working day in 2008 of \$0.541 million; one-time 100% externally funded health services programs such as the Air Quality Health Index, Nursing Graduate Initiative, Smoke Free Ontario, and Tuberculosis Air Quality Guidelines of \$1.554 million and the reversal of 17.5 capital-funded staff positions no longer required in 2009 of \$1.507 million.
 - Additional revenues of \$0.263 million as TPH maximized provincial funding by transferring 100% City funded programs that are eligible public health programs to Provincial cost sharing (Heat Alert Outreach Program, the Dental Program -Prevention, and the Toronto Drug Strategy)

2010 and 2011 Outlook: Net Incremental Impact

The net increase of \$1.952 million in 2010 includes funding for merit and step increases required to maintain the 2009 level of service, the annualized cost of three new/enhanced services priority actions approved in 2009: Children in Need of Treatment (CINOT) Dental Program which changed from 100% to 75% Provincial funding in 2010; the Food Street Pilot Project; and, the Preventing Pollution to Reduce Exposure to Toxics; as well as the operating impact of two capital IT projects that will support the Public Health Surveillance and Management Program, and the Environmental Reporting, Disclosure and Innovation Program

The net increase of \$0.650 million in 2011 includes merit and step adjustments and the operating impact of two capital IT projects: the Dental Strategy and the Health e-services.

Operating Impact of Capital

The 2009 Approved Capital Budget results in an incremental operating budget impact of \$0.559 million net by 2011, with details as follows:

Project Name	2009		2010		2011		TOTAL		Gross \$000s
	Net \$000s	Position	Net \$000s	Position	Net \$000s	Position	Net \$000s	Position	
PHIPA System Compliance	51.9	2.0					51.9	2.0	207.4
HF/HL Mandatory Management Reporting	36.6						36.6	0.0	146.5
PH Surveillance and Mgmt System			59.8	2.0			59.8	2.0	238.0
Environmental Reporting, Disclosure and Innovation			163.3	6.0	51.5	1.0	214.8	7.0	859.0
Dental Strategy and Implementation					190.0		190.0	0.0	287.0
Health E- Services					5.5		5.5	0.0	
Total	88.5	2.0	223.0	8.0	247.0	1.0	558.5	11.0	1,737.9

Two Capital projects are anticipated to be completed in early 2009 and will result in an operating impact of \$0.088 million in 2009. These projects are:

- Personal Health Information Protection Act (PHIPA) System Compliance results in an operating impact of \$0.207 million gross and \$0.052 million net for two new Security / Programmer Analyst positions (to maintain the system) and ongoing service and maintenance costs.
- Healthy Family / Health Living Mandatory Management Reporting results in an operating impact of \$0.147 million gross and \$0.037 million net for ongoing service and maintenance costs.

The following four capital projects are anticipated to result in incremental operating costs of \$0.470 million net over the next two years.

- PH Surveillance and Management System project will be completed in 2009 that results in an operating impact of \$0.239 million gross and \$0.060 million net in 2010 for two new permanent positions, one Manager of Infection Control & Infectious Diseases position (responsible for the resolution of application issues with the Province, overall registration of uses, system training, data quality assurance, etc) and one Public Health Nurse position (responsible for all aspects of the immunization registry and immunization management).
- Environmental Data Reporting and Disclosure System - \$0.653 million gross and \$0.163 million net in 2010 for 6 positions (Consultant Health Promotion, Public Health Inspector, Supervisor - Environment Health Assessment, Consultant Research, and Support Assistant B) and the annualized impact of \$0.206 million gross and \$0.052 million net in 2011. This new program includes a new by-law that will come into effect in January 1, 2010 and 6 new permanent positions are required to support the reporting and disclosure component of the program.
- Dental Strategy and Implementation - \$0.287 million gross and \$0.190 million net in 2011 for one Systems Integrator position and for ongoing costs for service and maintenance.
- Health e-Services - \$0.022 million gross and \$0.005 million net in 2011 for ongoing services and maintenance costs.

Table 4
2009 New / Enhanced Service Priority Actions: Summary
(In \$000s)

Description	2009 Recommended		Rec. New Positions	Net Incremental Impact	
	Gross Exp.	Net Exp.		2010	2011
	\$	\$	#	\$	\$
Enhanced Services:					
(a) Enhanced Services - Council Approved					
(b) Enhanced Services - Program Initiated					
Expansion of the Children in Need of Treatment Dental Program	5,253.4	0.0		1,313.4	
Sub-Total Enhanced Services	5,253.4	0.0	0.0	1,313.4	0.0
New Services:					
(a) New Services - Council Approved					
Street Food Pilot Project	86.0	0.0	1.0		
Positions funded from Capital for four Capital Projects	1,243.1	0.0	12.5		
(b) New Services - Program Initiated					
Preventing Pollution to Reduce Exposure to Toxics	221.4	55.4	2.0	24.7	
Sub-Total New Services	1,550.5	55.4	15.5	24.7	0.0
Total New/ Enhanced Services	6,803.9	55.4	15.5	1,338.1	0.0

2009 Recommended New / Enhanced Service Priority Actions**New Service Priority Action – Council Approved**

Resources for 2009 Approved Capital Project Implementation: \$1.243 million gross and \$0 net, increase of 12.5 positions.

Funding of \$1.243 million gross and \$0 net (fully recovered from capital budget debt funding) for 12.5 temporary positions and hardware/software acquisition costs is recommended in 2009 to begin the development of four capital IT projects approved in TPH's 2009 Capital Budget:

- The Healthy Environments Inspection System project will provide tools to more effectively monitor and control Healthy Environments inspections. Funding of \$0.457 million gross and \$0 net is required for 1.7 temporary positions and hardware / software acquisition costs.
- The Healthy Environments Reporting project will enhance the ability of Healthy Environments managers and staff to respond quickly and effectively with specific media requests for information. Funding of \$0.168 million gross and \$0 net is required for 4.3 temporary positions.
- The Health e-Services project will provide accurate and timely health related information on the water quality of our beaches and enhance payment processing for the Food Handler Program. Funding of \$0.433 million gross and \$0 net is required for 5 temporary positions.
- Environmental Data Reporting and Disclosure System will provide TPH with a system that will capture important information on priority toxic substances in Toronto's environment, help businesses adopt pollution prevention measures, and inform residents about local environmental conditions. Funding of \$0.185 million gross and \$0 net is required for 1.5 temporary positions.

Toronto Food Street Pilot: \$0.086 million gross and \$0 net

- The 2009 Pilot Project was approved by City Council at its meeting of December 1, 2008. Toronto Public Health, in consultation with Legal Services and Municipal Licensing & Standards Divisions, will implement a three year "Toronto a la Cart" pilot project. The administration and operating costs of \$0.086 million gross and \$0 net to implement the project by April 2009 will be offset by anticipated revenues generated through application fees, endorsement fees from existing vendors and location fees from new vendors. The 2010 annualized impact of this program is \$0.039 million gross and \$0 million net.
- This project will be implemented in three separate streams:
 - Broadening the menus of existing street food vendors to offer healthier food choices;
 - Introducing a "Toronto a la Cart" program for new, branded vendors who can offer healthier, diverse menus; and,
 - Partnering with the not-for profit sector to use street food vending to increase access to affordable, healthy, culturally appropriate foods particularly in underserved and vulnerable areas.
- For the first year of the pilot project, approximately 15 existing vendors will be selected for pilot project participation. To ensure the Program's intended outcomes are achieved, a program evaluation will be conducted and a report by the Medical Officer of Health, in consultation with Municipal Licensing and Standards (MLS) will be submitted to the Community Development & Recreation Committee in the fall of 2009 on compliance results, outcomes achieved and recommendations as to annual or future program expansion. Thereafter, a program evaluation

will be reported on an annual basis to allow for decisions about the future of the program to be made prior to the end of the three year term.

New Service Priority Actions – Program Initiated:

Preventing Pollution to Reduce Exposure to Toxics: \$0.221 million gross and \$0.055 million net

- A report entitled “Climate Change, Clean Air and Sustainable Energy Action Plan: Moving from Framework to Action”, approved by City Council at its meeting on July 16-19, 2007, requested the Board of Health to develop a proposed reporting program for the use and release of toxic air contaminants and to explore reporting of greenhouse gas emissions. The Board of Health, at its meeting of July 3, 2008, directed the Medical Officer of Health to include this new project in TPH’s 2009 Operating Budget.
- The Preventing Pollution to Reduce Exposure to Toxics Program of \$0.221 million gross and \$0.055 million net will allow TPH to develop and implement a pollution prevention program for local businesses, in consultation with Economic Development, Culture and Tourism, Toronto Water, Toronto Environment Office, and provincial, industry and community partners. The program will ensure facilities that use and discharge toxic substances of priority health concern to implement reduction measures to limit their use and release of toxins.
- The new service is complementary to and supports the Environmental Reporting, Disclosure and Innovation Program, approved by City Council at its meeting of December 1, 2008.
- Funding of \$0.221 million gross and \$0.055 million net is recommended for two new permanent positions, effective May 1, 2009, to develop and administer the Program and other program costs. The 2010 annualized impact of this program is \$0.099 million gross and \$0.025 million net.

Enhanced Service Priority Actions – Program Initiated:

Expansion of the Children In Need of Treatment (CINOT) Dental Program

- On December 18, 2008, the Minister of Health Promotion announced that effective January 1, 2009, the provincial Children In Need of Treatment (CINOT) dental program will be expanded to include children up to their 18th birthday. This expansion was announced as part of the provincial poverty reduction strategy.
- In 2009, City of Toronto will receive \$5.253 million gross and \$0 net to cover 100% of treatment costs in 2009. The expansion will include an increase in coverage from the current maximum eligibility age of 13, or the last day of the Grade 8 school year (whichever is later) to a child’s 18th birthday.
- These individuals (14-18 years of age) have never been enrolled into CINOT Program and therefore, it is not possible to accurately project the number of additional individuals who will now be eligible for this expanded dental coverage. Based on past experience, the average CINOT dental claim is approximately \$400 for children 0-13 years of age and this expanded project may result in an additional 13,000 clients. However, as these clients (14-17 years of age) require more complicated and extensive treatments, a more accurate estimate cannot be determined at this time.
- This funding will increase the 2009 base budget to \$8.005 million gross and \$0.688 million net. The annualized impact of this program in 2010 is a net base pressure of 25% representing the City’s share as the expansion will be cost shared at 75:25 percent between the Province and the City starting in 2010, resulting in a net budget pressure of \$1.313 million.

2009 Budget Issues

2009 Recommended Operating Budget vs. Guideline

The 2009 Recommended Operating Budget of \$43.418 million net is over the 2009 target by \$1.374 million or 3.3% after recommended service adjustments of \$0.103 million for the cancellation of the West Nile Virus Bird Surveillance Program. The increase is primarily driven by merit and step increases, annualized impact of the 2008 COLA and wage harmonization (including the job evaluation impact of 60 positions) and inflationary increases for non-labour costs (medical supplies and contracted services). Further reductions to achieve the 2009 target of 2% less than the 2008 Approved Operating Budget will result in significant service impacts.

TPH's 2009 Recommended Operating Budget incorporates full Provincial cost sharing for mandatory public health programs and services at 75% cost sharing and 100% provincially-funded programs such as the Nursing Graduate Guarantee Program, the Smoke Free Ontario, and Healthy Babies/Healthy Children programs (the Homeless At-Risk Prenatal Program (HARP), the Infant Hearing Program (IHP) and the Blind-Low Vision Program). Overall, TPH's 2009 Recommended Operating Budget relies on a City of Toronto funding of approximately 20%.

2009 Reduction Options

TPH identified reduction options of \$2.051 million gross and \$0.987 million net in a report by the Medical Officer of Health to the Board of Health entitled "Toronto Public Health 2009 Operating Budget Request". This report was considered by the Board of Health at its meeting on October 31, 2008. See Issues below.

Issues Referred to 2009 Operating Budget Process

The following three reports from the Medical Officer of Health have been adopted by the Board of Health and referred to the Budget Committee for consideration during the 2009 Operating Budget Process.

- 1) Report from the Board of Health entitled "Toronto Public Health 2009 Operating Budget Request (October 31, 2008) recommended that to address the City's zero percent increase target, City Council:
 - a. approve a reduction in the West Nile Virus program (Bird Surveillance) of \$412.4 thousand gross/\$103.1 thousand net; and
 - b. fund the one-time 524 Oakwood relocation costs of \$859.8 thousand gross/\$215.0 thousand net from the 2009 Capital Budget as recoverable debt with a repayment from the Toronto Public Health Operating Budget of \$429.9 thousand gross/\$107.5 thousand net in 2010 and \$429.9 thousand gross/\$107.5 thousand net in 2011;

The table below summarizes the BOH recommended reductions to achieve the 2009 target.

	Toronto Public Health Reduction Options			BOH Recommended			2009 Recommended Operating Budget		
	Positions	Gross	Net	Positions	Gross	Net	Positions	Gross	Net
	#	\$	\$	#	\$	\$	#	\$	\$
(In \$000s)									
Efficiencies and Service Level Reductions									
a) Cancel West Nile Virus (WNV) Bird Surveillance		(412.4)	(103.1)		(412.4)	(103.1)		(412.4)	(103.1)
b) Transfer of Relocation of 524 Oakwood costs to Recoverable Capital Debt		(859.8)	(215.0)		(859.8)	(215.0)		<i>Not Recommended</i>	
c) Reduction of IDC- 311 Project		(146.0)	(36.5)		<i>Not Recommended</i>			<i>Not Recommended</i>	
d) Dental Treatment	(7.0)	(632.5)	(632.5)		<i>Not Recommended</i>			<i>Not Recommended</i>	
TOTAL - Recommended	(7.0)	(2,050.7)	(987.1)	0.0	(1,272.2)	(318.1)	0.0	(412.4)	(103.1)

a) Reduction/Elimination of the West Nile Virus program (Bird Surveillance)

The Ontario West Nile Virus (WNV) dead bird surveillance program was first implemented in 2000 and this was used as an early indicator of risk and in identifying areas where WNV is present. In 2008, this service was transferred to Toronto Municipal Licensing and Standards (MLS) as part of services to be delivered by Toronto Animal Services.

The Ministry of Health and Long-Term Care (MOHLTC) notified TPH that the Ministry will cease the WNV dead bird surveillance program and funding will no longer be available starting in January 2009. The Province will continue to use other indicators to determine the human health risks of WNV. The Board of Health recommended that the TPH no longer provide the West Nile Virus Bird Surveillance Program resulting in a reduction of \$0.412 million gross and \$0.103 million net.

b) Transfer of Relocation of 524 Oakwood Office costs to Recoverable Capital Debt

TPH requested funding of \$1.014 million gross and \$0.254 million net to relocate eighty staff currently located at 524 Oakwood Avenue to a central facility. Of this amount, \$0.860 million and \$0.215 million are required for leasehold improvements and furniture costs. TPH has identified that the current facility does not have adequate parking and an elevator. Due to funding constraints, this proposal is not recommended.

2) Report from the Board of Health entitled “Expansion of the Children In Need Of Treatment Dental Program (January 19, 2009) recommended that:

“Toronto Public Health’s 2009 Operating Budget be increased by \$5,253.4 thousand gross and \$0.0 net, to reflect confirmed funding from the Ministry of Health Promotion for the expansion of the Children in Need of Treatment (CINOT) dental program to children aged 14 to 17 and that this report be forwarded to the Budget Committee for consideration during the 2009 operating budget process”.

The expansion of the Children In Need of Treatment (CINOT) with funding of \$5.253 million gross and \$0 net is recommended in 2009. This expansion is fully funded by the Province at 100% in 2009, however, in 2010; Provincial funding will be reduced to 75% resulting in a net budget pressure to the City of 25% or \$1.313 million.

It is recommended that the expansion of CINOT in 2010 be subject to review given that the change in funding from 100% in 2009 to 75% in 2010 will result in a net budget pressure of \$1.313 million in 2010.

See Expansion of the Children In Need of Treatment (CINOT) Dental Program on page 21.

- 3) Report from the Board of Health entitled “Toronto Bed Bug Project Update” (November 17, 2008) include the following recommendation:

“recommended to the Budget Committee that City Council approve a request for one time emergency funding of \$0.075 million gross and net in the Toronto Public Health’s 2009 Operating Budget to assist vulnerable adults who do not qualify for Ontario Works (OW) and Ontario Disability Support Program (ODSP) support, to purchase services to prepare their residences for bed bug pesticide treatment”.

The Toronto Bed Bug Project, implemented in March 2008, has made substantial progress however, the problem still requires further development to achieve an integrated prevention and control strategy in Toronto.

The Bed Bug Project is comprised of a steering committee and seven workgroups consisting of staff from Public Health, Shelter, Support and Housing Administration, Solid Waste, and other community agencies and health care organizations. The working group has identified the need to secure assistance for the most vulnerable in Toronto for pesticide treatment.

As a result of budget constraints, the BOH recommendation to increase TPH’s 2009 Operating Budget for a one-time emergency funding of \$0.075 million gross and net to fund bed bug control initiatives for vulnerable adults who do not qualify for Ontario Works (OW) and Ontario Disability Support Program (ODSP) is not included in TPH’s 2009 Recommended Operating Budget.

Other Issues**Reduction in Interdepartmental Recovery of Corporate Overhead Charges**

Beginning in 1999, overhead costs of \$13.2m were allocated to TPH and included in their operating budget (with a corresponding recovery in the Non-Program) in order to maximize Provincial cost funding for Public Health. These charges were allocations for services provided by Corporate Services i.e. Audit, Finance, Facilities, Information Technology, Fleet, Information and Communications, Legal, City Council, Mayor's Office, City Clerk's Office, City Manager's Office and Human Resources.

In 2001, the City Auditor conducted a review based on actual services provided to TPH and recommended that \$10.3 million was a more appropriate charge. Due to financial constraints, TPH's budget was not adjusted until 2004. The 2002 charges were indexed using Toronto's annual CPI indexes, which resulted in a revised amount in 2004 of \$11.4 million.

Since 2004 to date (2008), the corporate charges included in TPH's operating budget have remained at \$11.4 million. In 2007, city staff again reviewed the eligibility of these costs for Provincial cost sharing and it was determined that \$7.985 million was a more appropriate and fair allocation of recoverable corporate charges. TPH, in its 2009 Operating Budget assumed that reductions will be phased over three years, resulting in a yearly reduction of \$0.650 million based on 2007 estimates and allocations.

The 2009 Recommended Operating Budget includes a recommended reduction of \$0.650 million, however, during 2009, estimates and allocations will be updated and any further reductions will be considered during the 2010 Operating Budget.

Appendix A

2009 Recommended Base Budget Changes vs. 2008 Approved Budget

(In \$000s)	Summary of 2009 Base Budget Adjustments				Net Incremental Outlook	
	Approved Positions	Gross Expenditures	Revenues	Net	2010	2011
		\$	\$	\$	\$	\$
2008 Council Approved Operating Budget	1,861.8	209,599.4	166,754.3	42,845.1	0.0	0.0
In-year approvals and technical adjustments	31.0	957.3	957.3	0.0		
Corporate adjustments		57.3	0.0	57.3		
2008 Approved Operating Budget	1,892.8	210,613.9	167,711.6	42,902.4	0.0	0.0
Prior year impacts	(16.0)	(1,010.0)	(1,507.8)	497.8		
Zero base items		(310.0)	(232.5)	(77.5)		
Economic factors		2,113.2	1,709.7	403.5	391.1	402.8
Adjusted Base Budget	1,876.8	211,407.1	167,681.0	43,726.2	391.1	402.8
Other base changes	(1.0)	8.7	6.4	2.3		
Base revenue changes		0.0	114.5	(114.5)		
Recommended Service Level Adjustments:						
Base changes		0.0	148.4	(148.4)		
Service efficiencies						
Revenue adjustments						
Minor service impact						
Major service impact	(5.5)	(412.9)	(309.7)	(103.2)		
Total Recommended Base Adjustments	(6.5)	(404.2)	(40.4)	(363.8)	0.0	0.0
2009 Recommended Base Budget	1,870.3	211,002.9	167,640.6	43,362.4	391.1	402.8
2009 Program Operating Target				42,044.2		
% Over (Under) Program Target				3.1%		
% Over (Under) 2008 Appvd. Budget				1.1%		

Appendix B

Summary of Service Level Adjustments

Appendix C

**Summary of 2009 Recommended New/Enhanced
Service Priority Actions**

Appendix D

Program Summary by Expenditure Category

CLUSTER: "A"							
PROGRAM: TORONTO PUBLIC HEALTH							
	2008	2008	2009	Change from		2010	2011
	Approved	Projected	Recommended	2008 Approved			
	Budget	Actuals	Budget	Budget	Budget		
	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	153,891.6	153,891.6	156,046.4	2,154.8	1.4%	158,284.6	160,176.6
Materials and Supplies	4,257.1	4,257.1	4,220.4	(36.7)	(0.9%)	4,220.4	4,220.4
Equipment	1,007.5	1,007.5	1,023.3	15.8	1.6%	1,012.2	1,012.2
Services & Rents	32,939.6	32,939.6	36,707.9	3,768.3	11.4%	36,756.8	36,756.8
Contributions to Capital	1,058.7	1,058.7	1,058.7	0.0	0.0%	1,058.7	1,058.7
Contributions to Reserve/Res Funds	1,800.4	1,800.4	1,800.4	0.0	0.0%	1,800.4	1,800.4
Other Expenditures	40.0	40.0	6.0	(34.0)	(85.0%)	324.0	558.0
Interdivisional Charges	15,618.9	15,618.9	16,943.7	1,324.8	8.5%	16,943.7	16,943.7
TOTAL GROSS EXPENDITURES	210,613.8	210,613.8	217,806.8	7,193.0	3.4%	220,400.8	222,526.8
Interdivisional Recoveries	8,293.1	8,293.1	8,370.5	77.4	0.9%	8,370.5	8,370.5
Provincial Subsidies	153,982.9	153,982.9	161,388.8	7,405.9	4.8%	161,991.5	163,467.7
Federal Subsidies	428.4	428.4	0.0	(428.4)	(100.0%)	0.0	0.0
Other Subsidies	20.5	20.5	5.1	(15.4)	(75.1%)	5.1	5.1
User Fees & Donations	1,319.5	1,319.5	1,352.4	32.9	2.5%	1,391.4	1,391.4
Transfers from Capital Fund	2,442.1	2,442.1	2,177.9	(264.2)	(10.8%)	2,177.9	2,177.9
Contribution from Reserve Funds	0.0	0.0	0.0	0.0	n/a	0.0	0.0
Contribution from Reserve	0.0	0.0	0.0	0.0	n/a	0.0	0.0
Sundry Revenues	1,225.1	1,225.1	1,094.4	(130.7)	(10.7%)	1,094.4	1,094.4
TOTAL REVENUE	167,711.6	167,711.6	174,389.1	6,677.5	4.0%	175,030.8	176,507.0
TOTAL NET EXPENDITURES (EXCLUDING CAPITAL FINANCING)	42,902.2	42,902.2	43,417.7	515.5	3.4%	45,369.9	46,019.7
APPROVED POSITIONS	1,884.8	1,884.8	1,885.8	1.0	0.1%	1,893.8	1,894.8