



## STAFF REPORT ACTION REQUIRED

### Toronto Public Health 2010 Operating Budget Request

<b>Date:</b>	November 12, 2009
<b>To:</b>	Board of Health
<b>From:</b>	Medical Officer of Health
<b>Wards:</b>	All
<b>Reference Number:</b>	

#### SUMMARY

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This report outlines the Toronto Public Health (TPH) 2010 Operating Budget request.

The 2010 Operating Budget request totals \$219,885.8 thousand gross / \$44,792.9 thousand net. This request is \$1,748.5 thousand gross or 0.8 percent below and \$994.3 thousand net or 2.3 percent above the 2009 Operating Budget. Options for reductions to the request are provided for the Board of Health's consideration to help achieve the City's direction for budget cuts.

#### RECOMMENDATIONS

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The Medical Officer of Health (MOH) recommends that:

1. City Council approve a Toronto Public Health 2010 Operating Budget request of \$219,885.8 thousand gross / \$44,792.9 thousand net as summarized in Table 1, "2010 Operating Budget Request";
2. City Council approve the list of budget adjustments included in Table 3, "Summary of 2010 Base Budget Changes from 2009 Operating Budget" of this report totalling a decrease of \$2,622.7 thousand gross and an increase of \$994.3 thousand net;
3. City Council approve the recommended service reduction options as summarized in Table 4, "Summary of 2010 Service Reduction Options" of this report totalling a budget reduction of \$1,005.2 thousand gross and \$251.4 thousand net expenditures to move towards the City's target of a five percent net decrease from the 2009 Operating Budget;

4. City Council approve one 2010 New and Enhanced Service for the Investing in Families Program with an increase of \$874.2 thousand gross / \$0 net that is funded by Toronto Employment and Social Services;
5. the Board of Health (BOH) request that the Ministry of Health Promotion continue to fund the Children in Need of Dental Treatment (CINOT) Expansion program at 100 percent in 2010 in order to determine a more accurate and reliable budget and reduce budget pressure to municipalities;
6. the Board of Health consider service reduction options as summarized in Table 4, "Summary of 2010 Service Reduction Options" of this report totalling a budget reduction of \$3,091.8 thousand gross and \$1,655.7 thousand net expenditures as potential measures to achieve the City's target of a five percent net decrease from the 2009 Operating Budget;
7. City Council continue to invest sufficient municipal funds to maintain and strengthen public health services in Toronto as recommended by the Walker expert panel and the Campbell commission, and to leverage 75 percent provincial funding to promote and protect the health of the Toronto population; and
8. the Board of Health forward this report to the Budget Committee for its consideration during the 2010 budget process.

## Financial Impact

The TPH 2010 Operating Budget request totals \$219,885.8 thousand gross / \$44,792.9 thousand net. This request is \$1,748.5 thousand gross or 0.8 percent below and \$994.3 thousand net or 2.3 percent above the 2009 Operating Budget.

<b>Table 1</b> <b>Toronto Public Health</b> <b>2010 Operating Budget Request</b>				
<b>(\$000s)</b>	<b>2009 Budget</b>	<b>2010 Request</b>	<b>Change from 2009 Budget</b>	
				<b>%</b>
<b>GROSS EXP.</b>	221,634.3	219,885.8	(1,748.5)	(0.8)
<b>REVENUE</b>	177,835.8	175,092.9	(2,742.9)	(1.5)
<b>NET EXP.</b>	43,798.6	44,792.9	994.3	2.3
<b>Positions</b>	1,908.1	1,897.3	(10.8)	(0.6)

To help achieve the City's request for all areas to submit lower operating budgets in 2010, the Medical Officer of Health (MOH) has considered and is recommending service reductions to the BOH that will reduce the 2010 Operating Budget Request by \$1,005.2 gross and \$251.4 thousand net. The MOH 2010 Recommended Operating Budget is presented below in Table 2, "2010 Operating Budget for Consideration". Additional reduction options are included in this report for the BOH's consideration and would

further reduce the TPH 2010 Operating Budget to \$215,788.8 thousand gross / \$42,885.9 thousand net which is 2.1 percent below the 2009 Operating Budget.

<p align="center"><b>Table 2</b>  <b>Toronto Public Health</b>  <b>2010 Operating Budget for Consideration</b></p>										
	<b>2009 Budget</b>	<b>2010 Request</b>	<b>MOH Rec Red'ns</b>	<b>MOH 2010 Rec Budget</b>	<b>Change from 2009 Budget</b>		<b>Add'l Red'ns to Consider</b>	<b>2010 Budget to Consider</b>	<b>Change from 2009 Budget</b>	
<b>(\$000s)</b>						<b>%</b>				<b>%</b>
<b>GROSS EXP.</b>	221,634.3	219,885.8	(1,005.2)	218,880.6	(2,753.7)	(1.2)	(3,091.8)	215,788.8	(5,845.5)	(2.6)
<b>REVENUE</b>	177,835.8	175,092.9	(753.9)	174,339.1	(3,496.7)	(2.0)	(1,436.1)	172,903.0	(4,932.8)	(2.8)
<b>NET EXP.</b>	43,798.5	44,792.9	(251.4)	44,541.6	<b>743.1</b>	<b>1.7</b>	(1,655.7)	42,885.9	<b>(912.6)</b>	<b>(2.1)</b>
<b>Positions</b>	1,908.1	1,897.3	(4.0)	1,893.3	(14.8)	(0.8)	(33.5)	1,859.8	(48.3)	(2.5)

## DECISION HISTORY

At its meeting of March 31, 2009, City Council approved a TPH 2009 Operating Budget of \$217,992.9 thousand gross / \$43,417.8 thousand net. During 2009, TPH received confirmation of additional 100 percent funding from Province of Ontario ministries and external sources in the amount of \$1,955.4 thousand gross and \$0 net for various public health programs. An in year budget adjustment of \$27.4 thousand gross and \$6.8 thousand net was made to reflect a reallocation of the City's 2009 insurance budget to City divisions and \$1,658.6 thousand gross and \$374.0 thousand net was added to the budget for the 2009 Cost of Living Adjustment (COLA) including the reduction of re-earnable bonus payments to management staff. The TPH 2009 Operating Budget including in year budget adjustments, is \$221,634.3 thousand gross and \$43,798.6 thousand net.

<http://www.toronto.ca/legdocs/mmis/2009/cc/minutes/2009-03-31-cc32-mn.htm>

At its meeting on November 5, 2009, the BOH Budget Sub-Committee considered a submission from the Medical Officer of Health entitled "Toronto Public Health 2010 Operating Budget Request". The Budget Sub-Committee reviewed the revised 2010 Operating Budget Request including the identified efficiencies and service reduction options and requested the Medical Officer of Health to incorporate them in this report for consideration by the Board of Health.

## ISSUE BACKGROUND

The TPH 2010 Operating Budget request assumes full provincial cost sharing at 75 percent for eligible programs, and growth in this provincial funding of 2.3 percent for 2010 over the 2009 Operating Budget.

A memo dated October 9, 2009 from the City Manager on the 2010-2011 Operating Budget indicated that all City Programs and Agencies, Boards and Commissions (ABCs) are asked to achieve operating budget reductions of five percent from the preliminary 2010 base budget estimates. For TPH, this reduction amount is \$2,048.7 thousand that would result in a net 2010 Operating Budget of \$42,744.1 thousand.

The Ontario Ministry of Health and Long-Term Care (MOHLTC) is expected to confirm its 2010 increase in funding allocation for mandatory programs in the third quarter of 2010. For 2008 and 2009, the MOHLTC provided a five percent increase in funding that included 3 percent for compensation and general budget pressures, plus two percent for population growth and services for disadvantaged residents.

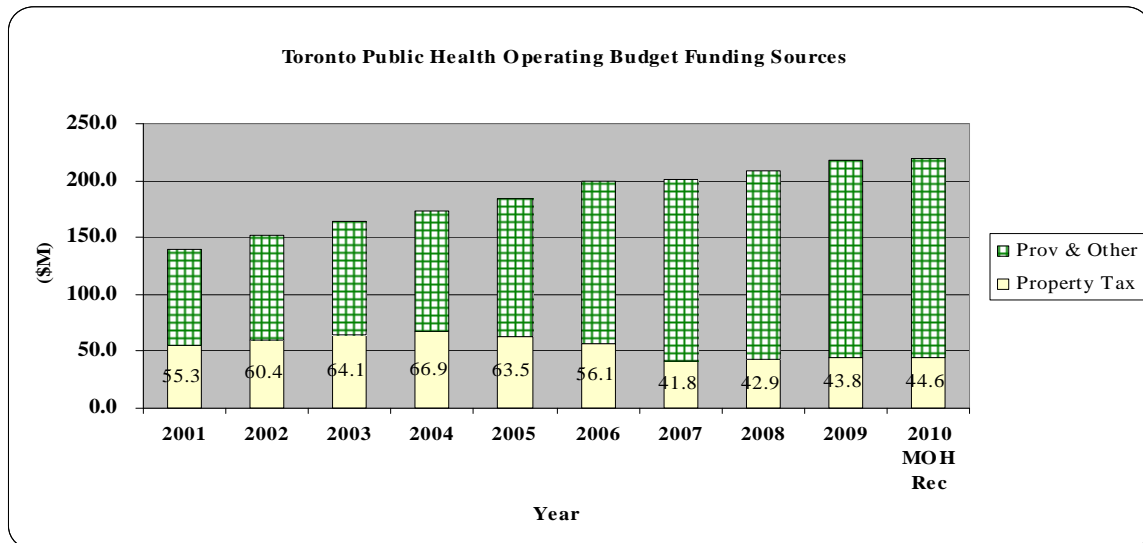
## **COMMENTS**

The TPH 2010 Operating Budget request totals \$219,885.8 thousand gross / \$44,792.9 thousand net. This request is \$1,748.5 thousand gross or 0.8 percent below and \$994.3 thousand net or 2.3 percent above the 2009 Operating Budget. This net increase of \$994.3 thousand in the base budget is primarily for negotiated Collective Agreement and benefit obligations.

### **TPH 2010 Operating Budget – Funding Sources**

The Province of Ontario provides funding for 75 percent of the TPH gross operating budget with 20 percent contributed from the City and the remaining 5 percent from user fees and other partners.

The City's contribution to the TPH Operating Budget has declined as the Province has increased its share of funding for mandatory programs from 50 percent in 2004 to 75 percent in 2007. The Province also announced 100 percent funding for the Tobacco Enforcement program in 2007 which was cost shared at 75:25 in prior years. The following graph illustrates the City's contribution towards funding of TPH Operating budget since 2001.



The cost of public health services for each Toronto resident is less than \$20 per year. The chart below shows the annual cost per resident since 2001. The shift in 2007 by the Ontario Ministry of Health and Long-term Care to fund \$3 of every \$4 spent on public health services has allowed the City to move significant property tax dollars from public health into other City programs. The MOH Recommended 2010 Operating Budget would cost each Toronto resident \$17.17 in property taxes.

Public Health Cost for Each Toronto Resident (\$)									
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
22.13	24.16	25.63	26.74	25.38	21.59	16.07	16.50	16.85	17.17

### Cost Shared Programs:

The 2010 Operating Budget request for the provincial mandatory cost shared programs is \$158,766.3 thousand gross / \$39,715.7 thousand net expenditures, which is an increase from the 2009 Operating Budget of \$3,508.4 thousand gross and \$896.0 thousand net expenditures, or 2.3 percent, mainly related to negotiated compensation costs.

The provincial funding formula will continue at 75 percent in 2010. The cost sharing formula of 75:25 means that every \$4 of public health services requires only \$1 of investment by the City. Conversely, a reduction of \$1 to the net budget would require a \$4 cut in provincial cost-shared programs.

### Related Programs:

#### Expansion of Children In Need of Dental Treatment (CINOT)

At its meeting of March 31, 2009, City Council approved funding of \$5.253 million gross and \$0 net for the Expansion of the Children in Need of Treatment (CINOT) Dental

Program for individuals 14 to 18 years of age. The continuation of the program into 2010 was subject to review given the change in cost sharing by the Province from 100 percent in 2009 to 75 percent in 2010 resulting in a net pressure to the City of \$1.313 million.

The Ministry of Health Promotion is considering the funding for this program in 2010 at a reduced level and is under pressure to continue the full 100 percent funding model. Pending confirmation from the ministry of the 2010 funding model, TPH is treating the 2009 funding as a one time allocation that is reversed in the 2010 budget request. Upon receipt of the approved funding from the ministry, TPH will submit a report to request a budget adjustment for continuation of the CINOT Expansion in 2010.

### 2010 Base Budget Changes:

Base budget changes totalling a net expenditure increase of \$994.3 thousand are included in the TPH 2010 Operating Budget request and are listed in Table 3 – Summary of 2010 Base Budget Changes from 2009 Operating Budget, followed by an explanation of the key components.

<b>Table 3</b> <b>TORONTO PUBLIC HEALTH</b> <b>SUMMARY OF 2010 BASE BUDGET CHANGES FROM 2009 OPERATING BUDGET</b>				
	Summary of 2010 Base Budget Adjustments			
	Approved Positions	Gross Expenditures	Revenues	Net
(\$000s)		\$	\$	\$
2009 Council Appr. Operating Budget as at March 31, 2009	1,886.8	217,992.9	174,575.1	43,417.8
In-year approvals and technical adjustments	21.3	3,641.4	3,260.6	380.8
<b>2009 Operating Budget</b>	<b>1,908.1</b>	<b>221,634.3</b>	<b>177,835.7</b>	<b>43,798.6</b>
Economic Factors – Payroll		4,492.3	3,535.5	956.7
Annualization and Reversal of Non Recurring Items	(51.9)	(9,408.5)	(9,412.0)	3.5
Previously Approved Operating Impact of Capital	8.0	886.0	662.7	223.3
Zero based items		(27.0)	(25.6)	(1.3)
Economic Factors - Non Payroll		401.1	309.7	91.4
<b>Adjusted Base Budget - subtotal</b>	<b>1,864.2</b>	<b>217,978.3</b>	<b>172,906.1</b>	<b>45,072.2</b>
Other base changes	(0.5)	(1,196.1)	(916.8)	(279.3)
Salaries & Benefits Related to Capital Projects	23.6	2,229.4	2,229.4	0.0
<b>2010 Base Budget Request</b>	<b>1,887.3</b>	<b>219,011.6</b>	<b>174,218.7</b>	<b>44,792.9</b>
Over (Under) 2009 Operating Budget	(20.8)	(2,622.7)	(3,617.0)	994.3
% Over (Under) 2009 Final Budget	(2.3)	(2.2)	(3.3)	2.3

**Adjusted Base Budget:**

The net Adjusted Base Budget of \$45,072.2 thousand, that is \$1,273.6 thousand above the 2009 net budget, includes an increase of \$956.7 thousand for 2010 salaries and benefits (COLA), an increase of \$223.3 thousand for previously approved operating budget impacts of capital projects, a zero based expenditure decrease of \$1.3 thousand, annualization and reversal of non-recurring items for \$3.5 thousand and non payroll economic factor increases of \$91.4 thousand.

**Other Base Changes:**

The total decrease of \$279.3 thousand net in Other Base Changes is due to several base budget adjustments briefly explained below.

An increase in Other Base Changes for 2010 of \$46.9 thousand net includes:

- contractual increases in office rent and utilities at 4 TPH locations: 40 St. Clair E., 2340 Dundas St W, 225 Duncan Mills and 2300 Sheppard Ave. of \$158.0 thousand gross and \$39.5 thousand net; and
- Interdepartmental Charges (IDC's) increased by \$7.4 thousand net due to compensation and inflation pressures.

A decrease in Other Base Changes totalling \$326.2 thousand net includes:

- a reduction of \$650.0 thousand gross and \$162.5 thousand net in the charge to TPH from the City of Toronto for general municipal overhead services. This is the second annual instalment reduction based on a review completed in 2008 by the City's Internal Auditor that found the corporate charge to be excessive for the services provided. The revised corporate charge was reviewed and validated by Corporate Accounting and a schedule was initiated in the 2009 operating budget to allocate the full reduction required over four years. There is no impact on TPH's service to the community.
- the Ontario West Nile Virus (WNV) program has been in existence since 2000 and was used as an early indicator of risk and in identifying areas where WNV is present. In 2009, due to a decline in overall WNV disease activity in Ontario, a Province wide funding reduction of 23 percent was initiated by the Ministry of Health and Long-term Care to high risk health units. The associated budget reductions of \$614.5 thousand gross and \$153.7 thousand net and 2 positions will still allow each health unit to continue with baseline mosquito surveillance and control programs where necessary.
- the responsibility for investigation of pesticide complaints and pesticide education was taken over by the Ministry of Environment in 2009. This results in a

reduction of \$40.0 thousand gross and \$10.0 thousand net and elimination of 0.5 Public Health Investigator position.

- the Food Handler Training and Certification program budget is funded 100 percent from the user fees charged from participants of the program. In the last two years of operation the program has experienced lower than expected revenue. As a result, the 2010 Operating Budget is reduced by \$222.8 thousand in expenditures and \$222.8 thousand in revenue to reflect estimated revenue collection in 2010.

### **Salaries and Benefits Related to Capital Projects**

The following two new capital projects are recommended in the TPH 2010 Capital Budget. The salaries and benefits of staff supporting these Capital projects are fully recovered from capital budget debt funding and are included in the 2010 Operating Budget Request:

- *HF/HL Systems Integration* project – This project involves developing and integrating additional features into the Toronto Community Health Information System (TCHIS) by incorporating several different systems into the TCHIS framework.
- *Health Emergency Information System* – This project will implement a system, in support of TPH's emergency preparedness, to allow for the identification of staff skill sets and the scheduling of staff during an emergency. Implementation of this project will provide the ability to: effectively and efficiently manage and organize the scheduling assignment of staff in continued service delivery during an emergency situation.

### **2010 New and Enhanced Services**

One New and Enhanced Service, Investing in Families, in the amount of \$874.2 thousand gross / \$0 net is included in the 2010 TPH Operating Budget request.

#### **Investing In Families**

The Investing in Families program is a partnership between Toronto Employment and Social Services (TESS), Parks Forestry and Recreation (PFR) and Toronto Public Health. It began in 2007 as a demonstration project in the North West area of Toronto and is now expanding city-wide. This program provides integrated services to single at-risk parent families who are receiving Ontario Works and have children 0 to 17 years of age. Public Health Nurses provide families who are referred to the program receive assessment and counselling related to their physical and mental well-being, coping with stress, child growth and development, and parenting. They are also provided with support to access appropriate and timely health care, referral to community support agencies and service co-ordination. These public health services together with the financial and employment



support provided by TESS and the assessment, referral and financial support to access physical and leisure activities provided by PFR, provide a comprehensive, seamless approach to service delivery for these vulnerable parents and children.

The TPH 2009 Operating Budget included \$425.8 gross/\$0 net and four positions for the Investing In Families Program. The program will receive an additional \$874.2 thousand gross / \$0 net and ten positions in 2010 for a total of \$1,300.0 thousand gross / \$0 net and a total of fourteen positions in 2010 Operating Budget request. This program is fully funded by TESS.

## **2010 Service Reduction**

To achieve the City's budget reduction target of five percent from the 2009 Operating Budget, TPH would need to make significant service reductions in cost shared programs and 100 percent City funded programs totalling \$2,048.7 thousand net. Since a majority of the public health programs are 75:25 percent cost shared with the Province, the reduction in cost-shared programs would have four times the service impact and would result in forgoing significant provincial funding.

At its meeting of November 5, 2009, the Board of Health Budget Subcommittee requested the Medical Officer of Health to submit budget reduction options to help meet the City's direction for budget cuts of five percent. The MOH is recommending service reduction options totalling \$1,005.2 thousand gross and \$251.4 thousand net in the cost shared programs and is providing service reduction options for the Board's consideration totalling \$3,091.8 thousand gross and \$1,655.7 thousand net.

The service reduction options for consideration and recommendation are summarized in Table 4 – Summary of 2010 Service Reduction Options below followed by a brief description of the service level implication and community impact for each proposal.

Table 4 Toronto Public Health Summary of 2010 Service Reduction Options (\$000)					
Description	Funding	Cost Savings			
		Positions	Gross	Revenue	Net
MOH Recommended Reductions					
Eliminate Vector Borne Disease - surface water larvaciding, mosquito trapping, public education	Cost Shared	(2.0)	(408.6)	(306.5)	(102.2)
Deferral of Environmental Reporting Disclosure Start-up Costs	Cost Shared		(185.0)	(138.7)	(46.3)
Reduce Tobacco Enforcement Program	Cost Shared	(2.0)	(411.6)	(308.7)	(102.9)
		(4.0)	(1,005.2)	(753.9)	(251.4)
Additional Reductions for Consideration ( Not Recommended)					
Reduce Low Threshold Methadone Program	100% City Funded	(1.0)	(118.4)	0.0	(118.4)
Close 1 Dental Clinic	100% City Funded	(6.0)	(526.0)	0.0	(526.0)
Stop Denture Co-Payment Subsidy for Eligible Low Income Seniors	100% City Funded	0.0		210.0	(210.0)
Stop Toronto Drug Strategy Program	100% City Funded (2); Cost Shared (1)	(3.0)	(349.3)	(72.8)	(276.5)
Stop Prenatal Group Education	Cost Shared	(3.0)	(249.9)	(187.1)	(62.8)
Close 1 Sexual Health Clinic (Talk Shop)	Cost Shared	(5.0)	(402.7)	(302.0)	(100.7)
Reduce Injury Prevention Services to Seniors and Vulnerable Adults	Cost Shared	(3.5)	(376.2)	(282.2)	(94.0)
Stop Cancer Prevention & Screening Education & Outreach	Cost Shared	(12.0)	(1,069.3)	(802.0)	(267.3)
Subtotal		(33.5)	(3,091.8)	(1,436.1)	(1,655.7)
Grand Total		(37.5)	(4,097.0)	(2,190.0)	(1,907.1)
Operating Budget Reduction Target					(2048.7)
Net over/(under)					141.6

### **Eliminate Vector Borne Disease – surface water larvaciding, mosquito trapping, public education**

TPH Vector Borne Disease (VBD) Prevention services includes: larvaciding of 100,000 catch basins; education and outreach; trapping and testing mosquitoes to monitor for the presence of West Nile Virus (WNV); following up on investigations of complaints related to standing water; and, monitoring and treatment or elimination of standing surface water.

The recommended reduction of \$408.6 thousand gross / \$102.2 thousand net including two Field Operator positions in VBD Prevention services will result in the elimination of:

surface water larviciding; mosquito trapping and testing and educational outreach on prevention of WNV.

### **Deferral of Environmental Reporting Disclosure Start-up Costs**

The Environmental Reporting Disclosure and Innovation capital project was approved by Council in 2009 and is expected to be completed by 2011. Due to delays in implementation of the project, it is recommended to defer the start-up costs of this project in the amount of \$185.0 thousand gross and \$46.3 thousand net.

### **Reduce Tobacco Enforcement Program**

The recommended elimination of the cost-shared portion of the Tobacco Enforcement program of \$411.6 thousand gross and \$102.9 thousand net would bring the program to a staffing and budget level fully supported by current 100% provincial funding. This reduction would result in lower levels of enforcement but the current compliance with Smoke Free Ontario legislation is high. This recommendation would result in a reduction of two FTEs.

### **Reduce Low Threshold Methadone Program**

The methadone program provides services to a very high needs client population who are not served by any other methadone program in the City. Elimination of one position will reduce services by 50 percent to 35 clients per year for a reduction in expenditure of \$118.4 thousand gross / net.

### **Close One Dental Clinic**

Currently there are 13 TPH dental clinics citywide, providing basic dental care to children in low income families, adolescents in school, and low income seniors. In some clinics there are waiting lists of up to 1 year. A significant portion of the dental treatment program is supported by 100% municipal funding.

Closing the clinic at 791 Queen Street would result in longer waiting lists, reduced access to dental care in the City and increased travel time for low income residents. Currently this clinic is operating at full capacity and serves areas where there is a great need and demand for basic dental care. Low income seniors (approx. 500), children and adolescents (approx. 450), and parents enrolled in public health programs (approx. 60) will not have access to necessary dental treatment and prevention services. One mobile team currently providing screening, prevention and education services in long term care facilities for seniors will also be eliminated.

The impact of the closures would not be limited to the immediate areas as there would be even higher demand at the remaining 12 clinics, resulting in longer waiting times for access to basic dental treatment to relieve pain and restore oral health. Closing of one dental clinic would reduce expenditures by \$526.0 thousand gross / net and six positions.

### **Stop Denture Co-Payment Subsidy for Eligible Low Income Seniors**

TPH Dental and Oral Health provides denture services including the repair, replacement, adjustment and/or new dentures for eligible low-income seniors. Approximately 3,500 seniors benefit from these services every year. The denture services require the use of a dental laboratory that charges for these services. The TPH denture budget is used to offset 50 percent of the dental laboratory fee with clients paying the remaining 50 percent. Eliminating this co-payment means that seniors requiring this service will have to pay the full laboratory cost for denture services.

The laboratory fee for denture services in TPH clinics ranges from \$20 to \$500 and is of course related to the service required (i.e. denture repair/ adjustment, or new dentures). It will be very difficult for seniors with low incomes (e.g. those who are receiving Guaranteed Income Supplement) to pay the full cost of the laboratory fees.

Therefore seniors who cannot afford this fee will be unable to obtain necessary denture services. The impact of not having properly fitted dentures include living with pain from denture sores, loss of bone and anatomical disfigurement of the oral structures, leading to an inability to eat, speak properly and to socialize.

Elimination of the City's portion of the dental laboratories co payment fees will result in net budget savings of \$120.0 thousand.

### **Stop Toronto Drug Strategy Program**

The Toronto Drug Strategy Secretariat provides project management, policy, research and administration support to enable implementation of the Council-approved drug strategy recommendations, including: leveraging resources and external funding to expand community programs, brokering intersectoral partnerships to increase efficacy of local interventions, monitoring local trends and impacts and building/strengthening local, provincial and national networks to improve efforts to reduce the harms associated with alcohol and other drugs.

The elimination of the Toronto Drug Strategy Secretariat at a savings of \$349.3 thousand gross / \$276.5 thousand net and three positions, will result in the loss of municipal leadership on a major public health issue that has profound impacts on individuals, families and neighbourhoods across Toronto. It will also result in a loss of key intersectoral partnerships and reduction in support for community capacity building and leadership development to address drug issues. The Toronto Drug Strategy applies a comprehensive approach to alcohol and other drug issues in Toronto. This approach, also used by other cities worldwide, is recognized as the most effective strategy to reduce the harms of alcohol and other drugs at the local level.

### **Stop Prenatal Group Education**

Toronto Public Health currently delivers approximately 95 prenatal group education sessions for about 1,000 pregnant women each year. Prenatal education provides

pregnant women with critical information about prenatal health, risks to fetal development, labour and delivery, preparation for parenting and breastfeeding, normal emotional adjustment and signs of postpartum depression. Prenatal education contributes to a positive birth outcome. While other prenatal education programs are available in the city, because they charge a fee, they are not accessible to many of the low income pregnant women who are served by TPH's program. Services are delivered in the evenings and on weekends by part-time prenatal educators.

A budget reduction of \$249.5 thousand gross and \$62.8 thousand net (three positions) would cease delivery of TPH prenatal group education. At risk pregnant women who cannot afford to pay the registration fee of community or hospital based prenatal education programs would not have access to prenatal education. Lack of prenatal education and support can contribute to negative birth outcomes and poor transition to parenting and breastfeeding. TPH would not be in full compliance with the Ontario Public Health Standards for Reproductive Health by not providing prenatal group sessions that facilitate preparation for parenting.

### **Close One Sexual Health Clinic (Talk Shop)**

TPH Sexual Health Clinics serve approximately 20,000 clients per year. The Talk Shop serves approximately 4,000 clients per year. The rate of sexually transmitted infections has been rising in Toronto, particularly in the 20-24 year age group. In addition, a syphilis outbreak, thought to be under control is re-emerging. The clinics run at full capacity and have a 3 week wait time to be seen.

The Talk Shop serves a high risk population, and many clients do not have OHIP coverage. The clinic provides detection, identification and management of sexually transmitted and blood borne infections, comprehensive pregnancy counselling and low cost contraceptives which would not be accessible through walk-in clinics or family physicians. Closure of the Talk Shop would result in a budget reduction of \$402.7 thousand gross and \$100.7 thousand net including five positions.

### **Reduce Injury Prevention Services to Seniors and Vulnerable Adults**

Services for seniors include falls prevention, advocacy, education for caregivers, and response to urgent situations for frail, non-receptive seniors. Services for vulnerable adults include support for the personal care by-law, response to urgent calls and advocacy. TPH participates in a number of networks and partnerships to support vulnerable adults and seniors. The reduction of \$376.2 thousand gross and \$94.0 thousand net (3.5 positions) would require a review of the whole program and would likely result in TPH withdrawal from a number of networks and partnerships. It would also result in termination of the Falls Intervention Training (FIT) program implementation in two locations and would prevent FIT program expansion or development of other partnerships. There would be very limited TPH services to communities for falls prevention and reduced response to urgent situations such as extreme heat and response to the needs of frail and elderly adults.

TPH would not be in full compliance with the Ontario Public Health Standard for Prevention of Injury with respect to working with community partners to develop healthy policies and programs for falls prevention across the lifespan.

### **Stop Cancer Prevention and Screening Education and Outreach**

Elimination of outreach and cancer screening outreach and education to high risk populations would result in a budget reduction of \$1,069.3 thousand gross and \$267.3 thousand net. This program serves to reduce the incidence of malignant melanoma and colorectal and cervical cancers as well as to reduce the mortality from colorectal, breast and cervical cancers. While some other organizations provide similar services there is a reliance on TPH to provide cancer prevention information and resources to the community as well as screening for high risk groups.

Elimination of this program would result in a reduction of 12 FTEs including one management and eleven Local 79 staff. TPH would no longer meet the Ontario Public Health Standard for the provision of screening programs for the early detection of cancers. This is of particular concern since Toronto is already below the recommended provincial target for screening.

### **CONTACT**

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### **SIGNATURE**

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