



City Budget 2012

Toronto Public Health Operating Budget Analyst Notes

The City of Toronto's budget is presented by program and service, in Analyst Note format. The City's Operating Budget pays the day-to-day operating costs for City services.

2012 Operating Budget

2012 OPERATING BUDGET ANALYST BRIEFING NOTES BUDGET COMMITTEE NOVEMBER 28, 2011

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PART I: RECOMMENDATIONS

2012 Recommended Operating Budget
(In \$000s)

(In \$000s)	2011		2012 Recommended Operating Budget			Change - 2012 Recommended Operating Budget v. 2011 Appvd. Budget		FY Incremental Outlook	
	2011 Appvd. Budget	2011 Projected Actual	2012 Rec. Base	2012 Rec. New/Enhanced	2012 Rec. Budget		%	2013	2014
	\$	\$	\$	\$	\$			\$	\$
GROSS EXP.	236,479.9	226,779.9	229,952.1	-	229,952.1	(6,527.8)	(2.8)	1,232.9	739.2
REVENUE	191,702.7	183,802.7	188,435.9	-	188,435.9	(3,266.8)	(1.7)	951.8	574.7
NET EXP.	44,777.2	42,977.2	41,516.2	-	41,516.2	(3,261.1)	(7.3)	281.1	164.5
Approved Positions	1,937.0	1,937.0	1,874.7	-	1,874.7	(62.4)	(3.2)	-	-

Target Comparison	10% Reduction Target	2012 Rec.'d Reduction	2012 10% Reduction vs. 2012 Rec'd Reduction	Target %
2012 Reductions	(4,457.8)	(4,079.6)	(378.2)	9.2%

Recommendations

The City Manager and Chief Financial Officer recommend that:

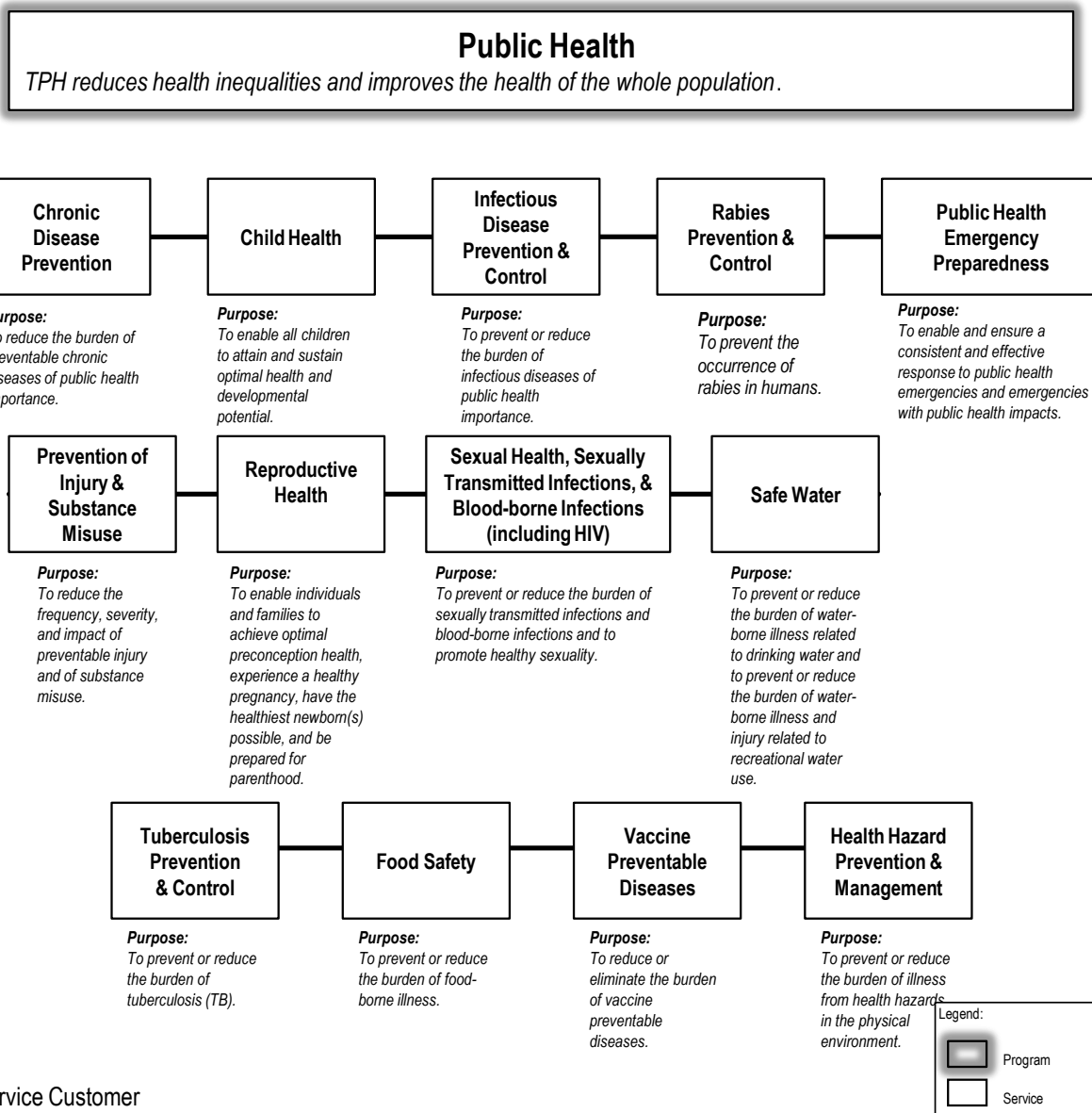
1. City Council approve the 2012 Recommended Operating Budget for Toronto Public Health of \$229.952 million gross and \$41.516 million net, comprised of the following services:

Service(s)	Gross (\$000s)	Net (\$000s)
Office of the MOH	2,631.1	508.1
Healthy Public Policy	5,003.3	1,100.1
Healthy Families	59,663.9	6,622.3
Communicable Disease	41,929.3	8,665.7
Healthy Environments	21,720.8	4,600.5
Healthy Living	37,638.2	7,136.9
Dental Oral Health	31,534.8	7,995.2
Finance and Administration	22,858.9	3,323.1
Performance & Standards	6,971.9	1,564.3
Total Program Budget	229,952.1	41,516.2

2. The information contained in Confidential Attachment 1 remain confidential until the outcome of Council's decision has been communicated to Unions and affected staff.

PART II: 2012 SERVICE OVERVIEW AND PLAN

Program Map and Service Profiles



Service Customer

Chronic Disease Prevention

- Children
- Youth
- Adults
- Seniors
- Employers
- Community Agencies & Organizations
- Educational Institutions
- Families
- Employees
- Neighbourhoods
- City of Toronto Population

Child Health

- Community Partners
- Healthcare Providers
- Children 0 to 6 years of age
- Children 0 to 17 years (Dental)
- Parents / Guardians
- Caregivers
- Community Partners
- Families
- Neighbourhoods
- City of Toronto Population

Infectious Diseases Prevention & Control

- Individuals with known or suspected reportable infectious diseases
- Individuals who are at risk for a reportable infectious disease
- Health care providers, hospitals, long-term care homes, retirement homes, correctional facilities and community partners.
- Operators of personal service settings (incl. tattoo parlours, barbershops/salons, acupuncture, aestheticians, etc)
- Licensed day nurseries operators.
- Funeral Home operators.
- Local public health agencies across Ontario
- Toronto Police, Fire and EMS

- Ministry of Health and Long-Term Care
- General public, boards of education, schools, workplaces, health care providers, parents & guardians.
- Customers of Personal Services (barbershops, hair salons, body piercing and tattooing, nail salons, acupuncture, aesthetics, etc) and staff who provide these personal services.
- Residents and staff of Long-Term Care Homes, Retirement Homes and Rooming Houses and hospital patients and staff.
- Children attending, and staff working at, licensed Day Nurseries and parents of these children.

Service Customer

Rabies Prevention & Control

- Individuals with rabies
- Individuals who are at risk for rabies
- Health care providers, and community partners (incl. media)
- General public
- Health care providers
- Parents and guardians

Public Health Emergency Preparedness

- TPH staff
- other City divisions
- emergency response agencies
- community partners
- Public
- Emergency victims
- Health care providers

Prevention of Injury & Substance Misuse

- Children
- Youth
- Adults
- Seniors
- Employers
- Community Agencies & Organizations
- Educational Institutions
- Families
- Employees
- Neighbourhoods
- City of Toronto Population

Reproductive Health

- Youth & Adults in their childbearing years
- Pregnant women and their partners
- Parents / Guardians
- Families
- Neighbourhoods
- City of Toronto Population

Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)

- Individuals with known or suspected communicable infections (sexually transmitted/blood-borne infections)
- Individuals who are at risk for a preventable communicable infection (sexually transmitted/blood-borne infections)
- Youth at risk for unwanted pregnancy
- Youth at risk for gender-based violence
- Health care providers, hospitals, schools, and community agencies
- Personal Service Setting Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.)
- Local Public Health agencies across Ontario
- Ministry of Health and Long -Term Care
- General public, boards of education, schools, agencies, workplaces, health care providers, parents & guardians
- Customers of Personal Services Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.)

Water Safety

- Drinking water and recreational water operators
- Water consumers
- Recreational water users
- General Public

Food Safety

- Food preparation / handling / processing operator
- Health hazard violator
- Food consumer

Tuberculosis Prevention and Control

- Individuals with known or suspected tuberculosis
- Individuals who are at risk for tuberculosis
- Health care providers, and community partners (e.g. shelters, correctional facilities, tuberculosis clinics, Citizenship and Immigration Canada)
- General public, health care providers

Vaccine Preventable Diseases

- Individuals who are at risk for a vaccine preventable disease
- Students age 4 – 17 years old
- General Public
- Health care providers
- Health care providers
- Parents & guardians
- School Boards
- Ministry of Health and Long Term – Care
- Board of Health
- Media

Health Hazard Prevention & Management

- Health Hazard Violator

2012 Recommended Service Levels

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Infectious Disease Prevention & Control	Assessment and Surveillance	1. Receive, assess and review 80,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.	1. Receive, assess and review 80,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
	Health Promotion and Policy Development	1. Provide annual education for all 82 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 14 hospital, 16 complex continuity of care sites and 82 Long-Term Care Homes. 3. Provide infection control liaison services (contacts for questions, requests for presentations and outbreak management) to 4 correctional facilities, 2 school boards and 65 shelters.	1. Provide annual education for all 82 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 14 hospital, 16 complex continuity of care sites and 82 Long-Term Care Homes. 3. Provide infection control liaison services (contacts for questions, requests for presentations and outbreak management) to 4 correctional facilities, 2 school boards and 65 shelters.
	Disease Prevention	1. 24/7 availability. Responded to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 5 surveillance alerts issued by TPH annually. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARs alerts requiring follow up by communicable disease programs. 4. Inspected 2,700 critical and semi-critical personal services settings. Responded to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 350 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required.	1. 24/7 availability. Responded to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 5 surveillance alerts issued by TPH annually. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARs alerts requiring follow up by communicable disease programs. 4. Inspected 2,700 critical and semi-critical personal services settings. Responded to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 350 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required.
	Health Protection	Inspected over 2,700 critical and semi-critical personal services settings; and conducted one annual infection prevention and control inspection in all 876 licensed child care facilities.	Inspected over 2,700 critical and semi-critical personal services settings; and conducted one annual infection prevention and control inspection in all 876 licensed child care facilities.

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Rabies Prevention & Control	Assessment and Surveillance	<ol style="list-style-type: none"> 1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 3. Liaised with CFIA as required with respect to animal to animal bites. 	<ol style="list-style-type: none"> 1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 3. Liaised with CFIA as required with respect to animal to animal bites.
	Health Promotion and Policy Development	<p>Toronto Animal Services provided education sessions and materials to:</p> <p>130 classrooms, reaching 3,492 students between 5 and 13 years of age. 24 classrooms in daycares reaching 369 children between 2 and half and 5 years of age. 10 summer camps, reaching 325 camp students. 13.5 days of officer training (training regarding Rabies Protocol, reporting requirement).</p> <p>46 days of trade show education (reaching approximately 1 million attendees at trade shows). Attended 32 community events/fairs. Developed and made available educational literature (bat rabies, pet vaccination, etc)</p>	<p>Toronto Animal Services provided education sessions and materials to:</p> <p>130 classrooms, reaching 3,492 students between 5 and 13 years of age. 24 classrooms in daycares reaching 369 children between 2 and half and 5 years of age. 10 summer camps, reaching 325 camp students. 13.5 days of officer training (training regarding Rabies Protocol, reporting requirement).</p> <p>46 days of trade show education (reaching approximately 1 million attendees at trade shows). Attended 32 community events/fairs. Developed and made available educational literature (bat rabies, pet vaccination, etc)</p>
	Disease Prevention/Health Protection	<ol style="list-style-type: none"> 1. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 2. Rabies Contingency Plan in place. Liaise with GTA health units when surveillance reveals an increase in animal rabies. 3. Issued routine notifications on the requirements of reporting and where to obtain further information. 	<ol style="list-style-type: none"> 1. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 2. Rabies Contingency Plan in place. Liaise with GTA health units when surveillance reveals an increase in animal rabies. 3. Issued routine notifications on the requirements of reporting and where to obtain further information.

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)	Assessment and Surveillance	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
	Health Promotion and Policy Development	1. & 2. Partnered with approximately 35 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups.	1. & 2. Partnered with approximately 35 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups.
	Disease Prevention/Health Protection	1. Over 50,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 12,800 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.&6. Over 51,000 client visits per year, over 800,000 harm reduction kits and 160,000 condoms distributed annually. Provision of HIV nominal, anonymous and rapid testing. (approximately 4 per week). Annual caseload of over 80 high need opiate users, over 600 visits per year, and approximately 1000 referrals to other health and social service providers for clients served.	1. Over 50,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 12,800 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.&6. Over 51,000 client visits per year, over 800,000 harm reduction kits and 160,000 condoms distributed annually. Provision of HIV nominal, anonymous and rapid testing. (approximately 4 per week). Annual caseload of over 80 high need opiate users, over 600 visits per year, and approximately 1000 referrals to other health and social service providers for clients served.

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Tuberculosis (TB) Prevention & Control	Assessment and Surveillance	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
	Health Promotion and Policy Development	TB education sessions provided to approximately: 1,300 newcomers; 300 health care professionals; and 600 persons at their school/university/college or workplace.	TB education sessions provided to approximately: 1,300 newcomers; 300 health care professionals; and 600 persons at their school/university/college or workplace.
	Disease Prevention/Health Protection	1.,4.&6. Identify, assess and monitor approximately 300 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,500 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection.	1.,4.&6. Identify, assess and monitor approximately 300 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,500 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection.
Vaccine Preventable Diseases	Assessment and Surveillance	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Follow up on the immunization status of approximately 82,000 school-aged children, and receive approximately 80,000 calls on the vaccine preventable diseases call centre.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Follow up on the immunization status of approximately 82,000 school-aged children, and receive approximately 80,000 calls on the vaccine preventable diseases call centre.
	Health Promotion and Policy Development	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 100 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 82 Long-Term Care Homes to ensure influenza immunization of residents and staff. Completed consultation with City of Toronto Homes for the Aged on employee immunization (2011).	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 100 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 82 Long-Term Care Homes to ensure influenza immunization of residents and staff. Completed consultation with City of Toronto Homes for the Aged on employee immunization (2011).

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
	Disease Prevention	1. Provided approximately 73,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response to be completed by the end of 2011.	1. Provided approximately 73,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response to be completed by the end of 2011.
	Health Protection	1. Inspect 1,500 physician offices annually to assess for cold-chain compliance; and investigate approximately 250 cold-chain failures annually. 2. Received and responded to 100 reports of adverse events.	1. Inspect 1,500 physician offices annually to assess for cold-chain compliance; and investigate approximately 250 cold-chain failures annually. 2. Received and responded to 100 reports of adverse events.
Safe Water	Assessment and Surveillance	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Developed the 2010 Pool and Spa Operator information manuals.	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Developed the 2010 Pool and Spa Operator information manuals.
	Disease Prevention/Health Protection	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated annually (in 2010 590). 2. All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. Completed approximately 3,500 recreational water facilities inspections. 3. Issued 143 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated annually (in 2010 590). 2. All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. Completed approximately 3,500 recreational water facilities inspections. 3. Issued 143 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Food Safety	Assessment and Surveillance	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development	1. 7,414 food handlers trained, 7,145 food handlers certified, and 286 food handler training sessions conducted. 2. Conducted about 20 public education campaigns (trade shows, events, special education sessions, etc).	1. 7,414 food handlers trained, 7,145 food handlers certified, and 286 food handler training sessions conducted. 2. Conducted about 20 public education campaigns (trade shows, events, special education sessions, etc).
	Disease Prevention/Health Protection	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours (200 food-borne illnesses in 2010). 2. Inspected all 17,243 food premises including: 5,670 high risk food premises; 7,254 moderate risk food premises and 4,319 low risk premises in 2010. Food premise inspections and re-inspections undertaken totalled 44,796 in 2010 (including catered and on-site prepared food at the 876 licensed child care facilities); all 32 farmers markets were inspected; and inspected and/or reinspected 1,385 vendors at 590 special events. In 2010, 935 charges were laid, and 35 food premises were closed through the issuance of orders under Section 13 of the HPPA.	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours (200 food-borne illnesses in 2010). 2. Inspected all 17,243 food premises including: 5,670 high risk food premises; 7,254 moderate risk food premises and 4,319 low risk premises in 2010. Food premise inspections and re-inspections undertaken totalled 44,796 in 2010 (including catered and on-site prepared food at the 876 licensed child care facilities); all 32 farmers markets were inspected; and inspected and/or reinspected 1,385 vendors at 590 special events. In 2010, 935 charges were laid, and 35 food premises were closed through the issuance of orders under Section 13 of the HPPA.
Health Hazard Prevention & Management	Assessment and Surveillance	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development	1.&2. Developed and distributed 790 pre-season education packages to landlords of rooming house/boardings homes/Toronto Community Housing/senior sectors.	1.&2. Developed and distributed 790 pre-season education packages to landlords of rooming house/boardings homes/Toronto Community Housing/senior sectors.
	Disease Prevention/Health Protection	1. Declared and issued 11 extreme heat alerts and 5 heat alerts, and conducted over 1,000 community visits during extreme heat alerts (2010); investigated six critical incidents. 2. Not complying with annual inspections of arenas, schools, lodging homes, boarding homes and retirement homes. 3. Developed policies, procedures and control measures specific to the health hazard (i.e., mold contamination of indoor environment, asbestos, indoor air quality issues, solvent migration in indoor air, responding to indoor air complaints, chemical spills and vector-borne diseases). 4. 426,564 mosquitoes' catch basins treated; 37 open water sites were assessed 286 times, resulting 227 treatments; and tested 1,988 batches mosquitoes for West Nile. 5. Community alert systems in place as appropriate (i.e., heat alert).	1. Declared and issued 11 extreme heat alerts and 5 heat alerts, and conducted over 1,000 community visits during extreme heat alerts (2010); investigated six critical incidents. 2. Not complying with annual inspections of arenas, schools, lodging homes, boarding homes and retirement homes. 3. Developed policies, procedures and control measures specific to the health hazard (i.e., mold contamination of indoor environment, asbestos, indoor air quality issues, solvent migration in indoor air, responding to indoor air complaints, chemical spills and vector-borne diseases). 4. 426,564 mosquitoes' catch basins treated; 37 open water sites were assessed 286 times, resulting 227 treatments; and tested 1,988 batches mosquitoes for West Nile. 5. Community alert systems in place as appropriate (i.e., heat alert).

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Public Health Emergency Preparedness	Assessment and Surveillance	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Protection	<p>1. COOP & ERP developed and periodically updated.</p> <p>2. 24/7 protocols developed for staff and tested annually.</p> <p>3. Maintain up to date information on Toronto Public Health's public website and participated in joint public events (i.e., emergency preparedness week).</p> <p>4. 11 orientation sessions provided to Toronto 311 staff on TPH after-hours services. Provided specific training to 204 TPH staff that have been pre-assigned to different roles within the incident management system and continuity of operations.</p> <p>5.&6. The following are in place and tested and regularly updated: Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH continuity of Operations Plan, TPH Notification Plan Activation and Staff Mobilization, Emergency Communication, and TPH divisional Operations Centre Protocol.</p> <p>Plan and respond by providing psycho-social support in an emergency as required.</p>	<p>1. COOP & ERP developed and periodically updated.</p> <p>2. 24/7 protocols developed for staff and tested annually.</p> <p>3. Maintain up to date information on Toronto Public Health's public website and participated in joint public events (i.e., emergency preparedness week).</p> <p>4. 11 orientation sessions provided to Toronto 311 staff on TPH after-hours services. Provided specific training to 204 TPH staff that have been pre-assigned to different roles within the incident management system and continuity of operations.</p> <p>5.&6. The following are in place and tested and regularly updated: Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH continuity of Operations Plan, TPH Notification Plan Activation and Staff Mobilization, Emergency Communication, and TPH divisional Operations Centre Protocol.</p> <p>Plan and respond by providing psycho-social support in an emergency as required.</p>
Chronic Disease Prevention	Assessment and Surveillance	<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p> <p>2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.</p>	<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p> <p>2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.</p>

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Chronic Disease Prevention	Health Promotion and Policy Development	<p>1. Provided chronic disease prevention services (physical activity leadership programs, healthy lunch presentations, school gardens and UVR/sun safety) to 348 elementary/middle schools, reaching 132,240 children and their parents.</p> <p>Provided chronic disease prevention services (e.g., food skills, school cafeteria program, school gardens and UVR/sun safety) to 81 secondary schools, reaching 70,875 youth (55% of the population). Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15). Provided training sessions (e.g., physical activity, nutrition and self esteem) to 195 child care centres (involving 270 child care workers or 25% of targeted community).</p> <p>Provided comprehensive workplace health assessments and chronic disease services to 716 workplaces (with over 300 employees each) reaching over 101,548 employees.</p> <p>2. Limited outreach to restaurants.</p> <p>3. Partnered with 204 youth serving agencies to provide youth engagement initiatives and reached 16,480 youth.</p> <p>3.-5. 1,450 adults reached through the diabetes assessment and prevention programs (approximately 45% of high risk adults).</p> <p>4.-6. Provided education and training (food skills, smoking cessation, physical activity and cancer screening) to 130 service providers working with priority populations reaching approximately 4,100 residents.</p> <p>Provided 83 workshops (healthy eating, food skills, physical activities and cancer screening) for 1,200 adults from priority populations.</p> <p>7. Received 2,268 telephone calls through the Central Intake Line, requesting chronic disease prevention related information, services and referral (approximately 17% of total intake calls received annually). Develop and implement 4-5 public education campaigns annually.</p>	<p>1. Provided chronic disease prevention services (physical activity leadership programs, healthy lunch presentations, school gardens and UVR/sun safety) to 348 elementary/middle schools, reaching 132,240 children and their parents.</p> <p>Provided chronic disease prevention services (e.g., food skills, school cafeteria program, school gardens and UVR/sun safety) to 81 secondary schools, reaching 70,875 youth (55% of the population). Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15).</p> <p>Provided training sessions (e.g., physical activity, nutrition and self esteem) to 195 child care centres (involving 270 child care workers or 25% of targeted community).</p> <p>Provided comprehensive workplace health assessments and chronic disease services to 716 workplaces (with over 300 employees each) reaching over 101,548 employees.</p> <p>2. Limited outreach to restaurants.</p> <p>3. Partnered with 204 youth serving agencies to provide youth engagement initiatives and reached 16,480 youth.</p> <p>3.-5. 1,450 adults reached through the diabetes assessment and prevention programs (approximately 45% of high risk adults).</p> <p>4.-6. Provided education and training (food skills, smoking cessation, physical activity and cancer screening) to 130 service providers working with priority populations reaching approximately 4,100 residents.</p> <p>Provided 83 workshops (healthy eating, food skills, physical activities and cancer screening) for 1,200 adults from priority populations.</p> <p>7. Received 2,268 telephone calls through the Central Intake Line, requesting chronic disease prevention related information, services and referral (approximately 17% of total intake calls received annually). Develop and implement 4-5 public education campaigns annually.</p>
	Health Protection	<p>Completed 7,555 tobacco enforcement inspections (in food premises, tobacco vendors and work/public places); laid 435 charges resulting in approximately \$63,000 in fines (revenue for the City); and issued 2,717 warnings.</p> <p>Conducted several joint enforcement operations (related to contraband tobacco) with the RCMP, Toronto Police, Alcohol and Gaming Commission Ontario, Municipal Licensing and Standards and Ontario Ministry of Revenue (over 200 referrals of contraband tobacco to the Ontario Ministry of Revenue); and over 120 premises inspected for contraband tobacco products as of April 2011.</p>	<p>Completed 7,555 tobacco enforcement inspections (in food premises, tobacco vendors and work/public places); laid 435 charges resulting in approximately \$63,000 in fines (revenue for the City); and issued 2,717 warnings.</p> <p>Conducted several joint enforcement operations (related to contraband tobacco) with the RCMP, Toronto Police, Alcohol and Gaming Commission Ontario, Municipal Licensing and Standards and Ontario Ministry of Revenue (over 200 referrals of contraband tobacco to the Ontario Ministry of Revenue); and over 120 premises inspected for contraband tobacco products as of April 2011.</p>

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Prevention of Injury & Substance Misuse	Assessment and Surveillance	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development	<p>1. Maintained and fostered over 200 drug prevention partnerships.</p> <p>2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately 300 elementary students, and 320 secondary students trained as peer leaders, reaching approximately 40,000 students. Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15). Conducted 477 individual (seniors) visits for fall prevention.</p> <p>Worked with eight community partners and trained 130 allied health professionals that service 69,000 seniors.</p> <p>3. 4,090 seniors reached through public awareness activities (fall prevention). Ongoing injury prevention campaign focusing on parents of 5-9 year olds (including ads in newsletters serving different ethnic communities). Received 1,551 telephone calls through the Central Intake Line, requesting healthy community related information, services and referral.</p>	<p>1. Maintained and fostered over 200 drug prevention partnerships.</p> <p>2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately 300 elementary students, and 320 secondary students trained as peer leaders, reaching approximately 40,000 students. Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15). Conducted 477 individual (seniors) visits for fall prevention.</p> <p>Worked with eight community partners and trained 130 allied health professionals that service 69,000 seniors.</p> <p>3. 4,090 seniors reached through public awareness activities (fall prevention). Ongoing injury prevention campaign focusing on parents of 5-9 year olds (including ads in newsletters serving different ethnic communities). Received 1,551 telephone calls through the Central Intake Line, requesting healthy community related information, services and referral.</p>
	Health Protection	<p>Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2,048 people.</p> <p>Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2,121 people.</p> <p>Worked with libraries to host parenting programs and youth programs focussed on substance misuse.</p> <p>Worked with 15 community partners to address substance misuse.</p> <p>Provided four education sessions at four post-secondary institutions, reaching 180 peer leaders.</p>	<p>Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2,048 people.</p> <p>Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2,121 people.</p> <p>Worked with libraries to host parenting programs and youth programs focussed on substance misuse.</p> <p>Worked with 15 community partners to address substance misuse.</p> <p>Provided four education sessions at four post-secondary institutions, reaching 180 peer leaders.</p>
Child Health	Assessment and Surveillance	<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p> <p>2. For oral health of the 209,730 children and youth screened, 65,278 were referred for preventive and treatment services in 2009-10.</p>	<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p> <p>2. For oral health of the 209,730 children and youth screened, 65,278 were referred for preventive and treatment services in 2009-10.</p>

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Child Health	Health Promotion and Policy Development	<p>1. Partnerships with 322 organizations in health and social services sectors</p> <p>2. Sporadic communication activities.</p> <p>3. Provided 241 group parent education, reaching 3,615 parents. Provided Peer Nutrition Program services reaching 3,400 parents. Provided 5,950 breastfeeding education and support home visits. Through the Community Oral Health Outreach Program (parents and caregivers of children ages 0-6 years) provided a total of 193 workshops, reaching 3,333 parents/caregivers.</p> <p>4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs; and 65,278 children were referred for preventive and oral treatment services.</p>	<p>1. Partnerships with 322 organizations in health and social services sectors</p> <p>2. Sporadic communication activities.</p> <p>3. Provided 233 group parent education, reaching 3,535 parents. Provided Peer Nutrition Program services reaching 3,400 parents. Provided 5,950 breastfeeding education and support home visits. Through the Community Oral Health Outreach Program (parents and caregivers of children ages 0-6 years) provided a total of 193 workshops, reaching 3,333 parents/caregivers.</p> <p>4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs; and 65,278 children were referred for preventive and oral treatment services.</p>
	Disease Prevention	<p>1 & 3. Some program aspects of each HBHC component are being provided. Provided postpartum contact to 23,421 mothers (57% within 48 hours of discharge). Provided 24,478 visits to 2,300 high risk families.</p> <p>2, 4 & 5. In 2010 as part of CINOT program, a total of 7,029 children received treatment; and over 19,000 children received preventive services (cleaning, fluoride). In 2010 CINOT expansion (14-17 years of age) provided preventive and oral health services to 590 clients.</p>	<p>1 & 3. Some program aspects of each HBHC component are being provided. Provided postpartum contact to 23,421 mothers (57% within 48 hours of discharge). Provided 24,478 visits to 2,300 high risk families.</p> <p>2, 4 & 5. In 2010 as part of CINOT program, a total of 7,029 children received treatment; and over 19,000 children received preventive services (cleaning, fluoride). In 2010 CINOT expansion (14-17 years of age) provided preventive and oral health services to 590 clients.</p>
	Health Protection	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Reproductive Health	Assessment and Surveillance	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development	<ol style="list-style-type: none"> 1. Work with approximately 100 partners to promote prenatal health. 2. Undertake sporadic communication campaigns. 3. Provided 1,950 group sessions at 39 sites (Canadian Prenatal Nutrition Partnerships) for 3,000 high risk women. Provided nutrition counselling services for 733 high risk pregnant mothers. 4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs. 	<ol style="list-style-type: none"> 1. Work with approximately 100 partners to promote prenatal health. 2. Undertake sporadic communication campaigns. 3. Provided 1,950 group sessions at 39 sites (Canadian Prenatal Nutrition Partnerships) for 3,000 high risk women. Provided nutrition counselling services for 733 high risk pregnant mothers. 4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs.
	Disease Prevention	Not all components of HBHC are being provided. Provided prenatal screening to 832 women (2.7% of total pregnant women); and provided assessment, counselling, education, and referral to 263 high risk women.	Not all components of HBHC are being provided. Provided prenatal screening to 832 women (2.7% of total pregnant women); and provided assessment, counselling, education, and referral to 263 high risk women.
Child Health	Dental Treatment for Children and Youth - Healthy Smiles Ontario (HSO)	Total enrolment (October 2010 to March 2011) is 2,075 clients; number of claims submitted to date: 368 claims from private providers, and 38 claims HSO dental clinics.	Total enrolment (October 2010 to March 2011) is 2,075 clients; number of claims submitted to date: 368 claims from private providers, and 38 claims HSO dental clinics.
Child Health	Toronto Preschool Speech and Language System	<p>PSL: Provided pathology intervention to 6,990 preschool children in 340 community sites, their families, and caregivers with a current waitlist of eight months (1,300 on the wait list). New referrals per year: 3,890. Average age of referral: 28 months. Education programs up to 2,000 parents. Trained 520 professionals on caregiver services.</p> <p>IH: operate in 17 community clinics in partnerships with Ontario Early Year Centres and hospitals. Screened 37,130 infants (all infants born in Toronto hospitals regardless to where the live) and 94 family support referrals. Provided 61 family support referrals as part of BLV.</p>	<p>PSL: Provided pathology intervention to 6,990 preschool children in 340 community sites, their families, and caregivers with a current waitlist of eight months (1,300 on the wait list). New referrals per year: 3,890. Average age of referral: 28 months. Education programs up to 2,000 parents. Trained 520 professionals on caregiver services.</p> <p>IH: operate in 17 community clinics in partnerships with Ontario Early Year Centres and hospitals. Screened 37,130 infants (all infants born in Toronto hospitals regardless to where the live) and 94 family support referrals. Provided 61 family support referrals as part of BLV.</p>

Service Types & Levels

Service	Type	2011 Current Service Level	2012 Proposed Service Level
Child Health	Dental Treatment for Eligible Clients	Provided dental services to 13,000 seniors and caregivers in long-term care homes and treated 7,164. Treated 7,536 children and youth; and 605 perinatal clients.	Provided dental services to 13,000 seniors and caregivers in long-term care homes and treated 7,164. Treated 7,536 children and youth; and 605 perinatal clients.
Investing in Families	Corporate Partnership	Partnership established with 17 TESS site offices. Client referrals: 789. Client contacts: 3,000. Group participants (Let's Talk): 110. Referrals of community partners: 860.	Partnership established with 17 TESS site offices. Client referrals: 789. Client contacts: 3,000. Group participants (Let's Talk): 110. Referrals of community partners: 860.
AIDS Prevention and Community Investment Program	Investment Funding Stream	Funded 42 AIDS prevention projects.	A 10% reduction in Aids Prevention CIP will mean termination of the Global AIDS initiative and 2 fewer projects being funded. Any further reductions in citywide HIV/AIDS prevention initiatives may contribute to increased in HIV transmission and other sexually transmitted infections.
Drug Prevention Community Investment Program	Investment Funding Stream	Funded 38 community drug prevention projects.	A 10% reduction in Drug PCIP will mean that three fewer projects will be funded and approximately 7,000 fewer youth at risk of substance misuse will be reached.
Student Nutrition Program	Community Partnership Funding Stream	465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).	58 student nutrition programs in low income school communities serving 14,049 children/youth will be impacted by a 10% municipal budget reduction.

2012 Service Deliverables

The 2012 Recommended Operating Budget of \$229.952 million gross and \$41.516 million net will allow TPH to continue providing important health protection and promotion services at the same levels as in 2011, including the following:

- Investigate and respond to 80,000 reports of suspected cases of designated reportable/communicable diseases.
- Inspect over 2,700 critical and semi-critical personal services settings; and conduct one annual infection prevention and control inspection in all 876 licensed child care facilities.
- Review, assess and inspect over 1,200 premises, (e.g. physicians' offices, long-term care homes) where provincially funded vaccines are stored to assess for cold-chain compliance; and investigate all cold-chain failures. Provide 30 vaccine clinics for school-aged children who do not have access to OHIP or a health care provider.
- Systematic and routine assessment, surveillance, monitoring and reporting of drinking water and drinking water illnesses, public beaches (11) and public beach water illnesses; and 5,091 recreational water facilities for 2.6 million Torontonians. Receive and review Toronto Water monthly drinking water reports and respond to between 500–1,000 adverse water reports issued from Toronto Water annually.
- Systematic and routine assessment, surveillance, monitoring and reporting of suspected and confirmed food-borne illnesses (potentially in 2.6 million Torontonians) and food premises (17,243 premises).
- Reach 1500 community dwelling seniors, aged 65 years through community/group Health Promotion activities on Falls Prevention.
- Reach 338,000 people at high risk of developing Type 2 Diabetes through the Diabetes Prevention Project using awareness raising, physical activity and healthy eating education/skill building sessions and social marketing.
- Engage 950 youth and 235 of their adult allies from diverse communities and receive training/education in social media design and health promotion approaches to food skills, healthy eating, tobacco control, promoting physically active and injury prevention and substance abuse.
- Reach 11,490 children in Child Care and After School Programs through training 270 Child Care Providers (reaching 9,859 children) and 100 After School Leaders (reaching 1630 children) in obesity prevention and healthy weights.
- Provide telephone contact to 12,000 postpartum women for support and referral to community based breastfeeding clinics.

PART III: RECOMMENDED BASE BUDGET

2012 Recommended Base Budget

(In \$000s)

(In \$000s)	2011 Appvd. Budget	2012 Recommended Base	Change 2012 Recommended Base v. 2011 Appvd. Budget		FY Incremental Outlook	
			\$	%	2013	2014
	\$	\$			\$	\$
GROSS EXP.	236,479.9	229,952.1	(6,527.8)	(2.8)	1,232.9	739.2
REVENUE	191,702.7	188,435.9	(3,266.8)	(1.7)	951.8	574.7
NET EXP.	44,777.2	41,516.2	(3,261.1)	(7.3)	281.1	164.5
Approved Positions	1,937.0	1,874.7	(62.4)	(3.2)	-	-

Target Comparison	10% Reduction Target	2012 Rec.'d Reduction	2012 1Rec'd Reduction vs. 2012 10% Reduction Target	Target %
2012 Reductions	(4,457.8)	(4,079.6)	(378.2)	9.2%

2012 Recommended Base Budget

- The 2012 Recommended Base Budget of \$229.952 million gross and \$41.516 million net is \$3.261 million or 7.3% under the 2011 Approved Operating Budget of \$44.777 million net.
- The 2012 Recommended Base Budget of \$41.516 million net includes Program budget reductions of \$4.080 million net. This is \$0.378 million or 0.8% below TPH's 10% reduction target of \$4.458 million.
- Service changes of \$4.080 million includes base budget savings of \$2.128 million net, savings from efficiencies of 1.471 million, revenue changes of \$0.286 million and minor service level changes of \$0.194 million net.
- Approval of the 2012 Recommended Base Budget will result in the Program's total staff complement decreasing from 1,937.0 to 1,874.7 approved positions with changes highlighted on the next page.

2012 Recommended Staff Complement – Base Budget Summary

Changes	Staff Complement
2011 Approved Positions	1,925.3
2011 In-year Adjustments	
Confirmed 100% Provincial Funding received after Budget Approval	(1.3)
One-time 100% Provincial Funding Nursing Scholar Practitioner Program	1.0
One-time 100% Provincial Funding - Bed Bug Initiative	7.0
One-time 100% Provincial Funding - Ontario's Nursing Strategy	2.0
Base Funding Increase for the Bed Bug Program	3.0
2011 Approved Staff Complement	1,937.0
2012 Recommended Staff Complement Changes	
2012 Temporary Positions - Capital Project Delivery	4.3
Reversal of 2011 100% One-Time Provincial Funding	(4.5)
Deletion of positions under HSO Dental Program	(4.0)
2012 Service Changes	(58.2)
Total Recommended Positions	1,874.7

2011 In-Year Adjustments include:

- A decrease of 1.3 temporary positions due to the reversal of 100% Provincially-funded programs where funding was confirmed after the 2011 Operating Budget was approved.
- An increase of 1.0 temporary position for the Nursing Scholar Practitioner Program, a 24-month degree completion program in partnership with Nipissing University, approved by City Council in September 2011
- An increase of 7.0 temporary positions to provide education and outreach programs to support the Bed Bug Initiative, approved by City Council in September 2011.
- An increase of 2.0 temporary positions as part of Ontario's comprehensive Nursing Strategy to employ 9,000 Nurses province-wide as approved by City Council in September 21, 2011..
- An increase of 3.0 temporary positions to support activities to respond to bed bugs infestations, approved by City Council in September 2011.

2012 Recommended Staff Complement Changes

- TPH requires 40 temporary positions for capital project delivery to work on projects in the 2012 Recommended Capital Budget. This will result in an increase of 4.3 positions as TPH had 35.7 capital-funded positions in 2011.
- Reversal of 100% one-time funding resulted in a reduction of 4.5 temporary positions for the Bed Bug and Smoke Free Ontario programs.
- The deletion of 4 positions as TPH anticipates reduced revenues in the Dental Program based on actual experience.

2012 Service Changes

- The recommended service efficiencies and minor service level changes will result in a reduction of 58.2 positions.

2012 Recommended Service Change Summary

(In \$000s)

Description	2012 Recommended Service Changes				Net Incremental Impact			
	Position Changes	Gross Expense	Net Expense	% of 2012 Budget Reduction Target	2013		2014	
	#	\$	\$	%	\$	# Pos.	\$	# Pos.
Base Changes:								
Base Expenditure Changes								
Reductions to Reflect Actual Experience		(1,509.6)	(495.3)	(1.1%)				
Base Expenditure Changes	-	(1,509.6)	(495.3)	(1.1%)	-	-	-	-
Base Revenue Changes								
Transfer of Aids and Drugs Prevention from CPIP			(1,633.0)	(3.7%)				
Base Revenue Changes	-	-	(1,633.0)	(3.7%)	-	-	-	-
Sub-Total Base Budget Changes	-	(1,509.6)	(2,128.3)	(4.8%)	-	-	-	-
Service Efficiencies								
Reduction in Physician Staffing	(1.0)	(218.2)	(54.6)	(0.1%)				
Breastfeeding Service Redesign	(4.0)	(345.7)	(86.4)	(0.2%)				
Influenza Vaccination Clinics Service Re-design	-	(128.6)	(32.2)	(0.1%)	(27.5)	-		
Healthy Environments - OT Reduction	-	(185.0)	(46.3)	(0.1%)				
Hot Weather Response - Outreach Reductions	(1.3)	(186.0)	(46.5)	(0.1%)				
Rabies Education and Outreach Reductions - TAS Funding	-	(190.2)	(47.6)	(0.1%)				
Quality Assurance Reductions	(1.0)	(95.2)	(23.8)	(0.1%)				
Telephone Nutrition Counselling Alternate Service	(1.0)	(82.8)	(20.7)	(0.0%)				
Injury Prevention Service Integration	(3.0)	(262.9)	(65.8)	(0.1%)				
Hardware Sustainment Reduction	-	(402.2)	(100.6)	(0.2%)				
Other Operations and Support Efficiencies	(37.5)	(3,079.0)	(946.5)	(2.1%)				
Sub-Total Service Efficiencies	(48.8)	(5,175.8)	(1,471.0)	(3.3%)	(27.5)	-	-	-
Revenue Adjustments:								
HBHC Funding re-alignments	-	10.6	(52.8)	(0.1%)				
Harm Reduction Funding	-	-	(33.2)	(0.1%)				
Full Cost Recovery for Dentures	-	-	(200.0)	(0.4%)				
Sub-Total Revenue Adjustments	-	10.6	(286.0)	(0.6%)	-	-	-	-
Minor Service Impact:								
Minor Reduction in Services	(9.5)	(777.8)	(194.4)	(0.4%)				
Sub-Total Minor Service Impacts	(9.5)	(777.8)	(194.4)	(0.4%)	-	-	-	-
Total Service Changes	(58.2)	(7,452.6)	(4,079.6)	(9.2%)	(27.5)	-	-	-

2012 Recommended Service Changes

- The financial impact of implementing the above service changes are included in the 2012 Recommended Base Budget, with savings of \$4.080 million net in 2012 that will result in incremental savings in 2013 of \$0.028 million net.
- Approval of the recommended service efficiencies and minor service level changes will result in the deletion of 58.2 permanent positions reducing TPH's staff complement to 1,874.7.
- Included in the \$4.080 million net savings is \$3.885 million net in base budget reductions, service efficiency reductions, and revenue changes applied to the base budget which will have no impact in the service levels provided by the Program in 2012.

Base Expenditure Changes

Reductions to Reflect Actual Experience

- A detailed review of budget expenditures and revenues conducted in June 2011 resulted in reductions of \$1.510 million gross and \$0.495 million net in non-payroll expenditures particularly in materials and supplies and services and rents based on actual experience from 2008 - 2010.

Base Revenue Changes

Transfer of Aids and Drugs Prevention from the Community Partnership Investment Program (CPIP)

- The 2011 funding of \$2.419 million for the Aids and Drugs Prevention programs is currently under CPIP which is 100% funded by the City. As part of CPIP budget recommended reduction of 10%, the Aids and Drug Prevention programs were reduced by \$0.242 million from \$2.419 million to \$2.177 million. As these programs currently fulfill the TPH criteria for mandated programs that are cost shared by the Province at 75%, the transfer of these programs to TPH will result in additional provincial revenues of \$1.633 million, representing the Provincial share of 75%.

Service Efficiencies

Reduction in Physician Staffing (\$0.218 million gross and \$0.055 million net)

- Elimination of an Associate Medical Officer of Health (AMOH) position, effective January 1, 2012 in the Healthy Public Policy Directorate will have no service level impact as this position is currently vacant. The role of this position, to provide public healthy medical expertise on policy development and research methods, is currently being absorbed by the other 9 AMOHs.

Breastfeeding Service Re-design (\$0.346 million gross and \$0.086 million net)

- TPH nurses currently provide breastfeeding support through home visits to approximately 2,500 women per year. The Ontario Public Health Standards (OPHS) require TPH to provide advice, information and linkages to community agencies regarding breastfeeding.
- The reduction of 4 vacant Public Health Nurse (PHN) positions, effective January 1, 2012, will reduce individual home visits however, there will be no change in service levels as individual support to an equivalent number of women will be provided through alternate delivery strategy of community based clinics. Limited home visiting will remain available for postpartum women who are unable to attend a community clinic.

Influenza Vaccination Clinics Service Re-design: (\$0.129 million gross and \$0.032 million net)

- The VPD program currently provides approximately 35,000 doses of vaccines through 65 public influenza immunization clinics. The VPD program is assisted by other nurses from other TPH Programs at a lower cost. This proposal will reduce the number of clinics from 65 to 40 larger clinics to enable the program to immunize the same number of clients as in previous years.
- Other changes will include changing operating days to Fridays and Saturdays only for clinics operating Tuesdays to Saturdays adjusting work hours and days of TPH staff, and utilizing agency staff rather than TPH nurses from other programs, promoting the use of the TPH website and cutting down on printed materials. All of these actions will result in reduced overtime and operating costs.

Healthy Environments – OT Reduction; Savings of \$0.185 million gross and \$0.046 million net

- TPH will move to shift change options in dealing with after hours mandated work. As well TPH will reduce the number of special events that will receive after hour inspections by focusing more on pre-approval strategies. These strategies will reduce overtime by: \$0.185 million gross and \$0.046 million net.

Hot Weather Response – Outreach Reductions – 1.25 Permanent (Vacant) Effective January 2012. (\$0.186 million gross and \$0.046 million net)

- Services such as alert notification and the Heat Information Line, currently contracted out (FindHelp and CRC respectively) will be provided in-house (311 and TPH) as well as reduction in pro-active education and outreach to landlords or vulnerable tenants. TPH will be able to eliminate 1.25 permanent positions effective January 2012.

*Rabies Education and Outreach Reductions – Toronto Animal Services Funding**(\$0.190 million gross and \$0.048 million net)*

- TPH will eliminate funding provided to Toronto Animal Services for one vehicle, 1 position, care costs for dogs, education supplies and overtime expenses. This program is not a mandatory program under the Ontario Public Health Standards (OPHS).

Quality Assurance Reductions: (\$0.095 million gross and \$0.024 million net)

- To minimize staffing cuts in front line mandated programs such as Food Safety and Health Hazards inspections/investigations program, TPH will eliminate a vacant Program Evaluator position as of January 1, 2012. The workload currently provided by this position, i.e. program evaluation and research, will be absorbed/managed by in-house assessors.

Telephone Nutrition Counseling Alternate Service: (\$0.083 million gross and \$0.021 million net)

- TPH currently has 2 PH Dietitians responding to about 2,000 calls annually. The intake nutrition telephone line can be efficiently managed by 1 staff who can handle 1,500 calls with complementary strategies such as calls redirected to the TPH website and Eat Right Ontario. This will result in the reduction of a vacant Intake PH Dietitian position effective January 1, 2012.

Injury Prevention Service Integration (\$0.263 million gross and \$0.066 million net)

- This program addresses the Ontario Public Health Standard for injury prevention which includes: reducing the frequency, severity and impact of preventable injuries among children and youth and providing resources, workshops and peer support/leadership training in community settings. Injury prevention for seniors focuses on falls prevention initiatives including one to one service delivery, group education sessions, train the trainer for community health care providers, advocacy and social marketing.
- By redesigning the Injury Prevention Program and allocating the services for children and youth to Early Years and Chronic Disease Prevention Program, TPH will be able to eliminate 3 permanent positions, one Manager, and 2 PH Nurses positions, currently vacant as of January 1, 2012.

Hardware Sustainment Reduction, Savings of \$0.402 million gross and \$0.101 million net

- The replacement cycle for hardware (computers and printers) will be extended by 1 year resulting in reduced contribution to the TPH IT reserve fund of \$0.402 million gross and \$0.101 million net annually, beginning in 2012.

Other Operations and Support Efficiencies

- TPH has identified service efficiencies that will result in savings \$3.079 million gross and \$0.946 million net and the deletion of 37.5 permanent positions effective January 1, 2012 that will have no impact on service levels. *Please see Confidential Attachment 1 under separate cover.*

Revenue Adjustments*HBHC Funding Re-alignments*

- TPH will re-align 2 positions from Healthy Families that is cost shared at 75% by the Province to 100% HBHC Funded program with no increase in HBHC funding in 2012, thereby increasing the provincial subsidy by 25% and reducing the City's cost by \$0.053 million.
- There are currently gapped positions in the 100% HBHC Funded Program that will allow the program to absorb the costs for these two positions without an increase in HBHC funding in 2012.

Harm Reduction Funding

- TPH will be transferring a position from the Methadone Program which is funded 100% by the City to a base cost shared program resulting in additional revenues of \$0.033 million net.

Full Cost Recovery for Dentures

- Under the TPH Dental Program, the City pays 50% of the laboratory costs for denture services for seniors who receive basic dental care. Currently, laboratory costs for a complete upper and lower denture is \$450 and low income seniors pays for 50% or \$225.00.
- Seniors who are eligible for the TPH dental program will now be required to pay 100% of lab fees to repair and/or fabricate dentures resulting in savings of \$0.200 million net. Clients who cannot pay for the full lab fee will be referred to Toronto Employment and Social Services (TESS) Hardship fund where they may apply for funding to cover the cost of the denture lab fee.
- Eligibility for financial support from the Hardship fund will be determined by staff in TESS who manages the fund. To offset the increased pressure on the Hardship fund, TPH will re-allocate \$0.025 million of its budget to TESS' Hardship Fund. However, the transfer of the \$0.025 million from TPH to TESS is pending subject to the outcome of the recommendation regarding the funding for the Hardship Fund.

Minor Service Impacts*Minor Reduction in Services*

- TPH has identified minor service level reductions that will result in savings of \$0.778 million gross and \$0.194 million net and the deletion of 9.5 permanent positions effective January 1, 2012. *Please see Confidential Attachment 1 under separate cover.*

2013 and 2014 Outlook:

- Approval of the 2012 Base Budget for TPH will result in incremental cost of \$1.233 million and \$0.739 million in 2013 and 2014 respectively to maintain the 2012 level of service. Future year costs are primarily attributable to the following:
 - For 2013, the incremental expenditures of \$1.233 million include progression pay, step increases and the 0.9% OMERS rate increase totaling \$1.343 million partially offset by the annualized impact of service reductions of \$0.110 million.
 - For 2014, the projected increase of \$0.739 million is attributed to progression pay and step increases of \$1.343 million partially offset by a reduction of one working day in 2014 of \$0.604 million.
- The 2013 and 2014 Outlooks do not include a provision for COLA as these cost impacts will be subject to collective bargaining in 2012.

Part V: ISSUES FOR DISCUSSION

Issues Referred to the 2012 Operating Budget Process

Core Service Review Approvals

- On September 26, and 27, 2011, City Council adopted the City Manager's report with his recommendations that addressed the results of the KPMG Core Service Review as well as service efficiency opportunities as set out in Appendix E.
- Under EX.2, City Council referred this recommendation to the City Manager for consideration as part of the 2012 and 2013 budget process.

"2.L – Toronto Public Health (Dental Health , Investing in Families): Consider eliminating this program or reducing the service level."

- The *Dental Health Program* is a 100% City-funded program with a 2011 approved budget of \$5.760 million. It is a program for people who do not have access to dental care due to financial reasons and require emergency dental treatment. It provides only one course of treatment to allow the client to eat, speak and/or socialize. In 2011, the Program provided dental services to 13,000 seniors and caregivers in long-term care homes, treated 7,536 children and youth; and 605 prenatal clients.
- Status: The 2012 Recommended Operating Budget includes service efficiencies resulting in savings in the Dental Health Program.
- *Investing in Families* is a joint City initiative with TPH, Toronto Employment and Social Services (TESS) and Parks, Forestry and Recreation, designed to improve the economic, health and social status of single-parent families receiving Ontario Works benefits that have children 0 to 17 years of age. It provides participating families with access to employment related services such job search skills workshops, resume writing, job skill training, and education upgrading; recreational and leisure activities; and services that promote a healthy lifestyle for children, and chances to become socially involved in their communities. TPH's role is to provide families with counseling related to their physical and mental well-being, to cope with stress resulting from child growth and development, and parenting. TPH also provides support to access appropriate and timely health care, referral to community support agencies and service co-ordination. In 2011, TPH established partnership with TESS's 17 site offices, provided 789 client referrals, had 3,000 client contacts, held 110 Let's Talk group participation and referred 860 clients to community partners.

Status: There are no reductions included in the 2012 Recommended Operating Budget for TPH associated with this recommendation. Investing in Families Program is 100% funded by TESS through the Social Assistance Restructuring Savings (formerly the National Child

Benefit Supplement Reserve). In March 2008, the Ministry of Finance and the Ministry of Municipal Affairs and Housing announced that while the National Child Benefit Supplement (NCBS) will no longer reduce social assistance benefits for families with children, municipalities are still expected to maintain investments in the National Child Benefit (NCB) reinvestment programs. These municipal investments will continue to be recognized as social program costs if they flow to programs for children in low income families.

Appendix E: Service Efficiency Opportunities

- Appendix E of the City Manager's report included a KPMG recommendation #104 for TPH:
"Applicable to all legislatively required services delivered by Toronto Public Health. The manner in which standards and protocols under legislation are implemented is discretionary in some cases based on local needs. Continuously review decisions on the execution of the program delivery (volume, resource allocation, strategy) to seek and generate efficiencies and cost savings"
- Status: The above proposal has been referred to the City Manager to review the efficiency related opportunities to determine whether and in what manner implementation is appropriate through the 2012, 2013 and 2014 operating budget process.

Toronto Public Health 2012 - 2021 Operating Budget Request

- The Board of Health recommended to the Budget Committee for its consideration during the 2012 budget process a report submitted to the Board of Health's meeting on September 13, 2011 entitled "Toronto Public Health 2012 Operating Budget Request".
 1. City Council approve the Toronto Public Health 2012 Operating Budget request of \$228,226.7 thousand gross / \$41,137.4 thousand net as summarized in Table 1, "2012 Operating Budget Request".
Status: Not consistent with the 2012 Recommended Operating Budget. Please see Table 1 on page 31.
 2. City Council approve the list of base budget adjustments included in Table 5, "Overview of 2012 Operating Budget Request" of this report totaling an increase of \$1,999.8 thousand gross and \$818.5 thousand net.
Status: Not consistent with the 2012 Recommended Operating Budget. Please see Table 1 on page 31.
 3. City Council approve 2012 Reduction Options of \$8,242.6 thousand gross and \$4,458.4 thousand net as outlined in Table 3, "2012 Requested Reduction Options Budget".

Status: Not consistent with the 2012 Recommended Operating Budget. Please see table on below.

- The Toronto Public Health 2012 Operating Budget submission be adjusted to include two 100% provincially funded (0% net to the City) public health nurses to work on health issues for newcomers and for at-risk communities.

Status: Approved by City Council on September 21, 2011.

- The 10% savings in the 2012 Toronto Public Health Operating Budget be reinvested in public health services to protect and promote health and maximize provincial funding.

Status: City Programs, Agencies, Boards and Commission were to submit reduction options to achieve a 10% reduction target. Given the overall financial challenges, re-investing TPH's savings is not recommended at this time.

- The 2012 Recommended Operating Budget for TPH of \$229.952 million gross and \$41.516 million net (after recommended reductions), is higher by \$1.725 million gross and \$0.379 million net respectively than the BOH Recommended Operating Budget of \$41.137 million net. The changes to two reduction options submitted by TPH totaling \$0.379 million net are highlighted in the table below.

(In \$000s)	BOH Recommended			2012 Recommended Operating Budget			Additional Net Changes	Comment
	Approved Positions	Gross Expenditures	Net	Approved Positions	Gross Expenditures	Net		
		\$	\$	\$		\$		
2011 Approved Budget	1,925.2	233,667.8	44,578.0	1,925.2	233,667.8	44,578.0	0.0	
In-Year Adjustments	(0.3)	801.7	199.2	(0.3)	801.7	199.2		Approved by City Council on September 2011
<i>Bud Bug Initiatives</i>				12.0	1,080.4	0.0		
<i>Healthy Smiles Ontario (One-time funding)</i>					880.0	0.0		
<i>Nursing Scholar Practitioner Program</i>				1.0	50.0	0.0		
<i>Family Health Program Re-structuring</i>				(1.0)	0.0	0.0		
2011 Adjusted Budget as of November 18, 2011	1,925.0	234,469.5	44,777.2	1,937.0	236,479.9	44,777.2	0.0	
Base Budget Adjustments	(10.2)	1,999.8	818.6	(10.2)	1,999.8	818.7		Reversal associated with in-year adjustments Based on the 3rd Qtr Variance
<i>Reversal of 100% One-Time Funding</i>				(1.0)	(1,654.3)	0.0		
<i>Additional Capital funded positions resulting from 2011 Carry Forward Funding</i>				7.0	579.3	0.0		
2012 Recommended Base Budget	1,914.9	236,469.3	45,595.9	1,932.8	237,404.7	45,595.9	0.0	
Service Reductions								Recommended due to Corporate affordability 10% Reduction to 2011 CPIP Budget
Service Reductions Recommended	(58.3)	(7,452.6)	(2,446.6)	(58.3)	(7,452.6)	(2,446.6)		
<i>Reduction to Corporate Overhead Charges</i>		(790.0)	(197.5)				197.5	
<i>Aids and Drug Prevention from Community Partnership & Investment Program (CPIP)</i>			(1,814.3)			(1,633.0)	181.3	
Total Service Reductions	(58.3)	(8,242.6)	(4,458.4)	(58.3)	(7,452.6)	(4,079.6)		
2012 Recommended Operating Budget	1,856.7	228,226.7	41,137.5	1,874.7	229,952.1	41,516.2	378.7	

Appendix 1

2011 Performance

2011 Key Accomplishments:

In 2011, TPH achieved the following results:

Infectious Diseases

- Over 50,000 client visited sexual health clinics with wait times for new clients for clinic services 2–3 weeks;
- Tracked and investigated over 12,800 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians.
- Responded to approximately 40,000 confirmed cases of reportable/communicable diseases.
- Provided approximately 80,000 vaccinations for Hepatitis B, Meningococcal, meningitis, and human papillomavirus (HPV) to grades 7&8 students.

Environmental Health

- 7,414 food handlers trained, 7,145 food handlers certified, and 286 food handler training sessions conducted. Conducted about 20 public education campaigns (trade shows, events, special education sessions, etc).
- System in place to receive and respond to adverse drinking water events. Up to 1,000 adverse drinking water events reported and investigated annually (in 2010 590).
- All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. Completed approximately 3,500 recreational water facilities inspections. Issued 143 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.

Emergency Preparedness

- Respiratory Fit Testing completed for all TPH staff (by the end of 2011).
- Assigned and trained 204 TPH non–union staff on Incident Management System and their role.

Chronic Diseases & Injuries

- 29,028 people were reached through 328 cancer prevention/screening interventions (including peer leader training).
- 219,595 children and youth in schools and the broader community were reached by CDI initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention and UVR/sun safety).
- Conducted 300 Individual (seniors) visits for falls prevention; worked with 16 community partners and trained 170 Health and Allied Health Professionals in Falls Prevention that serviced 88,000 seniors; reached 75,100 seniors through public awareness activities (fall prevention).

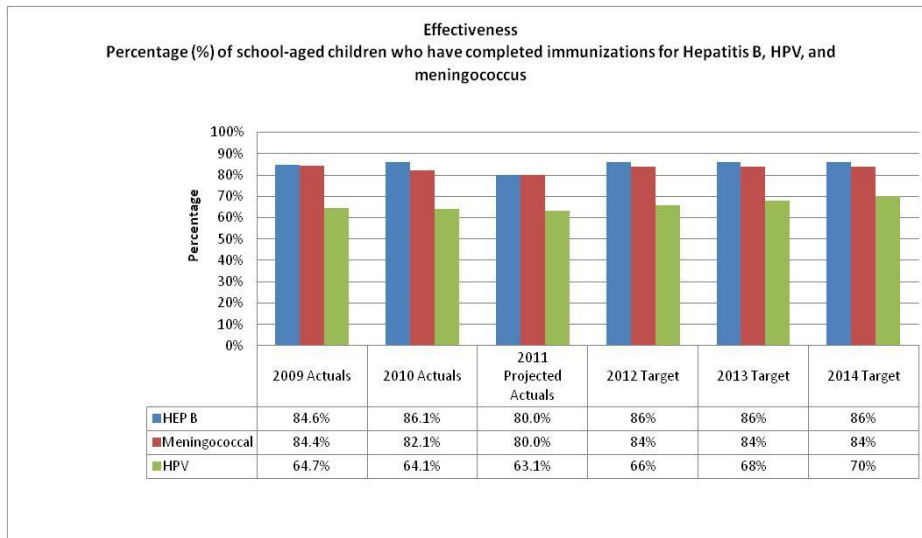
Family Health

- Performed hearing screening tests on 37,130 newborns born in Toronto hospitals (all infants born in Toronto hospitals regardless to where the live).
- Under the CINOT program, a total of 7,029 children received treatment; and over 19,000 children received preventive services (cleaning, fluoride).
- Provided 1,950 group sessions at 39 sites (Canadian Prenatal Nutrition Partnerships) for 3,000 high risk women.

2011 Performance

Service: Infectious Diseases

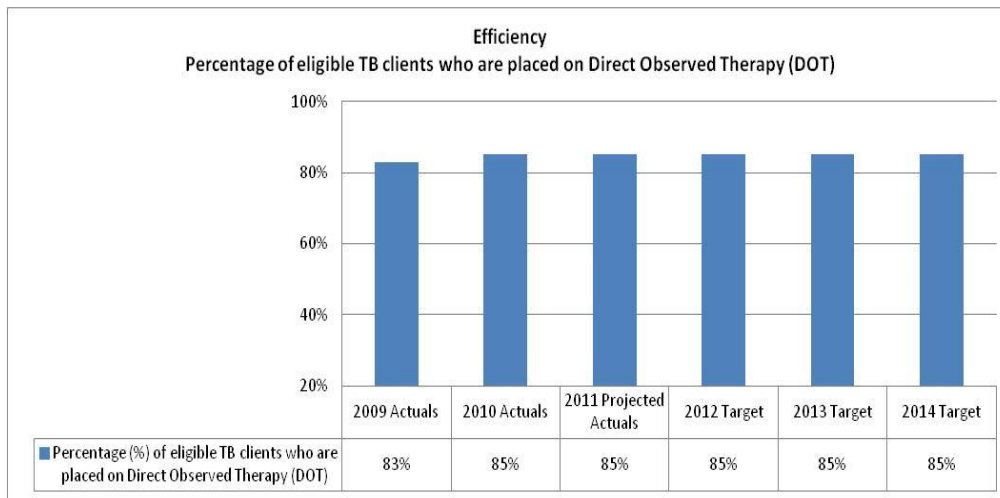
Effectiveness



- Hepatitis B and Meningococcal vaccines are publicly funded for grade 7 students. HPV vaccine is publicly funded for grade 8 female students.
- Three doses are required for HPV, two for Hepatitis B and one for Meningococcal vaccine.

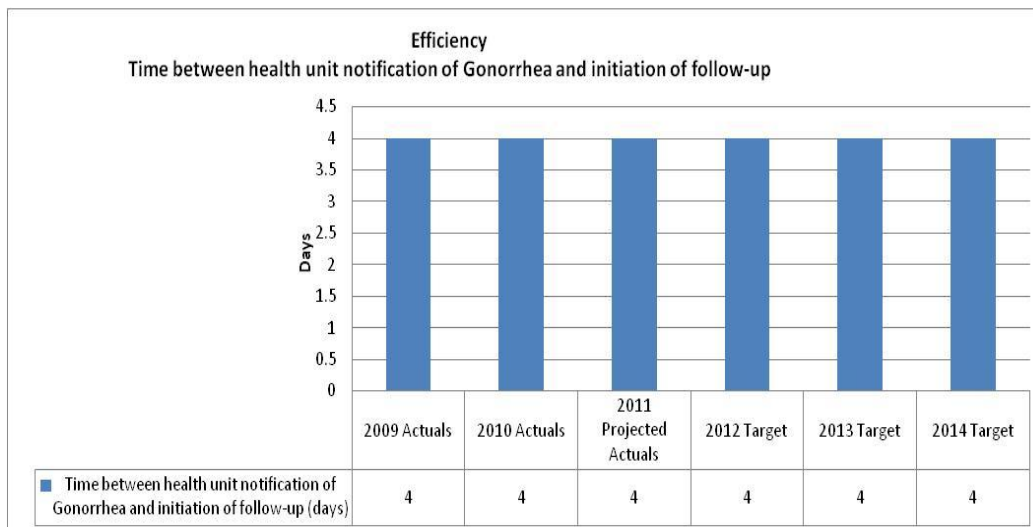
- Coverage rates for the 2010–2011 school year were unusually low compared to previous experience, particularly for HPV and quadrivalent meningococcal vaccines, for a number of reasons including:
 - schools were not as attentive in their distribution and collection of the consents for these school-based vaccination programs during this past school year
 - TPH staff did not have as many opportunities to engage with the schools to respond to the lower coverage rates they were seeing due to the increased time required to support the assessment of student immunization records which was recovering from the absence during the pandemic year
 - the slow-down in staffing left the program severely short of staff.
- Strategies are in place to increase the coverage rates and it is anticipated that the coverage rates will improve to their historic levels with improvements in hiring and changes to the records assessment process.

Efficiency



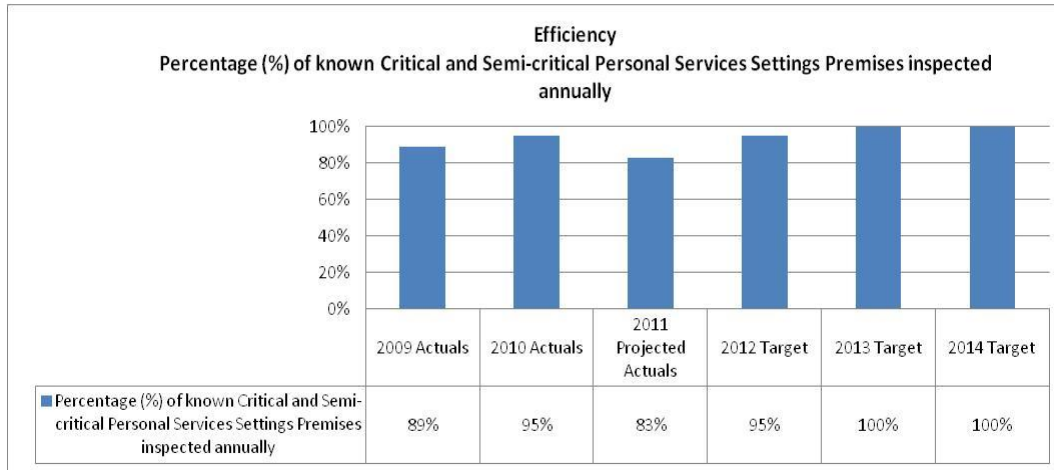
- Direct Observed Therapy (DOT) for active TB cases is a best practice strategy aimed at ensuring that clients with TB take their medications for 6 to 24 months in order to complete effective TB treatment.

- The % of clients on DOT is fairly constant over the last 3 years due to a number of reasons:
 - DOT is not mandatory/not legislated. Despite it being best practice and offering better outcomes, clients are able to refuse DOT and take their medications on their own
 - More than 30% of our clients are extrapulmonary, not infectious, and do not require isolation –these clients continue to work and live their busy lives and can refuse DOT.
 - 85% coverage is the maximum capacity at current resource levels.
- As part of TPH strategy to improve efficiency, the TB program is planning to pilot the use of videophones in the Fall 2011, for some clients meeting defined eligibility criteria to receive video direct observed therapy (VDOT) services.



- The STI program processes and case manages over 11000 reports of sexually transmitted infections a year

- The average time between health unit notification of Gonorrhoea and initiation of follow-up is approximately 4 days. This time can fluctuate depending on staff resources (i.e. less than 4 days if the program is well-staffed or more than 4 days if program is short-staffed).

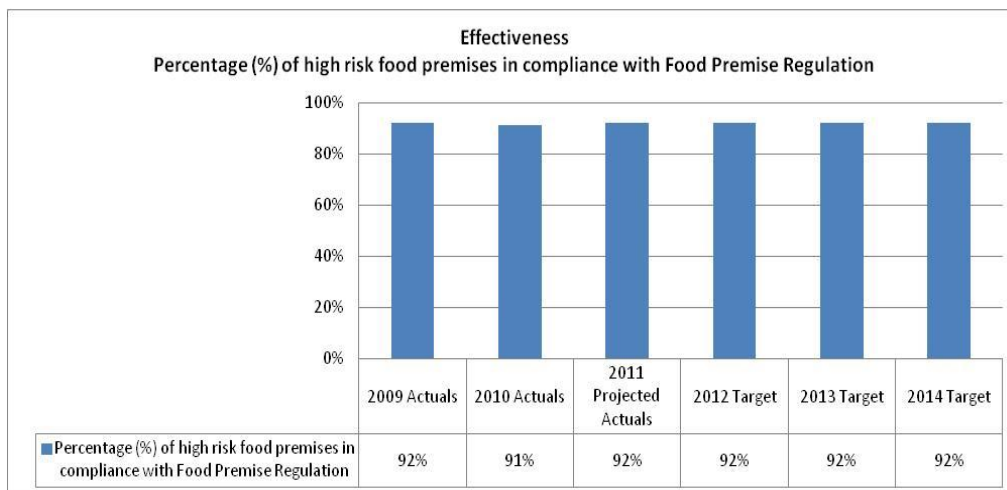


- In accordance with the Ontario Public Health Standards all critical and semi-critical Personal Service Settings (PSS) premises require annual inspection.

- The inspection rates in 2009 were lower due to the labour disruption and H1N1 Response while inspection rates are lower in 2011 due to program changes. However, with full implementation of the new program, inspections are expected to rise over the next three years.
- Projected inspection target and actual rates for 2012, 2013 and 2014 is expected to reach 100% since the change in program structure to ensure inspection completion has already been implemented.

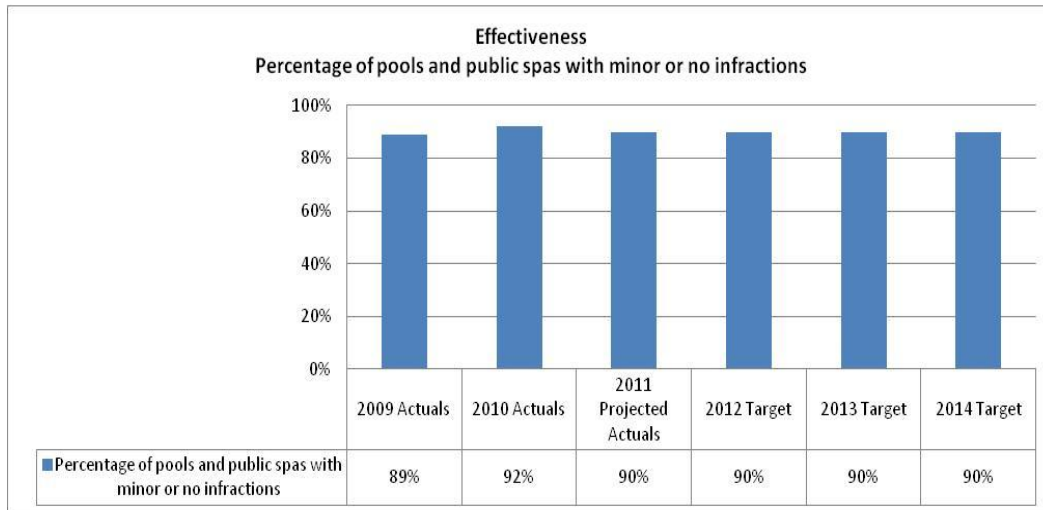
Service: Environmental Health

Effectiveness



- There are three categories set by the Province of Ontario: 'High', 'Moderate', and 'Low'

- The goal of the Food Safety program is to reduce the incidence of food-borne illness by activities including preventing the sale or distribution of food unfit for human consumption.
- Food establishments are required to be in compliance with the food premises regulations and other related legislation The standard is to maintain compliance at 90%
- In 2011 the program was able to do more as a result of receiving the Hanes funding

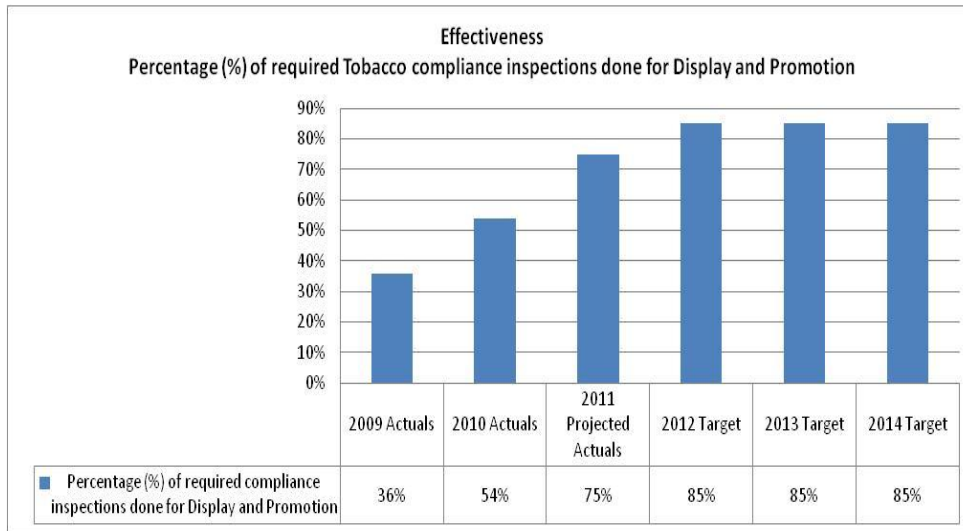


- Waterborne illnesses can be spread through unsatisfactory recreational water facilities

- There are some infractions that require immediate closure of these facilities while others must be corrected within a given time frame
- The goal is to ensure that no less than 80% of the public pools/spas inspections have no infractions or minor infractions only.
- TPH has continuously exceeded the target of 80% pools and public spas with minor or no infractions on inspection.

Service: Chronic Diseases and Injuries

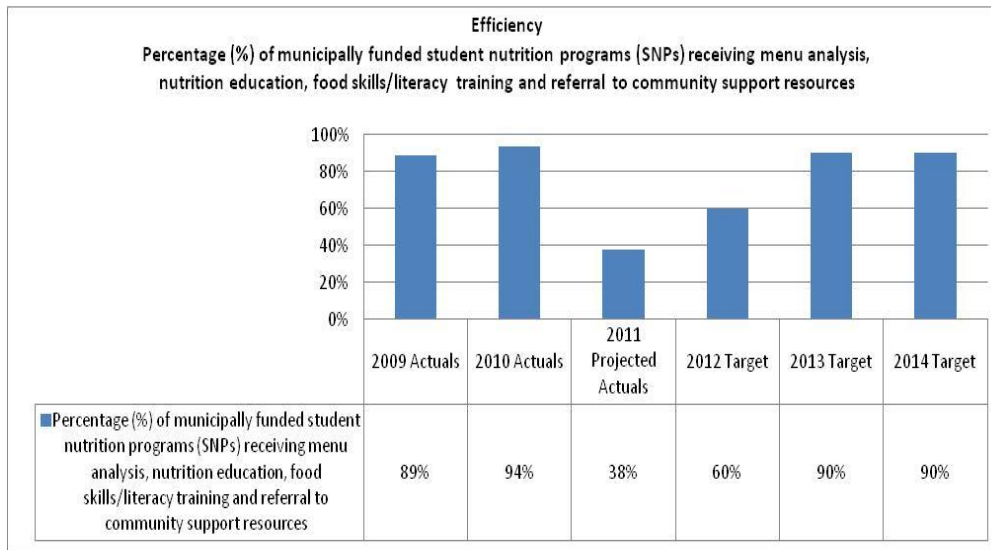
Effectiveness



- The Smoke-Free Ontario Strategy combines public education with programs, policies and legislation to help smokers to quit; protect non-smokers from exposure to second-hand smoke; and, encourage young people to never start.

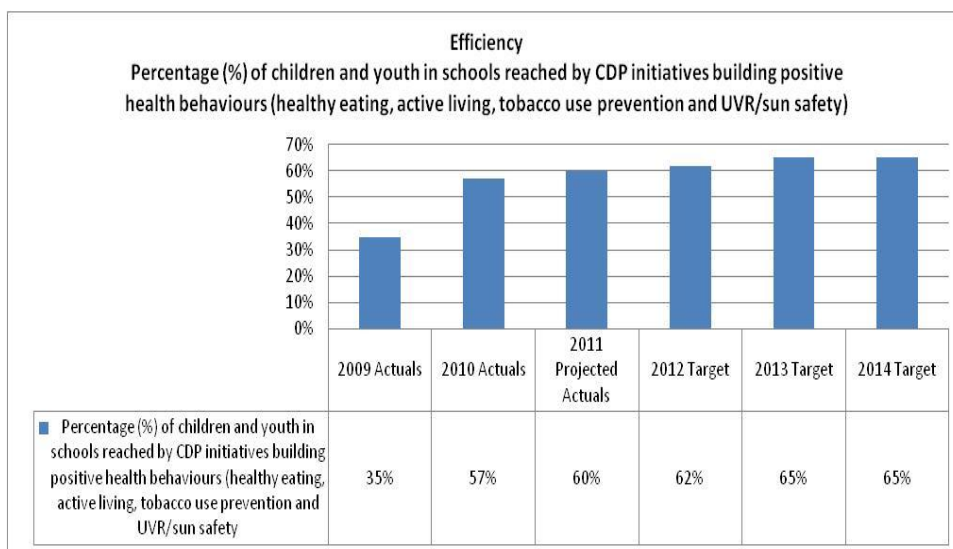
- Compliance inspections are conducted to increase owner/operator awareness and compliance with the smoke free Ontario Act requirements.
- The 2009 performance rate of 36% was considerably lower due to the labour disruption as well as focus was on the "test shopper". In 2009 the focus was on the sale of tobacco to minors. "Test shoppers" who are clearly under 19 years of age are sent in to purchase cigarettes and charges are laid if cigarettes are sold to them. The 2011 rate of 75%, an increase of 21% from 2010 is due to several factors:
 - re-structuring of the program (late 2010)
 - availability of "one time funding" that was used for overtime work
 - increased focus on compliance due to contraband products
 - multi-agency approach (TPH, Health Canada, RCMP)
- Higher targets are projected for 2012, 2013 and 2014 higher targets are projected due to a re-distribution of program resources The program has moved from a centralised operation to one that is more regional in nature and the focus will now be placed on compliance rates and sale of contraband products (and increasing number of food premises allowing smoking of Shisha/water pipe). There has also been internal (within the program) restructuring to facilitate this (including the development of an updated Tobacco vendor lists and clear direction to officers on expectation to complete inspection and monthly feedback provided to each officer to measure their performance).

Efficiency:



- Student Nutrition Programs (SNPs) operate on a school calendar year, September to June.

- TPH strives to ensure that all municipally funded SNPs will have the benefit of a consultation with a TPH Registered Dietitian. However, in reality, not all programs receive menu consultation and related support from a Registered Dietitian. On the day of the visit, programs may be closed (e.g. school trips, exam time, coordinator/volunteer sick, etc.)
- 2011 actual performance of 38% is low due to a significant shortage of Registered Dietitians. In 2011 it is estimated that only 250 programs out of the 669 receiving municipal funding will be visited by a Registered Dietitian.
- Targets for 2012 to 2014 will start to show an increase as the Program assumes that staff resources will increase at the same level as in 2010.

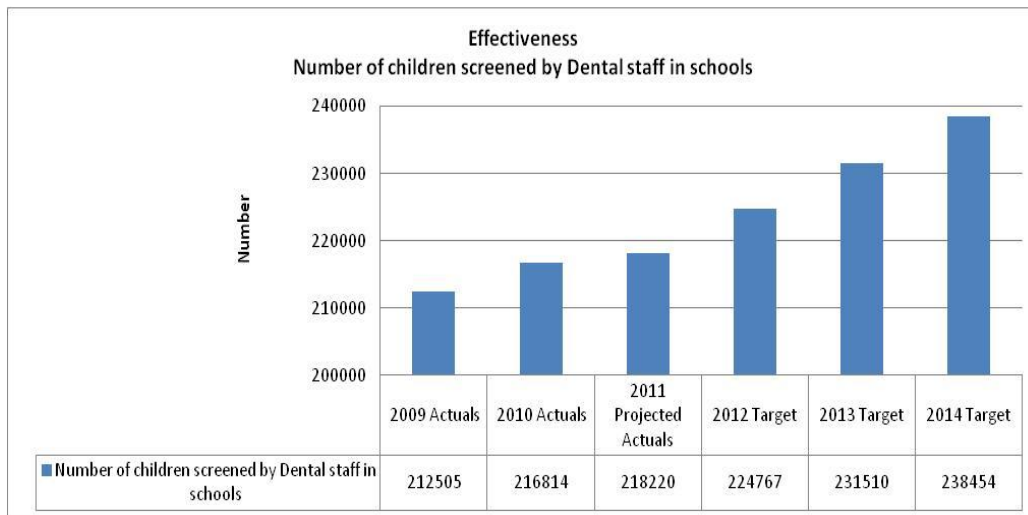


- Schools are the ideal setting to reach children with CDP programming
- 100% of Toronto schools with 361,000 students will benefit from these services.

- 2009 actuals are considerably lower compared to 2010 and 2011 due to the labour disruption and redeployment of staff to the H1N1 response.
- TPH target to reach 60% of all schools in 2011 and 65% for 2012 to 2013 is due to lack of staff resources to reach 100% compliance rate.

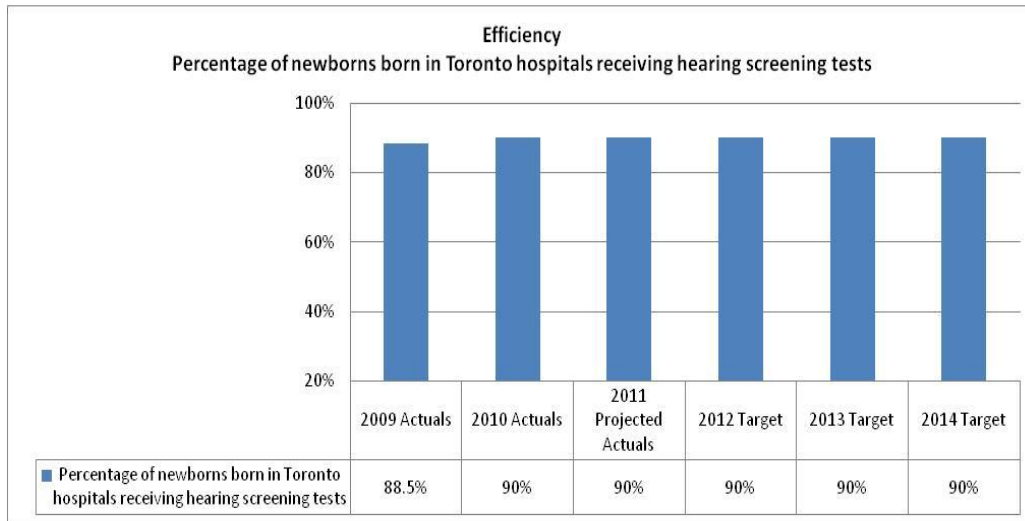
Service: Family Health (Dental Health)

Effectiveness



- Healthy Smiles Ontario (HSO) is 100% provincially funded low-income dental program for children and youth in Toronto introduced by the Province in 2010.

- Prior to the Healthy Smiles Ontario dental program screening of high school children was a pilot project and only done in a few high risk, high schools. With the implementation of HSO, TPH will be screening in all high and medium risk high schools, which will enable TPH to screen more students.
- The HSO Program is expected to be fully implemented in 2012, resulting in higher targets for 2012–2014.



- Service levels are associated with the current birthrate in Toronto.
- Services will increase if the birth rate in Toronto decreases.

- TPH performs approximately 37,500 hearing screening tests on newborns born in Toronto hospitals each year (i.e. not including community clinics). This represents about 90% of the total births. While TPH provides screening in all hospitals seven days per week, past experience indicates that this percentage is the maximum that can be achieved with current staffing levels.
- The balance of approximately 10% of infants are discharged from hospital without receiving screening from a number of reasons which include discharge prior to screener contact, unwillingness to provide consent, and insufficient staff to provide back-up coverage.

2011 Budget Variance Analysis

2011 Budget Variance Review (In \$000s)

(In \$000s)	2009 Actuals	2010 Actuals	2011 Approved Budget	2011 Projected Actuals*	2011 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	\$	%
GROSS EXP.	215,855.1	215,554.7	236,479.9	226,779.9	(9,700.0)	(4.1)
REVENUES	172,452.2	172,169.8	191,702.7	183,802.7	(7,900.0)	(4.1)
NET EXP.	43,402.9	43,384.9	44,777.3	42,977.3	(1,800.0)	(4.0)
Approved Positions	1,908.0	1,929.2	1,937.0	1,937.0	-	-

* Based on the Third Quarter Operating Budget Variance Report.

2011 Experience

- As of September 30, 2011, TPH is projecting a favourable year-end variance of \$9.7 million gross and \$1.8 million net or 4.1% and 4.0% respectively of the 2011 Approved Operating Budget.
- The favourable gross variance is mainly attributable to under spending in salaries and benefits as a result of the hiring slow down, combined with the delays in the opening of dental clinics under the 100% Provincially-funded Healthy Smiles Ontario Program due to legal issues with finalizing the lease agreements with potential landlords.
 - TPH achieved a 10.1 per cent gapping rate versus the TPH's budgeted gapping of 4.3%

Impact of 2011 Operating Variance on the 2012 Recommended Budget

- The under expenditures for the 100% Provincially-funded Healthy Smiles Ontario Program will not continue as the new dental low-income program will be in full implementation by 2012.
- The projected savings in payroll will continue into 2012 as savings will be used to achieve the recommended base efficiency savings of \$1.471 million net.

Appendix 2

2012 Recommended Operating Budget by Expenditure Category and Key Cost Drivers

Program Summary by Expenditure Category (In \$000s)

Category of Expense	2009 Actual	2010 Actual	2011 Budget	2011 Projected Actual	2012 Recommended Budget	2012 Change from 2011 Approved Budget		2013 Outlook	2014 Outlook
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	150,286.4	159,938.2	172,126.5	162,426.5	170,113.2	(2,013.3)	(1.2%)	171,346.1	172,085.3
Materials and Supplies	3,610.3	3,603.6	6,276.5	6,276.5	5,812.7	(463.8)	(7.4%)	5,812.7	5,812.7
Equipment	1,231.3	1,614.6	1,093.6	1,093.6	816.3	(277.3)	(25.4%)	816.3	816.3
Services & Rents	34,639.6	34,058.6	38,336.0	38,336.0	35,966.5	(2,369.5)	(6.2%)	35,966.5	35,966.5
Contributions to Capital	2,881.4	1,833.6	1,848.7	1,848.7	1,848.7	(0.0)	(0.0%)	1,848.7	1,848.7
Contributions to Reserve/Res Funds	3.9	97.6					n/a		
Other Expenditures	3.8	4.7	6.0	6.0	6.0		0.0%	6.0	6.0
Interdivisional Charges	23,198.4	14,403.8	16,792.7	16,792.7	15,388.7	(1,404.0)	(8.4%)	15,388.7	15,388.7
TOTAL GROSS EXPENDITURES	215,855.1	215,554.7	236,479.9	226,779.9	229,952.1	(6,527.9)	(3.0%)	231,185.0	231,924.2
Interdivisional Recoveries	14,566.9	9,570.3	12,034.7	12,034.7	10,973.1	(1,061.6)	(8.8%)	10,973.1	10,973.1
Provincial Subsidies	151,331.5	157,028.9	173,408.2	165,508.2	170,856.7	(2,551.5)	(1.5%)	171,808.5	172,383.2
Federal Subsidies	120.7	334.0	214.2	214.2	217.5	3.4	1.6%	217.5	217.5
Other Subsidies	45.9						n/a		
User Fees & Donations	1,032.7	1,056.7	990.7	990.7	1,003.7	13.0	1.3%	1,003.7	1,003.7
Transfers from Capital Fund	1,973.0	2,178.4	3,542.0	3,542.0	3,360.0	(182.0)	(5.1%)	3,360.0	3,360.0
Contribution from Reserve Funds							n/a		
Contribution from Reserve							n/a		
Sundry Revenues	3,381.4	2,001.5	1,512.9	1,512.9	2,024.9	512.0		2,024.9	2,024.9
TOTAL REVENUE	172,452.2	172,169.8	191,702.7	183,802.7	188,435.9	(3,266.8)	(1.9%)	189,387.7	189,962.4
TOTAL NET EXPENDITURES	43,402.9	43,384.9	44,777.2	42,977.3	41,516.2	(3,261.1)	(1.1%)	41,797.3	41,961.8
APPROVED POSITIONS	1,908.0	1,929.2	1,937.0	1,937.0	1,874.7	(62.4)	(3.2%)	1,874.7	1,874.7

2012 Key Cost Drivers

Salaries and Benefits

- The 2012 budget for Salaries and Benefits is \$170.113 million, reflecting a decrease of 2.013 million or 1.2% compared to the 2011 Budget of \$172.126 million.
 - In 2012, the Program will delete a total of 62.4 positions, thus lowering its salaries and benefits by \$6.0 million resulting from the reversal of 100% one-time Provincial funding, recommended base budget changes, service efficiencies and minor service level changes.

- These reductions were partially offset by increases due to progression pay, step, OMERs rate increase and an additional working day in 2012 totaling \$3.823 million; and the increase of 4.3 Capital-funded positions to implement the 2012 Recommended Capital Budget of \$0.397 million

Equipment

- The 2012 budget for equipment of \$0.816 million is \$0.277 million or 25.4% lower than the 2011 budget mainly as a result of the reversal of 100% one-time Provincial funding for the purchase of dental equipment for the Healthy Smiles Ontario dental program for children and youth in Toronto.

Other Expenditure Categories

- The 2012 Recommended Operating Budget includes recommended base reductions of \$2.393 million and the reversal of the 2011 phase of the 100% one-time federal funding for non-payroll expenditures for the Toronto Newcomer Initiative of \$0.851 million; and Haines funding of f \$0.330 million that will impact multiple expenditure categories.
- TPH re-aligned budgets between categories as part of the detailed review to reflect actual experience.
- Approval of the 2012 Recommended Budget will result in the Program's total staff complement decreasing by 62.4 from 1,937 to 1,874.7 approved positions,

Appendix 3

Summary of 2012 Recommended Service Changes

Appendix 5

Inflows/Outflows to/from Reserves & Reserve Funds

Program Specific Reserve/Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	Projected Balance as of December 31, 2011	2012	2013
			\$	\$	\$
Vehicle & Equipment Reserve	XQ1101	TPH Vehicle Reserve	240.8	240.8	
		Proposed Withdrawals (-)			
		Contributions (+)		57.2	
Balance at Year-End			240.8	298.0	-

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of December 31, 2011 *	Proposed Withdrawals (-) / Contributions (+)		
			2012	2013	2014
			\$	\$	\$
Insurance Reserve Fund	XR1010	45,261.0	404.5		
Emergency Technology Reserve Fund - Desktop	XQ1508	24,152.0	984.7		
Total Reserve / Reserve Fund Draws / Contributions			1,389.2	-	-