



# Toronto 2015 BUDGET

## OPERATING ANALYST NOTES



## Toronto Public Health

### 2015 OPERATING BUDGET OVERVIEW

Toronto Public Health (TPH) reduces health inequalities and improves the health of the entire population by delivering services that meet community health needs, comply with Ontario Public Health Standards, and make wise use of human and financial resources.

### 2015 Budget Highlights

The total cost to deliver this service to Toronto residents in 2015 is \$251.182 million gross, \$55.929 million net as shown below.

(in \$000's)	2014 Approved Budget	2015 Rec'd Budget	Change	
			\$	%
Gross Expenditures	247,632.2	251,182.0	3,549.8	1.4%
Gross Revenues	192,650.0	195,253.5	2,603.5	1.4%
<b>Net Expenditures</b>	<b>54,982.2</b>	<b>55,928.5</b>	<b>946.3</b>	<b>1.7%</b>

For 2015, TPH faced a base pressure of \$0.840 million net due primarily to cost of inflation from the collective agreement and other non-salary inflationary fixed cost increases. Through on-going line by line reviews and base revenue changes, the Program was able to partially offset these pressures by \$0.313 million net. Funding of \$0.419 million net is included for 2 key service priorities; an enhancement to the cost-shared Toronto Urban Health Fund as well as inflationary funding for the 100% City funded, Student Nutrition Program.

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Fast Facts

- The Province provides funding to Ontario's 36 public health units. Since 2007, the Province has provided 75% of the funding for most TPH programs, with City of Toronto providing the other 25%.
- The provincial Health Protection and Promotion Act (HPPA) provides the legislative mandate for boards of health. Under the HPPA, there are 14 mandatory programs and services that must be provided and 21 regulations that must be adhered to.

Trends

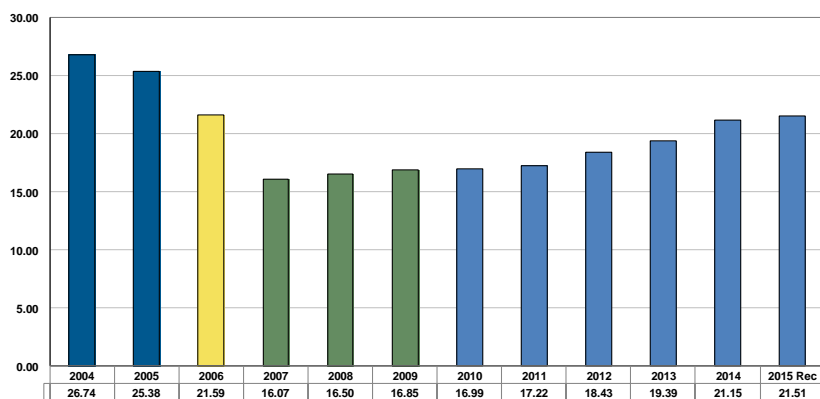
- Over the past nine years, the amount of funding for 100% provincially funded programs has increased by over 70% from \$28.3 million in 2004 to \$48.7 million in 2014.
- The municipal cost per person for Public Health Services rose slightly from \$21.15 in 2014 to \$21.51 in 2015, or 1.7% increase. The inflationary food cost increase for 100% City funded SNP is included.
- Beginning in 2005, the provincial contribution increased from 50% to 75% for various cost shared programs.

Our Service Deliverables for 2015

Toronto Public Health offers a diverse range of public health programs and services to Torontonians as per its legislated mandate. The 2015 Recommended Operating Budget among other services, will enable the program to:

- Provide 60,000 client visits to sexual health clinics with a 2-3 week wait time for new clients.
- Inspect 32,000 food premises; receive and respond within 24 hours to reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues.
- Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs (SNP) in the 2014/2015 school year.
- Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours.
- Respond to approximately 34,000 cases of reportable/communicable diseases and to

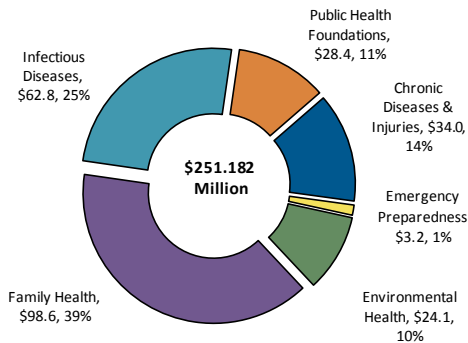
Municipal Costs Per Person for Public Health Services



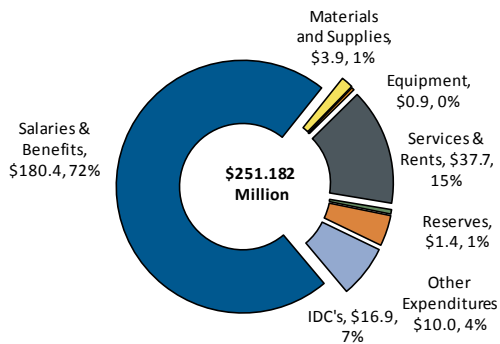
2015 Operating Budget Expenses & Funding

Where the money goes:

2015 Budget by Service  
\$251.182 Million

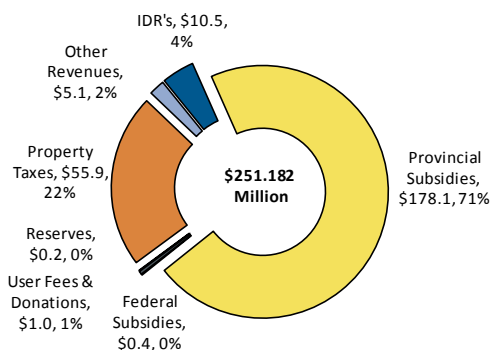


2015 Budget by Expenditure Category



Where the money comes from:

2015 Budget by Funding Source



Our Key Challenges & Priority Actions

- **Maintaining programs and services and continuing to meet public health legislative requirements and standards within financial constraints.**

- ✓ The 2015 Recommended Budget is \$0.946 million or 1.7% over the 2014 Approved Budget.

- ✓ TPH continues to explore options to improve service delivery through streamlining business processes and finding operational efficiencies, while ensuring accountability for taxpayers.

- **Within the Toronto Urban Health Fund (TUHF), there is a disparity in funding for the Youth Resiliency Stream and projects with merit are being turned down due to insufficient funds.**

- ✓ The 2015 Recommended Operating Budget includes funding of \$0.038 million net to allow TUHF to fund returning projects that could not be funded due to insufficient funds and additional eligible projects, mainly those related to youth resiliency.

2015 Operating Budget Highlights

The 2015 Recommended Operating Budget of \$55.929 million net which is \$0.946 million or 1.7 % over the 2014 Approved Net Operating Budget provides:

- Inflationary cost increases and general economic increases to enable the program to maintain the 2014 levels of service.
- Inflationary and enhanced funding of \$0.038 million net for the Toronto Urban Health Fund allowing for approximately 5 more one-year projects to be funded.
- Funding of \$0.382 million net for the Student Nutrition Program to allow current programs to maintain their same level of service to their communities.

## Recommendations

The City Manager and Chief Financial Officer recommend that:

1. City Council approve the 2015 Recommended Operating Budget for Public Health of \$251.182 million gross, \$55.929 million net for the following services:

<u>Service:</u>	Gross <u>(\$000s)</u>	Net <u>(\$000s)</u>
Chronic Diseases and Injuries:	34,042.2	9,231.1
Emergency Preparedness:	3,169.6	749.1
Environmental Health:	24,085.5	5,501.6
Family Health:	98,628.7	16,250.6
Infectious Diseases:	62,812.1	13,429.0
Public Health Foundations:	28,443.9	10,767.1
Total Program Budget	<u>251,182.0</u>	<u>55,928.5</u>

2. City Council approve the 2015 recommended service levels for Toronto Public Health as outlined on pages 18,19,26,30,31,35,36 and 37 of this report and associated staff complement of 1,872.1 positions;
3. City Council request Toronto Public Health work with Financial Planning to update service levels which provide concise language and to provide service levels for the Public Health Foundations service in time for the 2016 Budget process.

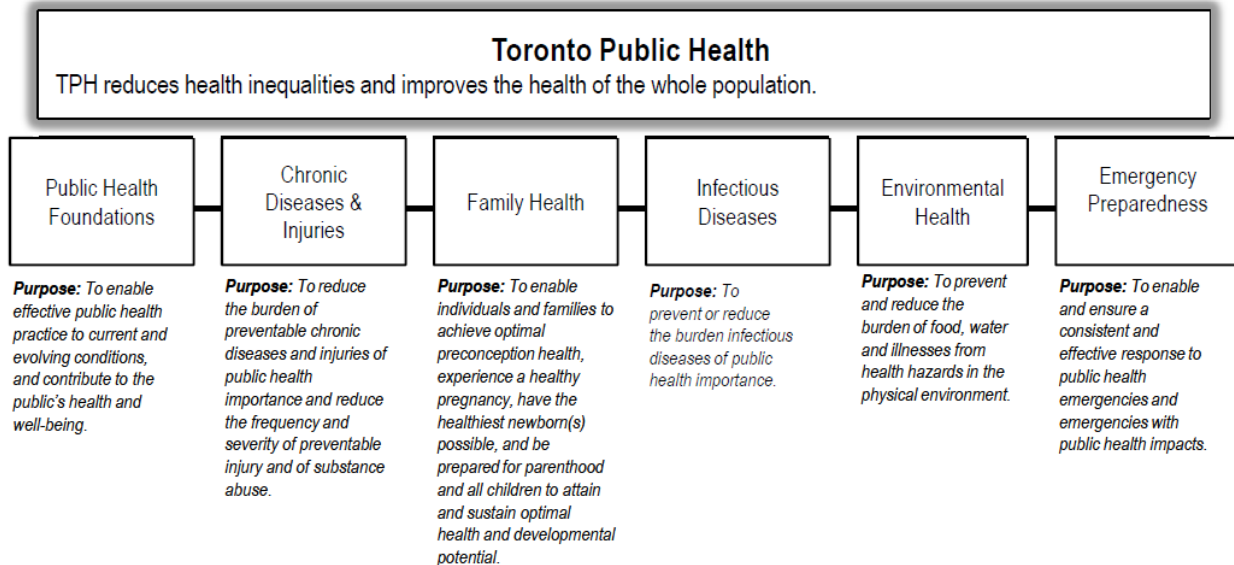


## **Part I:**

2015 – 2017

Service Overview and  
Plan

# Program Map



**Service Customers**

Chronic Disease & Injuries	Family Health	Public Health Emergency Preparedness	Environmental Health
<ul style="list-style-type: none"> <li>• Children</li> <li>• Youth</li> <li>• Adults</li> <li>• Seniors</li> <li>• Employers</li> <li>• Community Agencies &amp; Organizations</li> <li>• Educational Institutions</li> <li>• Families</li> <li>• Employees</li> <li>• Neighbourhoods</li> <li>• City of Toronto Population</li> </ul>	<ul style="list-style-type: none"> <li>• Community Partners</li> <li>• Healthcare Providers</li> <li>• Children 0 to 6 years of age</li> <li>• Parents / Guardians</li> <li>• Caregivers</li> <li>• Community Partners</li> <li>• Families</li> <li>• Neighbourhoods</li> <li>• City of Toronto</li> <li>• Pregnant women and their partners</li> <li>• Youth &amp; Adults in their childbearing years</li> </ul>	<ul style="list-style-type: none"> <li>• TPH Staff</li> <li>• other City divisions</li> <li>• emergency response agencies</li> <li>• community partners</li> <li>• Public</li> <li>• Emergency victims</li> <li>• Health care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Drinking water and recreational water operators</li> <li>• Water consumers</li> <li>• Recreational water users</li> <li>• General Public</li> <li>• Food preparation / handling / processing operator</li> <li>• Health hazard violator</li> <li>• Food consumer</li> <li>• Health Hazard Violator</li> </ul>
<p><b>Infectious Diseases</b></p> <ul style="list-style-type: none"> <li>• Individuals with known or suspected reportable infectious diseases</li> <li>• Individuals who are at risk for a reportable infectious disease</li> <li>• Health care providers, hospitals, long-term care homes, retirement homes, correctional facilities and community partners.</li> <li>• Operators of personal service settings (incl. tattoo parlours, barbershops/salons, acupuncture, aestheticians, etc)</li> <li>• Licensed day nurseries operators.</li> <li>• Funeral Home operators.</li> <li>• Local public health agencies across Ontario</li> <li>• Toronto Police, Fire and EMS</li> <li>• Individuals who are at risk for a vaccine preventable disease</li> <li>• Students age 4 – 18 years old</li> <li>• General Public</li> <li>• Health care providers</li> <li>• Parents &amp; guardians</li> <li>• School Boards</li> <li>• Ministry of Health and Long Term – Care</li> <li>• Board of Health</li> <li>• Media</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals with rabies</li> <li>• Individuals who are at risk for rabies</li> <li>• Health care providers, and community partners (incl. media)</li> <li>• General public</li> <li>• Ministry of Health and Long-Term Care</li> <li>• General public, boards of education, schools, workplaces, health care providers, parents &amp; guardians.</li> <li>• Customers of Personal Services (barbershops, hair salons, body piercing and tattooing, nail salons, acupuncture, aesthetics, etc) and staff who provide these personal services.</li> <li>• Residents and staff of Long-Term Care Homes, Retirement Homes and Rooming Houses and hospital patients and staff.</li> <li>• Children attending, and staff working at, licensed Day Nurseries and parents of these children.</li> <li>• General public, health care providers</li> <li>• Individuals with known or suspected tuberculosis</li> <li>• Individuals who are at risk for tuberculosis</li> <li>• Health care providers, and community partners (e.g. shelters, correctional facilities, tuberculosis clinics, Citizenship and Immigration Canada)</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals with known or suspected communicable infections (sexually transmitted/blood-borne infections)</li> <li>• Individuals who are at risk for a preventable communicable infection (sexually transmitted/blood-borne infections)</li> <li>• Youth at risk for unwanted pregnancy</li> <li>• Youth at risk for gender-based violence</li> <li>• Health care providers, hospitals, schools, and community agencies</li> <li>• Personal Service Setting Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.)</li> <li>• Local Public Health agencies across Ontario</li> <li>• Ministry of Health and Long -Term Care</li> <li>• General public, boards of education, schools, agencies, workplaces, health care providers, parents &amp; guardians</li> <li>• Customers of Personal Services Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.)</li> </ul>	

## 2015 Service Deliverables

The 2015 Recommended Operating Budget of \$251.182 million gross and \$55.929 million net for Toronto Public Health will enable the Program to:

- Ensure services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response.
- Respond to approximately 34,000 cases of reportable/communicable diseases.
- Inspect 3,800 critical and semi-critical personal services settings (PSS) and 1,065 licensed child care facilities.
- Provide infection prevention and control liaison services to 20 hospital sites, 17 complex continuing care/rehab sites, 87 Long-Term Care Homes, 4 correctional facilities, 4 school boards and 65 shelters, 1065 licensed child care centers.
- Partner with approximately 42 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. 300 naloxone training sessions offered annually. Over 50 people administered naloxone to people overdosing on opioids with a positive outcome.
- Record over 75,000 visits to the Needle Exchange, reach 30,000 community clients through sexual health promotion and assist 30,000 Ontario callers through the AIDS and Sexual Health InfoLine.
- Complete an assessment for cold chain compliance for 1,400 Toronto premises which store publically funded vaccines and for 700 pharmacies applying to the Universal Influenza Immunization Program (UIIP).
- Complete 32,000 food safety inspections of food premises.
- Inspect 1,611 recreational facilities by completing 5,148 inspections and distribute resources to increase swimming pool safety awareness among newcomers.
- Treat 352,164 catch basins in environmentally sensitive areas through a service contract. Set a minimum of 43 mosquito traps across the city and monitor from June until September; conduct tick dragging in areas of concern.
- Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety, and injury prevention).
- Reach 100 schools and 2,000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 40% of participating schools will be in their second year or more of participation.
- Provide CDI Services to youth (to build positive health behaviours) using a youth engagement approach such that 20% of identified youth-serving agencies receive a CDI consultation; 10% of youth-serving agencies that receive a CDI consultation will receive an additional CDI service;



and 50% of youth-serving agencies that receive a CDI consultation will reach a prioritized youth population.

- Engage 6,160 adults in 146 walking promotion pedometer lending programs, promoting through libraries, workplaces, and community sites.
- Provide one school nurse liaison for each of the ~800 schools in Toronto (ratio: 1:30, provincial average is 1:15) and injury prevention education to 3,500 elementary-aged children.
- Provide education and training to 475 health care providers and caregiver on falls prevention from 85 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years) (17% of agencies serving seniors in Toronto will send health care providers to be trained on Falls Prevention).
- Educate 2,700 older adults through 75 falls prevention presentations / events.
- Reach an estimated 400,000 adults through substance misuse prevention communication campaign activities to promote the national Low-Risk Alcohol Drinking Guidelines and 43,000 children and youth with substance misuse prevention programs (grant initiatives sponsored by the Toronto Urban Health Fund).
- Deliver peer leader training to youth to enable them to effectively educate their peers in injury and substance misuse prevention. Provide training for 700 peer leaders in schools, post-secondary institutions, community agencies and through community grant initiatives sponsored by the TUHF to reach 24,000 children and youth.
- Provide 20,000 individual telephone counseling calls and 19,000 face to face interactions for breastfeeding support and develop an app to address preconception, pregnancy, breastfeeding and parenting.
- Deliver group prenatal education to 2,200 pregnant women at the Canada Prenatal Nutrition Program.
- Deliver group parenting education to 5,650 parents with 35% of groups delivered in neighbourhoods targeted through City of Toronto Strong Neighbourhoods Strategy.
- Pilot Healthy Baby Health Children / Infant Hearing Program Screening Model in hospitals.



**Table 1**  
**2015 Recommended Operating Budget and Plan by Service**

(In \$000s)	2014		2015 Recommended Operating Budget			2015 Rec'd vs. 2014		Incremental Change 2016 and 2017 Plan			
	Approved Budget	Projected Actual	2015 Rec'd Base	2015 Rec'd New/Enhanced	2015 Rec'd Budget	Budget Approved Changes		2016		2017	
	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%
<b>By Service</b>											
<b>Chronic Diseases &amp; Injuries</b>											
Gross Expenditures	41,546.2	40,714.1	33,872.5	169.7	34,042.2	(7,504.0)	(18.1%)	(485.2)	(1.4%)	142.6	0.4%
Revenue	31,996.6	31,199.1	24,776.8	34.3	24,811.1	(7,185.5)	(22.5%)	(599.8)	(2.4%)	20.0	0.1%
<b>Net Expenditures</b>	<b>9,549.6</b>	<b>9,515.0</b>	<b>9,095.7</b>	<b>135.4</b>	<b>9,231.1</b>	<b>(318.5)</b>	<b>(3.3%)</b>	<b>114.7</b>	<b>1.2%</b>	<b>122.6</b>	<b>1.3%</b>
<b>Emergency Preparedness</b>											
Gross Expenditures	3,002.6	2,942.5	3,159.3	10.3	3,169.6	167.0	5.6%	(54.5)	(1.7%)	5.6	0.2%
Revenue	2,281.3	2,224.4	2,410.3	10.3	2,420.6	139.3	6.1%	(58.7)	(2.4%)	3.0	0.1%
<b>Net Expenditures</b>	<b>721.3</b>	<b>718.1</b>	<b>749.1</b>		<b>749.1</b>	<b>27.7</b>	<b>3.8%</b>	<b>4.2</b>	<b>0.6%</b>	<b>2.6</b>	<b>0.3%</b>
<b>Environmental Health</b>											
Gross Expenditures	24,650.6	24,156.9	23,982.5	103.0	24,085.5	(565.1)	(2.3%)	(66.8)	(0.3%)	(166.8)	(0.7%)
Revenue	19,084.2	18,608.6	18,480.9	103.0	18,583.8	(500.4)	(2.6%)	(76.3)	(0.4%)	(165.3)	(0.9%)
<b>Net Expenditures</b>	<b>5,566.4</b>	<b>5,548.3</b>	<b>5,501.6</b>		<b>5,501.6</b>	<b>(64.7)</b>	<b>(1.2%)</b>	<b>9.5</b>	<b>0.2%</b>	<b>(1.5)</b>	<b>0.0%</b>
<b>Family Health</b>											
Gross Expenditures	91,001.2	89,178.7	98,500.6	128.1	98,628.7	7,627.5	8.4%	(451.7)	(0.5%)	636.5	0.6%
Revenue	71,649.4	69,863.6	82,376.0	2.1	82,378.1	10,728.7	15.0%	(603.3)	(0.7%)	488.5	0.6%
<b>Net Expenditures</b>	<b>19,351.8</b>	<b>19,315.0</b>	<b>16,124.6</b>	<b>126.0</b>	<b>16,250.6</b>	<b>(3,101.2)</b>	<b>(16.0%)</b>	<b>151.6</b>	<b>0.9%</b>	<b>148.0</b>	<b>0.9%</b>
<b>Infectious Diseases</b>											
Gross Expenditures	68,114.4	66,750.2	62,615.2	196.9	62,812.1	(5,302.2)	(7.8%)	(410.4)	(0.7%)	(423.9)	(0.7%)
Revenue	54,635.4	53,273.7	49,214.3	168.8	49,383.1	(5,252.3)	(9.6%)	(462.6)	(0.9%)	(456.9)	(0.9%)
<b>Net Expenditures</b>	<b>13,479.0</b>	<b>13,476.5</b>	<b>13,400.9</b>	<b>28.1</b>	<b>13,429.0</b>	<b>(49.9)</b>	<b>(0.4%)</b>	<b>52.2</b>	<b>0.4%</b>	<b>33.0</b>	<b>0.2%</b>
<b>Public Health Foundations</b>											
Gross Expenditures	19,317.2	18,930.3	28,314.0	129.8	28,443.9	9,126.7	47.2%	712.9	2.5%	847.2	2.9%
Revenue	13,003.0	12,678.9	17,676.8		17,676.8	4,673.8	35.9%	565.7	3.2%	709.6	3.9%
<b>Net Expenditures</b>	<b>6,314.2</b>	<b>6,251.4</b>	<b>10,637.2</b>	<b>129.8</b>	<b>10,767.1</b>	<b>4,452.9</b>	<b>70.5%</b>	<b>147.2</b>	<b>1.4%</b>	<b>137.5</b>	<b>1.3%</b>
<b>Total</b>											
Gross Expenditures	247,632.2	242,672.7	250,444.2	737.8	251,182.0	3,549.8	1.4%	(755.6)	(0.3%)	1,041.1	0.4%
Revenue	192,650.0	187,848.4	194,935.1	318.4	195,253.5	2,603.5	1.4%	(1,235.0)	(0.6%)	599.0	0.3%
<b>Total Net Expenditures</b>	<b>54,982.2</b>	<b>54,824.3</b>	<b>55,509.1</b>	<b>419.4</b>	<b>55,928.5</b>	<b>946.3</b>	<b>1.7%</b>	<b>479.4</b>	<b>0.9%</b>	<b>442.1</b>	<b>0.8%</b>
<b>Approved Positions</b>	<b>1,877.0</b>	<b>1,780.0</b>	<b>1,870.6</b>	<b>1.5</b>	<b>1,872.1</b>	<b>(5.0)</b>	<b>(0.3%)</b>	<b>(21.3)</b>	<b>(1.1%)</b>	<b>0.7</b>	<b>0.0%</b>

The 2015 Recommended Operating Budget for Toronto Public Health is \$251.182 million gross and \$55.929 million net. The net budget increased by \$0.946 million or 1.7% due to the following:

- All 6 services for Toronto Public Health are experiencing base budget pressures due primarily to inflationary cost increases in salary and benefits totaling \$0.681 million net, general inflationary increases of \$0.023 million net in other non-salary accounts as well as the annualized impact of \$0.126 million net for new and enhanced service priorities approved in 2014. Other general cost inflationary increases of \$0.028 million for Toronto Urban Health Fund and Sexual Health Clinic Services are further driving the costs for *Chronic Disease & Prevention Service* and *Infectious Disease Service*.
- To help mitigate the above base pressures of \$0.840 million net, the Program was able to achieve line by line review savings of \$0.030 million net across all services. Other savings include revenue adjustments of \$0.283 million net, specific to the *Family Health Services* as a result of the transfer

of cost shared dental programs to 100% Provincially funded integrated Low Income Dental Program (LIDP).

- As a result, Toronto Public Health's 2015 Recommended Base Budget increased by an incremental \$0.527 million net or 1% over the 2014 Approved Operating Budget.
- The 2015 Recommended Operating Budget includes funding of \$0.419 million net for 3 New and Enhanced Services including; enhanced funding of \$0.038 million net for the cost-shared Toronto Urban Health Fund program to address funding shortfalls primarily related to youth resiliency grants; funding of \$0.382 million net to cover the inflationary cost of food increase for the 100% City funded, Student Nutrition Program; and, one-time funding of \$0.206 million gross and \$0 net from TO2015/Ontario for participation and provision of increased PH services during 2015 Pan Am Games.
- The 2016 and 2017 Plans reflect the inflationary cost increases for progression pay, step and fringe benefits, as well as anticipated cost of food increase based on the Nutritious Food Basket for the Student Nutrition Program. As 2016 is a collective bargaining year, no cost of living allowance estimate has been included.

Approval of the 2015 Recommended Operating Budget will result in Toronto Public Health reducing its total staff complement by 4.95 positions from 1,877 to 1,872.1, as highlighted in the table below:

**Table 2**  
**2015 Recommended Total Staff Complement**

Changes	2015 Budget							Plan	
	Chronic Diseases & Injuries	Emergency Preparedness	Environmental Health	Family Health	Infectious Diseases	Public Health Foundations	Total	2016	2017
<b>2014 Approved Complement</b>	295.8	24.4	203.8	688.3	525.2	136.8	1,874.4		
In-year Adjustments	1.2	0.2	1.4	1.1	(0.9)	(0.4)	2.7		
<b>Adjusted 2014 Staff Complement</b>	297.0	24.6	205.2	689.4	524.4	136.4	1,877.0	1,872.1	1,850.8
<b>Recommended Change in Staff Complement</b>									
Technical Adjustment/FA	(46.6)	1.2	(4.6)	(14.3)	(20.1)	84.5			
Prior Year Impact	(0.1)	(0.1)	(1.0)	(0.0)	(0.8)	(1.0)	(3.0)		
Capital Project Delivery	(0.8)	(0.1)	(3.5)	(0.7)	(1.9)	1.6	(5.4)	(18.9)	0.7
Base Changes	0.0	0.1	0.5	1.0	0.4		1.9	(0.9)	
Service Changes									
New / Enhanced Service Priorities	0.0	0.1	0.8	0.0	0.6		1.5	(1.5)	
<b>Total</b>	<b>249.6</b>	<b>25.8</b>	<b>197.4</b>	<b>675.4</b>	<b>502.5</b>	<b>221.5</b>	<b>1,872.1</b>	<b>1,850.8</b>	<b>1,851.5</b>
<b>Position Change Over Prior Year</b>	<b>(47.4)</b>	<b>1.1</b>	<b>(7.9)</b>	<b>(14.0)</b>	<b>(21.8)</b>	<b>85.1</b>	<b>(4.95)</b>	<b>(21.3)</b>	<b>0.7</b>
<b>% Change Over Prior Year</b>	<b>(15.96%)</b>	<b>4.55%</b>	<b>(3.84%)</b>	<b>(2.03%)</b>	<b>(4.17%)</b>	<b>62.37%</b>	<b>(0.26%)</b>	<b>(1.14%)</b>	<b>0.04%</b>

- The 2015 Base Budget includes an increase of 2.7 positions reflecting several in-year adjustments made in 2014;
- The 2015 Recommended Base Budget includes technical adjustments to staff complement within services, with no overall impact to the total staff complement. These adjustments were necessary to align approved staff complement with the revised Council approved Program Map that is now based on 6 services;
- A decrease of 3.0 positions is the result of reversal of temporary positions for participation in the planning activities for 2015 Pan Am Games and one-time provincial grants received in 2014;

- A decrease of 5.4 positions reflects the deletion of temporary capital-funded positions as a result of completed capital projects;
- Base budget changes result in incremental 1.92 positions reflecting the change from contracted services to one full-time position for the 100% funded Preschool Speech and Language Program and 0.92 temporary positions for participation in the preparation and planning activities for 2015 Pan Am Games; and,
- New and enhanced priority for 1 Pan Am initiative will require 1.5 temporary positions, fully funded from TO2015/Ontario to deliver increased level of PH services to be provided during the 2015 Pan Am Games for health hazard inspections (particularly food, pools and other aquatic facilities) and disease surveillance to prevent risks and address incidents should they occur as well as to provide on-call support outside regular business hours for 30 days while the Games are underway.

The 2015 Recommended Operating Budget includes base expenditure pressures of \$0.858 million net, primarily attributable to salary and non-salary inflationary increases which have been partially offset by \$0.018 million net in recommended base revenue adjustments as detailed below:

**Table 3**  
**Key Cost Drivers**

(In \$000s)	2015 Recommended Operating Budget						Total Rec'd 2015 Base Budget
	Chronic Diseases & Injuries	Emergency Preparedness	Environmental Health	Family Health	Infectious Diseases	Public Health Foundations	
<b>Gross Expenditure Changes (NET)</b>							
<b>Prior Year Impacts</b>							
Annualizations	77.4			9.8	30.1	9.6	126.9
Adjustments to Realign Services	(615.7)	(1.6)	(127.5)	(3,184.8)	(292.8)	4,222.5	
<b>Economic Factors</b>							
Corporate Economic Factors	0.6	0.1	0.5	1.0	1.2	0.4	3.6
Toronto Urban Health Fund (2.25%)	3.7				11.1		14.8
Sexual Health Clinic Service (2.25%)					12.9		12.9
Rental Increases	3.2	0.4	2.5	5.3	5.7	1.9	19.0
<b>COLA and Progression Pay</b>							
COLA and Fringe Benefits	77.4	17.4	60.0	219.7	142.4	134.1	651.1
Progression Pay and Step Increases	23.1	4.6	23.9	71.4	50.0	57.9	231.0
Maintain Gapping	(6.6)	(0.9)	(4.7)	(15.4)	(18.2)	(10.5)	(56.4)
Other Adjustments	(19.4)	18.4	(89.5)	(54.6)	36.0	(35.5)	(144.7)
<b>Other Base Changes</b>							
Realignments	6.8	(10.7)	73.8	29.2	(44.0)	(55.2)	
<b>Total NET Gross Expenditure Changes</b>	<b>(449.5)</b>	<b>27.7</b>	<b>(61.1)</b>	<b>(2,918.3)</b>	<b>(65.7)</b>	<b>4,325.3</b>	<b>858.2</b>
<b>Revenue Changes (NET)</b>							
IDC/IDR	(0.9)	(1.1)	(3.9)	20.2	(1.3)	(2.1)	10.9
Other Revenue Adjustments		(0.2)	(0.8)		(16.7)		(17.8)
User Fees - Inflationary Increase		0.3	2.4		22.3		25.0
<b>Total NET Revenue Changes</b>	<b>(0.9)</b>	<b>(1.0)</b>	<b>(2.3)</b>	<b>20.2</b>	<b>4.3</b>	<b>(2.1)</b>	<b>18.2</b>
<b>Net Expenditure Changes</b>	<b>(448.6)</b>	<b>28.7</b>	<b>(58.8)</b>	<b>(2,938.5)</b>	<b>(70.0)</b>	<b>4,327.4</b>	<b>840.1</b>

Key cost drivers for Toronto Public Health are as follows:

- Prior Year Impacts create a \$0.126 million net pressure on the budget based on the following:

- The annualized impact resulting from 2 new and enhanced service priorities, STI Prevention and Childhood Obesity Program, approved in 2014, has added \$0.126 million pressure to the 2015 Recommended Operating Budget.
- City Council on June 10, 2014, adopted item EX 32.12 "Operating Variance Report for the Three-Month Period Ended March 31, 2014" and in so doing, restated Toronto Public Health's Program Map from 14 services to 6 services. As a result of this change, approximately 50 cost centers' service area (based on percentage) required adjustments, including staff complement. Several technical adjustments to realign gross expenditures and revenues with the 6 new services as per the restated program map are being recommended in the 2015 Operating Budget. Although, there is no overall net impact to the budget, all 6 services have been affected by the reallocation. The net result of these adjustments is an increase of \$4.223 million to Public Health Foundation Service with a corresponding reduction of the net expenditures across the remaining 5 services.
- Non-labour economic factors on expenses add a pressure of \$0.050 million net, primarily in *Chronic Disease & Injuries Service* and *Infectious Diseases Service* due to the inflationary cost increase for the cost-shared Toronto Urban Health Fund and the contractual cost increase for the Sexual Health Clinic Services
- Cost of living adjustments, including contractually obligated cost of living allowance, progression pay and associated fringe benefit adjustments totaling \$0.681 million net are affecting all services.
- Revenue changes include an inflationary increase in user fee revenues of \$0.025 million offset by minor base revenue adjustments of \$0.007 million net.

In order to offset the above pressures, base expenditure changes of \$0.030 million net and base revenue changes of \$0.283 million net are recommended. These changes are detailed in Table 4 below:

**Table 4**  
**2015 Total Recommended Service Change Summary**

Description (\$000s)	2015 Recommended Service Changes												Total Rec'd Service Changes			Incremental Change			
	Chronic Diseases & Injuries		Emergency Preparedness		Environmental Health		Family Health		Infectious Diseases		Public Health Foundations		\$	\$	#	2016 Plan		2017 Plan	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Pos.	Net	Pos.	Net	Pos.		
<b>Base Changes:</b>																			
<b>Base Expenditure Changes</b>																			
Line By Line Review	(20.8)	(5.2)	(3.8)	(0.9)	(23.8)	(5.9)	(22.2)	(5.5)	(32.1)	(8.0)	(17.3)	(4.3)	(120.0)	(30.0)					
<b>Base Expenditure Change</b>	(20.8)	(5.2)	(3.8)	(0.9)	(23.8)	(5.9)	(22.2)	(5.5)	(32.1)	(8.0)	(17.3)	(4.3)	(120.0)	(30.0)					
<b>Base Revenue Changes</b>																			
Change in Funding for Low Income Dental Program to 100%								(283.2)						(283.2)					
<b>Base Revenue Change</b>								(283.2)						(283.2)					
<b>Sub-Total</b>	(20.8)	(5.2)	(3.8)	(0.9)	(23.8)	(5.9)	(22.2)	(288.7)	(32.1)	(8.0)	(17.3)	(4.3)	(120.0)	(313.2)					
<b>Total Changes</b>	(20.8)	(5.2)	(3.8)	(0.9)	(23.8)	(5.9)	(22.2)	(288.7)	(32.1)	(8.0)	(17.3)	(4.3)	(120.0)	(313.2)					

**Base Expenditure Changes (Savings of \$0.120 million gross & \$0.030 million net)***Line by Line Review Savings*

- Savings of \$0.030 million net, realized through a line by line expenditure review to reflect actual experience are recommended.

**Base Revenue Changes (Savings of \$0.283 million net)***Transfer of cost-shared to 100% Provincially Funded program*

- The 2015 Recommended Budget includes savings of \$0.283 million net from the transfer of cost shared dental programs to 100% Provincially funded integrated Low Income Dental Program (LIDP) as these costs are now eligible for full Provincial funding.
  - Cost shared programs that were transferred and are now 100% funded are: Healthy Smiles Ontario (HSO); Children in Need of Treatment (CINOT) and CINOT Expansion; Ontario Works; Ontario Public Health Standards (OPHS) Preventive Oral Health Services; and Ontario Disability Support Program.
  - The Assistance for Children with Severe Disabilities, already 100% Provincially funded was also transferred into the integrated Low Income Dental Program.

**Table 5****2015 Total Recommended New & Enhanced Service Priorities Summary**

Description (\$000s)	New and Enhanced												Total Rec'd Service			Incremental Change				
	Chronic Diseases & Injuries		Emergency Preparedness		Environmental Health		Family Health		Infectious Diseases		Public Health Foundations		\$	\$	Position	2016 Plan		2017 Plan		
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net			#	Net	Pos.	Net	Pos.	
<b>Enhanced Services Priorities</b>																				
Toronto Urban Health Fund	37.5	9.4							112.5	28.1			150.0	37.5						
Student Nutrition Program - Inflation	126.0	126.0					126.0	126.0			129.8	129.8	381.9	381.9		269.2		328.5		
<b>Sub-Total</b>	163.5	135.4					126.0	126.0	112.5	28.1	129.8	129.8	531.9	419.4		269.2		328.5		
<b>New Service Priorities</b>																				
(a) New Services																				
2015 Pan Am Games - Operations	6.2		10.3		103.0		2.1		84.4				205.9		1.5		(1.5)			
<b>Sub-Total</b>	6.2		10.3		103.0		2.1		84.4				205.9		1.5		(1.5)			
<b>Total</b>	169.7	135.4	10.3		103.0		128.1	126.0	196.9	28.1	129.8	129.8	737.8	419.4	1.5	269.2	(1.5)	328.5		

**Recommended Enhanced Service Priorities (\$0.532 million gross & \$0.419 million net)***Toronto Urban Health Fund (\$0.150 million gross and \$0.038 million net)*

- The Toronto Urban Health Fund (TUHF) provides grant funding for projects which address HIV Prevention, Harm Reduction and Youth Resiliency. The recommended additional funding of \$0.038 million net in 2015 will help TPH to address funding shortfalls for projects with funding request renewals and projects in the youth resiliency stream. The funding is cost-shared with the province in 75/25 ratio.
- In 2014, TUHF provided grant funding for 44 applications comprised of 12 new projects and 32 returning projects representing 59% of the total requests. The proportion of funding for the HIV prevention, harm reduction, and youth resiliency stream was 39%/39%/22% respectively. With

the recommended budget enhancement, TUHF will be able to fund 63% of requests, equivalent to 49 applications and the funding proportion will be 38%/38%/24%.

- The youth resiliency stream will increase the number of projects to 15 from 12 and will maintain 6 projects in the South, and scale up 5 projects in the North and 4 projects in the East.

*Student Nutrition Program – Food cost Inflationary Increase (\$0.382 million gross and net)*

- The 2015 Recommended Operating Budget provides additional funding of \$0.382 million gross and net to cover the inflationary cost of food increase of 5.4% based on the Nutritious Food Basket survey results for Toronto.
- This increase will allow currently funded student nutrition programs to keep pace with the increasing costs of food in order to maintain their same level of service to their communities.
- In 2014, an estimated 155,484 Toronto children and youth are expected to access 681 municipally funded student nutrition programs in 501 school communities located in all City Wards. A late application and appeals process, to be completed by December 31, 2014, will slightly alter these numbers.
- This funding supports year 3 of the 5-year Student Nutrition plan approved by the Board of Health in 2012 to keep the municipal investment in student nutrition programs synchronized with annual cost of food increases.

**Recommended New Service Priorities** (\$0.206 million gross & \$0 net)

*Pan Am Games - Operations (\$0.206 million gross and \$0 net and increase of 1.5 positions)*

- One-time funding, to be fully reimbursed from TO2015/Ontario is recommended to enable TPH to deliver services over its current service levels at various Pan Am Games venues and event sites during the Pan Am Games (June 1 to August 30th).
- TPH will provide service during the Pan Am Games to standards as prescribed by the Ontario Health Protection and Promotion Act, the Ontario Public Health Standards and the City of Toronto Municipal Code, towards health hazard inspections (particularly food, pools and other aquatic facilities) and disease surveillance to prevent risks and address incidents should they occur.
- The increased funding also covers the cost of overtime to provide on-call support outside regular business hours for inspection, disease surveillance and crisis supports for 30 days while the Games are underway.

Approval of the 2015 Recommended Base Budget for Toronto Public Health will result in a 2016 incremental cost of \$0.479 million net and a 2017 incremental cost of \$0.442 million net to maintain the 2015 level of service as discussed in the following section.

**Table 6**  
**2016 and 2017 Plan by Program**

Description (\$000s)	2016 - Incremental Increase					2017 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
<b>Known Impacts:</b>										
Fringe Benefits and Gapping	337.2	242.5	94.8	0.17%		329.7	251.7	78.0	0.14%	
Progression Pay & Step Increases	567.8	432.0	135.8	0.24%		202.0	152.5	49.5	0.09%	
Annualization	10.9	10.9								
Capital Project Delivery	(1,414.9)	(1,414.9)			(18.9)	157.5	157.5			0.7
Adjustment to One-Time Funding	(164.5)	(164.5)								
Reversal of Pan Am Games	(380.2)	(380.2)			(2.4)					
<b>Sub-Total</b>	<b>(1,043.6)</b>	<b>(1,274.2)</b>	<b>230.6</b>	<b>0.41%</b>	<b>(21.3)</b>	<b>689.1</b>	<b>561.6</b>	<b>127.5</b>	<b>0.23%</b>	<b>0.7</b>
<b>Anticipated Impacts:</b>										
SNP Inflation Increase	269.2		269.2	0.48%		328.5		328.5	0.58%	
IDC Increases	18.8	16.6	2.2	0.00%		19.0	14.2	4.7	0.01%	
Economic Factors						4.6	0.2	4.3	0.01%	
User Fees		22.5	(22.5)	(0.04%)			23.0	(23.0)	(0.04%)	
<b>Sub-Total</b>	<b>288.0</b>	<b>39.2</b>	<b>248.9</b>	<b>0.44%</b>		<b>352.0</b>	<b>37.4</b>	<b>314.6</b>	<b>0.56%</b>	
<b>Total Incremental Impact</b>	<b>(755.6)</b>	<b>(1,235.0)</b>	<b>479.4</b>	<b>0.86%</b>	<b>(21.3)</b>	<b>1,041.1</b>	<b>599.0</b>	<b>442.1</b>	<b>0.78%</b>	<b>0.7</b>

Future year incremental costs are primarily attributable to the following:

#### Known Impacts

- Progression pay, step, fringe benefits and gapping increases will result in increased pressure of \$0.231 million net in 2016 and \$0.128 million net in 2017. Since 2016 is a collective bargaining year, no estimate of cost of living allowance is included.
- Annualized impact of \$0.011 million for the 100% provincially funded programs including the on-going Nobody's Perfect program will be fully offset by \$0.011 million in additional revenues.
- Salary and benefit costs will be reduced by \$1.415 million gross and \$0 net following the planned completion of capital projects in 2016.

#### Anticipated Impacts

- The anticipated impact of \$0.249 million in 2016 and \$0.315 million in 2017 is comprised of the following:
  - The inflationary cost of food increase will result in incremental cost of \$0.269 million in 2016 and \$0.329 million in 2017 for the Student Nutrition Program and is based on the 5-year plan included in the report HL34.16 titled "*Student Nutrition Program: Five-Year Plan Status Update and 2015 Operating Budget Request*" which was approved by the Board of Health at its meeting of November 17, 2014.
- Other inflationary fee rate changes will result in savings of \$0.023 million in future years.





## **Part II:**

2015 Recommended  
Budget by Service

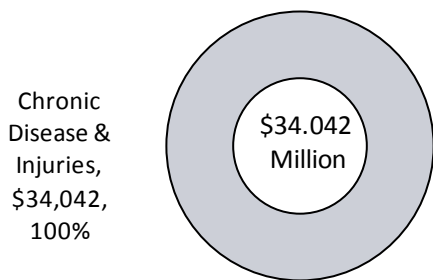
# Chronic Diseases and Injuries



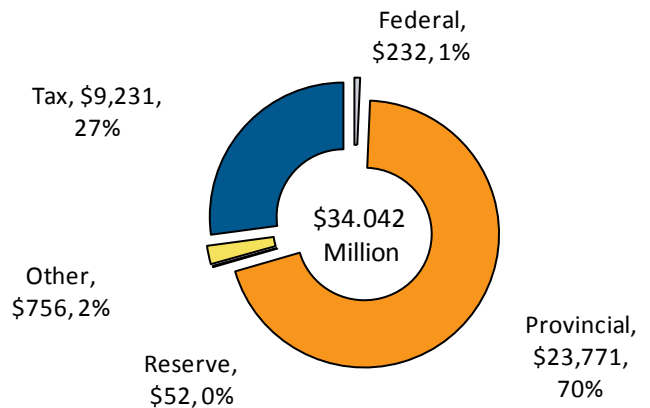
## What We Do

- Promote behaviours that reduce the risk of chronic disease.
- Provide support to low income Torontonians to eat sufficient and nutritious food given income inadequacies.
- Delivers promotion and prevention campaigns and services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse prevention.

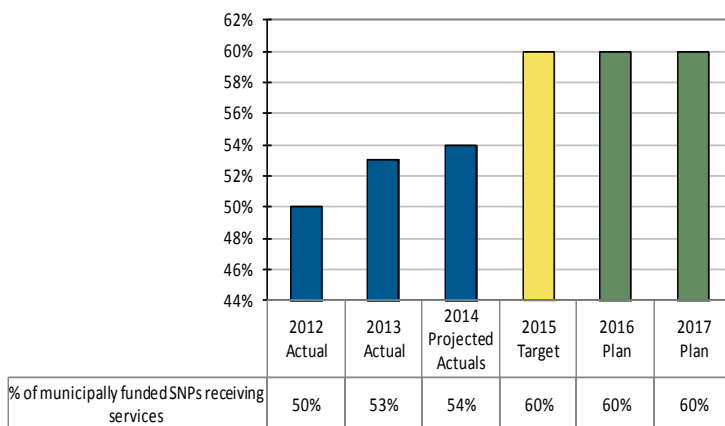
### 2015 Service Budget by Activity (\$000s)



### Service by Funding Source (\$000s)



### Percentage (%) of Municipally Funded Student Nutrition Program receiving menu analysis, nutrition education, food skills/literacy and referral services



- TPH strives to provide at least 60% of municipally funded SNP's with a Registered Dietitian (RD) consultation.
- With enhanced funding for SNP, the number of school sites will increase incrementally from 688 in 2013, to 769 in 2016.
- TPH efforts are focussed on newer schools and those that have not met nutrition standards in the past and TPH expects to be on target in 2015.

## 2015 Service Levels Chronic Diseases and Injuries

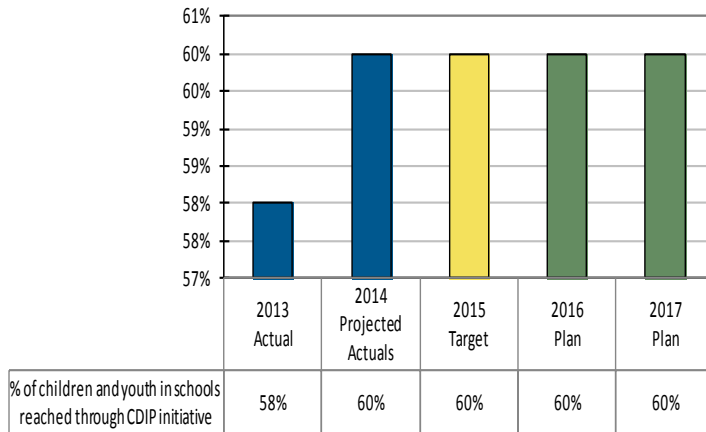
The 2015 Recommended Service Levels presented below are currently under review and will be modified to be more concise. The revised Service levels will be presented as part of the 2016 budget process.

Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 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.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 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.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 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.	1. <b>Conduct</b> systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. <b>Complete</b> Nutritious Food Basket measure and survey tool annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.
Health Promotion and Policy Development		Approved	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. 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). Provided comprehensive workplace health assessments and chronic disease services to 716 workplaces (with over 300 employees each) reaching over 101,548 employees. 2. Limited outreach to restaurants. 3. Partnered with 204 youth serving agencies to provide youth engagement initiatives and reached 16,480 youth. 3.-5. 1,450 adults reached through the diabetes assessment and prevention programs (approximately 45% of high risk adults). 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. Provided 83 workshops (healthy eating, food skills, physical activities and cancer screening) for 1,200 adults from priority populations. 7. Received 2,268 telephone calls through the Central Intake Line, requesting chronic disease prevention related	Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety). Reach 2000 peer leaders in 100 elementary schools participating in Playground Activity Leaders in Schools (PALS) programs, including 50% of participating schools in their second year or more of participation. Provide menu analysis, nutrition education, food skills/literacy training and community referral services to 60% of municipally funded Student Nutrition Programs. Train 600 Youth Leaders and 200 of their Adult Allies from youth-serving agencies in diverse communities in the areas of youth engagement, healthy eating, active living, tobacco use prevention, self-esteem and resiliency. Partner with at least 100 youth-serving agencies to reach over 15,000 youth through established projects such as the Youth Health Action Network, TPH Youth Grants, Be Your Best Self social media platforms). Engage and educate 24,800 people through Cancer Prevention/Screening interventions (including community presentations/displays to underscreened populations, agency training and support, peer leader training, specific promotion of mammograms in ethnic and community newspapers). Train 160 peer leaders in diabetes education; reach 3,100 people at risk of developing type 2 diabetes directly by trained peer leaders and reach 240,000 people at risk with awareness raising through social marketing. Refer workplaces participating in Health Options at Work to at least 50 TPH services.	Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety). Reach 2000 peer leaders in 100 elementary schools participating in Playground Activity Leaders in Schools (PALS) programs, including 50% of participating schools in their second year or more of participation. Provide menu analysis, nutrition education, food skills/literacy training and community referral services to 60% of municipally funded Student Nutrition Programs. Train 600 Youth Leaders and 200 of their Adult Allies from youth-serving agencies in diverse communities in the areas of youth engagement, healthy eating, active living, tobacco use prevention, self-esteem and resiliency. Partner with at least 100 youth-serving agencies to reach over 15,000 youth through established projects such as the Youth Health Action Network, TPH Youth Grants, Be Your Best Self social media platforms). Engage and educate 24,800 people through Cancer Prevention/Screening interventions (including community presentations/displays to underscreened populations, agency training and support, peer leader training, specific promotion of mammograms in ethnic and community newspapers). Train 160 peer leaders in diabetes education; reach 3,100 people at risk of developing type 2 diabetes directly by trained peer leaders and reach 240,000 people at risk with awareness raising through social marketing. Refer workplaces participating in Health Options at Work to at least 50 TPH services.	1. Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives. Reach 100 schools and 2000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS) w/ 40% of participating schools in their second year or more of participation. 2. <b>Provide CDI Services to youth such that 20% of identified youth-serving agencies receive a CDI consultation, 10% of which will receive an additional CDI service, and 50% of which will reach a prioritized youth population. Train 100 peer leaders in diabetes prevention, screening and education; reach 2,000 people at risk of developing type 2 diabetes through trained peer leaders; screen 900 people who may be at risk of type 2 diabetes; work with 80 community agencies and workplaces on diabetes prevention activities.</b> 3. <b>Provide at least 85 TPH services to workplaces participating in Health Options at Work. Engage 6160 adults in 146 walking promotion pedometer lending programs through libraries, workplaces, &amp; community sites. Achieve greater than 75% completion rate for tobacco inspections for Display and Promotion. Provide one school nurse liaison for each of the ~800 schools in Toronto (ratio: 1:30, provincial average is 1:15).</b>
Health Protection		Approved	Completed 9,123 tobacco enforcement inspections (in food premises, tobacco vendors and work/public places); laid 435 charges resulting in approximately \$85,000 in fines (revenue for the City); and issued 2,432 warnings. Conducted several joint enforcement operations (related to contraband tobacco) with the RCMP, Toronto Police, Alcohol and Gaming L1770/Ministry of Revenue (over 200 referrals of contraband tobacco to the Ontario Ministry of Revenue); and 200 premises inspected for contraband tobacco products	1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display & promotion/bars & restaurants etc) 2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (ie schools, community and recreation centres) 3. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. 5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending/based on the frequency and severity of non-compliance.	1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display & promotion/bars & restaurants etc) 2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (ie schools, community and recreation centres) 3. Maintain compliance checks of schools. 4. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. 5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending/based on the frequency and severity of non-compliance.	1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display & promotion/bars & restaurants etc) 2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (i.e. schools, community and recreation centres) 3. <b>Maintain compliance checks of schools and high risk workplaces.</b> 4. Refer complaints about contraband to the Ministry of Revenue. 5. <b>Provide written notice, offence notice or summons for all (100%) documented infractions depending/based on the frequency and severity of non-compliance.</b>
Partnership Funding	Student Nutrition Program	Approved	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).	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).	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).	<b>Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs in the 2014/2015 school year.</b>
Assessment and Surveillance		Approved	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.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	<b>Conduct</b> systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.

Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Health Promotion and Policy Development		Approved	<p>1. Maintained and fostered over 200 drug prevention partnerships. 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. Worked with eight community partners and trained 130 allied health professionals that service 69,000 seniors. 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 substance misuse prevention partnerships. 2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, a total of 800 peer leaders were trained from elementary, middle, secondary and post secondary institutions and the community to reach approximately 41,000 children and youth. 3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)</p>	<p>1. Maintained and fostered over 200 substance misuse prevention partnerships. 2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, a total of 800 peer leaders were trained from elementary, middle, secondary and post secondary institutions and the community to reach approximately 41,000 children and youth. 3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)</p>	<p>1. Collaborate with 300 partners (including schools, libraries, community agencies, funded agencies, worksites, networks/coalitions, government and NGO stakeholders) to develop and deliver SMP services and programs. 2. Deliver peer leader training to youth to enable them to effectively educate their peers in injury and substance misuse prevention. Provide training for approximately 700 peer leaders in schools, post-secondary institutions, community agencies and through community grant initiatives sponsored by the Toronto Urban Health Fund to reach 24,000 children and youth. 3. Reach 43,000 children and youth with substance misuse prevention programs and community led grant initiatives sponsored by the THUF 4. Reach an estimated 400,000 adults through a public awareness campaign to promote the Low-Risk Alcohol Drinking Guidelines</p>
Health Protection		Approved	<p>Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2,048 people. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2,121 people. Worked with libraries to host parenting programs and youth programs focussed on substance misuse. Worked with 15 community partners to address substance misuse. Provided four education sessions at four post-secondary institutions, reaching 180 peer leaders.</p>	<p>1. Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2000 people (projection). 2. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2269 people 3. Worked with libraries to host parenting programs and youth programs focussed on substance misuse.</p>	<p>1. Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2000 people (projection). 2. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2269 people 3. Worked with libraries to host parenting programs and youth programs focussed on substance misuse.</p>	<p>1. Provide injury prevention education (including wheel safety and concussion prevention) to 3500 elementary-aged children. 2. Provide education and training to 475 health care providers and caregiver on falls prevention from 85 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years) (17% of agencies serving seniors in Toronto will send health care providers to be trained on Falls Prevention). 3. Educate 2,700 older adults through 75 falls prevention presentations / events.</p>
Partnership Funding	Drug Prevention Community Investment Program	Approved	Funded 38 community drug prevention projects.	Funded 26 community drug prevention projects.	Funded 26 community drug prevention projects.	Funded 16 community drug prevention projects.

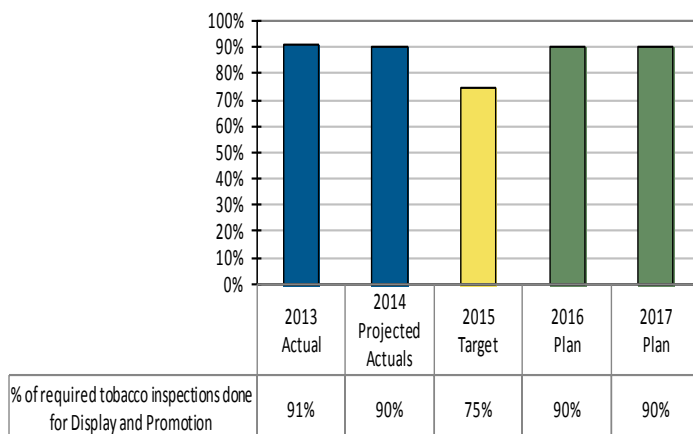
## Service Performance

### Effectiveness Measure – Percentage (%) of children and youth in schools reached through CDIP initiative



- Schools are the ideal setting to reach children and youth with chronic disease and injury prevention initiatives.
- Given the number of schools in Toronto and limited resources TPH strives to reach 60% of schools, with special emphasis given to schools in priority neighbourhoods.
- CDIP is striving to increase the number of services provided within each school reached with a target of at least 2 services in each school.

### Effectiveness Measure - Percentage (%) of required tobacco inspections done for Display and Promotion



- Tobacco inspections are done to increase owner/operator awareness and compliance with legislative requirements.
- Tobacco Enforcement Officers (TEO's) are challenged annually to inspect all 3,240 vendors in the City of Toronto.
- In 2015, the performance is expected to drop to 75% due to the shift in focus on 2015 Pan Am Games and is expected to return to 90% performance level in 2016.

Table 7

2015 Recommended Service Budget by Activity

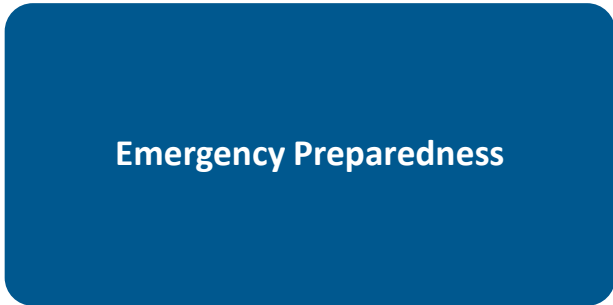
(\$000s)	2014	2015 Recommended Operating Budget							Incremental Change						
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget	2015 Rec'd Budget vs. 2014 Budget		2016 Plan		2017 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
<b>GROSS EXP.</b>															
Chronic Diseases & Injuries	41,546.2	33,893.3	(20.8)	33,872.5	(7,673.7)	(18.5%)	169.7	34,042.2	(7,504.0)	(18.1%)	(485.2)	(1.4%)	142.6	0.4%	
<b>Total Gross Exp.</b>	41,546.2	33,893.3	(20.8)	33,872.5	(7,673.7)	(18.5%)	169.7	34,042.2	(7,504.0)	(18.1%)	(485.2)	(1.4%)	142.6	0.4%	
<b>REVENUE</b>															
Chronic Diseases & Injuries	31,996.6	24,792.4	(15.6)	24,776.8	(7,219.8)	(22.6%)	34.3	24,811.1	(7,185.5)	(22.5%)	(599.8)	(2.4%)	20.0	0.1%	
<b>Total Revenues</b>	31,996.6	24,792.4	(15.6)	24,776.8	(7,219.8)	(22.6%)	34.3	24,811.1	(7,185.5)	(22.5%)	(599.8)	(2.4%)	20.0	0.1%	
<b>NET EXP.</b>															
Chronic Diseases & Injuries	9,549.6	9,100.9	(5.2)	9,095.7	(453.9)	(4.8%)	135.4	9,231.1	(318.5)	(3.3%)	114.7	1.2%	122.6	1.3%	
<b>Total Net Exp.</b>	9,549.6	9,100.9	(5.2)	9,095.7	(453.9)	(4.8%)	135.4	9,231.1	(318.5)	(3.3%)	114.7	1.2%	122.6	1.3%	
<b>Approved Positions</b>	297.0	249.5		249.5	(47.5)	(16.0%)		249.5	(47.5)	(16.0%)					

The 2015 Recommended Operating Base Budget for Chronic Diseases & Injuries Service of \$33.873 million gross and \$9.096 million net is \$0.454 million or 4.8% below the 2014 Approved Net Budget.

The **Chronic Disease & Injuries Service** promotes behaviors that reduce the risk of chronic disease and provides support to low income Torontonians to eat sufficient and nutritious food given income inadequacies. This service primarily:

- Delivers promotion and prevention campaigns and services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse Prevention.
- The Chronic Disease & Injuries service provides funding in part for the 100%, City funded, Student Nutrition Program as well as for the Toronto Urban Health fund (TUHF), formerly referred to as the AIDS Prevention and Drugs Prevention Community Partnership Investment Program. As the base budget for these two programs is not funded through any discreet service, more than one service is experiencing the impact of inflationary cost increases for the TUHF program as well as the increasing food costs for the Student Nutrition program.
- Base budget pressures in Chronic Disease & Injuries Service are due mainly to inflationary cost increases related to the negotiated collective agreement for salaries and benefits totaling \$0.074 million net and the annualized impact of \$0.077 million net due to the prior year approval of the new service priority, Preventing Childhood Obesity, that was partially implemented in 2014.
- These base budget pressures were offset by line by line review savings of \$0.005 million net to reflect actual experience and technical adjustment of \$0.616 million net required to realign expenditures according to the revised Program Map which is now based on 6 services.
- The 2015 Recommended Operating Budget for Chronic Disease & Injuries service includes funding of \$0.135 million net to fund 2 new and enhanced service priorities: \$0.009 million net to fund the cost-shared Toronto Urban Health Fund program and \$0.126 million net for the 100% City-funded Student Nutrition Program. New funding of \$0.006 million gross is recommended for participation during the Pan Am Games which will be recovered from TO2015/Ontario.

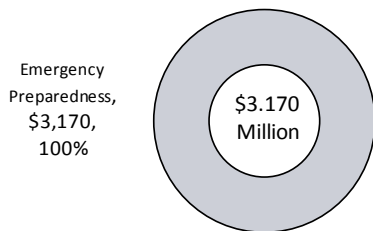
## Emergency Preparedness



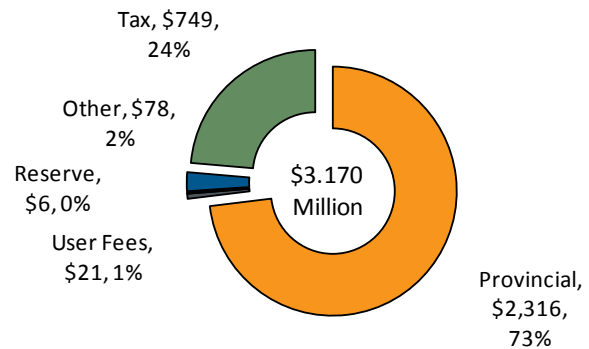
### What We Do

- Aims to develop a culture of preparedness and ensure Toronto Public Health is prepared for a public health emergency.
- Develop and maintain emergency response plans which include arrangements and processes to respond to and recover from a variety of public health emergencies such as an influenza pandemic or large scale infectious disease outbreak.
- Conduct exercises and training courses on emergency preparedness, response and recovery including the Incident Management System (IMS).

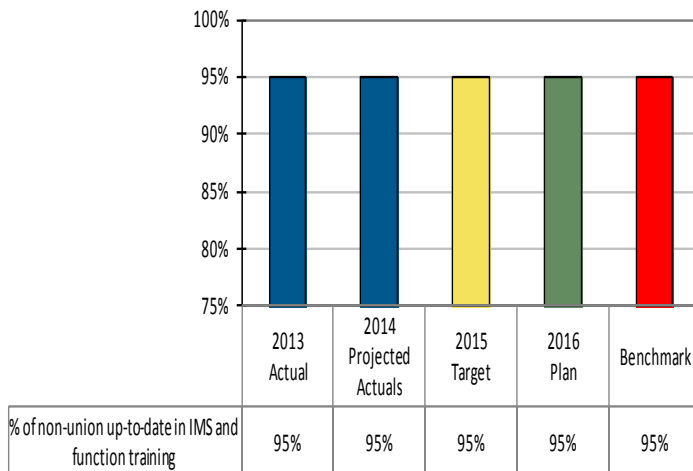
### 2015 Service Budget by Activity (\$000s)



### Service by Funding Source (\$000s)



### Percentage (%) of non-union staff up to date in Incident Management System and function training



- The City of Toronto adopted the IMS to organize and coordinate responses to emergencies across City Divisions. TPH assigns all non-union staff to a response function and provides one-day training.
- To maintain a state of preparedness, TPH will continue to meet 95% completion rate in 2015 and beyond.



## 2015 Service Levels Emergency Preparedness

The 2015 Recommended Service Levels presented below are currently under review and will be modified to be more concise. The revised Service levels will be presented as part of the 2016 budget process.

Type	Sub-Type	Status	Approved Service Levels			Recommended 2015
			2012	2013	2014	
Assessment and Surveillance		Approved	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.			<ol style="list-style-type: none"> <li>1. Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations</li> <li>2. Conduct surveillance of community emergency planning &amp; preparedness</li> </ol>
Health Protection		Approved	<ol style="list-style-type: none"> <li>1. COOP &amp; ERP developed and periodically updated.</li> <li>2. 24/7 protocols developed for staff and tested annually.</li> <li>3. Maintain up to date information on Toronto Public Health's public website and participated in joint public events (i.e., emergency preparedness week).</li> <li>4. Provided specific training to 50 TPH staff that have been pre-assigned to different roles within the incident management system and continuity of operations.</li> <li>5.&amp;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. Plan and respond by providing psycho-social support in an emergency as</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain COOP &amp; ERP.</li> <li>2. Maintain and test 24/7 protocols for staff.</li> <li>3. Maintain up to date information on Toronto Public Health's public website.</li> <li>4. Provide specific training to 50 TPH staff that have been pre-assigned to different roles within the Incident Management System and Continuity of Operations.</li> <li>5.&amp;6. Maintain the following: TPH Emergency Plan, Pandemic Influenza Plan, Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH Continuity of Operations Plan, Emergency Communication, and TPH Divisional Operations Centre Protocol. Plan and respond by providing psycho-social support (psychological first-aid) in an emergency as required.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain Continuity Plans &amp; ERP.</li> <li>2. Maintain and test 24/7 protocols for staff.</li> <li>3. Maintain up to date information on Toronto Public Health's public website.</li> <li>4. Provide specific training to 50 TPH staff that have been pre-assigned to different roles within the Incident Management System and Business Continuity.</li> <li>5.&amp;6. Maintain the following: TPH Emergency Plan, Pandemic Influenza Plan, Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH Continuity Plans, Emergency Communication, and TPH Divisional Operations Centre Protocol. Plan and respond by providing psycho-social support (psychological first-aid) in an emergency as required.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain Business Continuity Plans and TPH Emergency Plan (ERP).</li> <li>2. Maintain and test 24/7 protocols for TPH staff.</li> <li>3. Maintain up to date emergency preparedness information on TPH's public website.</li> <li>4. Maintain current training level at 90% of all TPH staff that have been pre-assigned to different Incident Management System and business continuity roles.</li> <li>5. Maintain and exercise the TPH Emergency Plan and its components.</li> <li>6. Maintain the City of Toronto's Emergency Plan Psychosocial Support Operational Support Function.</li> </ol>

Table 7

2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							Incremental Change						
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget	2015 Rec'd Budget vs. 2014 Budget		2016 Plan		2017 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
<b>GROSS EXP.</b>															
Emergency Preparedness	3,002.6	3,163.1	(3.8)	3,159.3	156.7	5.2%	10.3	3,169.6	167.0	5.6%	(54.5)	(1.7%)	5.6	0.2%	
<b>Total Gross Exp.</b>	3,002.6	3,163.1	(3.8)	3,159.3	156.7	5.2%	10.3	3,169.6	167.0	5.6%	(54.5)	(1.7%)	5.6	0.2%	
<b>REVENUE</b>															
Emergency Preparedness	2,281.3	2,413.1	(2.8)	2,410.3	129.0	5.7%	10.3	2,420.6	139.3	6.1%	(58.7)	(2.4%)	3.0	0.1%	
<b>Total Revenues</b>	2,281.3	2,413.1	(2.8)	2,410.3	129.0	5.7%	10.3	2,420.6	139.3	6.1%	(58.7)	(2.4%)	3.0	0.1%	
<b>NET EXP.</b>															
Emergency Preparedness	721.3	750.0	(0.9)	749.1	27.7	3.8%		749.1	27.7	3.8%	4.2	0.6%	2.6	0.3%	
<b>Total Net Exp.</b>	721.3	750.0	(0.9)	749.1	27.7	3.8%		749.1	27.7	3.8%	4.2	0.6%	2.6	0.3%	
<b>Approved Positions</b>	24.6	25.7		25.7	1.1	4.3%	0.1	25.8	1.1	4.5%	(0.1)	(0.4%)			

The 2015 Recommended Operating Base Budget for Emergency Preparedness Service of \$3.159 million gross and \$0.749 net is \$0.028 million or 3.8% over the 2014 Approved Net Budget.

The **Emergency Preparedness Service** aims to ensure TPH is prepared for a public health emergency as the successful resolution of an emergency depends on the readiness of an organization at the beginning of the crisis. This service primarily:

- Develops and maintains emergency response plans and conducts exercises and training courses on emergency preparedness.
- Base budget pressures in the Emergency Preparedness service are primarily due to inflationary cost increases related to the negotiated collective agreement for salaries and benefits totaling \$0.040 million net which have been partially offset by line by line review savings of \$0.001 million net to reflect actual experience.
- The 2015 Recommended Operating Budget for Emergency Preparedness includes new funding of \$0.010 million gross provided for TPH's participation during the Pan Am Games which will be recovered from TO2015/Ontario.

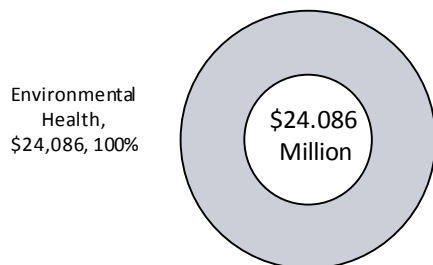
# Environmental Health



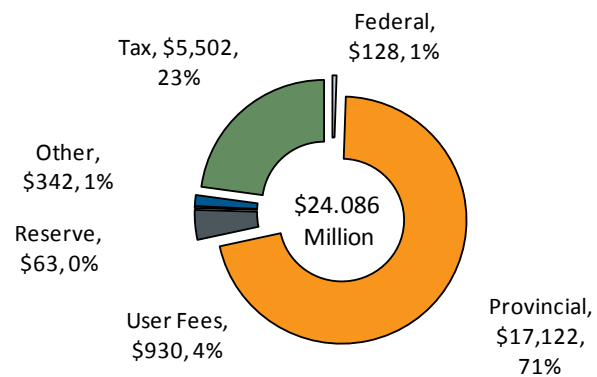
## What We Do

- Promote safe of food and beverages in restaurants and processing plants including inspection of over 17,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards.
- Education, training and certification on safe food preparation, handling and processing for food premise operators and food safety education for the general public.
- Monitor drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notifies stakeholders in the event of adverse water conditions.

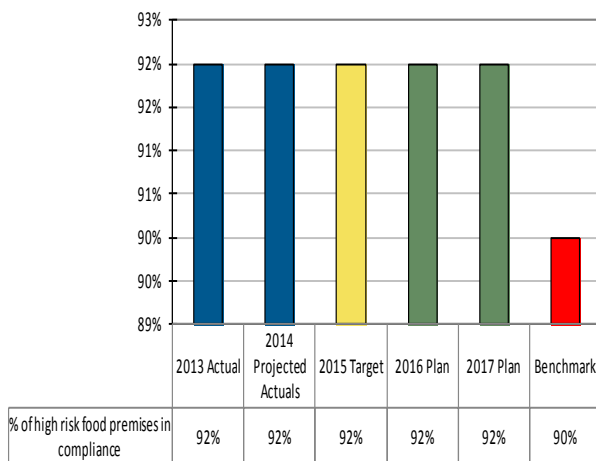
### 2015 Service Budget by Activity (\$000s)



### Service by Funding Source (\$000s)



### Percentage (%) of high risk food premises in compliance with Food Premises Regulation



- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- There are three categories 'High', 'Moderate', and 'Low'. Health Units are mandated to inspect 'High-risk' premises three times per year. TPH measures and tracks compliance rates within high risk establishments.
- The standard is to maintain compliance at 90% and TPH has consistently been over at 92% and will continue to be at 92% in 2015 & 2016.

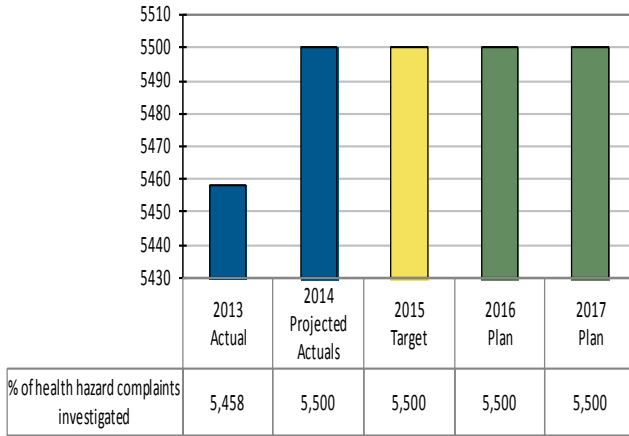
## 2015 Service Levels Environmental Health

The 2015 Recommended Service Levels presented below are currently under review and will be modified to be more concise. The revised Service levels will be presented as part of the 2016 budget process.

Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Assessment and Surveillance		Approved	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.	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. <b>conduct</b> systematic and routine assessment, surveillance, monitoring and reporting of Toronto's drinking water system and drinking water illnesses and their associated risk factors to respond and provide appropriate direction as required 2. <b>monitor 11 (100%) public beaches and any reported water illnesses of public health importance, their associated risk factors, and emerging trends to respond and provide appropriate direction</b> 3. <b>conduct</b> systematic and routine assessment, surveillance, monitoring and reporting of 1678 (100%) public recreational water facilities and take appropriate action 4. <b>conduct</b> systematic and routine analysis of surveillance data to inform program and policy development and service adjustment(s)
Health Promotion and Policy Development		Approved	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revised Pool and SPA Operator information	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revise Pool and SPA Operator information 3. Implement a process for disclosing inspection results for swimming pools and spas.	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revise Pool and SPA Operator information 3. Implement a process for disclosing inspection results for swimming pools and spas.	1. maintain up-to-date public website on Toronto's beach water conditions and <b>disclose public swimming pool and spa inspection results in operation</b> 2. <b>provide information packages to pool and spa operators</b> 3. <b>respond to information requests on lead corrosion in Toronto's drinking water system, and private drinking-water systems</b>
Disease Prevention/Health Protection		Approved	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated annually (378). 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. 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. 3. Inspect all 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated. 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. 3. Inspect all 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	1. <b>receive, assess and respond to all (100%) reported adverse drinking water events (&gt;350/year)</b> 2. <b>monitor, sample, assess, analyze and report on 11 (100%) public beaches daily (June to September)</b> 3. <b>inspect 202 (100%) indoor Class A Pools and outdoor Class A pools 2 times/year or at least once every three months while in operation and take appropriate enforcement action(s)</b> 4. <b>inspect 861 (100%) indoor Class B pools and outdoor Class B pools 2 times/year or at least once every three months while in operation</b> 5. <b>inspect 61 (100%) public indoor and outdoor wading pools, splash pads and non-regulated facilities 2 times/year and at least once every 3 months while in operation</b> 6. <b>maintain 24/7 availability to receive and respond appropriately to safe water issues including adverse drinking water events, water-borne illnesses/outbreak(s), weather events, power outage and recreational water</b>
Assessment and Surveillance		Approved	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.	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. <b>Conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations</b> 2. <b>Conduct surveillance of community environmental health status</b>
Health Promotion and Policy Development		Approved	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. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents*
Disease Prevention/Health Protection		Approved	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours (189). 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 31,056 (including catered and on-site prepared food at the 876 licensed child care facilities); all 32 farmers markets were inspected, and inspected and/or	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected all 17,000 (approximately) food premises. 3. conduct 16626 inspections of the 5542 High Risk premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 risk Assessments.	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected all 17,617 (approximately) food premises. 3. Conduct 16,626 inspections of the 5,542 High Risk premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 Risk Assessments.	1. report in accordance with HPPA and regulations and respond to reports of suspected food-borne illness within 24 hours 2. inspect 100% (approx 17,617) food premises 3. conduct 16,626 (100%) inspections of 5,542 High Risk premises (each inspected once every four months) 4. conduct 15,800 (95%) food premise risk assessments
Assessment and Surveillance		Approved	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.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. <b>conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations</b> 2. <b>conduct surveillance of community environmental health status</b>
Health Promotion and Policy Development		Approved	1.&2. Developed and distributed 790 pre-season education packages to landlords of rooming houses/boarding homes/Toronto Community Housing/senior sectors.	1. Provide Hot Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities	1. Provide Hot Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities	1. <b>provide information to increase public awareness of health hazard risk factors including indoor (legionella) and outdoor (smog) air quality, extreme weather (flooding), climate change (hot weather), radiation exposure (radon, tanning beds)</b> 2. <b>provide hot weather protection packages to 720 (100% of high risk) landlords of rooming/boarding houses/retirement homes/nursing homes</b> 3. <b>inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health including 289 high risk rooming/boarding houses during an extended Extreme Heat event and monitor 1636 industrial/commercial sites for identified hazardous priority chemicals and their use and release</b>
Disease Prevention/Health Protection		Approved	1. Declared and issued 11 extreme heat alerts and 5 heat alerts, and conducted over 667 community visits during extreme heat alerts; 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. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.	1. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.	1. <b>maintain 24/7 availability to receive, respond and manage alleged health hazards reports within 24 hours or by the next business day including 11 heat critical events, &gt;1300 bed bug and extreme cleanouts, &gt;2750 mould/moisture/pest air quality concerns, &gt;210 FOI requests regarding historical land use and environmental contamination / manage of 6 long term environmental issues and conduct 6 disease cluster investigations</b> 2. <b>implement a local vector-borne management strategy including weekly monitoring, testing and reporting of 43 mosquito traps in the City (June 2-September 23) for mosquito species and WNV virus infection, larviciding 120,000 catch basins and 29 open bodied surface waters, investigating and taking appropriate action on &gt;100 stagnant water complaints, conduct tick dragging activities for active Lyme disease cases</b> 3. <b>maintain systems to support timely and comprehensive communication with relevant health care and other community partners about health hazard risks including heat alerts and extreme heat alerts (May 15-September 30th), smog alerts, incidence of West Nile Virus activity</b>

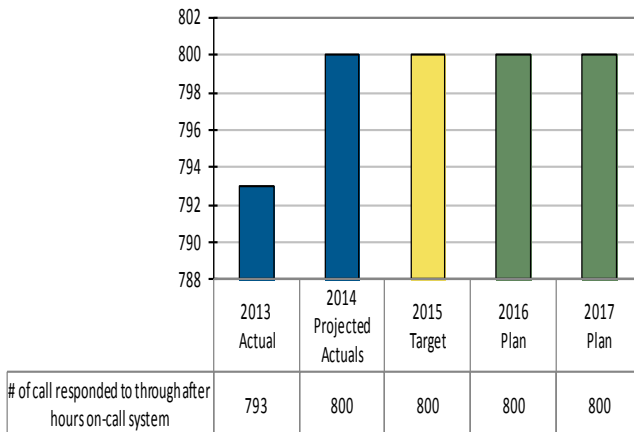
## Service Performance

### Output Measure – Number (#) of health hazard complaints investigated



- All the complaints received are investigated but response time could be affected by resources. Priority is given to complaints relating to a potential health hazard.
- Based on prior experience, it is expected that 5,500 complaints will be investigated in 2015 and future years.

### Output Measure – Number (#) of calls responded to through after hours on-call system



- The Ontario Public Health Standards require health units to maintain an On-call system for receiving and responding to reports of potential health hazards on a 24/7 basis.
- Calls can either be resolved by telephone, require a site visit or referred until the next business day.
- A system is in place and all calls are recorded and tracked through the HE On-call database.
- The number of calls responded to has grown from 793 calls in 2013 to 800 calls in 2014 which is expected to be maintained in 2015 and future years.

Table 7

## 2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							Incremental Change						
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget	2015 Rec'd Budget vs. 2014 Budget		2016 Plan		2017 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
<b>GROSS EXP.</b>															
Environmental Health	24,650.6	24,006.3	(23.8)	23,982.5	(668.1)	(2.7%)	103.0	<b>24,085.5</b>	(565.1)	(2.3%)	(66.8)	(0.3%)	(166.8)	(0.7%)	
<b>Total Gross Exp.</b>	24,650.6	24,006.3	(23.8)	23,982.5	(668.1)	(2.7%)	103.0	<b>24,085.5</b>	(565.1)	(2.3%)	(66.8)	(0.3%)	(166.8)	(0.7%)	
<b>REVENUE</b>															
Environmental Health	19,084.2	18,498.7	(17.8)	18,480.9	(603.4)	(3.2%)	103.0	<b>18,583.8</b>	(500.4)	(2.6%)	(76.3)	(0.4%)	(165.3)	(0.9%)	
<b>Total Revenues</b>	19,084.2	18,498.7	(17.8)	18,480.9	(603.4)	(3.2%)	103.0	<b>18,583.8</b>	(500.4)	(2.6%)	(76.3)	(0.4%)	(165.3)	(0.9%)	
<b>NET EXP.</b>															
Environmental Health	5,566.4	5,507.6	(5.9)	5,501.6	(64.7)	(1.2%)		<b>5,501.6</b>	(64.7)	(1.2%)	9.5	0.2%	(1.5)	(0.0%)	
<b>Total Net Exp.</b>	5,566.4	5,507.6	(5.9)	5,501.6	(64.7)	(1.2%)		<b>5,501.6</b>	(64.7)	(1.2%)	9.5	0.2%	(1.5)	(0.0%)	
<b>Approved Positions</b>	205.2	196.6		196.6	(8.6)	(4.2%)	0.8	<b>197.4</b>	(7.9)	(3.8%)	(0.8)	(0.4%)			

The 2015 Recommended Operating Base Budget for Environmental Health Service of \$23.983 million gross and \$5.502 million net is \$0.065 million or 1.2% below the 2014 Approved Net Budget.

The **Environmental Health Service** promotes safety of food and beverages in restaurants and processing plants as well as monitors drinking water and recreational water compliance. This service primarily:

- Inspects food premises and provides education, training and certification to food premises operators and the general public; and
- Notifies stakeholders in the event of adverse water quality conditions.
- Base budget pressures in Environmental Health Service are due mainly to inflationary cost increases related to the negotiated collective agreement for salaries and benefits totaling \$0.079 million net which were more than offset by a reduction in starting salaries of \$0.089 million net, line by line review savings of \$0.006 million net to reflect actual experience and technical adjustment of \$0.128 million net required to realign expenditures according to the revised Program Map which is now based on 6 services.
- The 2015 Recommended Operating Budget for Environmental Health includes new funding of \$0.103 million gross provided for TPH's participation during the Pan Am Games which will be recovered from TO2015/Ontario primarily for health hazard inspection (particularly food, pools and other aquatic facilities) at various Pan Am Games venues and event sites as well as to provide on-call support outside regular business hours while the Games are underway.

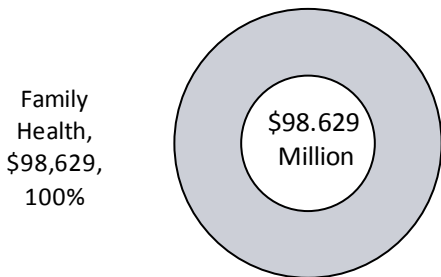
# Family Health



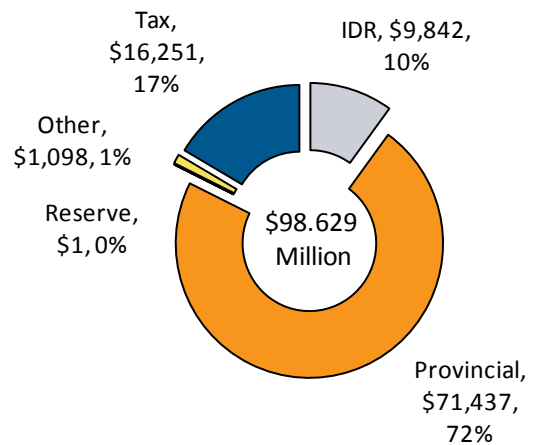
## What We Do

- Promote and support healthy behaviours and environments for people in their childbearing years, pregnant women, their partners and youth and provide education and outreach on reproductive health.
- Focus on enhancing birth outcomes, promoting readiness to parent, supporting positive and effective parenting including in high-risk families, and enhancing the cognitive, communicative and development of children.
- Supports proper oral health by providing screening, preventive and basic dental treatment through specific programs.

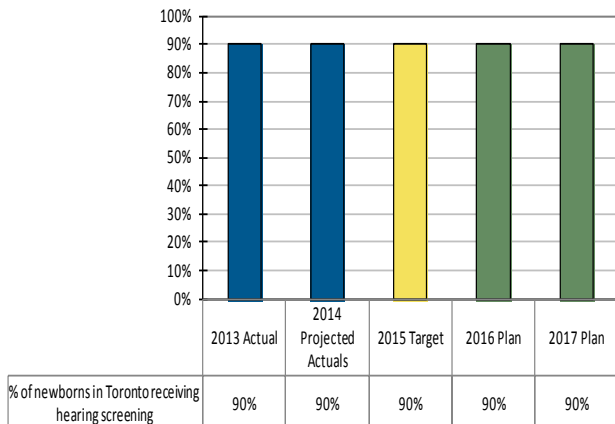
### 2015 Service Budget by Activity (\$000s)



### Service by Funding Source (\$000s)



### Percentage (%) of Newborns in Toronto receiving hearing screening



- Current service levels are associated with current birth rate in Toronto.
- TPH is required to maintain a target of 90% for conducting infant hearing screening tests on newborns.
- As Provincial funding has remained the same, TPH is striving to maintain screening at previous year service levels at 90%.



## 2015 Service Levels

### Family Health

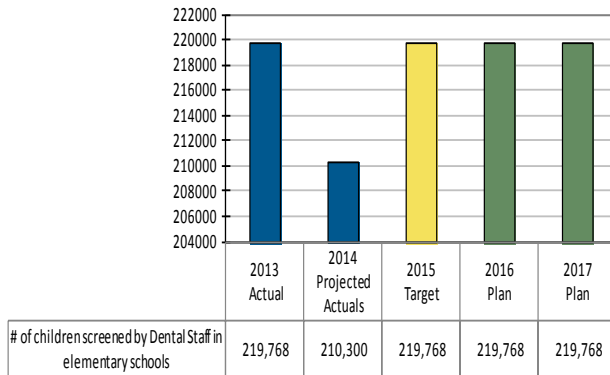
The 2015 Recommended Service Levels presented below are currently under review and will be modified to be more concise. The revised Service levels will be presented as part of the 2016 budget process.

Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. For oral health of the 209,730 children and youth screened, 65,278 were referred for preventive and treatment services.	Systematic and routing assessment, surveillance, monitoring and report to inform program and policy development, access and analysis of Early Development Index (EDI) data and collaboration with Public Health Ontario on identification and collection of child health indicators	Systematic and routing assessment, surveillance, monitoring and report to inform program and policy development, access and analysis of Early Development Index (EDI) data and collaboration with Public Health Ontario on identification and collection of child health indicators	1. <b>conduct</b> systematic routine assessment, surveillance, monitoring and <b>reporting</b> to inform program and policy development, access and analysis of Early Development Index (EDI) data 2. <b>collaborate with Public Health Ontario to identify and collect of child health indicators</b>
Health Promotion and Policy Development		Approved	1. Partnerships with 322 organizations in health and social services sectors 2. Sporadic communication activities. 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. 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.	Promotion and support of breastfeeding initiation and duration through hospital liaison with 12 birth hospitals, provision of individual counselling to 19,500 women through home visits and clinics. Achievement of Baby Friendly Initiative (BFI) designation through Breastfeeding Committee of Canada. Provision of culturally-appropriate nutrition education to 2,500 families through Peer Nutrition Program and parenting education to 2,500 parents. Develop physician outreach strategy to advance early identification screening and referral.	Promotion and support of breastfeeding initiation and duration through hospital liaison with 12 birth hospitals, provision of individual counselling to 25,000 women through telephone counselling, home visits and clinics. Establish sustainability plan for Baby Friendly Initiative (BFI) designation (through Breastfeeding Committee of Canada). Provision of culturally-appropriate nutrition education to 2,500 families through Peer Nutrition Program and group parenting education to 2,750 parents. Develop physician outreach strategy to advance early identification screening and referral.	1. <b>promote</b> and support of breastfeeding initiation and duration through hospital liaison with 12 (100%) birth hospitals 2. provide individual counselling to 25,000 women through telephone counselling, home visits and clinics 3. <b>develop mid point infant feeding data plan for BFI</b> 4. <b>provide</b> culturally-appropriate nutrition education to 1,000 families through Peer Nutrition Program and group parenting education to 2,750 parents. 5. <b>continue</b> to develop physician outreach strategy to advance early identification screening and referral
Disease Prevention		Approved	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. 2, 4 & 5. Approximately 5,000 will be treated under CINOT in 2012 (more patients will be eligible for HSO and hence a decrease in CINOT children enrolled) TPH will provide preventive services to approximately 14,000 clients.  For the CINOT expansion (14-17 years of age) projection will provide treatment and preventive services to 400 patients in 2012 (more patients will be eligible for HSO and hence a decrease in CINOT children enrolled)	Implement provincial changes to Healthy Babies Healthy Children program; including introduction of new postpartum screening too and work with 12 birth hospitals to increase screening rate to 85% of all newborns. Provide 33,000 home visits to high risk families	Implement provincial changes to Healthy Babies Healthy Children program; including introduction of new postpartum screening too and work with 12 birth hospitals to increase screening rate to 85% of all newborns. Provide 35,000 home visits to high risk families.	1. implement provincial changes to Healthy Babies Healthy Children program 2. work with 12 (100%) birthing hospitals to increase received screening rate to 80% of all newborns 3. provide 40,795 home visits to high risk families
Health Protection		Approved	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.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	1. Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.
Dental Treatment for Children and Youth - Healthy Smiles Ontario (HSO)		Approved	Projected will have 10,000 enrolment, 9776 claims from private dentists and 2100 claims for City dental clinic	Based on current staffing levels, project 10,300 enrolment in HSO, 10069 claims from private dentists and 2163 claims for City dental clinic (3 percent increase)	Based on current staffing levels, project 10,300 enrolment in HSO, 10069 claims from private dentists and 2163 claims for City dental clinic (3 percent increase)	Based on current staffing levels, project 10,300 enrolment in HSO, 16000 claims from private dentists and 1500 claims for City dental clinic (3 percent increase)
Dental Treatment for Eligible Clients		Approved	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.	Based on current staffing levels, project 3% increase in dental services; 13,390 seniors and caregivers in long-term care homes and treatment to 7,379. Treated 7,762 children and youth; and 623 perinatal clients.	Based on current staffing levels, project 3% increase in dental services; 13,390 seniors and caregivers in long-term care homes and treatment to 7,379. Treated 7,762 children and youth; and 623 perinatal clients.	Based on current staffing levels, project 3% increase in dental services; 15,000 seniors and caregivers in long-term care homes and treatment to 7800. Treated 19,000 children and youth; and 400 perinatal clients.

Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Toronto Preschool Speeh and Language System		Approved	PSL: Provided pathology intervention to 7,690 preschool children in 340 community sites, their families, and caregivers with a current waitlist of eight months (600 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. Ilt: 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 of where the live) and 94 family support referrals. Provided 61 family support referrals as part of BLV. Target 200 premises for contraband tobacco products (including Shisha/Waterpipe tobacco)	Coordinate delivery of speech and language intervention services to 7,800 children, including 4,500 new referrals through 340 community service delivery sites. Achieve average age of referral at 24 months and reduce average waitlist times to 3 months. Train 500 care providers on early identification and speech therapy support. Screen 38,00 (95%) of newborns born in Toronto hospitals for hearing loss and provide counselling, referral and support to 125 families who have an infant or child with a diagnosed hearing or vision loss. Complete the review of the TPSLS service delivery model.	Coordinate delivery of speech and language intervention services to 8,000 pre-school children, including 4,500 new referrals through 340 community service delivery sites. Achieve average age of referral at 24 months and reduce average waitlist times to 3 months. Train 500 care providers on early identification and speech therapy support. Screen 38,00 (95%) of newborns born in Toronto hospitals for hearing loss and provide counselling, referral and support to 125 families who have an infant or child with a diagnosed hearing or vision loss. Complete the review of the TPSLS service delivery model.	1. coordinate delivery of speech and language intervention services to 8,000 pre-school children 2. offer parent orientation session to 100% of the parents 3. accept 4,500 new referrals and service through 340 community service delivery sites 4. screen 38,000 (95%) newborns born in Toronto hospitals for hearing loss 5. provide counselling, referral and support to 100-155 families who have an infant or child with a diagnosed hearing or vision loss
Partnership Funding	Investing in Families	Approved	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.	Partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance and deliver 35 Let's Talk support groups.	Partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance and deliver 35 Let's Talk support groups.	1. partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 500 families who receive social assistance 2. deliver 20 Let's Talk support groups
Assessment and Surveillance		Approved	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	Ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	maintain ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data
Health Promotion and Policy Development		Approved	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.	Transition group prenatal education program to upgraded web page and prenatal e-learning module with first year target of 750 women participants, provide 2,000 group session at 30 Canada Prenatal Nutrition Program sites, provide 750 at risk prenatal women with individual nutrition counselling, develop and implement preconception health promotion strategy	Transition group prenatal education program to upgraded web page and prenatal e-learning module with first year target of 750 women participants, provide group nutrition education to 2,500 prenatal women at 39 Canada Prenatal Nutrition Program sites, provide 750 at risk prenatal women with individual nutrition counselling, develop and implement preconception health promotion strategy	1. deliver online prenatal program to 2,000 women 2. provide group nutrition education to 2,200 prenatal women at 37 Canada Prenatal Nutrition Program sites 3. provide individual nutrition counselling to 750 at risk prenatal women
Disease Prevention		Approved	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.	Provide through the Healthy Babies Healthy Children Program: Implement provincial changes to program including roll out of new screening tool, increase outreach to physicians regarding prenatal screening to increase prenatal screening by 50% over 2012 levels (1,500 women), provide assessment, counselling education and referral to 500 high risk prenatal women, deliver Homeless At Risk Pregnant (HARP) program to 100 clients	Provide through the Healthy Babies Healthy Children Program: Implement provincial changes to program including roll out of new screening tool, increase outreach to physicians regarding prenatal screening to increase prenatal screening by 50% over 2012 levels (1,500 women), provide assessment, counselling education and referral to 500 high risk prenatal women, deliver Homeless At Risk Pregnant (HARP) program to 100 clients.	1. deliver Healthy Babies Healthy Children Program including implementing provincial program changes, increasing outreach to physicians regarding prenatal screening, providing assessment, counselling, education and referral to 1,614 high risk prenatal women 2. deliver Homeless At Risk Pregnant (HARP) program to 125 clients

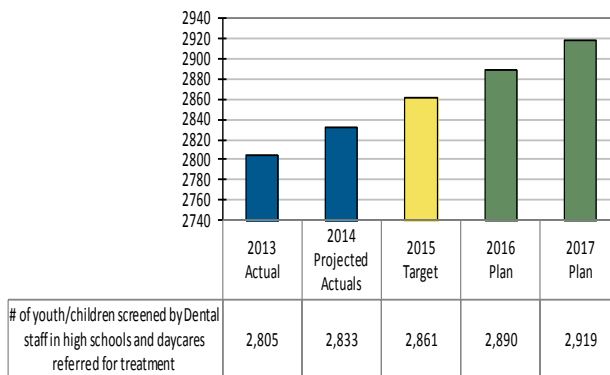
## Service Performance

### Output Measure – Number (#) of children screened by Dental staff in elementary schools



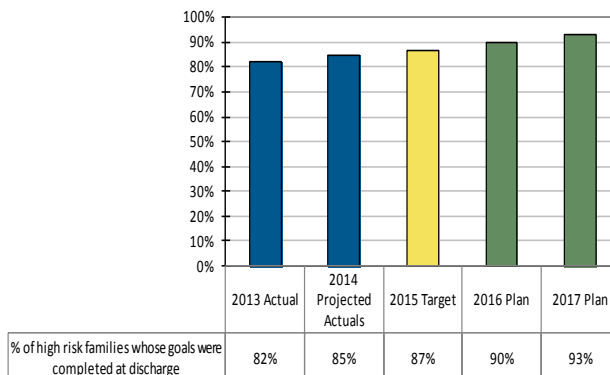
- Due to a combination of factors, the number of elementary school children screened in 2013 was lower than projected.
- The number of children screened by Dental staff is expected to remain steady at the 2013 levels with 219,768 children to be screened in 2015.

### Output Measure – Number (#) of youth/children screened by Dental staff in high schools and daycares referred for treatment



- The number of children and youth screened is expected to increase by 10% for the next 2 to 3 years as stakeholder awareness increases and program processes mature. The number referred for dental treatment is also expected to increase proportionately.
- In 2014, 2,833 children/youth were screened and in 2015 and 2016 it is estimated to rise to 2,861 and 2,890 respectively.

### Effectiveness Measure – Percentage (%) of high risk families whose goals were completed at discharge



- The percentage of high risk families that were able to meet the Program goals has steadily increased from 82% in 2013 to 85% in 2014 and is expected to be 87% in 2015.
- Although, Provincial funding has remained the same, TPH continues to increase the target to 90% in 2016 and beyond.

Table 7

## 2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							2015 Rec'd Budget vs. 2014 Budget		Incremental Change				
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget			2016 Plan		2017 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
<b>GROSS EXP.</b>															
Family Health	91,001.2	98,522.8	(22.2)	98,500.6	7,499.4	8.2%	128.1	<b>98,628.7</b>	7,627.5	8.4%	(451.7)	(0.5%)	636.5	0.6%	
<b>Total Gross Exp.</b>	91,001.2	98,522.8	(22.2)	98,500.6	7,499.4	8.2%	128.1	<b>98,628.7</b>	7,627.5	8.4%	(451.7)	(0.5%)	636.5	0.6%	
<b>REVENUE</b>															
Family Health	71,649.4	82,109.5	266.6	82,376.0	10,726.6	15.0%	2.1	<b>82,378.1</b>	10,728.7	15.0%	(603.3)	(0.7%)	488.5	0.6%	
<b>Total Revenues</b>	71,649.4	82,109.5	266.6	82,376.0	10,726.6	15.0%	2.1	<b>82,378.1</b>	10,728.7	15.0%	(603.3)	(0.7%)	488.5	0.6%	
<b>NET EXP.</b>															
Family Health	19,351.8	16,413.3	(288.7)	16,124.6	(3,227.2)	(16.7%)	126.0	<b>16,250.6</b>	(3,101.2)	(16.0%)	151.6	0.9%	148.0	0.9%	
<b>Total Net Exp.</b>	19,351.8	16,413.3	(288.7)	16,124.6	(3,227.2)	(16.7%)	126.0	<b>16,250.6</b>	(3,101.2)	(16.0%)	151.6	0.9%	148.0	0.9%	
<b>Approved Positions</b>	689.4	675.4		675.4	(14.0)	(2.0%)		<b>675.4</b>	(14.0)	(2.0%)	(3.6)	(0.5%)	(1.0)	(0.1%)	

The 2015 Recommended Operating Base Budget for Family Health Service of \$98.501 million gross and \$16.125 million net is \$3.227 million or 16.7% under the 2014 Approved Net Budget.

The **Family Health Service** promotes and supports healthy behaviours and environments for people in their childbearing years, pregnant women, their partners and their youth. The program also supports proper oral health. This service primarily:

- Provides education and outreach on reproductive health from public health professionals; and
  - Provides screening of school aged children, preventative dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment and Ontario Works, and dental services for seniors in collective living centres.
- The Family Health Services also provides funding in part for the 100%, City funded, Student Nutrition Program (SNP). The base budget for the SNP is not funded through any discreet service.
  - Base budget pressures in Family Health are primarily due to inflationary cost increases related to the negotiated collective agreement for salaries and benefits totaling \$0.221 million.
  - The base budget pressures were offset by line by line review savings of \$0.006 million net to reflect actual experience, revenue changes of \$0.283 million as a result of transfer of several cost shared dental programs to a 100% Provincially funded integrated Low Income Dental Program (LIPD) and technical adjustments of \$3.185 million net required to realign expenditures according to the revised Program Map which is now based on 6 services.

The 2015 Recommended Operating Budget for Family Health service includes enhanced funding of \$0.126 million net to fund the inflationary increase for the 100% City-funded Student Nutrition Program. New funding of \$0.002 million gross is recommended for TPH's participation during the Pan Am Games which will be recovered from TO2015/Ontario.

# Infectious Diseases

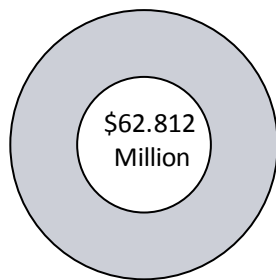


## What We Do

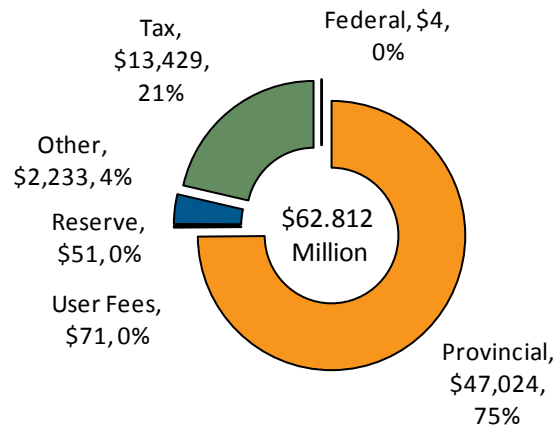
- Provide services that reduce the occurrence and transmission of infectious diseases through public education, surveillance, case and contact management, immunization and outbreak response.

2015 Service Budget by Activity (\$000s)

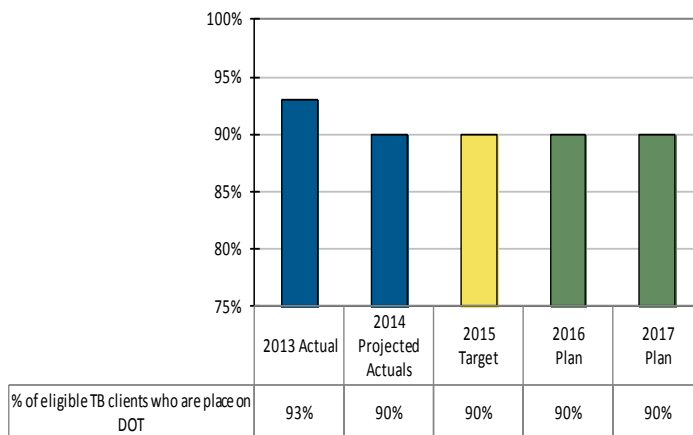
Infectious Diseases, \$62,812, 100%



Service by Funding Source (\$000s)



## Percentage (%) of eligible TB clients who are placed on Directly Observed Treatment.



- The TB program strives to have 90% of clients on DOT.
- During DOT, staff meet with clients 3-7 times per week utilizing both community and video DOT or a combination of both strategies based on client need and available staff resources.
- As DOT is not a legally mandated program, TPH will continue to maintain its target of 90% in 2015 and beyond.

## 2015 Service Levels

### Infectious Diseases

The 2015 Recommended Service Levels presented below are currently under review and will be modified to be more concise. The revised Service levels will be presented as part of the 2016 budget process.

Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Assessment and Surveillance		Approved	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 (PHIS) within designated timelines.	1. Receive, assess and review 89,000 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 (PHIS) within designated timelines.	1. Receive, assess and review 89,000 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 (PHIS) within designated timelines.	1. Receive, assess and review 76,000 (100%) notifications of infectious diseases received annually 2. Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.
Health Promotion and Policy Development		Approved	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 prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 14 hospital, 16 complex continuing care sites and 82 Long-Term Care Homes, 876 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters. 4. Work with 82 Long-Term Care Homes to develop their infectious disease surveillance systems.	1. Provide annual education for all 87 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 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes, 1,065 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters. 4. Work with 87 Long-Term Care Homes and 150 retirement homes to develop their infectious disease surveillance systems.	1. Host an annual education event for all 87 (100%) Long-Term Care Homes. 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 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes, 1,065 (100%) licensed child care centers, 4 (100%) correctional facilities, 4 (100%) school boards and 65 (100%) shelters. 4. Work with 87 (100%) Long-Term Care Homes and 150 (100%) retirement homes to develop their infectious disease surveillance systems.
Disease Prevention		Approved	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. 7. Maintain daily outbreak list, distributed to over 350 recipients daily.	1. 24/7 availability. Respond 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 15 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 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 3,000 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 300 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. 7. Maintain daily outbreak list, distributed to over 350 recipients daily.	1. 24/7 availability. Respond 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 15 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 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. Inspect 3,000 critical and semi-critical personal services settings. Respond to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 300 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. 7. Maintain daily outbreak list, distributed to over 350 recipients daily.	1. Maintain 24/7 availability. Respond to approximately 34,000 cases (100%) 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 2,900 health care providers and institutions. 3. Approximately 10 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 4. Approximately 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team, with approximately 8-10 EARS alerts requiring follow up by communicable disease programs. 5. Inspect 3,000 (100%) critical and semi-critical personal services settings. Respond to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 6. Investigate and manage approximately 300 disease outbreaks annually. 7. Complete policy and procedures for all 76 (100%) reportable diseases and reviewed every 5 years at a minimum and more frequently when required. 8. Maintain daily outbreak list, distribute to over 460 recipients daily.
Health Protection		Approved	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.	1. Inspected over 3,000 critical and semi-critical personal services settings.; 2. Conducted one annual infection prevention and control inspection in all 876 licensed child care facilities.; 3. Launch TPH PSS inspection disclosure website.	1. Inspect over 3,000 critical and semi-critical personal services settings.; 2. Conduct one annual infection prevention and control inspection in all 1,065 licensed child care facilities.; 3. Maintain TPH PSS inspection disclosure website.	1. Inspect over 90% of 3,000 critical and semi-critical personal services settings.; 2. Conduct one annual infection prevention and control inspection in all 1,065 licensed child care facilities.; 3. Maintain TPH PSS inspection disclosure website.
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment(s) 2. Liaise with Canadian Food Inspection Agency, neighbouring health units, Ministry of Municipal and Agricultural Affairs and Ministry of Natural Resources to keep informed about potential rabies threats 3. Report surveillance information and rabies post exposure prophylaxis administration to the MOHLTC within designated timelines
Health Promotion and Policy Development		Approved	Toronto Animal Services provided education sessions and materials to: 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), 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)	1. Develop and distribute Rabies resource materials for seniors and youths	1. Develop and distribute Rabies resource materials for seniors and youths	1. develop and distribute rabies resource materials for seniors and youths to supplement national and provincial communication strategies

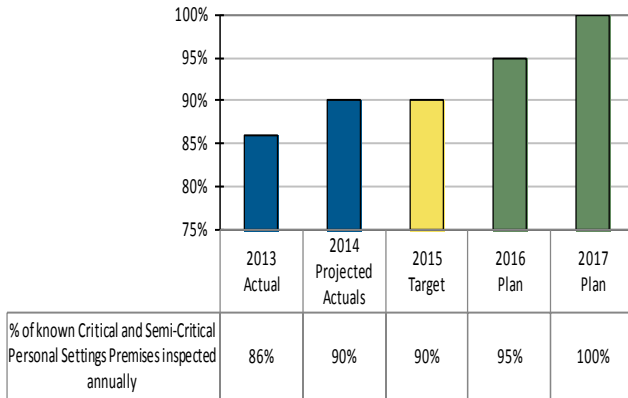
Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Disease Prevention/Health Protection		Approved	1. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 2. Liaised with CFIA as required with respect to animal to animal bites. 3. Rabies Contingency Plan in place. Liaise with GTA health units when surveillance reveals an increase in animal rabies. 4. Issued routine notifications on the requirements of reporting and where to obtain further information.			1. maintain 24/7 availability to receive and respond to 100% (avg 2300/year) animal bites to humans, submit 100% (avg 50/year) specimens, and deliver 100% (avg. >350/year) post exposure prophylaxis 2. communicate with partners re: reporting obligations for suspected rabies exposures and where to obtain further information 3. maintain rabies contingency plan
Assessment and Surveillance		Approved	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 (IPHS) within designated timelines.			Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. -Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHS) within designated timelines.
Health Promotion and Policy Development		Approved	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 40 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 as a result of the training sessions... 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. 4. 40,000 community clients reached through sexual health promotion.; 5. 25,600 Ontario callers assisted through the AIDS and Sexual Health InfoLine.; 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.	1. & 2. Partner with approximately 40 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 as a result of the training sessions... 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. 4. 40,000 community clients reached through sexual health promotion.; 5. 25,600 Ontario callers assisted through the AIDS and Sexual Health InfoLine.; 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.	1. & 2. Partner with approximately 42 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. 3. Reach 40,000 community clients reached through sexual health promotion activities; 4. Assist 25,600 Ontario callers through the AIDS and Sexual Health InfoLine.; 5. Provide 360 high risk opiate users with Naloxone, resulting in 25 administrations. 6. Distribute 3,900,000 male condoms and 37,600 female condoms. Distribute 900,000 units of lubricant
Disease Prevention/Health Protection		Approved	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, gonorrhoea, 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 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 13,000 confirmed cases of Chlamydia, gonorrhoea, 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 1. Over 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks.	1. Over 60,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Track and investigate over 13,000 confirmed cases of Chlamydia, gonorrhoea, 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 60,000 client visits.	1. Accommodate 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks . 2. Track and investigate over 13,000 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV. 3. Provide Provincially funded medication for treatment for reportable STI treatment to all (100%)requesting community physicians. 4. Send 150 anonymous e-cards from inSPOT website and host 700 site visitors
Partnership Funding	AIDS Prevention and Community Investment Program	Approved	Funded 42 AIDS prevention projects.	Funded 39 AIDS prevention projects.	Fund 39 AIDS prevention projects.	With 1.9 million dollars, fund 48 community organizations (AIDS and substance abuse programs) and assist 32 agencies with evaluation skills.
Assessment and Surveillance		Approved	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 (IPHS) 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 (IPHS) 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 (IPHS) within designated timelines.	1. Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHS) within designated timelines.
Health Promotion and Policy Development		Approved	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: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; Provide PHN liaison to work directly with 4 TB Clinics, 4 Correctional Facilities and designated homeless shelters to collaboratively work on TB prevention and control.	TB education sessions provided to approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; Provide PHN liaison to work directly with 4 TB Clinics, 4 Correctional Facilities and designated homeless shelters to collaboratively work on TB prevention and control.	1. Provide TB education presentations and develop educational resources for populations at risk for developing TB, health care professionals and community agencies including for approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; 2. Hold a minimum of 30 education sessions for agencies offering services to homeless/underhoused persons. 3. Provide PHN liaison services at each of 4 (100%)TB Clinics and 3 (100%) Correctional Facilities located in Toronto in order to work collaboratively to prevent and control TB.



Type	Sub-Type	Status	Approved Service Levels			Recommended
			2012	2013	2014	2015
Disease Prevention/Health Protection		Approved	1. 4.8.6. 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). 2.8.6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2.8.5. Assess and follow-up on approximately 1,500 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.8.6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection	1. 4.8.6. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.8.6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2.8.5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.8.6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection.; 7. 85% of eligible clients placed on direct observed therapy (DOT).; 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards.; 9. Launched video-DOT to be used for up to 70 clients meeting eligibility criteria.	1. 4.8.6. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.8.6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2.8.5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.8.6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection.; 7. 85% of eligible clients placed on direct observed therapy (DOT).; 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards.; 9. Place eligible clients on video-DOT.	1. Investigate 100% of suspect TB cases and provide comprehensive TB case management for 100% of active TB cases (approximately 280 new cases annually) until treatment completion (approximately 6 months to 2 years). Greater than 95% of active TB cases will annually complete appropriate and adequate treatment according to the Canadian TB Standards. A minimum of 85% of eligible clients will be placed on directly observed therapy (DOT).; 2. Provide follow-up of approximately 2,000 persons/year identified as contacts of active TB cases. 3. Assess and follow-up approximately 1,200 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 4. Provide free TB medications to 100% of clients with active TB disease (approximately 280 per year) and 100% of clients with latent TB infection who are referred for TB preventative treatment by their community health care provider (approximately 1200 clients per year).
Assessment and Surveillance		Approved	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. Assessed 85,000 student immunization records in highschools to ensure up to date school immunization, 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. Assess 85,000 student immunization records in highschools to ensure up to date school immunization, and receive approximately 65,000 calls on the vaccine preventable diseases call centre.	1. Conduct systematic and routine assessment, surveillance, monitoring, and reporting to inform program and policy development, service adjustment and performance measurement. 2. Assess immunization records of all high school students as per the amended changes to the ISPA. 3. Review immunization records all students born in 2010 to ensure they are up to date with the varicella vaccine.
Health Promotion and Policy Development		Approved	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 90 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.	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. Receive and respond to approximately 90 reports of adverse events. 3. Educate and work with 1,500 physician offices. 4. Provide mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Work with 87 Long-Term Care Homes to ensure influenza immunization of residents and staff.	1. Conduct periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH as related to the changes in the ISPA 2. Support public information and increase knowledge through periodic media releases and response to media inquiries. 3. Provide education and information to 2000 Health Care Providers that store publicly funded vaccine (incl. pharmacies) regarding Vaccine Storage and Handling practices 4. Send immunization promotional materials reflecting the changes to the immunization schedule to Day Nursery operators and to the parents of children enrolled in Day Nurseries
Disease Prevention		Approved	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.	1. Provided approximately 80,000 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.	1. Provide approximately 80,000 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.	1. Provide approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; 2. Provide approximately 10,000 vaccination for the seasonal flu program 3. Organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 4. Outbreak contingency plan in place. Utilize outbreak response policy and procedure to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.
Health Protection		Approved	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 1,450 physician offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Received and responded to 90 reports of adverse events.	1. Inspect 1,450 physician offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Received and responded to 90 reports of adverse events.	1. Inspect 2000 Health Care Providers offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Respond to 100% reported adverse events.

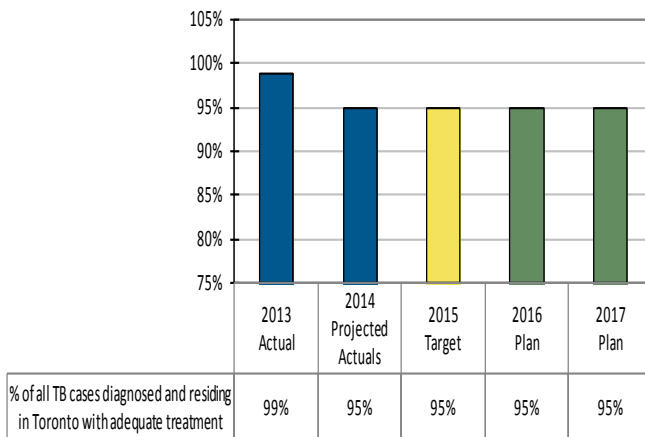
## Service Performance

**Effectiveness Measure – Percentage (%) of known Critical and Semi-critical personal Services Settings Premises inspected annually.**



- The Ministry of Health and Long Term Care has included this as an accountability agreement indicator starting in 2014 with a target of 90% known critical and semi-critical PSS premises inspected annually.
- TPH is projecting to be on target for 2014 and 2015 and then gradually increase to 100% in 2017.

**Effectiveness Measure - Percentage % of all TB cases diagnosed and residing in Toronto with adequate treatment according to Canadian TB standards.**



- The TB program aims to have 100 % of TB cases complete adequate treatment according to Canadian TB standards.
- TPH has set a target of 95% to account for those cases where TB treatment must be shortened due to intolerance of TB medications.
- In 2013 the target was exceeded as there were fewer patients whose treatment had to be shortened for medical reasons.

Table 7

## 2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							Incremental Change						
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget	2015 Rec'd Budget vs. 2014 Budget		2016 Plan		2017 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
<b>GROSS EXP.</b>															
Infectious Diseases	68,114.4	62,647.3	(32.1)	62,615.2	(5,499.2)	(8.1%)	196.9	<b>62,812.1</b>	(5,302.2)	(7.8%)	(410.4)	(0.7%)	(423.9)	(0.7%)	
<b>Total Gross Exp.</b>	68,114.4	62,647.3	(32.1)	62,615.2	(5,499.2)	(8.1%)	196.9	<b>62,812.1</b>	(5,302.2)	(7.8%)	(410.4)	(0.7%)	(423.9)	(0.7%)	
<b>REVENUE</b>															
Infectious Diseases	54,635.4	49,238.4	(24.1)	49,214.3	(5,421.1)	(9.9%)	168.8	<b>49,383.1</b>	(5,252.3)	(9.6%)	(462.6)	(0.9%)	(456.9)	(0.9%)	
<b>Total Revenues</b>	54,635.4	49,238.4	(24.1)	49,214.3	(5,421.1)	(9.9%)	168.8	<b>49,383.1</b>	(5,252.3)	(9.6%)	(462.6)	(0.9%)	(456.9)	(0.9%)	
<b>NET EXP.</b>															
Infectious Diseases	13,479.0	13,408.9	(8.0)	13,400.9	(78.1)	(0.6%)	28.1	<b>13,429.0</b>	(49.9)	(0.4%)	52.2	0.4%	33.0	0.2%	
<b>Total Net Exp.</b>	13,479.0	13,408.9	(8.0)	13,400.9	(78.1)	(0.6%)	28.1	<b>13,429.0</b>	(49.9)	(0.4%)	52.2	0.4%	33.0	0.2%	
<b>Approved Positions</b>	524.4	501.9		501.9	(22.5)	(4.3%)	0.6	<b>502.5</b>	(21.8)	(4.2%)	(2.6)	(0.5%)			

The 2015 Recommended Operating Base Budget for Infectious Diseases Service of \$62.615 million gross and \$13.401 million net is \$0.078 million or 0.6% under the 2014 Approved Net Budget.

The **Infectious Diseases Service** provides services that reduce the occurrence and transmission of infectious diseases through public education, surveillance, case and contact management, immunization and outbreak response. Major activities include:

- The Vaccine Preventable Diseases (VPD) program which annually assesses immunization records for all students enrolled in Toronto schools. It also offers Hepatitis B and Meningitis C vaccine to grade 7 students and immunizes residents annually as part of the provincial Universal Influenza Immunization Program;
  - The Sexually Transmitted Infection (STI) case management program which provides assessment, counseling, referral and partner notification;
  - The AIDS and Sexual Health Information Line which provides telephone counseling; and
  - 13 Sexual Health clinics across the city which provide services that include STI testing and free treatment, provision of low cost birth control and pregnancy testing and referral.
- The Infectious Disease service provides funding in part for the Toronto Urban Health fund (TUHF), formerly referred to as the AIDS Prevention and Drugs Prevention Community Partnership Investment Program. The base budget for this program is not funded through any discreet service, and more than one service is experiencing the impact of inflationary cost increases for the TUHF program.
  - Base budget pressures in Infectious Disease service are due mainly to inflationary cost increases related to the negotiated collective agreement for salaries and benefits totaling \$0.210 million and a 2.25% inflationary increase for the Sexual Health Clinic service contracts and TUHF for \$0.013 million and \$0.011 million respectively. The annualized impact of the enhanced service priority, STI Prevention, approved in 2014 will add a pressure of \$0.030 million in 2015.
  - The base budget pressures were offset by line by line review savings of \$0.008 million net to reflect actual experience and technical adjustments of \$0.293 million net required to realign expenditures according to the revised Program Map which is now based on 6 services.

- The 2015 Recommended Operating Budget for Infectious Diseases service includes enhanced funding of \$0.028 million net to fund the cost-shared Toronto Urban Health Fund program in order to grant funding for projects that address HIV prevention, Harm reduction and youth resiliency.
- New funding of \$0.084 million gross is recommended for TPH's participation during the Pan Am Games which will be recovered from TO2015/Ontario primarily for disease surveillance to prevent risks and address incidents should they occur as well as to provide on-call support outside regular business hours while the Games are underway.

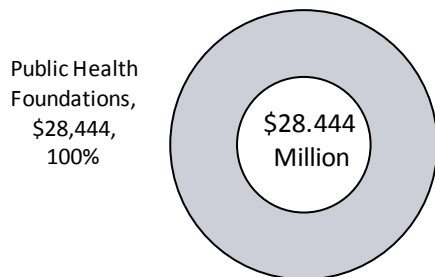
## Public Health Foundations



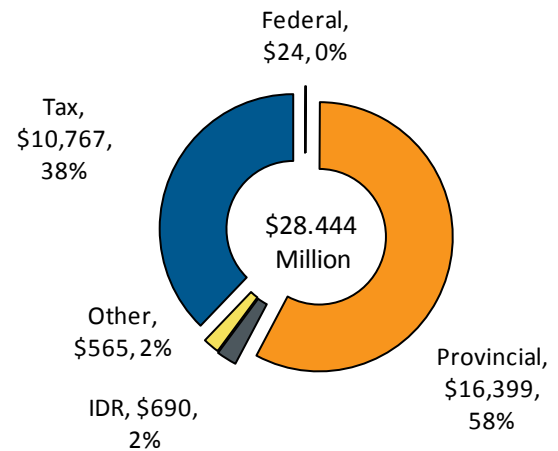
### What We Do

- Provides the population health assessment, surveillance, research and knowledge exchange, and program evaluation to inform public health programs, Board of Health decision making and stakeholder relations, and provincial reporting.

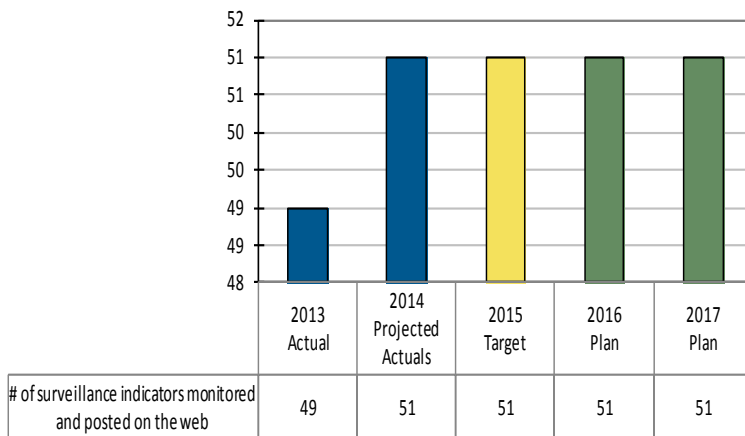
2015 Service Budget by Activity (\$000s)



Service by Funding Source (\$000s)



Number (#) of surveillance indicators monitored and posted on the web



- The indicators are generally assessed by time, geography and subpopulations and are monitored regularly by Epidemiology staff that help integrate findings into service design.
- Posting on the web allows for proactive and broad dissemination of timely information.
- TPH expects to post and monitor 51 surveillance indicators on the web in 2015 and future years.

**2015 Service Levels  
Public Health Foundations**

There are currently no service levels identified.

Toronto Public Health will provide service levels for Public Health Foundations in time for the 2016 Operating Budget Process.

Table 7

## 2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							2015 Rec'd Budget vs. 2014 Budget		Incremental Change				
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget			2016 Plan		2017 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
<b>GROSS EXP.</b>															
Public Health Foundations	19,317.2	28,331.4	(17.3)	28,314.0	8,996.8	46.6%	129.8	<b>28,443.9</b>	9,126.7	47.2%	712.9	2.5%	847.2	2.9%	
<b>Total Gross Exp.</b>	19,317.2	28,331.4	(17.3)	28,314.0	8,996.8	46.6%	129.8	<b>28,443.9</b>	9,126.7	47.2%	712.9	2.5%	847.2	2.8%	
<b>REVENUE</b>															
Public Health Foundations	13,003.0	17,689.8	(13.0)	17,676.8	4,673.8	35.9%		<b>17,676.8</b>	4,673.8	35.9%	565.7	3.2%	709.6	3.9%	
<b>Total Revenues</b>	13,003.0	17,689.8	(13.0)	17,676.8	4,673.8	35.9%		<b>17,676.8</b>	4,673.8	35.9%	565.7	3.2%	709.6	3.7%	
<b>NET EXP.</b>															
Public Health Foundations	6,314.2	10,641.6	(4.3)	10,637.2	4,323.0	68.5%	129.8	<b>10,767.1</b>	4,452.9	70.5%	147.2	1.4%	137.5	1.3%	
<b>Total Net Exp.</b>	6,314.2	10,641.6	(4.3)	10,637.2	4,323.0	68.5%	129.8	<b>10,767.1</b>	4,452.9	70.5%	147.2	1.4%	137.5	1.2%	
<b>Approved Positions</b>	136.4	221.5		221.5	85.1	62.4%		<b>221.5</b>	85.1	62.4%	(14.3)	(6.4%)	1.7	0.8%	

The 2015 Recommended Operating Base Budget for Public Health Foundations Service of \$28.314 million gross and \$10.637 million net is \$4.323 million or 68.5% over the 2014 Approved Net Budget.

The **Public Health Foundations Service** provides the population health assessment, surveillance, research and knowledge exchange, and program evaluation to inform public health programs, Board of Health decision making and stakeholder relations, and provincial reporting.

- The service provides funding in part for the 100%, City funded, Student Nutrition Program which is not funded through any discreet service. More than one service is experiencing the impact of the increasing food costs for the Student Nutrition Program.
- Base budget pressures in Public Health Foundations service are primarily due to inflationary cost increases related to the negotiated collective agreement for salaries and benefits totaling \$0.146 million net. Other base adjustments of \$4.223 million net arise from technical adjustments required to realign expenditures according to the revised Program Map which is now based on 6 services.
- To help mitigate the base pressures, the service was able to achieve line by line review savings of \$0.004 million net to reflect actual experience.

The 2015 Recommended Operating Budget for Public Health Foundations service includes funding of \$0.130 million net to fund the inflationary increase to the 100% City-funded Student Nutrition Program.



## **Part III:**

Issues for Discussion



## Issues for Discussion

### Issues Impacting the 2015 Budget

#### *Student Nutrition Program (SNP) Proposed Stabilization & Expansion*

- On October 22, 2012, the Board of Health endorsed a five-year funding partnership model and an incremental increase in the City's investment to bring stability to existing student nutrition programs and to expand student nutrition programs (SNP). The plan outlines an incremental increase in the municipal investment contribution rate starting in 2013 to achieve a target of 20% by 2017 and to support expansion for new programs to open in other higher need publically funded schools in Toronto. It also incorporates an annual increase to the City's investment in SNPs equal to the annual amount of food inflation reported by the Nutritious Food Basket survey.
- City Council has approved funding enhancements to the Student Nutrition Program (SNP) in the first and second years of the plan (2013 and 2014) through the budget process as detailed in the below chart:

Budget Year	(\$ Millions)					Results
	Municipal Investment					
	Base Funding	Stabilization		Expansion	Council Approved	
	Inflation	Investment Rate				
2012					\$3.820	134,687 students served, 652 student nutrition programs at 436 schools. Investment Rate 9% of program costs.
2013	\$3.820	\$0.248	\$1.010	\$0.223	\$5.300	147,622 students served, 686 student nutrition programs at 476 schools. Investment Rate 11.5% of program costs.
2014*	\$5.300	\$0.214	\$1.163	\$0.394	\$7.071	155,484 students served, 708 student nutrition programs and 501 schools and community sites receiving a municipal grant. Investment Rate 14% of program costs.

\*The 2014 municipal budget is applied in September 2014 to June 2015 so results are an estimate.

Note: The total number of student nutrition programs includes satellite locations of alternative schools.

- Between 1998 and 2012, student nutrition programs in Toronto have grown, from reaching 35,000 elementary students to 134, 687 elementary and secondary students and the investment grew from \$1.31 million to \$3.820 million.
- The increased municipal contribution for 2013 (for the 2013-2014 school year) of \$1.480 million represented a city contribution of \$0.12 per elementary student per breakfast each school day up from \$0.09 in 2012. It also enabled 19 higher need publically funded schools to start new breakfast/morning meal programs. Early indicators signal a trend that more programs were able to increase their capacity compared to in 2012 by providing milk and full serving sizes of vegetables and fruit more often on their menu.
- The 2014 increased municipal investment contributes \$0.14 per elementary student per breakfast each school day, or 14% of total operating costs. The impact of this increase will be realized over the 2014/2015 school year and will be reported in one year's time. The investment also extended funding to 27 higher need schools to start new student nutrition programs.
- Toronto is home to 328,100 elementary/secondary students who attend 813 public schools. Of those, 493 schools and 8 community sites (total 501) receive municipal funding to offer some kind of breakfast/morning meal program to 155,484 students (2014). The Ministry of Children and Youth Services announced an expansion to their 2014 funding to enable 171 designated public schools in Toronto to start a breakfast/morning meal by September 2015. Including these new

programs, most of which will not have municipal funding, there will be 651 schools offering a student nutrition program by September 2015, or 80% of all public schools in Toronto.

- Funding for the SNP in Toronto comes from the City of Toronto, the Province of Ontario, local fundraising, corporate sponsors, and parental contributions. The partnership funding model proposed funding from the federal level but, to date, no contribution has been made.
- For the 2013-2014 school year, total estimated program costs to run SNP's in Toronto at full capacity was approximately \$46.086 million and was funded as follows:
  - City of Toronto: \$5.300 million
  - Province of Ontario: \$6.039 million
  - Other (Fundraising, etc): \$4.587 million

Each year, local community programs are not able to fundraise the full balance of the funds they need to run their programs at full capacity, which results in reduced number of days per year the programs operate or smaller food portion sizes. For the 2013-14 school year, this funding shortfall was estimated at \$30.160 million.

- In October 2013, the Province announced an additional \$10.000 million for student nutrition programs across Ontario for the 2014-2015 School Year and for the next two school years. The following chart details the provincial and municipal funding (at current funding levels) for the Student Nutrition Programs in Toronto from 2011 to 2014:

	(\$Millions)			
	2011	2012	2013	2014
<b>Total Provincial Funding*</b>	<b>\$5.503</b>	<b>\$5.717</b>	<b>\$6.039</b>	<b>\$7.840</b>
Base Municipal Funding	\$3.820	\$3.820	\$3.820	\$5.300
Stabilization - Inflation			\$0.248	\$0.214
Stabilization - Investment Rate			\$1.010	\$1.163
Expansion			\$0.223	\$0.394
<b>Total Municipal Funding</b>	<b>\$3.820</b>	<b>\$3.820</b>	<b>\$5.300</b>	<b>\$7.071</b>
<b>Total Government Funding</b>	<b>\$9.322</b>	<b>\$9.536</b>	<b>\$11.339</b>	<b>\$14.911</b>

\*The 2011 - 2014 Provincial funding includes one-time funding over the base funding.

- As detailed on the above chart, the City's investment rate in Student Nutrition Program has increased from 9.0% in 2012 to 14% in 2014 of total program costs. The 2014 projected cost is \$50.513 million to run a fully implemented program across Toronto. The total Provincial contribution for Toronto is \$7.840 million which represents 15.5% for the 2014-2015 School Year. A portion of the remaining costs for the program are funded from third party contributions, including parental contributions, local fundraising, and corporate donations. The impact of the increased City's contribution will be realized over the course of the school year that runs from September to June.
- The Board of Health at its meeting of November 17, 2014 considered HL34.16, a report entitled "Student Nutrition Program: Five-Year Plan Status Update and 2015 Operating Budget Request" and:

1. Endorsed the request for a \$381,879 net increase to the Toronto Public Health 2015 Operating Budget to cover the increased cost of food for existing student nutrition programs;
  2. Endorsed the request for an additional net increase of \$963,658 to the Toronto Public Health 2015 Operating Budget to be allocated to existing student nutrition programs to increase the City's investment rate to 16% of total program costs from 14% in 2014, providing a stronger funding base for existing programs;
  3. Endorsed the request for an additional net increase of \$555,542 to the Toronto Public Health 2015 Operating Budget to extend municipal funding for 27 new student nutrition programs to open in publically funded schools in higher need communities in 2015; and
  4. Forwarded the report (August 1, 2014) from the Medical Officer of Health to the Budget Committee with the Toronto Public Health 2015 Operating Budget Request for consideration; and
  5. Forwarded the report (August 1, 2014) from the Medical Officer of Health to the Premier of Ontario, the Ontario Ministers of Children and Youth Services (MCYS), Health and Long-Term Care, Education, and Agriculture, Food and Rural Affairs (OMAFRA), the Federal Minister of Health, the Toronto District School Board, the Toronto Catholic District School Board, le Conseil scolaire Viamonde, le Conseil scolaire de district catholique Centre-Sud, the Toronto Foundation for Student Success (TFSS), the Angel Foundation for Learning (AFL), and the Toronto Partners for Student Nutrition (TPSN).
- The 2015 Recommended Operating Budget for TPH includes additional funding for the inflationary increases in cost of food of \$0.382 million.

#### *Student Nutrition Program Governance*

- The Board of Health at its meeting of September 30, 2013 considered HL24.5, a report entitled "Student Nutrition Program Update on the First Year of the Five-Year Plan and 2014 Operating Budget Request" and:
  - 5. Requested the Medical Officer of Health to report to the Board of Health on options to strengthen the governance of the Student Nutrition Programs to enhance future capacity for fundraising, accountability, efficiency, and quality assurance, and to best position the program for future growth and success in achieving child health and education objectives.
- The student nutrition programs in Toronto are financially supported through a cost-shared partnership funding model. Each year, programs apply to the City of Toronto and the Province of Ontario grants through a joint process. The Toronto Partners for Student Nutrition (TPSN) oversees the government grant application and allocation process.
- The TPSN also partners with the Toronto Foundation for Student Success and the Angel Foundation for Learning which administers the municipal investment in SNP and helps fundraise. Toronto Public Health is collaborating with TSPN on a review of the program's governance structure.
- The TPSN has reviewed food procurement and distribution options for Toronto's SNP and is investigating options to facilitate efficient sourcing, purchasing and distribution of food. In 2013, the Province of Ontario provided ongoing funding for one Food and Logistics Coordinator position

for Toronto to facilitate efficient sourcing, purchasing and distribution for student nutrition programs.

- The Medical Officer of Health will be reporting to the Board of Health in 2015 on the outcome of the governance review, including recommendations for options to strengthen the Partnership's capacity.
- The 2015 Recommended Budget for TPH does include an increase of \$0.382 million gross and net to address the cost of food increase. The increase of 5.4% is based on the Nutritious Food Basket survey results for Toronto. It is a requirement in the Ontario Public Health Standards that Toronto Public Health annually complete the Nutritious Food Basket food costing tool to measure the cost of eating healthy in Toronto. This funding supports year 3 of the 5-year plan approved by the Board of Health in 2012 to keep the municipal investment in student nutrition programs synchronized with annual cost of food increases.
- The 2015 Recommended Budget for TPH does not include incremental funding for the proposed stabilization and expansion (\$1.519 million) component as a strong governance model will set the foundation for efficient administration and delivery of Student Nutrition Programs.
- Any further increase in municipal investment towards existing or new SNP will be considered during the 2016 budget process when the results from the governance review, as well as options to strengthen the existing SNP, becomes available.

#### *Toronto Public Health 2015 Operating Budget Request*

- The Board of Health (BOH) at its meeting of November 17, 2014 considered HL34.12 entitled "Toronto Public Health 2015 Operating Budget Request" and recommended to the Budget Committee for its consideration during the 2015 budget process:
  1. City Council approve the Toronto Public Health 2015 Operating Budget Request of \$250,816.4 thousand gross / \$55,626.1 thousand net as summarized in Table 1, Toronto Public Health 2015 Operating Budget Request, of the report (November 7, 2014) from the Medical Officer of Health;
  2. City Council approve the list of base budget adjustments as summarized in Table 2, Overview of 2015 Operating Budget Request, of the report (November 7, 2014) from the Medical Officer of Health totaling an increase of \$2,907.5 thousand gross and \$840.1 thousand net;
  3. City Council approve a 2015 Reduction Options of \$120.0 thousand gross and \$313.2 thousand net as outlined in Table 2, Overview of 2015 Operating Budget Request, of the report (November 7, 2014) from the Medical Officer of Health;
  4. City Council approve a 2015 New and Enhanced Request of \$468.1 thousand gross and \$117.0 thousand net as outlined in Table 2, Overview of 2015 Operating Budget Request, of the report (November 7, 2014) from the Medical Officer of Health;
  5. City Council approve a total increase of \$1,901.1 thousand gross and net for the Student Nutrition Program as outlined in the August 18, 2014 Board of Health report on Student Nutrition Program: Five-Year Plan Status Update and 2015 Operating Budget Request, as

outlined in Table 3, Other New and Enhanced Services, of the report (November 7, 2014) from the Medical Officer of Health; and

- 6. City Council approve 2015 Pan / Parapan Am Games request for Tobacco Free Games and the request for Planning and Operations for \$118.7 thousand gross and \$0 net and 0.42 positions funded by reserves and sundry revenues as outlined in Table 3, Other New and Enhanced Services, of the report (November 7, 2014) from the Medical Officer of Health.
- The table below compares the Board of Health's 2015 Operating Budget request with the 2015 Recommended Operating Budget.

Description (\$000s)	BOH Recommended			2015 Recommended Operating Budget			Additional Net Changes	Comments
	Position Change	Gross Exp.	Net Expense	Position Change	Gross Exp.	Net Expense		
	#	\$	\$	#	\$	\$		
<b>2014 Approved Budget</b>	1,874.4	246,258.6	52,764.2	1,874.38	246,258.6	52,764.2		Includes one-time funding of \$0.087 million for Infant Hearing, VPD and Diabetes Prevention and changes to provincial base funding (\$0.013)million for Aids Hotline, Nursing Quality Practice, Infection Prevention Control and Social Determinants.
<b>In Year Adjustments</b>	2.65	1,302.2	2,218.0	<b>2.65</b>	<b>1,373.6</b>	<b>2,218.0</b>		
<b>2014 Adjusted Approved Budget</b>	1,877.03	247,560.8	54,982.2	1,877.03	247,632.2	54,982.2		
<b>Base Changes:</b>								
<b>Base Expenditure Changes</b>								
<i>Prior Year Impacts</i>	(1.00)	325.0	133.2	(1.00)	325.0	133.2		Includes 2014 New annualizations and 100% Funded Program adjustments
<i>Changes to 100% Funded Programs due to announced funding</i>					(254.1)			Reversal of one-time funding and annualization of base funding for the above in-year adjustments.
<i>Impact of Capital Changes</i>	(10.40)	(678.4)		(5.37)	(286.0)			2014 Capital Carry Forwards with capital positions of \$0.392 million gross and \$0 net.
<i>COLA, Progression Pay, Step Increase, Benefits, Gapping and Starting Salary Adjustment</i>		2,758.3	674.7		2,758.3	674.7		
<i>Economic Factors - Non Payroll</i>		211.3	50.3		211.3	50.3		
<i>IDC / IDR</i>		194.3	(10.9)		194.3	(10.9)		
<i>Other Base Changes</i>	1.00	84.1		1.00	84.1			
<i>Pan Am Games - Base</i>				(1.08)	(113.7)			Funding for the Tobacco-free Pan Am Games initiative was reduced.
<b>Base Revenue Changes</b>								
<i>User Fees</i>		12.9	(7.3)		12.9	(7.3)		
<b>Base Savings</b>								
<i>Change in funding for LIPD from Cost Shared to 100%</i>			(283.2)			(283.2)		
<i>Salary and Non-Salary Reductions</i>		(120.0)	(30.0)		(120.0)	(30.0)		
<b>Sub-Total</b>	(10.40)	2,787.5	526.9	(6.45)	2,812.0	526.9		
<b>2015 Recommended Base Budget</b>	1,866.63	250,348.3	55,509.1	1,870.58	250,444.2	55,509.1		
<b>New &amp; Enhanced</b>								
<i>Toronto Urban Health Fund</i>		150.0	37.5		150.0	37.5		
<i>Reducing Health Impacts from Climate Change</i>	1.00	125.6	31.4				(31.4)	Not recommended due to affordability.
<i>Day Nursery Immunization</i>	2.00	192.4	48.1				(48.1)	Not recommended due to affordability.
<b>Sub-Total</b>	3.00	468.1	117.0		150.0	37.5		
<b>BOH Recommended Table 1 Total</b>	1,869.63	250,816.4	55,626.1	1,870.58	250,594.2	55,546.6		
<b>Other New &amp; Enhanced</b>								
<i>Pan Am Games -2015 Operations</i>	1.50	205.9		1.50	205.9			
<i>Pan Am Games - Base</i>	(1.08)	(87.2)						
<i>Student Nutrition Program (SNP) Inflation</i>		381.9	381.9		381.9	381.9		
<i>SNP Enhancement</i>		963.7	963.7				(963.7)	Not recommended due to waiting for governance review
<i>SNP Expansion</i>		555.5	555.5				(555.5)	Not recommended due to waiting for governance review
<b>Total New &amp; Enhanced</b>	3.42	2,487.9	2,018.1	1.50	737.8	419.4	(1,598.7)	
<b>2015 Recommended Operating Budget</b>	<b>1,870.05</b>	<b>252,836.2</b>	<b>57,527.2</b>	<b>1,872.08</b>	<b>251,182.0</b>	<b>55,928.5</b>	<b>(1,598.7)</b>	

- The Board of Health has requested the following which are not being recommended due to the pending Student Nutrition Program (SNP) governance review and financial constraints:

- The enhancement and stabilization of the Student Nutrition Program (\$0.964 million) and the expansion of the SNP (\$0.556 million), totalling \$1.519 million.
- The new service request for Reducing Health Impacts from Climate Change of \$125.6 million gross and \$0.031 million net and one permanent position.
- The new service request for Day Nursery Immunization of \$0.192 million gross and \$0.048 million net and two permanent positions.
- The 2015 Recommended Operating Budget for TPH of \$251.182 million gross and \$55.929 million net (after recommended changes) is \$1.599 million net lower than the Board of Health's Recommended Operating Budget of \$57.527 million net.



## **Appendices:**

## Appendix 1

### 2014 Service Performance

#### 2014 Key Service Accomplishments

In 2014, Toronto Public Health accomplished the following:

##### *Public Health Foundations:*

- ✓ Implemented and conducted initial analysis of Toronto Public Health Student Survey; monitored, maintained, and assessed 49 health surveillance indicators and developed 2 new indicators and conducted analysis of 5 year trends related to income and health inequalities and ongoing surveillance for outbreak detection.
- ✓ Prepared 12 staff reports for the Board of Health and approved 25 research proposals submitted for ethics review.

##### *Infectious Diseases*

- ✓ Provided 24/7 availability to respond to reports of infectious disease requiring an immediate public health response and received, assessed and reviewed more than 89,000 notifications of all infectious diseases and reported infectious disease surveillance information to the Ministry of Health and Long-Term Care.
- ✓ Responded to approximately 34,000 cases of reportable/communicable diseases and responded to 330 outbreaks of communicable diseases in the community and institutional facilities.
- ✓ Inspected 1,065 licensed child care facilities and 3,551 critical and semi-critical personal services settings.
- ✓ Provided infection prevention and control liaison services to 20 hospital sites, 18 complex continuing care/rehab centres, 87 Long-Term Care Homes, 3 correctional facilities, 4 school boards and 65 shelters.
- ✓ Provided free TB medication to all clients with active TB and to clients diagnosed with Latent TB Infection (LTBI) who are referred for TB preventative therapy by their community health care provider and provided follow-up of all persons identified as contacts of an active TB case and assessed and followed up newcomers who are placed on TB Medical Surveillance by Citizenship and Immigration Canada.
- ✓ Provided over 55,000 clinic visits at sexual health clinics, investigated over 13,000 confirmed cases of chlamydia, gonorrhoea, syphilis and HIV and ensured treatment of 100% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics) and provided sexual health promotion programming to 30,000 clients as per program priorities.
- ✓ Counseled (provided anonymous information and referral services) 25,600 callers through the AIDS and Sexual Health Information Line, recorded over 75,000 visits to the Needle Exchange and created and implemented a data base for condom distribution for the safer sex supplies program.



- ✓ Provided 38,000 immunizations for hepatitis B, 25,000 for Meningococcal meningitis, and 18,000 for human papillomavirus (HPV) for grades 7&8 students) and completed assessment of immunization records for 242,860 elementary, request immunization for 50,000 secondary students and 1,400 cold chain inspections for routine vaccine providers.
- ✓ Provided 29 immunization clinics for school-aged children who do not have access to OHIP or a health care provider and provided 50 community clinics for HPV vaccine for high school female students.
- ✓ Investigated 100% animal to human bite incidents, provided post exposure prophylaxis to attending physicians (when requested) and submitted 100% animal specimens for rabies testing when risk assessment indicates need.

#### *Environmental Health*

- ✓ Inspected approximately 32,000 food premises; responded to 100% of reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues within 24 hours; Offered food safety training and certification to approximately 8,910 food handlers working in licensed food premises.
- ✓ Initiated a major Home Food Safety health promotion campaign using Food Safety Enhancement Funding aimed at 2.6 million residents of Toronto.
- ✓ Completed 4,351 recreational water facilities inspections; Issued 171 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools; Investigated and resolved 215 adverse water reports in total; responded to 65 lead in water adverse reports; responded to 57 microbiological adverse reports; and responded to 18 other adverse reports including chemical adverse reports (27 in 2012).
- ✓ Responded to 5,458 (100%) complaints, including 793 (100%) after hours, alleging a health hazard within 24 hours or by the next business day and took action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto.
- ✓ Responded to 1,315 bed-bug related complaints/requests for service.
- ✓ Treated 352,164 catch basins (3 rounds) and 3,486 catch basins in environmentally sensitive areas through a service contract with CCMM, Set a minimum of 43 mosquito traps across the city and monitor from June until September; Conducted targeted tick dragging in areas where black legged ticks have been identified and submit samples for testing.

#### *Emergency Preparedness*

- ✓ Completed 100% of Business Continuity Plans and reached 100% of TPH staff with basic Incident Management System training through on-line training, (e-modules).

#### *Chronic Diseases & Injuries*

- ✓ Reached approx. 217,000 (60%) of children and youth in schools with Chronic Disease/Injury Prevention (CDI) initiatives that build positive health behaviours (healthy eating, active living, tobacco use prevention, injury prevention, and UVR/sun safety).

- ✓ Trained 161 peer leaders in type 2 diabetes prevention. Reached 4,232 people at risk of developing type 2 diabetes directly by trained peer leaders through awareness raising, physical activity and healthy eating/skill building sessions and workshops; an additional 14,446 individuals were reached through peer-led awareness-raising events and activities. TPH educated 851 individuals through type 2 diabetes risk assessment workshops and an additional 533 individuals through healthy eating and physical activity diabetes prevention workshops.
- ✓ Reached 100 schools and 2,000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 40% of participating schools were in their second year or more of participation.
- ✓ Provided education and training to 450 health and allied health professionals on falls prevention from 84 agencies, educated 2,700 older adults through 75 falls prevention presentations / events.
- ✓ Provided one school nurse liaison for each of the ~800 schools in Toronto (ratio: 1:30, provincial average is 1:15).
- ✓ Reached 348,000 adults through substance misuse prevention communication campaign activities to promote the national Low-Risk Alcohol Drinking Guidelines.

#### *Family Health*

- ✓ Established Baby-Friendly Initiative (BFI) sustainability plan and participate in provincial collaborative initiative to develop province-wide breastfeeding surveillance data collection plan.
- ✓ Provided nutrition counseling and vitamin supplementation to 2,300 prenatal women in Healthiest Babies Possible program and group nutrition education to 2,500 prenatal women at 39 Canada Prenatal Nutrition Program sites and provided 20,000 mothers with breastfeeding education and support.
- ✓ Increased universal postpartum screening in community hospitals by 5% and conducted 35,000 home visits for families with children 0 to 3 years of age who are at high risk of poor developmental outcomes.
- ✓ Delivered group parenting education to 4,800 parents with 35% of groups delivered in priority at-risk neighbourhoods.
- ✓ Delivered culturally and language specific group nutrition education to 900 families with children 6 months to 6 years of age and provided wrap-around counseling and case-management for 480 families in partnership with Toronto Employee and Social Services.
- ✓ Provided speech and language therapy to 8,000 preschool children and conducted infant hearing screening tests on 38,000 newborns.
- ✓ Dental Services: conducted 21,000 dental screenings in elementary schools; conducted approximately 11,500 screenings in high schools and daycares and screened approximately 11,500 youth and children through the high school and child care screening program and referred approximately 2,800 for treatment.

## 2014 Financial Performance

### 2014 Budget Variance Analysis

(\$000s)	2012 Actuals	2013 Actuals	2014 Approved Budget	2014 Projected Actuals*	2014 Approved Budget vs. Projected Actual Variance	
	\$	\$	\$	\$	\$	%
Gross Expenditures	226,724.1	235,749.9	247,632.2	242,672.7	(4,959.5)	(2.0%)
Revenues	181,094.4	186,655.6	192,650.0	187,848.4	(4,801.6)	(2.5%)
Net Expenditures	45,629.7	49,094.4	54,982.2	54,824.3	(157.9)	(0.3%)
Approved Positions	1,866.2	1,723.9	1,877.0	1,780.0	(97.0)	(5.2%)

\* Based on the 9 month Operating Budget Variance Report

### 2014 Experience

- Toronto Public Health is forecasting a year-end variance of \$0.158 million or 0.3% under the 2014 Approved Operating Budget due to under-spending in salaries and benefits arising from vacant positions.
- TPH is projecting a strength of 1,780 positions which is 97.0 positions or 5.2% below the complement of 1,877. This is in line with the budgeted gapping rate of 5.1% which is equivalent to approximately 95.7 positions.

### Impact of 2014 Operating Variance on the 2015 Recommended Budget

- The salary savings due to hiring delays is not expected to continue into 2015 as the staffing should be at planned levels.

## Appendix 2

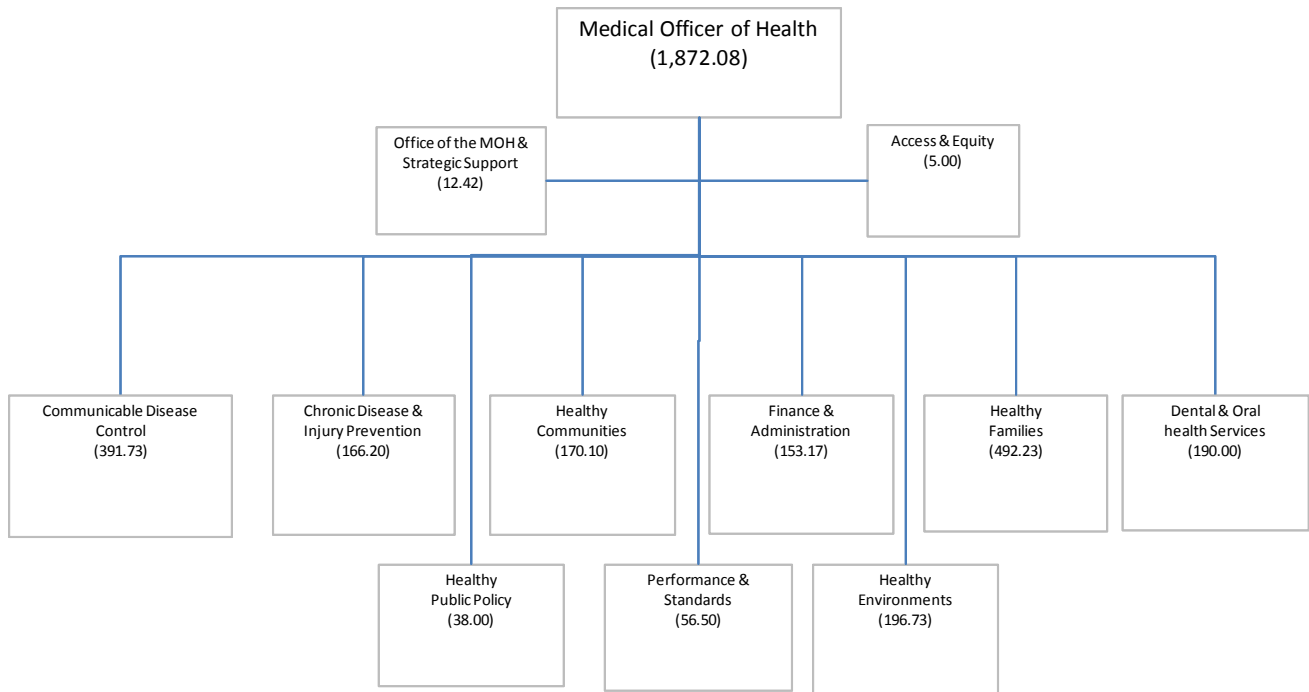
## 2015 Recommended Operating Budget by Expenditure Category

## Program Summary by Expenditure Category

Category of Expense (\$000's)	2012	2013	2014	2014	2015	2015 Change from		Plan	
	Actual	Actual	Budget	Projected	Rec'd	2014 Approved		2016	2017
	\$	\$	\$	Actual*	Budget	\$	%	\$	\$
Salaries and Benefits	161,912.0	169,796.8	177,907.5	174,409.2	180,416.2	2,508.7	1.4%	179,564.8	180,253.3
Materials and Supplies	4,013.8	3,556.3	4,028.4	3,905.5	3,891.0	(137.4)	(3.4%)	3,857.5	3,857.9
Equipment	905.0	1,153.2	884.6	1,065.1	878.1	(6.4)	(0.7%)	878.1	878.2
Services & Rents	35,282.5	35,708.6	37,479.7	35,941.6	37,700.9	221.2	0.6%	37,542.2	37,545.8
Contributions to Reserve/Res Funds	1,451.7	1,431.7	1,431.7	1,431.7	1,431.7			1,431.7	1,431.9
Other Expenditures	6,549.3	8,199.1	9,378.7	9,344.0	9,968.0	589.3	6.3%	10,237.2	10,566.6
Interdivisional Charges	16,609.8	15,904.1	16,521.6	16,575.6	16,896.1	374.4	2.3%	16,914.9	16,933.9
<b>Total Gross Expenditures</b>	<b>226,724.1</b>	<b>235,749.9</b>	<b>247,632.2</b>	<b>242,672.7</b>	<b>251,182.0</b>	<b>3,549.8</b>	<b>1.4%</b>	<b>250,426.4</b>	<b>251,467.5</b>
Interdivisional Recoveries	12,247.6	11,315.6	10,407.5	10,015.6	10,541.9	134.3	1.3%	10,541.9	10,541.9
Provincial Subsidies	162,676.1	168,641.5	174,901.0	172,022.3	178,068.3	3,167.3	1.8%	603.4	1,021.3
Federal Subsidies	62.6	85.4	570.5	390.9	387.4	(183.1)	(32.1%)	(69.5)	(69.5)
User Fees & Donations	860.9	879.7	996.7	864.8	1,021.7	25.0	2.5%	22.5	45.5
Transfers from Capital Fund	2,945.4	3,468.4	3,968.3	2,897.0	3,441.2	(527.1)	(13.3%)	(1,414.9)	(1,257.4)
Contribution from Reserve	128.0	359.3	293.8	126.0	174.3	(119.5)	(40.7%)	(174.3)	(174.3)
Sundry Revenues	2,173.8	1,905.7	1,512.1	1,532.0	1,618.7	106.6	7.1%	(202.3)	(201.7)
<b>Total Revenues</b>	<b>181,094.4</b>	<b>186,655.6</b>	<b>192,650.0</b>	<b>187,848.4</b>	<b>195,253.5</b>	<b>2,603.5</b>	<b>1.4%</b>	<b>9,306.8</b>	<b>9,905.9</b>
<b>Total Net Expenditures</b>	<b>45,629.7</b>	<b>49,094.4</b>	<b>54,982.2</b>	<b>54,824.3</b>	<b>55,928.5</b>	<b>946.3</b>	<b>1.7%</b>	<b>241,119.5</b>	<b>241,561.6</b>
<b>Approved Positions</b>	<b>1,886.2</b>	<b>1,723.9</b>	<b>1,877.0</b>	<b>1,780.0</b>	<b>1,872.1</b>	<b>(4.9)</b>	<b>(0.3%)</b>	<b>1,850.8</b>	<b>1,851.5</b>

\* Note: Based on the 9 month Operating Budget Variance Report

### Appendix 3 2015 Organization Chart



### 2015 Recommended Complement

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Full-Time	1.00	239.00	2.00	1,596.00	1,838.00
Part-Time		6.31		27.77	34.08
<b>Total</b>	<b>1.00</b>	<b>245.31</b>	<b>2.00</b>	<b>1,623.77</b>	<b>1,872.08</b>

## Appendix 5

### Summary of 2015 Recommended New / Enhanced Service Priorities

**2015 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
(\$000s)

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

4234	<b>35.4 TPH - Student Nutrition Program (SNP) Inflation</b>
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72	1	<b>Description:</b>
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Funding of \$0.382 million gross and net is recommended to cover the Student Nutrition Program cost of food increase. The increase of 5.4% is based on the Nutritious Food Basket survey results for Toronto. It is a requirement in the Ontario Public Health Standards that Toronto Public Health annually complete the Nutritious Food Basket food costing tool to measure the cost of eating healthy in Toronto. For 2014, an estimated 155,484 Toronto children and youth will access 681 municipally funded student nutrition programs in 501 school communities located in all City Wards. A late application and appeals process, to be completed by December 31, 2014, will slightly alter these numbers. This funding supports year 3 of the 5-year plan approved by the Board of Health in 2012 to keep the municipal investment in student nutrition programs synchronized with annual cost of food increases.

**Service Level Impact:**

Currently funded student nutrition programs will be able to keep pace with the increasing costs of food in order to maintain their same level of service to their communities.

Service: TPH - Chronic Diseases & Injuries

Total Staff Recommended:	126.0	0.0	126.0	0.0	88.9	108.3
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Service: TPH - Family Health

Total Staff Recommended:	126.0	0.0	126.0	0.0	88.9	108.3
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Service: TPH - Public Health Foundations

Total Staff Recommended:	129.8	0.0	129.8	0.0	91.6	111.6
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<b>Staff Recommended New/Enhanced Services:</b>	<b>381.9</b>	<b>0.0</b>	<b>381.9</b>	<b>0.0</b>	<b>269.2</b>	<b>328.4</b>
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**Category:**

- |   |                   |
|---|-------------------|
| 71 - Operating Impact of New Capital Projects | 74 - New Services |
| 72 - Enhanced Services-Service Expansion      | 75 - New Revenues |

**2015 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
(\$000s)

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

4245 **74.2 TPH - Toronto Urban Health Fund Budget Enhancement**

72 | 1 **Description:**

Funding of \$0.150 million gross and \$0.038 million net will assist TPH to address funding shortfalls for projects mainly for projects in the youth resiliency stream. The TUHF funds projects which address HIV prevention, harm reduction and youth resiliency. In 2014, TUHF funded 59% of requests, equivalent to 44 applications comprised of 12 new projects and 32 returning projects. The proportion of funding for the HIV prevention, harm reduction, and youth resiliency stream is 39%/39%/22%. TUHF is currently funding 12 youth resiliency projects (6 South, 3 North and 3 East, and 3 of which are in a Neighbourhood Improvement Area) which train 122 Peer Leaders to provide training to 929 peers to deliver health promotion and resiliency building activities reaching 4,394 at-risk children and youth.

**Service Level Impact:**

With the budget enhancement, TUHF will be able to fund 63% of requests, equivalent to 49 applications and the funding stream proportion will now be 38%/38%/24% for HIV Prevention, harm reduction and youth resiliency. The youth resiliency stream will increase the number of projects to 15 from 12 and will maintain 6 projects in the South, and scale up 5 projects in the North and 4 projects in the East.

Service: TPH - Chronic Diseases & Injuries

Total Staff Recommended:	37.5	28.1	9.4	0.0	0.0	0.0
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Service: TPH - Infectious Diseases

Total Staff Recommended:	112.5	84.4	28.1	0.0	0.0	0.0
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<b>Staff Recommended New/Enhanced Services:</b>	<b>150.0</b>	<b>112.5</b>	<b>37.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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**Category:**

71 - Operating Impact of New Capital Projects	74 - New Services
72 - Enhanced Services-Service Expansion	75 - New Revenues



**2015 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
(\$000s)

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

4891 **35.8 TPH - 2015 Pan-Am Games - Operations**

74 | 1 **Description:**

One-time funding of \$0.206 million gross and \$0 net in 2015 will be provided to TPH to deliver service at Games venues and event sites during the Pan Am Games (June 1 to August 30th). The current service standards are prescribed in the Ontario Health Protection and Promotion Act, the Ontario Public Health Standards and the City of Toronto Municipal Code, and TPH will attempt to provide this minimum service level during the Games from its team of health hazard inspectors, disease surveillance epidemiologists and coordinators/strategic policy advisors. TPH will prioritize health hazard (particularly food) inspections and disease surveillance to prevent risks and address incidents should they occur. Overtime is also included to provide on-call support outside regular business hours for inspection, disease surveillance and crisis supports for 30 days while the Games are underway. Funding will be reimbursed from TO2015/Ontario.

**Service Level Impact:**

TPH will provide increased service during the Pan AM games.

Service: TPH - Chronic Diseases & Injuries

Total Staff Recommended:	6.2	6.2	0.0	0.0	0.0	0.0
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Service: TPH - Emergency Preparedness

Total Staff Recommended:	10.3	10.3	0.0	0.0	0.0	0.0
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Service: TPH - Environmental Health

Total Staff Recommended:	103.0	103.0	0.0	0.0	0.0	0.0
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Service: TPH - Family Health

Total Staff Recommended:	2.1	2.1	0.0	0.0	0.0	0.0
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Service: TPH - Infectious Diseases

Total Staff Recommended:	84.4	84.4	0.0	0.0	0.0	0.0
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Service: TPH - Public Health Foundations

**Category:**

71 - Operating Impact of New Capital Projects	74 - New Services
72 - Enhanced Services-Service Expansion	75 - New Revenues



**2015 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
		Total Staff Recommended:	0.0	0.0	0.0	1.5	0.0	0.0
		<b>Staff Recommended New/Enhanced Services:</b>	<b>205.9</b>	<b>205.9</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>0.0</b>

**Category:**

71 - Operating Impact of New Capital Projects      74 - New Services  
72 - Enhanced Services-Service Expansion      75 - New Revenues



**2015 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

**Summary:**

<b>Staff Recommended New/Enhanced Services:</b>	<b>737.8</b>	<b>318.4</b>	<b>419.4</b>	<b>1.5</b>	<b>269.2</b>	<b>328.4</b>
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## Appendix 6

### Inflows/Outflows to/from Reserves & Reserve Funds

Table 8

#### Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2014 \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
<b>Projected Beginning Balance</b>		136.9	136.9	194.1	251.3
Vehicle & Equipment Reserve - Public Health	XQ1101				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			57.2	57.2	57.2
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		136.9	194.1	251.3	308.5
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		136.9	194.1	251.3	308.5

Table 9

#### Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2014 \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
<b>Projected Beginning Balance</b>					
Tax Rate Stabilization Reserve	XQ0703	31,595.3	31,595.3	31,469.7	31,469.7
<i>Proposed Withdrawals (-)</i>			(125.6)		
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		31,595.3	31,469.7	31,469.7	31,469.7
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		31,595.3	31,469.7	31,469.7	31,469.7

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
<b>Projected Beginning Balance</b>					
Major Special Events Reserve Fund	XR1218	5,566.8	5,566.8	5,518.1	5,518.1
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>5,566.8</b>	<b>5,518.1</b>	<b>5,518.1</b>	<b>5,518.1</b>
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		<b>5,566.8</b>	<b>5,518.1</b>	<b>5,518.1</b>	<b>5,518.1</b>

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
<b>Projected Beginning Balance</b>					
Insurance Reserve Fund	XQ0703	21,307.7	21,307.7	21,717.5	22,127.3
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>21,307.7</b>	<b>21,717.5</b>	<b>22,127.3</b>	<b>22,537.1</b>
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		<b>21,307.7</b>	<b>21,717.5</b>	<b>22,127.3</b>	<b>22,537.1</b>

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
<b>Projected Beginning Balance</b>					
Vehicle Reserve - IT Sustainment	XQ1508	9,375.2	9,375.2	10,339.9	11,304.7
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>9,375.2</b>	<b>10,339.9</b>	<b>11,304.7</b>	<b>12,269.4</b>
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		<b>9,375.2</b>	<b>10,339.9</b>	<b>11,304.7</b>	<b>12,269.4</b>

## Appendix 7a

## Recommended User Fees Adjusted for Inflation and Other

Rate Description	Service	Fee Category	Fee Basis	2014	2015			2016	2016
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
Inspecting properties, conducting file search & issuing reports	Emergency Preparedness, Infectious Diseases and Environmental Health	Full Cost Recovery	Per Request	\$160.20	\$163.72		\$163.72	\$167.33	\$171.01
Inspecting premises, conducting file search & issuing a report	Emergency Preparedness and Environmental Health	Full Cost Recovery	Per Application	\$160.20	\$163.72		\$163.72	\$167.33	\$171.01
Processing a license application, includes inspection & providing a report	Emergency Preparedness and Environmental Health	Full Cost Recovery	Per Application	\$160.20	\$163.72		\$163.72	\$167.33	\$171.01
Inspecting a mobile cart for license purposes	Emergency Preparedness and Environmental Health	Full Cost Recovery	Per Request	\$160.20	\$163.72		\$163.72	\$167.33	\$171.01
Covers the cost of food handler training	Environmental Health	Full Cost Recovery	Per Person	\$41.80	\$42.72		\$42.72	\$43.66	\$44.62
Covers the cost of examination testing & issuing of food handler certificate	Environmental Health	Full Cost Recovery	Per Certification	\$41.59	\$42.50		\$42.50	\$43.44	\$44.40
Covers the cost of issuing a TPH certificate	Environmental Health	Full Cost Recovery	Per Request	\$5.33	\$5.45		\$5.45	\$5.57	\$5.69
Covers the cost of administration and materials to reissue certificate	Environmental Health	Full Cost Recovery	Per Request	\$10.69	\$10.93		\$10.93	\$11.17	\$11.41
Covers the cost of processing the wallet card with a photo	Environmental Health	Full Cost Recovery	Per Request	\$5.33	\$5.45		\$5.45	\$5.57	\$5.69
To cover the cost of reviewing and accrediting programs	Environmental Health	Full Cost Recovery	Per Request	\$970.90	\$992.26		\$992.26	\$1,014.09	\$10,036.40
Cost for PHI to review documentation & clerk to prepare letter of approval	Emergency Preparedness and Infectious Diseases	Full Cost Recovery	Per Request	\$26.69	\$27.28		\$27.28	\$27.88	\$28.49
Cost for PHI to review documentation and clerk to prepare letter of approval.	Communicable Disease	Full Cost Recovery	Per Request	\$26.69	\$27.28		\$27.28	\$27.88	\$28.49
Assessment Report/Remediation Plan Review fee	Emergency Preparedness, Infectious Diseases and Environmental Health	Full Cost Recovery	Per Report/Plan Review	\$543.93	\$555.90		\$555.90	\$568.13	\$580.62
Administration/Clerical/Fee	Emergency Preparedness, Infectious Diseases and Environmental Health	Full Cost Recovery	Per Property	\$271.96	\$277.94		\$277.94	\$284.06	\$290.31
Marijuana Grow Operation Enforcement	Inspection and Enforcement Fee	Full Cost Recovery	Per Property	\$543.93	\$555.90		\$555.90	\$568.13	\$580.63
Marijuana Grow Operation Enforcement	Court/Tribunal Attendance Fee	Full Cost Recovery	Per Property	\$543.93	\$555.90		\$555.90	\$568.13	\$580.63
Inspecting properties when owners apply for a lodging house license in the former municipality of Etobicoke	Emergency Preparedness, Infectious Diseases and Environmental Health	Full Cost Recovery	Per Application	\$421.86	\$431.14		\$431.14	\$440.63	\$450.32
Inspecting properties when owners of lodging houses seek a renewal for the Lodging House License in the former municipality of Etobicoke	Emergency Preparedness, Infectious Diseases and Environmental Health	Full Cost Recovery	Per Application	\$241.37	\$246.68		\$246.68	\$252.11	\$257.65
Covers the cost of administration and materials to reissue certificate	Environmental Health	Full Cost Recovery	Per Request	\$10.69	\$10.93		\$10.93	\$11.17	\$11.42
To cover the cost of material to produce the Food Handler Safety manual plus S&H	Environmental Health	Full Cost Recovery	Per Request	\$26.69	\$27.28		\$27.28	\$27.88	\$28.49
Food safety review and certification program	Environmental Health	Full Cost Recovery	Per Request	\$766.50	\$783.36		\$783.36	\$800.60	\$818.21