



## REPORT FOR ACTION

### 2018 Toronto Public Health Budget and Provincial Funding Enhancement for Cost-Shared Mandatory Programs and Services

**Date:** June 11, 2018

**To:** Board of Health Budget Committee and Board of Health

**From:** Medical Officer of Health

**Wards:** All

#### SUMMARY

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In April 2018, the Minister of Health and Long-Term Care advised the Medical Officer of Health of the provincial government's intention to increase its share of base funding for mandatory programs and services by two per cent in 2018.

In early May 2018, the Ministry of Health and Long-Term Care (the Ministry) confirmed a two per cent increase for cost-shared mandatory programs and services for Toronto Public Health. Of the two per cent increase (\$2,530.5 thousand) for cost-shared mandatory programs and services base funding, \$1,418.0 thousand was approved in the 2018 Toronto Public Health 2018 operating budget. This leaves an annualized amount of \$1,112.5 thousand of the two per cent ministry increase to address emerging public health needs.

As requested by the Board of Health at its April 2018 meeting, this report provides an overview of how the base funding increase would be allocated to help address emerging public health issues. Six opportunities are recommended by the Medical Officer of Health to support Public Health's activities related to the City's shelter system and respite centres, and include: enhanced community outreach, enhanced safe disposal of harm reduction supplies, enhanced infection prevention and control in shelters and respite centres, enhanced collection of health data in the homeless and refugee populations, increased access to healthy food in drop-in centres serving homeless and underhoused people, and targeted communications to support much needed education, awareness and public engagement on complex housing and health issues.

The 2018 cost to deliver the six opportunities is \$904.0 thousand gross. In order to secure the \$904.0 thousand from the Ministry, the City will contribute its matched funding of \$226.2 (twenty five per cent) through funds already allocated to address the strain being experienced in the shelter system.

## RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. The Board of Health request City Council to increase the 2018 Operating Budget of Toronto Public Health by \$904.0 thousand gross, \$0 net to leverage the Ministry of Health and Long Term Care funding enhancement for 2018 as a means to supplement the City's investment in responding to the health needs of homeless individuals and supporting the shelter system.

## FINANCIAL IMPACT

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Toronto Public Health's 2018 operating budget would increase by \$904.0 gross, \$0 net. In order to secure the \$904.0 thousand, the City will contribute its matched funding of \$226.2 (twenty five per cent) through funds already allocated to address the strain being experienced in the shelter system.

The Interim Chief Financial Officer has reviewed this report and agrees with the financial impact information

## DECISION HISTORY

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At its April 16, 2018 meeting, the Board of Health requested the Medical Officer of Health to report back to the Board of Health on options regarding the provincial funding increase in 2018.

[HL26.4 City Council Approved Toronto Public Health 2018 Operating Budget](#)

At its February 12, 2018 meeting, City Council approved the 2018 Budget Committee Recommended Operating Budget for TPH of \$251.292 million gross, \$63.185 million.

[EX31.2 2018 Capital and Operating Budgets](#)

## COMMENTS

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Individuals experiencing homelessness and underhousing have much poorer health than the general Toronto population. Recent data collected by Toronto Public Health (TPH) shows that in 2017, 100 people died while being homeless, with a median age of death of 48 years. This means that half of the 100 decedents were younger than 48 years. In comparison, the average life expectancy in Toronto is 81 and 85 years of age for males and females, respectively.<sup>1</sup>

The 2007 Toronto Street Health Report found that three quarters of people experiencing homelessness reported that they had one or more chronic or ongoing physical health conditions. The need to secure adequate food, shelter and clothing makes seeking

medical care for developing and existing conditions difficult and a low priority for individuals experiencing homelessness.<sup>2</sup>

Homelessness is the result of systemic or societal barriers, a lack of affordable and appropriate housing, and/or racism and discrimination.<sup>3</sup> Other marginalized communities, such as those living with a mental illness or a physical disability, those affected by violence, and lesbian, gay, bisexual, transgender, queer, and two spirit (LGBTQ2S+) individuals, are also overrepresented in the homeless population.<sup>4</sup>

Financial, mental, cognitive, behavioural, social, and/or physical challenges can also contribute to the likelihood of an individual becoming and remaining homeless. A common coping strategy used by the homeless and underhoused population is substance use, and this is reflected in the leading cause of death of homeless persons in Toronto for 2017: drug overdose. As previously reported to the Board of Health (BOH), people experiencing homelessness may use substances as a way to escape from the difficulties faced in their day-to-day lives. Those with a risk-factor profile that contributes to the likelihood of being homeless may also be more likely to become addicted to substances.<sup>5</sup> They may also be more likely to use alone and have poor access to services and community groups that can reduce the harms associated with substance use.

Homelessness and underhousing is not a new issue in the City of Toronto. However, the situation is becoming more urgent and critical. With the increased cost of housing, limited affordable rental units, combined with an influx of refugees, Toronto's shelter system and City resources are experiencing a significant strain.

Since 2017, the City has been experiencing continued occupancy pressures in its shelter system due to the influx of refugees and newcomers. In order to address some of these pressures, City Council at its meeting of February 17, 2018 in approving the 2018 Operating Budget for Shelter, Support and Housing Administration, added \$18 million in anticipation of receiving additional Provincial and Federal funding support.

With the increase in provincial base funding for mandatory cost-shared public health programs, in 2018 the City could leverage \$904.0 thousand of the increase and TPH, through its mandate to reduce health inequities and address local needs, could work with Shelter Support and Housing Administration (SSHA) to help address the health needs of shelter and respite populations. With this in mind, the Medical Officer of Health (MOH) recommends funding six opportunities that meet the public health mandate and address local needs and emerging issues.

### **Opportunity 1: Outreach Program**

Financial Impact: \$355.0 thousand gross, \$0 net; seven positions (six Outreach Workers, one Supervisor) and Supplies and Materials

Toronto Public Health is currently working with SSHA and Social Development, Finance and Administration, along with community agencies and other local service providers, to develop a comprehensive five-year plan, including an immediate one-year action plan, to address key issues in the Downtown East Area (bounded by Bloor Street on the

north, Front Street on the south, Yonge Street on the west, and the Don Valley Parkway on the east). This plan is designed to address urgent concerns related to homelessness, community safety, substance use, and mental health.

To further enhance this partnership, the MOH recommends an expansion of the Community Outreach program by hiring an additional seven outreach program positions. The expansion will initially focus on the issues of homelessness and underhoused populations who use drugs in the vicinity of TPH's Supervised Injection Service (SIS) operating at 277 Victoria Street and the Downtown East, and then expand further to shelters and respite centres throughout the City.

Targeted Outreach activities include:

- Connecting with people who use drugs and providing safe drug use supplies
- Distributing Naloxone
- Providing safer drug use education, including overdose prevention and response
- Promoting use of the supervised injection services and overdose prevention sites
- Collecting discarded harm reduction supplies found while doing outreach
- Educating on proper disposal of drug use supplies including educating local businesses on proper needle handling and disposal practices
- Coordinating with other outreach activities happening in communities
- Liaising with other service providers, including Streets to Homes, mental health supports, and detox and drug treatment services

Anticipated outcomes: It is anticipated that these new resources will result in an increase in referrals and connections to other health and social services for individuals who are homeless or underhoused; and an increase in the number of individuals using the supervised injection and overdose prevention sites. It is further anticipated that this enhancement would reduce the number of instances where people who use drugs inject in public spaces and alone, resulting in a reduction in overdose deaths, and incidents of inappropriately discarded needles and other drug use supplies.

## **Opportunity 2: Enhancing Safe Disposal of Harm Reduction Supplies (Needle Disposal)**

Financial Impact: \$50.0 thousand gross, \$0 net; Supplies and Materials

There are reports of increased numbers of discarded needles in the areas around established shelters and respite centres, City parks, and laneways

The MOH recommends purchasing and installing a minimum of twenty five boxes in select City parks, shelter and respite centres to support and enhance proper and safe disposal of used drug supplies. This important investment will be supported by a needle disposal guideline for City parks, shelters and respite centres. This guideline is currently in development.

Anticipated outcome: It is anticipated that these important and additional resources will reduce the instances of inappropriately discarded needles and other drug use supplies in parks, laneways and other public areas.

### **Opportunity 3: Infection Prevention and Control in Shelter and Respite Centres**

Financial Impact: \$119.0 thousand gross, \$0 net; 2 positions (one Health Promotion Specialist and one Infection Control Specialist) and Supplies and Materials

Preventing and controlling communicable diseases and outbreaks is an ongoing objective for TPH. The unprecedented increase in demand for space in established shelters and the new respite centres places individuals experiencing homelessness at increased risk of exposure to communicable diseases.

The MOH recommends hiring a health promotion specialist and an infection control specialist to enhance infection prevention and control guidance and practice to reduce the spread of communicable diseases / outbreaks in shelters, respite centres and Out of the Cold locations.

Health Promotion and Infection Control Specialists will:

- Develop and update TPH policies and procedures to support cluster and outbreak investigations with a focus on shelters, Out of the Cold locations and respite centres;
- Develop, review and update educational and training resources for shelter providers and workers, including online training materials to support Toronto Shelter Standards; and
- Conduct site visits and work with staff in shelters, respite centres, and Out of the Cold programs to implement TPH's Infection Prevention and Control in Shelters Guidance document

Anticipated outcome: It is anticipated that these new resources will increase awareness and compliance with infection prevention and control best practices in shelters, respite centres and Out of the Cold programs, and therefore reduce the risk of illness, infections and outbreaks. In addition, organizations that support homeless and underhoused individuals will have access to experts who are able to respond effectively to unique circumstances that may arise at their location.

### **Opportunity 4: Collection and Reporting of Health Data in Homeless Population**

Financial Impact: \$130.0 thousand gross, \$0 net; 2 positions (one Epidemiologist and one Policy Development Officer) and Supplies and Materials

Homeless individuals tend to have poorer health than the housed population and access health care and social services in many locations with limited continuity of care. This makes gathering information about their health status and the health care and social services they use difficult. Collecting information on the health status and the health and social services these vulnerable populations access is important. This will assist City services and the broader health care system to better understand and address the health and social services needs of this population.

Collecting and reporting health data in the homeless population requires considerable collaboration and coordination across the health care system and service provider sector, as well as knowledge of how to collect and analyze health data.

The MOH recommends hiring a policy development officer and an epidemiologist to lead this work. These resources will collaborate with community stakeholders to assist the City and its partners, such as the Local Health Integration Networks, in addressing health inequities and barriers to accessing health services by homeless and underhoused populations.

Anticipated outcome: It is anticipated that these additional resources will support important and expanded data collection to enhance evidence-informed decision-making and service planning, and aid in the evaluation of current programs.

### **Opportunity 5: Access to Healthy Food**

Financial Impact: \$55.0 thousand gross, \$0 net; 0.5 positions (one part time Coordinator) and Supplies and Materials

Creating Health Plus (CH+) is a partnership program between TPH, SSHA, Daily Bread Food Bank, and Toronto Drop In Network in response to research that identified considerable nutritional gaps in meals served at Toronto drop-ins. Drop-ins serve the City's most vulnerable people; many users are homeless or underhoused, have mental health or substance use issues, and/or are street-involved. For most clients the meals served at drop-ins are their primary and sometimes only source of food for the day. Creating Health Plus intervenes by providing regular and reliable access to five fresh foods on a weekly basis: fruits, vegetables, milk, yoghurt and eggs.

Toronto Public Health provides in-kind support to CH+ through participation on an Advisory Committee and provision of nutrition advice. Shelter Support and Housing Administration provides financial support to cover the costs of food for 28 drop-ins across the city. For 2018, the United Way has provided additional funds to cover an additional 2 drop-ins. Over the past three years, CH+ has benefitted from a dedicated program manager funded by Ontario Trillium Foundation; this funding will end on June 30, 2018.

The MOH recommends hiring a part time coordinator for the program, as well as providing financial support to offset the increasing cost of food in the 30 existing drop-ins.

Anticipated outcome: It is anticipated these resources will enable program continuity, continued engagement and valuable training support for member drop-ins as well as partnership development to enhance program resources. Training support and CH+ referrals could also be made available at SSHA respite centres. Additional program supplies and materials will help offset the increased cost of food and training materials for drop-in chefs/cooks.

### **Opportunity 6: Communication Strategy**

Financial Impact: \$195.0 thousand gross, \$0 net; one position (Media Relations Advisor), and Supplies and Materials

Toronto Public Health, in consultation with SSHA, has identified a need for a comprehensive communications strategy to ensure clear and consistent messaging is provided to the public on how the City is managing the situation of homelessness in Toronto, how it is addressing current and emerging issues related to increasing numbers of respite centres, and the impact and benefits of harm reduction programs. The communication strategy will use social media, community outreach, traditional media channels and online content.

The MOH recommends hiring one media relations advisor who would work with existing communications staff to develop and execute the communications strategy.

Anticipated outcome: It is anticipated that this resource will support important education and awareness efforts for residents, stakeholders and the broader community on homelessness and mental health and addictions; and communicate the strategies the City is implementing to address these issues.

## **Conclusion**

Housing is a critical social determinant of health. As a pressing concern in Toronto, the City has an opportunity to leverage provincial funding to support its response to the public health needs of homeless and underhoused populations. The Medical Officer of Health encourages the BOH to approve the recommendations in this report, the benefits of which include, but are not limited to:

- Connecting vulnerable populations to other health and social services;
- Improving public safety by reducing the number of discarded needles and drug use supplies;
- Improving efforts to prevent the spread of communicable diseases in these vulnerable populations;
- Collecting health information about these populations to better inform City policies, programs and services, and support the broader health care system to better address the health needs of people who are homeless or underhoused;
- Providing nutritional foods for these populations and others experiencing food insecurity; and
- Providing homeless and underhoused populations, other residents, community partners, businesses, and others with information on the steps the City is taking to address homelessness.

With the approval of City Council, the opportunities presented in this report will start as soon possible and conclude on December 31, 2018. The homeless and underhoused populations would benefit from the continuation of a number of these opportunities beyond 2018. The Medical Officer of Health will present these opportunities through the City's 2019 budget process.

## CONTACT

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## SIGNATURE

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Dr. Eileen de Villa  
Medical Officer of Health

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