



# Toronto Public Health Operating Budget Request 2011



## **PART I: EXECUTIVE SUMMARY**

|                                     |   |
|-------------------------------------|---|
| 2011 Operating Budget Request ..... | 2 |
| Recommendations .....               | 4 |

## **PART II: TORONTO PUBLIC HEALTH OVERVIEW**

|   |   |
|---|---|
| TPH Strategic Plan .....                      | 5 |
| TPH Program Map and Program Overviews .....   | 6 |
| TPH Operating Budget By Program .....         | 8 |
| TPH Operating Budget By Funding Sources ..... | 9 |

## **PART III: PROGRAM DETAILS**

|                                   |    |
|-----------------------------------|----|
| Communicable Disease Control..... | 13 |
| Healthy Environments.....         | 14 |
| Healthy Living .....              | 15 |
| Healthy Families .....            | 17 |
| Dental and Oral Health.....       | 18 |
| Emergency Preparedness.....       | 19 |

## **PART IV: OPERATING BUDGET DETAILS**

|  |    |
|--|----|
| Overview of the 2011 Operating Budget .....            | 20 |
| Budget Impact on Toronto Taxpayers.....                | 21 |
| Section A: Base Budget .....                           | 21 |
| Section B: New and Enhanced Services .....             | 24 |
| Section C: Impact of Capital on Operating Budget ..... | 25 |
| Section D: Staffing Trends .....                       | 26 |
| Section E: Operating Budget Current Status.....        | 26 |

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# PART I: EXECUTIVE SUMMARY

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## 2011 Operating Budget Request

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The Toronto Public Health (TPH) 2011 Operating Budget Request totals \$231,844.0 thousand gross / \$44,328.5 thousand net. This request is \$6,515.6 thousand gross and \$160.9 thousand net (0.4 percent) above the 2010 Operating Budget. The net increase of \$160.9 thousand over the 2010 Operating Budget is comprised entirely of base budget increases for the negotiated collective agreement.

|                   | <b>2010 Budget</b> | <b>2011 Request</b> | <b>Change from 2010 Budget</b> |          |
|-------------------|--------------------|---------------------|--------------------------------|----------|
| <b>(\$000s)</b>   | <b>\$</b>          | <b>\$</b>           | <b>\$</b>                      | <b>%</b> |
| <b>GROSS EXP.</b> | 225,328.4          | 231,844.0           | 6,515.6                        | 2.8      |
| <b>REVENUE</b>    | 181,160.7          | 187,515.5           | 6,354.7                        | 3.4      |
| <b>NET EXP.</b>   | 44,167.6           | 44,328.5            | 160.9                          | 0.4      |
| <b>Positions</b>  | 1,929.2            | 1,922.2             | (7.0)                          | (0.4)    |

The City Manager issued guidelines and directions for development of the 2011 Operating Budget to all City Programs, Agencies, Boards and Commissions (ABCs). Included in these directions is the expectation that all City Programs and ABCs:

- achieve the 2011 operating budget reduction target of five percent of the 2009 Net Operating Budget;
- review all services for efficiencies, conformance to and/or possibly changes in service level standards, and in particular service effectiveness and relevance;
- continue to control expenditures through cost savings measures;
- do not introduce any new initiatives for 2011; and
- budget COLA for unionized employees, where known; COLA for non-union employees will be budgeted corporately.

TPH has reviewed its services and costs and where achievable absorbed expected inflation increases and reduced costs in the 2011 budget request. TPH has reviewed the 2011 Request with the City Manager and the Chief Financial Officer. Corporate Financial Planning is recommending the TPH 2011 Operating Budget Request except for the planned reduction in corporate overhead charges of \$650 thousand gross/\$162.5 thousand net the provincial funding from this charge benefits the City by offsetting costs for other City programs.

The corporate overhead charge from the City is for general municipal services provided to TPH. This is a third annual planned reduction based on a review of this cost allocation by the City's

Internal Audit Division. The revised corporate charge was reviewed and validated by Corporate Accounting and the City's Internal Auditor in 2008 and a schedule was initiated in the 2009 operating budget cycle to allocate the full reduction required over five years. There is no impact on public health service to the community from this reduction although the funding could be reallocated to delivering services. Due to the City's current fiscal position, the City's Financial Planning Division is not recommending this reduction.

Public health services include programs that receive provincial funding for 100 per cent of the cost and provincial funding for 75 per cent of the cost which leverages every \$1 of the City's investment in public health with \$3 of provincial funding.

At its meeting on June 23, 2010, the Board of Health Budget Sub-Committee directed the Medical Officer of Health to submit a TPH 2011 Operating Budget request that maintains current public health services, maximizes use of all available provincial funding, and optimizes compliance with Ontario Public Health Standards.

Since 2004 the City's contribution to TPH Budget has declined as the Province has increased the funding of cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007. The City's funding to public health has decreased by \$22.3 million between 2004 and the 2011 Budget Request due to the change in the cost-share ratio.

In 2010 and as requested for 2011, total provincial funding of \$6.1 million will be lost for public health services due to the City's fiscal constraints. The opportunity to invest in and build public health programs and services in areas of such as bedbug control, communicable disease control and chronic disease prevention is lost when available provincial funding is not maximized.

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## RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. City Council approve the Toronto Public Health 2011 Operating Budget request of \$231,844.0 thousand gross / \$44,328.5 thousand net as summarized in Table 1, “2011 Operating Budget Request”;
2. City Council approve the list of base budget adjustments included in Table 6, “Summary of 2011 Base Budget Changes from 2010 Operating Budget” of this report totaling an increase of \$6,415.6 thousand gross and \$160.9 thousand net;
3. City Council approve one 2011 New and Enhanced Service for the Investing in Families program with an increase of \$100.0 thousand gross/ \$0.0 net that is funded by Toronto Employment and Social Services;
4. City Council continue to invest sufficient municipal funds to maintain and strengthen public health services in Toronto and to leverage all available provincial funding to promote and protect the health of the Toronto population; and
5. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2011 budget process.

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## PART II: TORONTO PUBLIC HEALTH OVERVIEW

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The statutory responsibilities mandate and authority of the Toronto Board of Health, and through the Board, Toronto Public Health, are set out in the legislative requirements of the Ontario Health Promotion and Protection Act (HPPA).

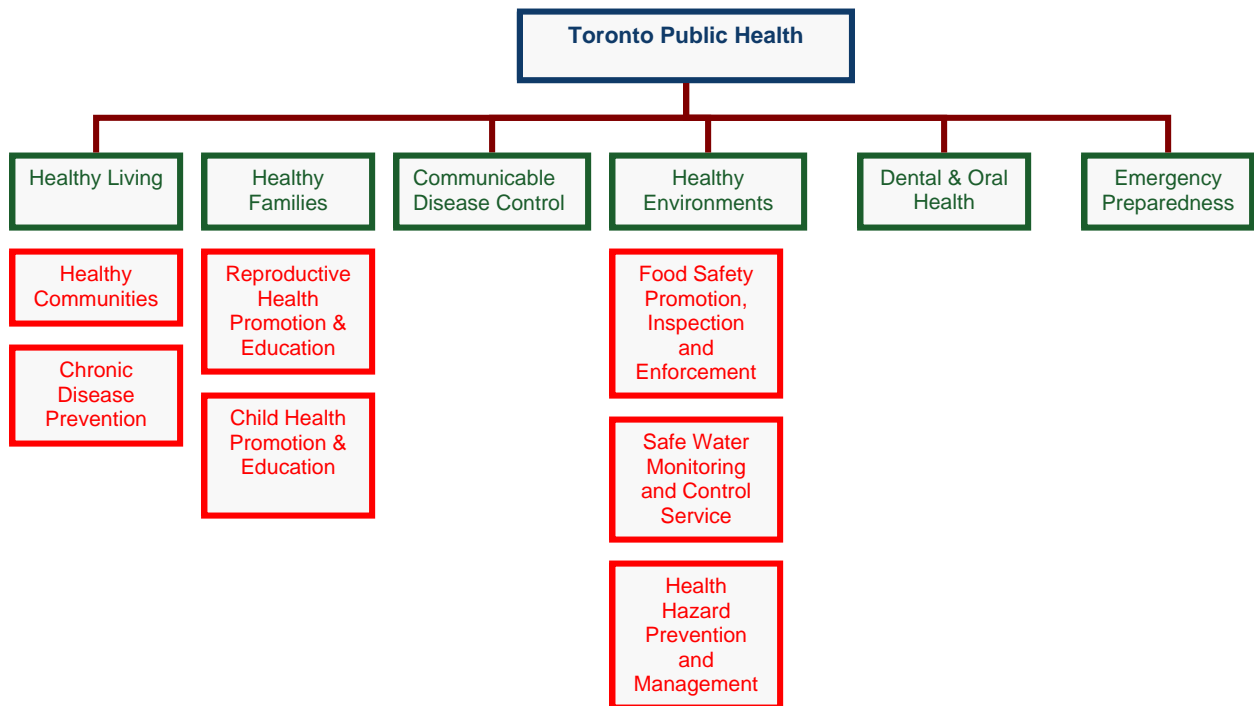
The program requirements and expectations of the Board of Health are set out in the provincial Public Health Program Standards, authorized by regulation under the HPPA.

### TPH Strategic Plan 2010-2014



## TPH Program Map

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## Program Overviews

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**The Communicable Disease Control Program** 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 annually assesses immunization records for all students enrolled in Toronto schools. The VPD program offers Hepatitis B and Meningitis C vaccine to grade 7 students and immunizes thousands of residents annually as part of the provincial Universal Influenza Immunization Program.
- The Sexually Transmitted Infection (STI) case management program provides comprehensive assessment, counseling, referral and partner notification of sexually transmitted infections annually.
- The AIDS and Sexual Health Information Line provides telephone counseling.
- Fifteen Sexual Health (SH) clinics provide services in clinics across the city. Services include STI testing and free treatment, provision of low cost birth control and pregnancy testing and referral.

**Healthy Environments (HE) Program** promotes safety of food and beverages in restaurants and processing plants including inspection of over 15,000 food premises in the City of Toronto to

ensure compliance with provincial food safety standards. Other HE services include education, training and certification on safe food preparation, handling and processing for food premise operators as well food safety education for the general public. HE monitors drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notifies stakeholders in the event of adverse water quality conditions.

**Healthy Living** 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 program 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 Abuse Prevention.

**Healthy Families** promotes and supports healthy behavior for people in their childbearing years, pregnant women, their partners and youth. Public health professionals, including public health nurses, dietitians, and speech language pathologists provide education and outreach on reproductive health.

Healthy Families services include activities that promote and support:

- Healthy behaviors and environments, healthy birth outcomes and readiness to parent for people in their reproductive years.
- Healthy attachment and early learning through positive parenting strategies.
- Physical, cognitive, communicative and psycho-social development of children.
- Effective parenting in high-risk families.

**Dental and Oral Health** provides dental treatment, screening and preventive services at limited or no cost to over 31,000 low income dental patients and their families through 14 dental clinics. Major activities provided include screening of school aged children, preventive dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment (CINOT) and Ontario Works, and dental services for seniors in collective living centers.

**The Emergency Preparedness Program** aims to develop a culture of preparedness. The successful resolution of an emergency depends on the readiness of an organization at the beginning of the crisis. If people know their roles and are well versed on what to do, valuable time is gained in dealing with the emergency instead of losing time because of confusion and uncertainty. Major activities include:

- Developing and maintaining emergency response plans which include arrangements and processes to respond to and recover from a variety of emergencies.
- Conducting exercises and training courses on emergency preparedness, response and recovery including the Incident Management System (IMS).



## TPH Operating Budget by Program

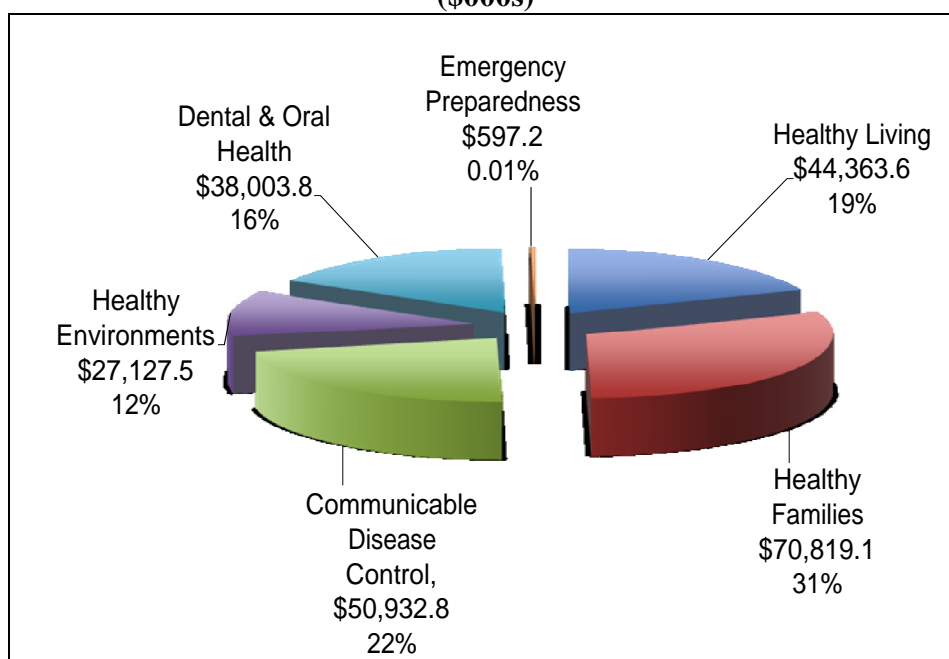
The operating budget that funds the TPH Programs is outlined below in Table 2 which compares budgeted expenditures between the 2010 Budget and the 2011 Request. In Chart 1 – 2011 TPH Operating Budget Request by Program Gross Expenditure, the relative service dollars available by each Program is illustrated.

**Table 2**  
**Operating Budget Expenditure Allocation by Program**

| Toronto Public Health        | 2010 (\$000s)    |                 | 2011 Request (\$000s) |                 |
|------------------------------|------------------|-----------------|-----------------------|-----------------|
|                              | Gross            | Net             | Gross                 | Net             |
| Healthy Living               | 43,655.3         | 9,870.5         | 44,363.6              | 10,223.7        |
| Healthy Families             | 70,373.4         | 8,119.7         | 70,819.1              | 8,116.9         |
| Communicable Disease Control | 50,762.2         | 10,363.1        | 50,932.8              | 10,518.0        |
| Healthy Environments         | 27,286.8         | 5,677.2         | 27,127.5              | 5,687.4         |
| Dental & Oral Health         | 32,686.2         | 9,998.3         | 38,003.8              | 9,635.5         |
| Emergency Preparedness       | 564.4            | 138.8           | 597.2                 | 147.1           |
| <b>Total</b>                 | <b>225,328.4</b> | <b>44,167.6</b> | <b>231,844.0</b>      | <b>44,328.5</b> |

Note: TPH has several 100% funded programs which include: Healthy Smiles Ontario, Communicable Disease Liaison Unit, AIDS Hotline, Healthy Babies/Healthy Children, Preschool Speech & Language, Infant Hearing, Diabetes Strategy, and Smoke Free Ontario. TPH has two 100% City Funded programs: Dental treatment for seniors and children, and the Methadone treatment program.

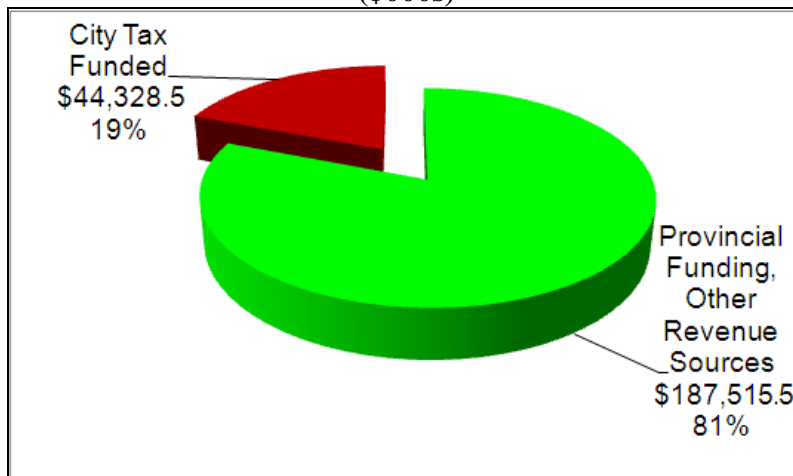
**Chart 1**  
**2011 TPH Operating Budget Request by Program Gross Expenditure (\$000s)**



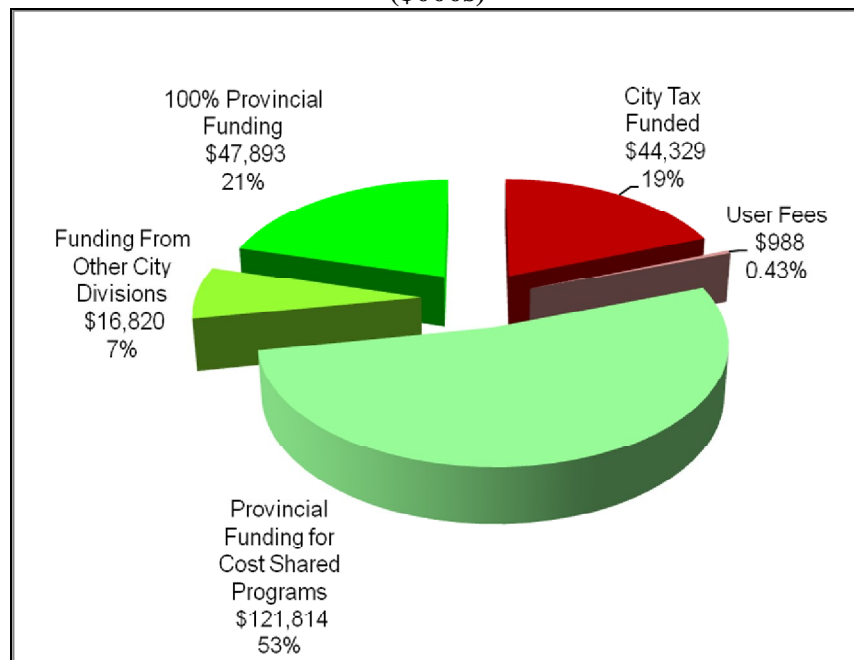
## TPH Operating Budget by Funding Sources

The Province of Ontario provides funding for 74 percent of the TPH gross operating budget with 19 percent contributed from the City and the remaining 7 percent from user fees and other levels of government or external partners, and other City Divisions. From the 76 percent provincially funded programs 52 percent are cost shared at 75:25 and 21 percent are 100 percent funded by the Province.

**Chart 2**  
**Breakdown of TPH 2011 Operating Budget by Funding Source**  
 (\$000s)



**Chart 3**  
**Breakdown of TPH 2011 Operating Budget by Detailed Funding Source**  
 (\$000s)



## Provincial Funding for Cost Shared Programs

The 2011 Operating Budget request for the provincial mandatory cost shared programs, including both the provincial share of 75 percent and the City's share of 25 percent, is \$158,893.2 thousand gross / \$39,723.3 thousand net expenditures, which is an increase from the 2010 Operating Budget of \$663.7 thousand gross and \$165.9 thousand net expenditures, or 0.4 percent, mainly related to negotiated compensation costs.

The provincial funding formula will continue at 75 percent in 2011. The cost sharing formula of 75:25 means that funding for every \$4 of public health services requires only \$1 of investment by the City. Conversely, a reduction of \$1 to the net City funded budget would require a \$4 cut in provincial cost-shared programs.

In 2010, the Ministries of Health and Long-Term Care and Health Promotion and Sport provided \$521.0 million to all Ontario Public Health Units to meet the Ontario Public Health Standards. The TPH allocation of the 2010 grant was \$118,672.2 thousand or 22.8 percent for a population of 2.6 million.

In 2010, the Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Health Promotion and Sport (MHPS) offered increases of up to 3 percent over the 2009 approved funding level to Ontario Boards of Health to meet the Ontario Public Health Standards. For Toronto Public Health, the available allocation was \$3.5 million. Due to the City's financial constraints, Toronto received only 0.5 percent or \$0.5 million of the available funding over the 2009 approved provincial funding, losing the opportunity to leverage an additional \$3.0 million for needed public health services with the required investment of \$1 million from the City.

**Table 3**  
**TPH Provincial Funding for 75% Cost Shared Programs**  
**2007-2011**

| YEAR | PROVINCIAL ALLOCATION          |             |            | TPH REQUEST          |             |            | CUMULATIVE REVENUE FOREGONE |
|------|--------------------------------|-------------|------------|----------------------|-------------|------------|-----------------------------|
|      | APPROVED PROVINCIAL ALLOCATION | \$ INCREASE | % INCREASE | TPH REQUESTED BUDGET | \$ INCREASE | % INCREASE |                             |
| 2007 | 107,383,013                    |             |            | 107,383,013          |             |            | 0                           |
| 2008 | 112,752,164                    | 5,369,151   | 5.0%       | 112,752,164          | 5,369,151   | 5.0%       | 0                           |
| 2009 | 118,118,431                    | 5,366,267   | 4.8%       | 118,118,431          | 5,366,267   | 4.8%       | 0                           |
| 2010 | 121,661,984                    | 3,543,553   | 3.0%       | 118,672,157          | 553,726     | 0.5%       | 2,989,827                   |
| 2011 | 125,311,843                    | 3,649,859   | 3.0%       | 119,169,905          | 497,748     | 0.4%       | 6,141,938                   |

In 2011, the Province of Ontario has announced that Ontario Boards of Health will qualify for funding increases of up to 3 percent over the 2010 approved funding level. For Toronto, this available allocation is \$3.6 million. Again in 2011, due to the City's financial constraints, Toronto

Public Health is requesting an increase of only \$0.5 million or 0.4 percent of the available provincial funding, losing the opportunity to leverage an additional \$3.1 million for needed public health services with a required investment from the City of \$1 million.

In 2010 and as requested for 2011, total provincial funding of \$6.1 million will be lost to the City for public health services due to fiscal constraints. The opportunity to invest in and build public health programs and services in areas of such as bedbug control, communicable disease control and chronic disease prevention is lost when available provincial funding is not maximized.

## City Savings Due to the Change in Provincial Funding Formula

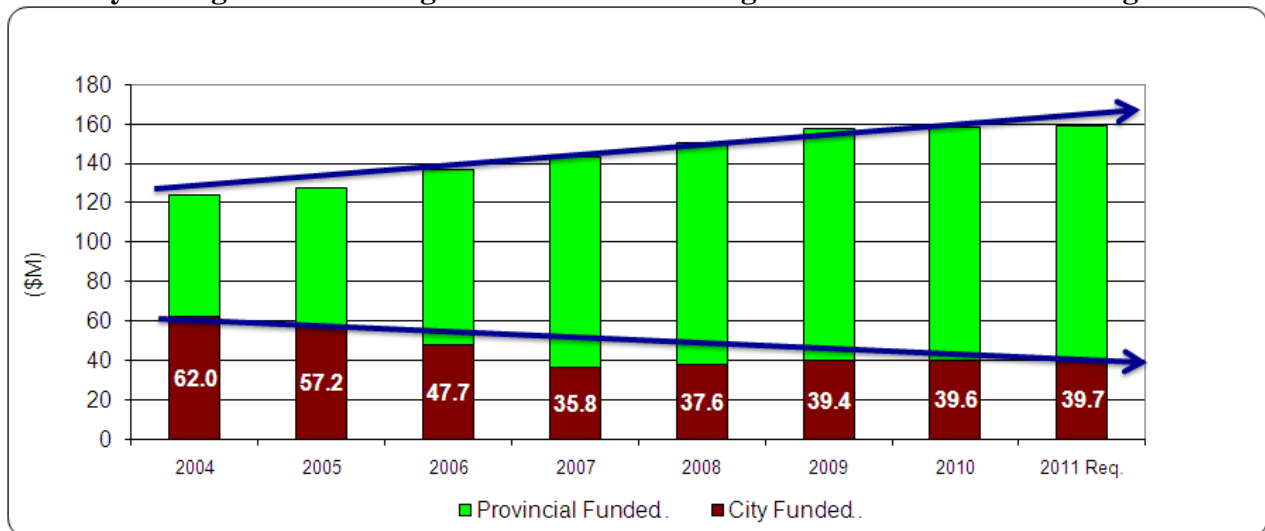
In 2004, Operation Health Protection was announced by the Ontario government to increase the provincial share of public health funding from 50 percent to 75 percent by 2007 as follows:

- January 1, 2005 – 55 percent
- January 1, 2006 – 65 percent
- January 1, 2007 – 75 percent

The plan to rebuild the public health infrastructure in Ontario was developed using the lessons learned from Walkerton, West Nile virus and SARS was drawn from the recommendations of the National Advisory Committee on SARS and Public Health chaired by Dr. David Naylor, the Expert Panel on SARS and Infectious Disease Control chaired by Dr. David Walker, and the Interim Report of Mr. Justice Archie Campbell.

The shift in funding from the City to the Province from 2005 to 2007 reduced the City's investment in TPH from \$62 million in 2004 to \$35.8 million in 2007, with savings to the City of \$26.2 million.

**Chart 4**  
**City Savings Due to Change in Provincial Funding Ratio for Cost Shared Programs**



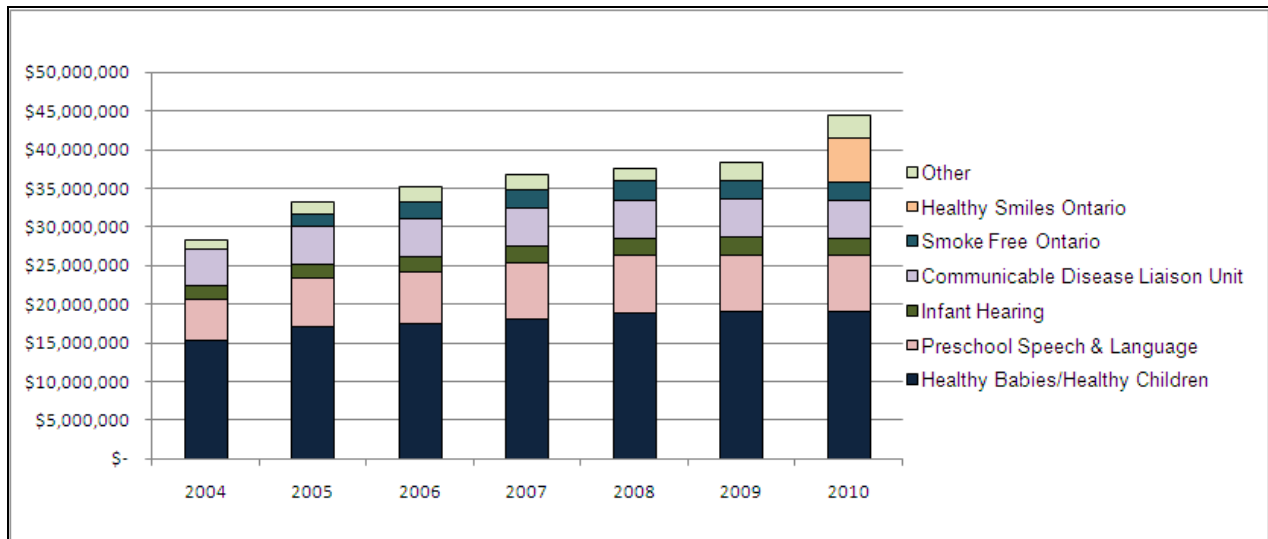
Since 2004 the City’s contribution to TPH Budget has declined as the Province has increased the funding of cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007. The City’s contribution towards funding of the TPH operating budget since 2004 is provided in Table 4 and illustrated in Chart 4 above.

**Table 4**  
**City Savings Due to Change in Provincial Funding Ratio for Cost Shared Programs**

| Year      | Programs Funding Ratio Prov/City | Gross Expenditure \$M | City Funded \$M | Provincial Funded \$M |
|-----------|----------------------------------|-----------------------|-----------------|-----------------------|
| 2004      | 50/50                            | 124.0                 | 62.0            | 62.0                  |
| 2005      | 55/45                            | 127.1                 | 57.2            | 69.9                  |
| 2006      | 65/35                            | 136.4                 | 47.7            | 88.6                  |
| 2007      | 75/25                            | 143.2                 | 35.8            | 107.4                 |
| 2008      | 75/25                            | 150.3                 | 37.6            | 112.8                 |
| 2009      | 75/25                            | 157.5                 | 39.4            | 118.1                 |
| 2010      | 75/25                            | 158.2                 | 39.6            | 118.7                 |
| 2011 Rec. | 75/25                            | 158.9                 | 39.7            | 119.2                 |

Several programs offered by TPH are funded 100 percent by the Province including Healthy Babies/Healthy Children, Preschool Speech and Language and Communicable Disease Liaison Unit as outlined in Table 5 – 100% Provincially Funded Program Trends: 2004 - 2010. Over the past seven years the amount of 100 percent funding has increased by almost 60 percent from \$28.3 million in 2004 to \$44.4 million in 2010.

**Table 5**  
**100% Provincially Funded Program Trends: 2004 - 2010**



| 100% Funded Programs              | 2004                 | 2005                 | 2006                 | 2007                 | 2008                 | 2009                 | 2010                 |
|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Healthy Babies/Healthy Children   | \$ 15,264,657        | \$ 17,011,762        | \$ 17,492,832        | \$ 18,140,795        | \$ 18,931,125        | \$ 18,972,925        | \$ 18,972,925        |
| Preschool Speech & Language       | \$ 5,446,763         | \$ 6,276,042         | \$ 6,724,208         | \$ 7,172,373         | \$ 7,411,373         | \$ 7,443,373         | \$ 7,303,373         |
| Infant Hearing                    | \$ 1,595,714         | \$ 1,865,185         | \$ 1,994,545         | \$ 2,188,905         | \$ 2,161,505         | \$ 2,309,180         | \$ 2,305,945         |
| Communicable Disease Liaison Unit | \$ 4,777,650         | \$ 4,854,384         | \$ 4,854,384         | \$ 4,854,384         | \$ 4,854,400         | \$ 4,854,400         | \$ 4,854,400         |
| Smoke Free Ontario                |                      | \$ 1,592,307         | \$ 2,132,532         | \$ 2,419,294         | \$ 2,549,233         | \$ 2,339,694         | \$ 2,327,376         |
| Healthy Smiles Ontario            |                      |                      |                      |                      |                      |                      | \$ 5,738,206         |
| Other                             | \$ 1,245,616         | \$ 1,582,746         | \$ 1,935,915         | \$ 2,036,617         | \$ 1,689,849         | \$ 2,524,046         | \$ 2,924,951         |
| <b>Total</b>                      | <b>\$ 28,330,400</b> | <b>\$ 33,182,426</b> | <b>\$ 35,134,416</b> | <b>\$ 36,812,368</b> | <b>\$ 37,597,485</b> | <b>\$ 38,443,618</b> | <b>\$ 44,427,176</b> |

2011 Budget for 100% funded programs not yet approved

## PART III: PROGRAM DETAILS

| COMMUNICABLE DISEASE CONTROL (in \$000s) | 2011 Gross Base Budget | 2011 Net Base Budget | % of Cost Paid by City |
|--|------------------------|----------------------|------------------------|
|  |                        | 50,932.8             | 10,518.0               |

### Program Overview

*The Communicable Disease Control Program* 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 annually assesses immunization records for all students enrolled in Toronto schools. The VPD program offers Hepatitis B and Meningitis C vaccine to grade 7 students and immunizes thousands of residents annually as part of the provincial Universal Influenza Immunization Program.
- The Sexually Transmitted Infection (STI) case management program provides comprehensive assessment, counseling, referral and partner notification of sexually transmitted infections annually.
- The AIDS and Sexual Health Information Line provide telephone counselling.
- Fifteen Sexual Health (SH) clinics provide services in clinics across the city. Services include STI testing and free treatment, provision of low cost birth control and pregnancy testing and referral.

### 2010 Service Highlights

- ☑ In 2010, responded to approximately 40,000 notifications of reportable/communicable diseases and investigated and managed approximately 350 disease outbreaks.
- ☑ Assessed immunization records of approximately 350,000 (100%) Toronto school students.
- ☑ Provided 73,000 vaccinations for Hepatitis B, Meningococcal and HPV to grade 7 and grade 8 students.
- ☑ Conducted follow-up screening for three months for 81% percent of household contacts of Tuberculosis cases.

- ☑ Directly-Observed Therapy (DOT) was provided to 82% of all eligible new cases of TB (88% of highest priority clients i.e. clients with pulmonary TB).
- ☑ Hepatitis B vaccine was provided free of charge for 10,275 Toronto residents.
- ☑ Completed 90% (2,541 premises) of the scheduled inspections of infection prevention and control measures in critical and semi-critical Personal Services Settings.
- ☑ The Sexual Health Clinics provided an estimated 58,000 client visits in 2010, an increase from 55,104 clinic visits in 2008.
- ☑ Sexually Transmitted Infections program responded to approximately 11,700 Chlamydia, gonorrhea, Syphilis, and HIV cases.
- ☑ AIDS and Sexual Health Infoline received and responded to 29,809 telephone calls.

### ***Program Challenges and Opportunities***

- ☑ Provincial occupational health and safety legislation requiring the use of Safety Engineered Needles has resulted in increased operational costs.
- ☑ A current lack of resources means that the VPD program is unable to implement a provincially mandated program to assess the immunization records of all children attending licensed day nurseries.
- ☑ The STI/Needle Exchange/Sexual Health Clinics program has difficulty providing accessible, comprehensive, sexual health services within current space and resources when the need for services and rates of sexually transmitted infections are increasing. The current programs are functioning at or over capacity, as the STI program continues to respond to the syphilis outbreak in Toronto.

| <b>HEALTHY ENVIRONMENTS</b><br>(in \$000s) | <b>2011 Gross<br/>Base Budget</b> | <b>2011 Net<br/>Base Budget</b> | <b>% of Cost Paid<br/>by City</b> |
|--|-----------------------------------|---------------------------------|-----------------------------------|
|  | <b>27,127.5</b>                   | <b>5,687.4</b>                  | <b>21.0</b>                       |

### ***Program Overview***

***Healthy Environments (HE) Program*** promotes safety of food and beverages in restaurants and processing plants including inspection of over 15,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards. Other HE services include education, training and certification on safe food preparation, handling and processing for food premise operators as well food safety education for the general public. HE monitors drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notifies stakeholders in the event of adverse water quality conditions.

### ***2010 Service Highlights***

- ☑ Assisted vulnerable clients to deal with bed bug infestations by conducting 3000 assessments and initiating 100 extreme clean events annually (2010 projected).

- ☑ In 2010 projected to conduct over 32,000 inspections in food premises according to the mandated inspection frequencies. Investigated 100% of reported animal to human exposures within 24 hours to maintain the incidence of rabies at zero in the human population.
- ☑ Conducted more than 800 inspections during extreme hot weather events to ensure the most vulnerable had access to information and services in dealing with extreme heat.

**Program Challenges and Opportunities**

- ☑ Achieving the requirements of the mandated Ontario Public Health Standards (OPHS) while addressing competing priorities (heat response and bed bugs), and ongoing budgetary constraints resulting in unfilled inspection positions.
- ☑ Ensuring that the Food Handler Certification program remains on target in the face of resource pressures.
- ☑ Ensuring that vulnerable clients are assisted in dealing with bed bugs in the absence of targeted provincial or city resources for this growing problem.
- ☑ Providing timely Public Health input on a growing number of highly technical environmental health issues and concerns, (eg. redevelopment of contaminated sites, chronic disease clusters) under resource limitations.

| <b>HEALTHY LIVING</b><br>(in \$000s) | <b>2011 Gross<br/>Base Budget</b> | <b>2010 Net<br/>Base Budget</b> | <b>% of Cost Paid<br/>by City</b> |
|--------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
|                                      | <b>43,363.6</b>                   | <b>10,223.7</b>                 | <b>23.1</b>                       |

**Program Overview**

*Healthy Living* 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 program 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 Abuse Prevention.

**2010 Service Highlights**

- ☑ Provided injury prevention and substance abuse prevention training for 70 grade 4/5 peer leaders, 200 grade 7/8 peer leaders, 322 high school peer leaders and 180 post secondary peer leaders.
- ☑ Provided consultation and site support for approximately 234 peer leaders in 36 high schools enrolled in an Injury Prevention and Substance Abuse Prevention program called "Youth In Control" serving over 3600 secondary school students.
- ☑ Provided training, consultation and site support to 599 student nutrition programs in 395 school communities reaching 110,000 children and youth.



- ☑ Over 82,000 elementary school-aged children and parents received Chronic Disease Prevention services including physical activity leadership programs in schools, healthy lunch presentations to parents and healthy eating environmental support to schools.
- ☑ Reached 760,000 youth with engagement initiatives including tobacco free sports, youth grants, EatSmart cafeteria programs and Afterschool initiatives.
- ☑ Over 31,800 adults received Chronic Disease Prevention education and skill building programs. These included food skills training, walking promotion, leader training and events, cancer screening presentations and displays, a 'Driven to Quit' tobacco cessation campaign, workplace programs, and diabetes prevention workshops.

The Health Options at Work program provided service to 200 workplaces, generating over 100 referrals to various TPH programs.

### ***Program Challenges and Opportunities***

- ☑ Increasing rates of a number of preventable chronic diseases across the City of Toronto with particularly marked growth in diabetes rates and increasing prevalence of cardio and cerebrovascular disease in portions of the City population (e.g. South Asian communities).
- ☑ The ongoing increases in rates of childhood obesity across North America and Canada present a growing future risk of significant elevations in a broad spectrum of chronic diseases within the City of Toronto.
- ☑ The economic downturn in Toronto and across Canada has led to increased rates of poverty in the City, contributing to greater food insecurity and increased food bank dependence. Economic conditions are significantly elevating the numbers of individuals and families who face additional barriers to healthy nutrition.
- ☑ Ongoing challenge of more effectively reaching underserved communities and in modifying and refining programming to improve impact in diverse and evolving cultural communities, and specifically amongst newcomers to Canada.
- ☑ Incorporating youth engagement principles within our practice to ensure meaningful youth participation in all aspects of CDP programming and in utilizing social media and marketing to effectively reach youth
- ☑ Increased availability of illegal contraband tobacco and the absence of an effective renewal of the Tobacco Strategy at the provincial and federal levels is resulting in the significant gains made in reducing smoking rate being compromised and among some age groups, potentially reversed.

| HEALTHY FAMILIES<br>(in \$000s) | 2011 Gross<br>Base Budget | 2011 Net<br>Base Budget | % of Cost Paid<br>by City |
|---------------------------------|---------------------------|-------------------------|---------------------------|
|                                 | 70,819.1                  | 8,116.9                 | 11.5                      |

### ***Program Overview***

*Healthy Families* promotes and supports healthy behavior for people in their childbearing years, pregnant women, their partners and youth. Public health professionals, including public health nurses, dietitians, and speech language pathologists provide education and outreach on reproductive health.

Healthy Families services include activities that promote and support:

- Healthy behaviors and environments, healthy birth outcomes and readiness to parent for people in their reproductive years.
- Healthy attachment and early learning through positive parenting strategies.
- Physical, cognitive, communicative and psycho-social development of children.
- Effective parenting in high-risk families.

### ***2010 Service Highlights***

- ☑ Provided 32,977 postpartum and parenting home visits
- ☑ Contacted 74.8% of postpartum mothers within 48 hours of hospital discharge
- ☑ Provided Peer Nutrition Program education to 1,750 participating families in 2009 and forecasted 3,400 in 2010
- ☑ Provided parenting education programs to 2,840 participating families
- ☑ Conducted infant hearing screening tests on 29,060 newborn babies or 89% of babies born in Toronto in 2009
- ☑ Ensured the provision of speech and language services to 7,390 preschool children

### ***Program Challenges and Opportunities***

- ☑ Capped Provincial funding in the Healthy Babies, Health Children program is resulting in annually increasing pressure on the sustainability of the program.
- ☑ The current capacity of the Peer Nutrition Program is highly limited when viewed in the context of the overall scale of nutritional challenges facing many families, of rising childhood obesity levels, and of increased food insecurity in the current economic climate.

There is a need to strengthen and enhance both the promotion and support available for breastfeeding and positive parenting on an ongoing basis. To effectively undertake this work requires widespread engagement with the hospital sector, community based organizations and healthcare providers –all of whom face competing demands and resource constraints.

| <b>DENTAL &amp; ORAL HEALTH</b><br>(in \$000s) | <b>2011 Gross<br/>Base Budget</b> | <b>2011 Net<br/>Base Budget</b> | <b>% of Cost Paid<br/>by City</b> |
|--|-----------------------------------|---------------------------------|-----------------------------------|
|  |                                   | <b>38,003.8</b>                 | <b>9,635.5</b>                    |

### ***Program Overview***

*Dental and Oral Health* provides dental treatment, screening and preventive services at limited or no cost to over 31,000 low income dental patients and their families through 14 dental clinics. Major activities provided include screening of school aged children, preventive dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment (CINOT) and Ontario Works, and dental services for seniors in collective living centers.

### ***2010 Service Highlights***

- ☑ 69 percent of schools screened by the Dental Program
- ☑ 32,000 patients treated in the Dental Program in 2010
- ☑ 34,000 people received oral health education in 2010
- ☑ Continued with the Community Oral Health Outreach Program (COHOP) targeting children 0-6 years of age, by providing over 200 workshops to 3000 community members, and 6 information booths in community centers.
- ☑ Implementation of the LIDP (Low Income Dental Program) for clients 0-18 years of age. This would include capital projects with 5 partnering agencies.

### ***Program Challenges and Opportunities***

- ☑ Implementing the new Low-Income Dental Program (LIDP) in conjunction with partner agencies, including developing and overseeing funding and accountability agreements pursuant to new Provincial funding requirements and criteria.
- ☑ Ongoing unmet oral health needs particularly for seniors and low income adults who do not meet the eligibility requirements for existing programming.
- ☑ Continuing with Community Outreach Program evaluation
- ☑ Continued implementation and assessment of new pilot projects: youth 18 to 21 years old, high risk prenatal clients in New Height CHC.

| <b>EMERGENCY PREPAREDNESS</b><br>(in \$000s) | <b>2011 Gross<br/>Base Budget</b> | <b>2011 Net<br/>Base Budget</b> | <b>% of Cost Paid<br/>by City</b> |
|--|-----------------------------------|---------------------------------|-----------------------------------|
|  |                                   | <b>597.2</b>                    | <b>147.1</b>                      |

### ***Program Overview***

*The Emergency Preparedness Program aims* to develop a culture of preparedness. The successful resolution of an emergency depends on the readiness of an organization at the beginning of the crisis. If people know their roles and are well versed on what to do, valuable time is gained in dealing with the emergency instead of losing time because of confusion and uncertainty. Major activities include:

- Developing and maintaining emergency response plans which include arrangements and processes to respond to and recover from a variety of emergencies.
- Conducting exercises and training courses on emergency preparedness, response and recovery including the Incident Management System (IMS).

### ***2010 Service Highlights***

- ☑ Participated in G8/G20 planning with the MOHLTC and other provincial and local health care partners and assisted in joint city G20 planning and response activities starting January 2010.
- ☑ Developed and coordinated the evaluation of TPH's H1N1 response.
- ☑ Contributed to emergency planning activities and preparedness training jointly with the Office of Emergency Management on basic emergency management including exercises and community awareness campaigns as well as providing intra-divisional training to 145 partners, 65 TPH staff and 60 individuals with community based multi-faith organizations.
- ☑ Updated Toronto Public Health Plan for an Influenza Pandemic (TPHPIP) based on H1N1 experience.

### ***Program Challenges and Opportunities***

- ☑ Full implementation of the requirements of the OPHS - Emergency Preparedness Protocol particularly a fan-out mechanism for mass notification of staff, community partners and government bodies and maintaining staff lists current on a quarterly basis.
- ☑ Incorporation of a response framework for managing the delivery of critical programs and services and other related components such as information, assets and facilities management into the existing TPH Continuity of Operations Plan.

## PART IV: OPERATING BUDGET DETAILS

### Overview of 2011 Operating Budget

Table 6  
Toronto Public Health  
Summary of 2011 Operating Budget Request

|  | Approved Positions | Gross Expenditures | Revenues         | Net             |
|--|--------------------|--------------------|------------------|-----------------|
| (\$000s)   |                    | \$                 | \$               | \$              |
| 2010 Council Appr. Operating Budget as at April 15, 2010 | 1,889.3            | 219,539.0          | 175,377.1        | 44,161.9        |
| In-year approvals and technical adjustments              | 39.9               | 5,789.4            | 5,783.6          | 5.7             |
| <b>2010 Operating Budget</b>                             | <b>1,929.2</b>     | <b>225,328.4</b>   | <b>181,160.7</b> | <b>44,167.6</b> |
| Reversal of Non Recurring items & Capital Projects       | (43.1)             | (7,618.9)          | (7,490.1)        | (128.8)         |
| Prior Year Impacts / Annualizations                      | (1.5)              | 6,055.1            | 5,981.8          | 73.3            |
| Economic Factors - Non Payroll                           | 0.0                | 301.7              | 218.4            | 83.3            |
| Step, Merit, COLA, Benefits                              | 0.0                | 3,940.0            | 3,102.0          | 838.0           |
| <b>PART 1: Adjusted Base Budget</b>                      | <b>1,884.6</b>     | <b>228,006.3</b>   | <b>182,972.8</b> | <b>45,033.4</b> |
| Corporate Overhead Charge Reduction*                     | 0.0                | (650.0)            | (487.5)          | (162.5)         |
| Other Base Changes                                       | 1.0                | 1,415.6            | 1,462.9          | (47.3)          |
| Salaries & Benefits Related to Capital Projects          | 35.6               | 3,521.0            | 3,521.0          | 0.0             |
| Healthy Smiles Ontario Revenue Reallocation              | 0.0                | 0.0                | 350.0            | (350.0)         |
| <b>PART 2: 2011 Base Budget Request</b>                  | <b>1,921.2</b>     | <b>232,292.9</b>   | <b>187,819.3</b> | <b>44,473.6</b> |
| <b>Requested Base Reductions</b>                         |                    |                    |                  |                 |
| Reverse Economic Factors                                 | 0.0                | (239.2)            | (171.5)          | (67.7)          |
| Completion of Capital Project Debt Repayment             | 0.0                | (309.7)            | (232.3)          | (77.4)          |
| <b>Total Requested Base Reductions</b>                   | <b>0.0</b>         | <b>(548.9)</b>     | <b>(403.8)</b>   | <b>(145.1)</b>  |
| <b>Requested 2011 Base Budget</b>                        | <b>1,921.2</b>     | <b>231,744.0</b>   | <b>187,415.5</b> | <b>44,328.5</b> |
| Over (Under) 2010 Operating Budget                       | (8.0)              | 6,415.6            | 6,254.7          | 160.9           |
| <b>PART 3: New and Enhanced Services</b>                 |                    |                    |                  |                 |
| Investing in Families                                    | 1.0                | 100.0              | 100.0            | 0.0             |
| <b>Total TPH 2011 Operating Budget Request</b>           | <b>1,922.2</b>     | <b>231,844.0</b>   | <b>187,515.5</b> | <b>44,328.5</b> |
| Over (Under) 2010 Operating Budget                       | (7.0)              | 6,515.6            | 6,354.7          | 160.9           |
| % Over (Under) 2010 Operating Budget                     | (0.4)              | 2.8                | 3.5              | 0.4             |

\* This reduction is not being recommended by the City.

## Budget Impact on Toronto Taxpayers

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The Province of Ontario provides funding for 75 percent of the TPH gross operating budget with 20 percent contributed from the City and the remaining five percent from user fees and other levels of government or external partners. The cost sharing formula of 75:25 means that every \$4 of public health services requires only \$1 of investment by the City.

The table below shows the annual cost of public health services per Toronto resident since 2001. The shift in the provincial formula starting in 2005 from 50 percent to 75 percent funding for cost-shared programs has allowed the City to move significant property tax dollars from public health into other City programs. The 2011 Operating Budget request includes \$22.3 million less in municipal funding than in 2004. The 2011 Operating Budget request would cost each Toronto resident \$17.05 in property taxes.

Table 7

| Public Health Cost for Each Toronto Resident (\$) |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2001  | 2002  | 2003  | 2004  | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  |
| 22.13   | 24.16 | 25.63 | 26.74 | 25.38 | 21.59 | 16.07 | 16.50 | 16.85 | 16.99 | 17.05 |

## Section A: Base Budget

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### PART 1: Adjusted Base Budget

The net Adjusted Base Budget of \$45,033.4 thousand, that is \$865.8 thousand above the 2010 net budget, includes an increase of \$838.0 thousand for 2011 salaries and benefits Cost of Living Adjustment (COLA), a decrease of \$128.8 thousand for previously approved operating budget impacts of capital projects, annualizations and reversal of non-recurring items for \$73.3 thousand and non payroll economic factor increases of \$83.3 thousand.

### PART 2: Base Budget Request

The increase of \$4,286.6 thousand gross and a decrease of \$559.8 thousand net is in the Base Budget Request. It is comprised of the Corporate Overhead Charge Reduction, Other Base Changes, Salaries & Benefits Related to Capital Projects and Healthy Smiles Ontario Revenue Reallocation. These adjustments are explained below:

#### Corporate Charge Reduction

A reduction of \$650.0 thousand gross and \$162.5 thousand net in the corporate charge from the

City of Toronto for general municipal services to Toronto Public Health is the third annual planned reduction based on a review of cost allocation by the City's Internal Audit Division to a reasonable amount for overhead charges. The revised corporate charge was reviewed and validated by Corporate Accounting and the City's Internal Auditor in 2008 and a schedule was initiated in the 2009 operating budget to allocate the full reduction required over five years. There is no impact on TPH's service to the community. Financial Planning Division is not recommending this reduction. If this reduction is not accepted then the net percentage increase over 2010 budget would be 0.7 percent instead of the 0.4 percent currently requested. The provincial funding from this charge benefits the City by offsetting costs for other City programs.

The City of Toronto has charged TPH a fee for general municipal services, or Corporate Overhead Charges to fund a portion of its corporate administrative expenditures, since 1999. The Ontario Ministry of Health and Long-Term Care will cost share a reasonable amount of justifiable general municipal charges that support the delivery of mandatory, cost-shared public health programs. The Ministry has requested that a service level agreement be established with the municipality to ensure that costs included in the general municipal charge are justifiable and eligible for reimbursement.

Corporate Overhead includes indirect City of Toronto costs for services that do not touch the public directly and are provided by: corporate purchasing and material management; accounting services; pension, payroll and employee benefits administration; information and technology; human resources; legal services; facilities and real estate management; and the City Clerk's division. The Corporate Overhead Charge allocation also includes an amount for depreciation and general operating costs in City owned facilities occupied fully or partially by TPH.

In 2007, the City Auditor engaged the City's Accounting Services Division in its review of eligible costs that can be recovered from the Province through the TPH operating budget. In 2007, Accounting Services developed a full costing model framework. The purpose of this model is to capture and identify all relevant costs associated with the provision of a service for all City programs. Based on this review the City Auditor recommended a reasonable and accountable amount of Corporate Overhead Charges attributable to the delivery of mandatory health programs eligible for Provincial subsidy be charged to TPH by the city.

## **Other Base Changes**

The total increase of \$1,415.6 thousand gross and a decrease of \$47.3 thousand net in Other Base Changes is due to several base budget adjustments explained below:

- An increase of \$1,318.0 gross and \$0 net is due to a projected increase in requests for services funded by the Ontario Works Dental Program through Interdepartmental Recoveries from the Toronto Employment and Social Services Division (TESS)
- An increase of \$1.8 thousand gross / \$0 net is a result of increased costs and revenue for the Food Handler Training program.
- In 2010, the Ministry of Health Promotion (MHP) confirmed the expansion of the

Children In Need of Dental Treatment (CINOT) dental program with funding of \$358.5 thousand to be cost shared at 75:25 between the Province and the City. City Council recommended that the 2011 additional funding requirement of \$358.5 thousand gross and \$89.6 thousand net for the expanded CINOT dental program be forwarded to Budget Committee for consideration during the 2011 Operating Budget process. Due to financial constraints, it is recommended that the City's share of \$89.6 thousand be funded from the 100 percent City-funded dental program as was done in 2010, resulting in a budget increase of \$268.5 thousand gross and \$0 net.

- In 2010, Environment Canada (EC) supported the ChemTRAC application at a cost of \$100.0 thousand gross and \$25.0 thousand net. EC has advised that this support will no longer be available in 2011. As a result, TPH requires an increase of one Systems Integrator 1 position to support the ChemTRAC application. There will be no financial impact as funds from contracted services will be re-allocated to fund this additional position.
- Gapping represents savings in the funding requirement for salaries and benefits realized as a result of planned and unplanned staff position vacancies that occur during the year. Positions fully funded by the Province or that are fully funded through other services or agencies are not gapped in order to maximize 100 percent Provincial and Other funding. The gapping adjustment as a result of increases in salaries and benefits results in a budget reduction of \$173.1 thousand gross/ \$47.3 thousand net to maintain the TPH average gapping rate of 4.3 percent.

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

Included in the TPH 2011 Capital Budget Request are Information Technology projects that require staff resources. The salaries and benefits of staff supporting these Capital Projects is fully recoverable from capital budget debt funding and is included in the 2011 Operating Budget Request per the City's Budget Guidelines.

## **Healthy Smiles Ontario (HSO) Revenue Reallocation**

The Ministry of Health Promotion and Sport is providing 100 percent of base annual funding of \$8,546.4 thousand gross and \$0.0 net for the Healthy Smiles Ontario (HSO) program which started in 2010 and includes dental services for children and youth 17 and under who do not have access to any form of dental coverage and are members of a household with an Adjusted Family Net Income of \$20,000 per year or below. The HSO program covers regular visits to a licensed dental care provider, such as a dentist or dental hygienist, to establish and maintain good oral health. It covers a full range of preventive and early treatment dental services including check-ups, cleaning, fillings, x-rays, scaling and more.

This new program is expected to generate approximately \$350 thousand in savings for TPH as some dental services that were originally provided from 100 percent City funded programs will



now be eligible for funding under the new 100 percent funded Provincial HSO Program. A detailed report on the HSO program will be provided to the BOH at its January 31<sup>st</sup>, 2011 meeting.

## 2011 Base Reductions

A decrease of \$549.8 thousand gross and \$145.1 thousand net in the base budget includes:

- Absorbing the economic factor increase in non-payroll expenditures of \$239.1 thousand gross and \$67.7 thousand net; and
- Savings of \$309.7 thousand gross and \$77.4 thousand net resulting from the completion of debt repayment for the Toronto Community Health Information System (TCHIS) Capital project used towards achieving the 2011 reduction target

## Section B: New and Enhanced Services

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A New and Enhanced Service increase of \$100.0 thousand gross / \$0 net for the Investing in Families program is included in the 2011 TPH Operating Budget Request.

### Investing In Families

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

The TPH 2010 Operating Budget included \$1,300.0 thousand gross/\$0 net and fourteen positions for the Investing In Families Program. The program will receive an additional \$100.0 thousand gross / \$0 net and one position in 2011 for a total of \$1,400.0 thousand gross / \$0 net and fourteen positions in 2010 Operating Budget request. This program is fully funded by TESS.

## Section C: Impact of Capital Projects on Future Operating Budgets

Approval of the 2011-2020 Recommended Capital Plan will increase future year Operating Budgets by \$0.055 million net and the addition of 2 positions for the Public Health Surveillance and Management System (Panorama) starting in 2012. The new positions will provide ongoing support and administration of the Panorama system for approximately 350 staff including; system user access and security support, ongoing implementation of new Panorama functionality; creation, implementation and monitoring of system policy, procedures, guidelines for over 70 reportable diseases, as well as community and institutional outbreaks; creating and monitoring quality assurance indicators related to system data quality and representing TPH on provincial Panorama standards and best practices committees. The current investment in technology will help TPH meet public health service standards without requiring significant increases in funding levels.

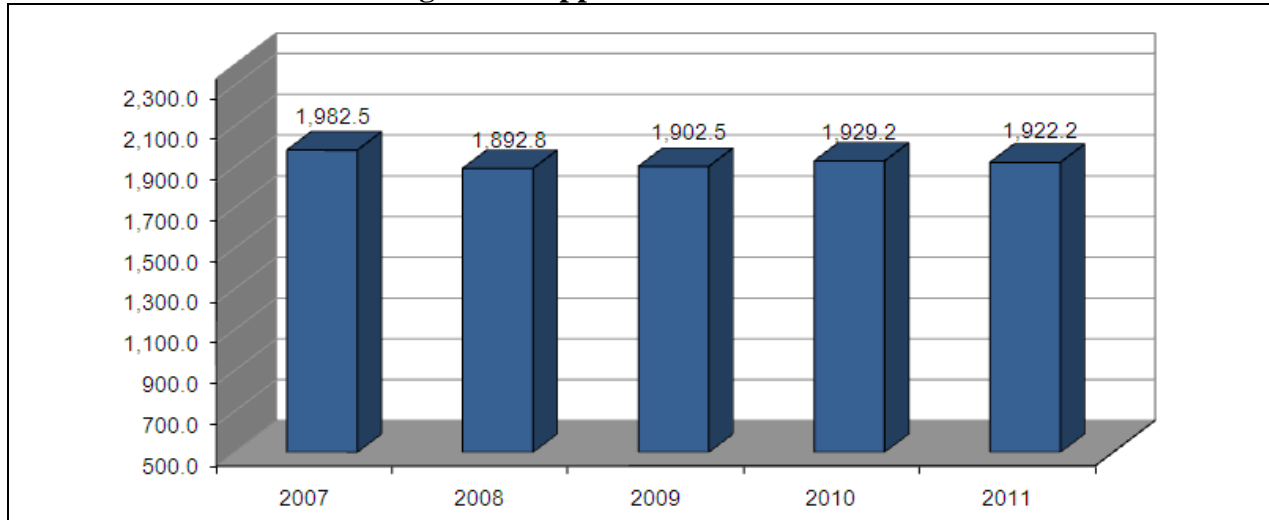
The Operating Budget net impacts within the 10-year time frame are the result of the Public Health Surveillance and Management System Capital Project which is eligible for a Provincial subsidy of 75 percent.

**Table 8**  
**Operating Budget Impact 10-Year Capital Plan**  
**Incremental Operating Impact Summary**

| Project Name  | Funding Category | 2011   |     | 2012       |            | 2013       |            | 2014   |     | 2015   |     | 2016-2020 |     | Total      |            |
|---|------------------|--------|-----|------------|------------|------------|------------|--------|-----|--------|-----|-----------|-----|------------|------------|
|   |                  | \$ 000 | FTE | \$ 000     | FTE        | \$ 000     | FTE        | \$ 000 | FTE | \$ 000 | FTE | \$ 000    | FTE | \$ 000     | FTE        |
| Public Health Surveillance and Management System (Panorama) | Cost Shared      |        |     | 109        | 1.0        | 113        | 1.0        |        |     |        |     |           |     | 222        | 2.0        |
| <b>Subtotal of Capital Projects (Gross)</b>                 |                  |        |     | <b>109</b> | <b>1.0</b> | <b>113</b> | <b>1.0</b> |        |     |        |     |           |     | <b>222</b> | <b>2.0</b> |
| <b>Subtotal of Capital Projects (Net)</b>                   |                  |        |     | <b>27</b>  |            | <b>28</b>  |            |        |     |        |     |           |     | <b>55</b>  |            |

## Section D: Staffing Trends

Chart 5  
Staffing Trend Approved Positions 2007-2011



TPH approved positions have remained relatively stable over the past five years.

## Section E 2010 Operating Budget Variance

Table 9:  
2010 Operating Budget Variance Review (\$000s)

| (In \$000s)        | 2009 Actuals | 2010 Approved Budget ** | 2010 Projected Actuals* | 2010 Appvd. Budget vs Projected Actuals Variance |       |
|--------------------|--------------|-------------------------|-------------------------|--|-------|
|                    | \$           | \$                      | \$                      | \$   | %     |
| GROSS EXP.         | 215,855.1    | 220,114.4               | 218,225.9               | (1,888.5)  | (0.9) |
| REVENUES           | 172,452.2    | 175,946.7               | 174,618.7               | (1,328.0)  | (0.8) |
| NET EXP.           | 43,402.9     | 44,167.6                | 43,607.1                | (560.5)  | (1.3) |
| Approved Positions | 1,902.5      | 1,936.2                 | 1,936.2                 | 0.0  | 0.0   |

\* Based on the Third Quarter Operating Budget Variance Report.  
 \*\* The 2010 Approved Budget was as of September 30, 2010. There were budget adjustments submitted after Sep 30

The 2010 Operating Budget Variance Review presented in Table 9 is based on the nine months that ended on September 30, 2010. In the fourth quarter of 2010, several budget adjustments were

made to the TPH 2010 Operating Budget to reflect the approval of 100 percent base and one-time funding from the Province. These programs include Healthy Smiles Ontario and Safe Water programs. The adjusted 2010 TPH Operating Budget is \$225,328.4 thousand gross and \$44,167.6 thousand net.

## **2010 Experience**

As submitted in the September 30, 2010 Operating Variance Report, at year-end, TPH expects to be under-spent in gross expenditures by \$1,888.5 thousand or 0.9 percent and be below budget in revenue by \$1,328.0 thousand or 0.8 percent resulting in a \$560.5 thousand net favorable variance or 1.3 percent below budget.

For the period ending September 30, 2010 the overall, year-to-date net expenditure variance was under budget by \$455.9 thousand or 1.5 percent. TPH gross expenditure was below budget by \$3,703.5 thousand or 2.4 percent. The savings in payroll and non-payroll expenditures can be attributed to the implementation of the City's hiring slowdown and cost savings strategies for non-payroll purchases as well as delays in implementation of Investing in Families and Newcomer Initiative Programs. Revenue was under-achieved by \$3,247.6 thousand due to under spending in provincial cost shared and fully funded programs and under-spending in capital projects.