



City Budget
2013

Toronto Public Health
Operating Budget Analyst Notes

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

2013 Operating Budget

2013 OPERATING BUDGET ANALYST NOTES BRIEFING NOTES

BUDGET COMMITTEE, NOVEMBER 29, 2012

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PART I: RECOMMENDATIONS

2013 Recommended Operating Budget
(In \$000s)

(In \$000s)	2012		2013 Recommended Operating Budget			Change - 2013 Recommended		FY Incremental Outlook	
	Approved Budget	Projected Actual	2013 Rec. Base	2013 Rec. New/Enhanced	2013 Rec. Budget	Operating Budget v. 2012 Appvd. Budget		2014	2015
	\$	\$	\$	\$	\$	\$	%	\$	\$
GROSS EXP.	239,761.8	231,540.9	238,627.6	4.5	238,632.1	(1,129.7)	-0.5%	2,660.5	3,654.9
REVENUE	191,846.5	184,681.8	190,111.5	4.5	190,116.0	(1,730.5)	-0.9%	2,099.0	2,889.7
NET EXP.	47,915.3	46,859.1	48,516.1	0.0	48,516.1	600.8	1.3%	561.5	765.2
Approved Positions	1,886.2	1,732.0	1,871.7	0.0	1,871.7	(14.5)	-0.8%	(5.0)	(5.2)

Recommendations

The City Manager and Acting Chief Financial Officer recommend that:

1. City Council approve the 2013 Recommended Operating Budget for Toronto Public Health of \$238.632 million gross and \$48.516 million net, comprised of the following services:

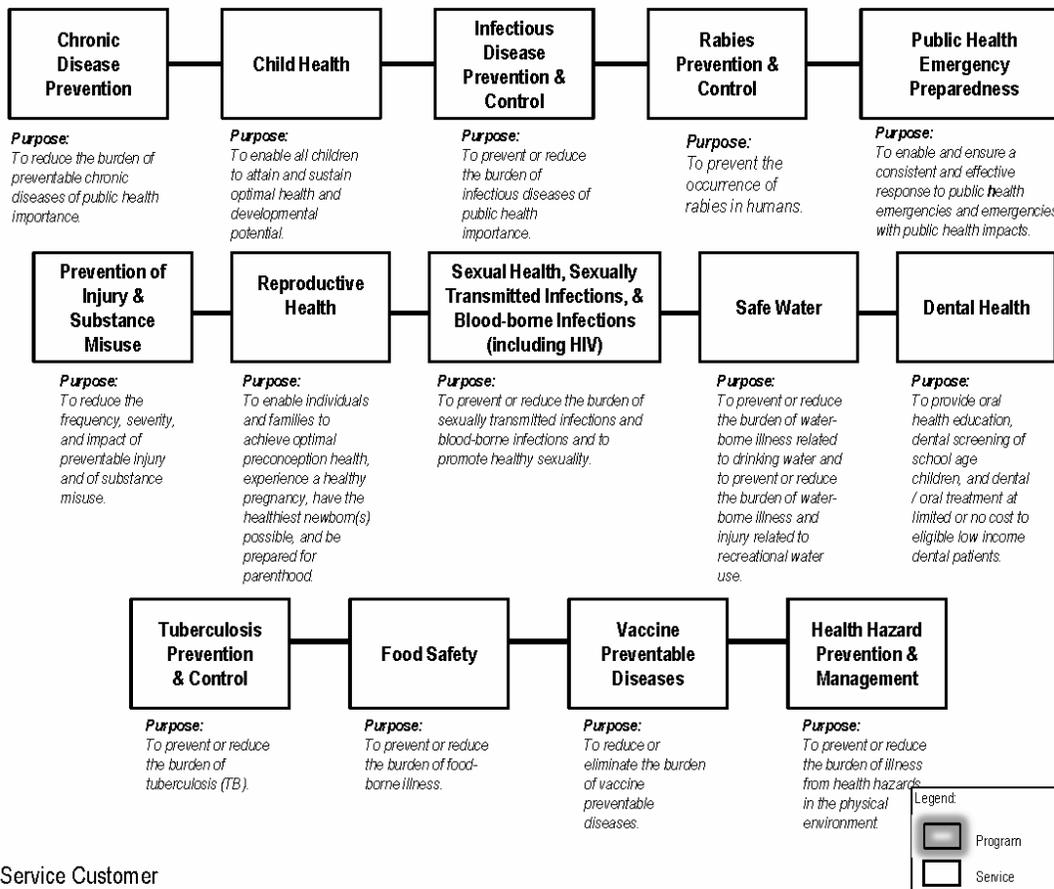
<u>Service:</u>	<u>Gross</u> <u>(\$000s)</u>	<u>Net</u> <u>(\$000s)</u>
Office of the MOH	2,717.9	528.9
Healthy Public Policy	5,023.3	1,209.2
Healthy Families	59,634.4	6,688.1
Communicable Disease	43,077.7	8,738.6
Healthy Environments	22,191.4	4,878.3
Chronic Disease and Injury Prevention	21,072.9	7,724.4
Healthy Communities	22,782.3	5,569.9
Dental Oral Health	32,491.3	8,138.9
Finance and Administration	22,925.6	3,415.6
Performance and Standards	6,715.3	1,624.2
Total Program Budget	238,632.1	48,516.1

2. Toronto Public Health's services and 2013 proposed service levels, as outlined on pages 4-13 and associated staff complement of 1,871.7 positions be approved; and,
3. City Council approve the 2013 recommended user fee changes for Toronto Public Health identified in Appendix 6 (ii, iv) for inclusion in the Municipal Code Chapter 441 "Fees and Charges".

PART II: 2013 SERVICE OVERVIEW AND PLAN

Program Map and Service Profiles

Public Health
 TPH reduces health inequalities and improves the health of the whole population.



Service Customer

Chronic Disease Prevention	Child Health	Infectious Diseases Prevention & Control	Public Health Emergency Preparedness
<ul style="list-style-type: none"> Children Youth Adults Seniors Employers Community Agencies & Organizations Educational Institutions Families Employees Neighbourhoods City of Toronto Population 	<ul style="list-style-type: none"> Community Partners Healthcare Providers Children 0 to 6 years of age Parents / Guardians Caregivers Community Partners Families Neighbourhoods City of Toronto Population 	<ul style="list-style-type: none"> Individuals with known or suspected reportable infectious diseases Individuals who are at risk for a reportable infectious disease Health care providers, hospitals, long-term care homes, retirement homes, correctional facilities and community partners. Operators of personal service settings (incl. tattoo parlours, barbershops/salons, acupuncture, aestheticians, etc) Licensed day nurseries operators. Funeral Home operators. Local public health agencies across Ontario Toronto Police, Fire and EMS 	<ul style="list-style-type: none"> Ministry of Health and Long-Term Care General public, boards of education, schools, workplaces, health care providers, parents & guardians. Customers of Personal Services (barbershops, hair salons, body piercing and tattooing, nail salons, acupuncture, aesthetics, etc) and staff who provide these personal services. Residents and staff of Long-Term Care Homes, Retirement Homes and Rooming Houses and hospital patients and staff. Children attending, and staff working at, licensed Day Nurseries and parents of these children.

Service Customer

<p>Rabies Prevention & Control</p> <ul style="list-style-type: none"> Individuals with rabies Individuals who are at risk for rabies Health care providers, and community partners (incl. media) General public Health care providers Parents and guardians 	<p>Public Health Emergency Preparedness</p> <ul style="list-style-type: none"> TPH staff other City divisions emergency response agencies community partners Public Emergency victims Health care providers 	<p>Prevention of Injury & Substance Misuse</p> <ul style="list-style-type: none"> Children Youth Adults Seniors Employers Community Agencies & Organizations Educational Institutions Families Employees Neighbourhoods City of Toronto Population 	<p>Reproductive Health</p> <ul style="list-style-type: none"> Youth & Adults in their childbearing years Pregnant women and their partners Parents / Guardians Families Neighbourhoods City of Toronto Population
<p>Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)</p> <ul style="list-style-type: none"> Individuals with known or suspected communicable infections (sexually transmitted/blood-borne infections) Individuals who are at risk for a preventable communicable infection (sexually transmitted/blood-borne infections) Youth at risk for unwanted pregnancy Youth at risk for gender-based violence Health care providers, hospitals, schools, and community agencies Personal Service Setting Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.) Local Public Health agencies across Ontario Ministry of Health and Long -Term Care General public, boards of education, schools, agencies, workplaces, health care providers, parents & guardians Customers of Personal Services Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.) 	<p>Water Safety</p> <ul style="list-style-type: none"> Drinking water and recreational water operators Water consumers Recreational water users General Public 	<p>Dental Health</p> <ul style="list-style-type: none"> Community Partners Healthcare Providers Children 0 to 18 years of age Parents / Guardians Caregivers Community Partners Prenatal TPH Clients Seniors Extended family members 	
<p>Tuberculosis Prevention and Control</p> <ul style="list-style-type: none"> Individuals with known or suspected tuberculosis Individuals who are at risk for tuberculosis Health care providers, and community partners (e.g. shelters, correctional facilities, tuberculosis clinics, Citizenship and Immigration Canada) General public, health care providers 	<p>Vaccine Preventable Diseases</p> <ul style="list-style-type: none"> Individuals who are at risk for a vaccine preventable disease Students age 4 – 18 years old General Public Health care providers Health care providers Parents & guardians School Boards Ministry of Health and Long Term – Care Board of Health Media 	<p>Health Hazard Prevention & Management</p> <ul style="list-style-type: none"> Health Hazard Vidator 	

2013 Recommended Service Levels

The 2013 proposed service levels for Toronto Public Health activities are summarized in the table below:

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
Child Health	Partnership Funding	Investing In Families	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.
	Assessment and Surveillance		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 routine assessment, surveillance, monitoring and reporting 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
	Health Promotion and Policy Development		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.
	Disease Prevention		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
	Health Protection		Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.
	Dental Treatment for Children and Youth - Healthy Smiles Ontario (HSO)		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)
	Dental Treatment for Eligible Clients		Provided dental services to 13,000 seniors and caregivers in long-term care homes and treated 7,164. Treated 7,536 children and youth; and 605 perinatal clients.	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.

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Toronto Preschool Speeh and Language System		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. IH operate in 17 community clinics in partnerships with Ontario Early Year Centres and hospitals. Screened 37,130 infants (all infants born in Toronto hospitals regardless 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. Compete the review of the TPSLS service delivery model.
Chronic Disease Prevention	Partnership Funding	Student Nutrition Program	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).
	Assessment and Surveillance		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.
	Health Promotion and Policy Development		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 information, services and referral (approximately 17% of total intake calls received annually). Develop and implement 4-5 public education campaigns annually.	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.

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Health Protection		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	<ol style="list-style-type: none"> 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. <p>Refer complaints about contraband to the Ministry of Revenue.</p> <ol style="list-style-type: none"> 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.
Food Safety	Assessment and Surveillance		1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	<ol style="list-style-type: none"> 1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development		1. 7,414 food handlers trained, 7,145 food handlers certified, and 286 food handler training sessions conducted. 2. Conducted about 20 public education campaigns (trade shows, events, special education sessions, etc).	<ol style="list-style-type: none"> 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		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 reinspected 1,385 vendors at 590 special events. 899 charges to be laid, and 40 food premises to be closed through the issuance of orders under Section 13 of the HPPA.	<ol style="list-style-type: none"> 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.
Health Hazard Prevention & Management	Assessment and Surveillance		Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development		1.&2. Developed and distributed 790 pre-season education packages to landlords of rooming house/boardings homes/Toronto Community Housing/senior sectors.	<ol style="list-style-type: none"> 1. Provide Hot Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Disease Prevention/Health Protection		<p>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).</p>	<p>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.</p>
Infectious Disease Prevention & Control	Assessment and Surveillance		<p>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.</p>	<p>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.</p>
	Health Promotion and Policy Development		<p>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.</p>	<p>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.</p>

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Disease Prevention		<p>1. 24/7 availability. Responded to approximately 40,000 confirmed cases of reportable/communicable diseases.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>5. Investigate and manage approximately 350 disease outbreaks annually.</p> <p>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.</p>	<p>1. 24/7 availability. Respond to approximately 40,000 confirmed cases of reportable/communicable diseases.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>5. Investigate and manage approximately 300 disease outbreaks annually.</p> <p>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. ;</p> <p>7. Maintain daily outbreak list, distributed to over 350 recipients daily.</p>
	Health Protection		<p>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.</p>	<p>1. Inspected over 3,000 critical and semi-critical personal services settings. ;</p> <p>2. Conducted one annual infection prevention and control inspection in all 876 licensed child care facilities. ;</p> <p>3. Launch TPH PSS inspection disclosure website.</p>
Prevention of Injury & Substance Misuse	Partnership Funding	Drug Prevention Community Investment Program	<p>Funded 38 community drug prevention projects.</p>	<p>Funded 26 community drug prevention projects.</p>
	Assessment and Surveillance		<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>
	Health Promotion and Policy Development		<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.</p> <p>2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, 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.</p> <p>3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)</p>

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Health Protection		<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>
Public Health Emergency Preparedness	Assessment and Surveillance		<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>
	Health Protection		<p>1. COOP & ERP developed and periodically updated. 2. 24/7 protocols developed for staff and tested annually. 3. Maintain up to date information on Toronto Public Health's public website and participated in joint public events (i.e., emergency preparedness week). 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. 5.&6. The following are in place and tested and regularly updated: Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH continuity of Operations Plan, TPH Notification Plan Activation and Staff Mobilization, Emergency Communication, and TPH divisional Operations Centre Protocol. Plan and respond by providing psycho-social support in an emergency as required.</p>	<p>1. Maintain COOP & ERP. 2. Maintain and test 24/7 protocols for staff. 3. Maintain up to date information on Toronto Public Health's public website. 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. 5.&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.</p>
Rabies Prevention & Control	Assessment and Surveillance		<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>
	Health Promotion and Policy Development		<p>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)</p>	<p>1. Develop and distribute Rabies resource materials for seniors and youths</p>
	Disease Prevention/Health Protection		<p>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.</p>	<p>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.</p>
Reproductive Health	Assessment and Surveillance		<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>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</p>

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Health Promotion and Policy Development		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
	Disease Prevention		Not all components of HBHC are being provided. Provided prenatal screening to 832 women (2.7% of total pregnant women); and provided assessment, counselling, education, and referral to 263 high risk women.	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
Safe Water	Assessment and Surveillance		1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
	Health Promotion and Policy Development		1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. revised Pool and SPA Operator informations	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 informations. 3. Implement a process for disclosing inspection results for swimming pools and spas.
	Disease Prevention/Health Protection		1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated annually (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%.
Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)	Partnership Funding	AIDS Prevention and Community Investment Program	Funded 42 AIDS prevention projects.	Funded 39 AIDS prevention projects.

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Assessment and Surveillance		1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
	Health Promotion and Policy Development		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. 25,6000 Ontario callers assisted through the AIDS and Sexual Health InfoLine; 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.
	Disease Prevention/Health Protection		1. Over 50,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 12,800 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.&6. Over 51,000 client visits per year, over 800,000 harm reduction kits and 160,000 condoms distributed annually. Provision of HIV nominal, anonymous and rapid testing. (approximately 4 per week). Annual caseload of over 80 high need opiate users, over 600 visits per year, and approximately 1000 referrals to other health and social service providers for clients served.	1. Over 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, gonorrhea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.&6. Over 51,000 client visits 1. Over 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks.
Tuberculosis (TB) Prevention & Control	Assessment and Surveillance		1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Health Promotion and Policy Development		TB education sessions provided to approximately: 1,300 newcomers; 300 health care professionals; and 600 persons at their school/university/college or workplace.	TB education sessions provided to approximately: 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.
	Disease Prevention/Health Protection		1,4.&6. Identify, assess and monitor approximately 300 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,500 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection	1,4.&6. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection.; 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.
Vaccine Preventable Diseases	Assessment and Surveillance		1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Follow up on the immunization status of approximately 82,000 school-aged children, and receive approximately 80,000 calls on the vaccine preventable diseases call centre	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. 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
	Health Promotion and Policy Development		1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 100 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 82 Long-Term Care Homes to ensure influenza immunization of residents and staff. Completed consultation with City of Toronto Homes for the Aged on employee immunization (2011).	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 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.

Service Types and Service Levels

Service	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels
	Disease Prevention		1. Provided approximately 73,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	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.
	Health Protection		1. Inspect 1,500 physician offices annually to assess for cold-chain compliance; and investigate approximately 250 cold-chain failures annually. 2. Received and responded to 100 reports of adverse events.	1. Inspect 1,450 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.

2013 Service Deliverables

The 2013 Recommended Operating Budget of \$238.632 million gross and \$48.516 million net will allow Toronto Public Health to continue providing important health protection and promotion services, including funding to:

- Investigate & respond to 80,000 reports of suspected cases of designated reportable/communicable diseases.
- Inspect 3,000 critical and semi-critical personal services settings (PSS) and 876 licensed child care facilities and establish and implement licensing requirements for all PSS in collaboration with the Municipal Licensing and Standards Division.
- Provide infection prevention and control liaison services to 14 hospitals, 16 complex continuing care sites, 82 Long-Term Care Homes, 876 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters.
- Provide over 55,000 clinic visits at sexual health clinics, and counsel (provide anonymous information and referral services) to 25,600 callers through the AIDS and Sexual Health Information Line.
- Provide 30 vaccine clinics for school-aged children who do not have access to OHIP or a health care provider, and receive approximately 80,000 calls at the vaccine preventable diseases call centre.
- Inspect 17,000 food premises, and offer food safety training and certification of 9,000 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement).
- Train 180 health and allied health professionals on falls prevention from 25 agencies to build capacity in falls prevention for a potential reach of 80,000 seniors aged 65 years+.
- Reach 217,000 (60%) children and youth in schools with Chronic Disease/Injury Prevention (CDIP) initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, injury prevention and UVR, sun safety).
- Reach 100 schools and 2,000 peer leaders in elementary schools with the Playground Activity Leaders in Schools (PALS) program; 50% of participating schools (50+ schools) will be in their second year or more of participation in the program.
- Provide nutrition and health assessment, counselling and referral to 5,000 individual prenatal women who are at risk for poor birth outcomes, increasing prenatal screening and referral to the Healthy Babies Healthy Children by 50% over 2012.
- Provide 19,500 mothers with breastfeeding education and support through telephone counselling, home visiting and clinics, and conduct 33,000 home visits to provide intensive assessment, counselling and referral to high risk families who have children 0 to three years of age.
- Provide speech and language therapy to 7,800 preschool children as per service agreement with Ministry of Children and Youth Services, and conduct infant hearing screening tests on 30,000 newborns as per service agreement with Ministry of Children and Youth Services.

PART III: RECOMMENDED BASE BUDGET

**2013 Recommended Base Budget
(In \$000s)**

(In \$000s)	2012 Approved Budget	2013 Rec'd Base	Change 2013 Recommended Base vs. 2012 Appvd. Budget		FY Incremental Outlook	
			\$	%	2014	2015
	\$	\$	\$	%	\$	\$
GROSS EXP.	239,761.8	238,627.6	(1,134.2)	-0.5%	2,660.5	3,654.9
REVENUE	191,846.5	190,111.5	(1,735.0)	-0.9%	2,099.0	2,889.7
NET EXP.	47,915.3	48,516.1	600.8	1.3%	561.5	765.2
Approved Positions	1,886.2	1,871.7	(14.5)	-0.8%	(5.0)	(5.2)

2013 Recommended Base Budget

The 2013 Recommended Base Budget of \$238.628 million gross and \$48.516 million net is \$0.601 million or 1.3% over the 2012 Approved Budget of \$47.915 million net.

- The 2013 Recommended Base Budget, prior to recommended service change savings of \$0.262 million, includes a net pressure of \$0.863 million or 1.8% above the 2012 Approved Budget.
- The net increase of \$0.863 million in the 2013 Recommended Base Budget is reduced by recommended service change savings and revenue adjustments of \$0.262 million reflecting a decrease of 0.5% from the 2012 Approved Budget.
- The result of the incremental changes noted above is a 2013 Recommended Base Budget for TPH that is \$0.601 million net or 1.3% above the budget target of a 0% increase from the 2012 Approved Budget.
- Approval of the 2013 Recommended Base Budget will result in a reduction of 14.5 temporary positions with the Program's total staff complement decreasing from 1,886.2 to 1,871.7 positions as highlighted in the table below:

**2013 Recommended Staff Complement
Base Budget Summary**

Changes	Staff Complement
2012 Approved Complement	1,875.7
- 2012 In-year Adjustments	
- Confirmed Cost shared Bed Bugs Program	8.0
- Operating Impact of new Capital Project - IDCIS- 100% Provincial Funding	4.0
- Various staff changes due to Program re-organizations	(1.5)
2012 Approved Staff Complement	1,886.2
2013 Recommended Staff Complement Changes	
- 2013 Temporary Complement - Capital Project Delivery	(6.5)
- Reversal of 2012 100% Provincial One-Time Bed Bugs Funding	(7.0)
- Reversal of 100% One-Time Provincial Funding	(1.0)
Total 2013 Recommended Complement	1,871.7

2012 In-Year Adjustments include:

- An increase of 8.0 permanent positions for the on-going 75% provincially cost-shared Bed Bugs funding program was approved by City Council in July 2012;
- An increase of 4.0 temporary positions for the new provincially funded capital project - Infectious Disease Control Information System was approved by the Council in October 2012.
- 1.5 positions were reduced as a result of a re-organization within Healthy Communities; Environmental Tobacco Smoke (ETS) Bylaw and Tobacco Control programs during 2012.

2013 Staff Complement Changes:

- 6.5 temporary capital-funded positions will be deleted as a result of completed capital projects; and,
- The reversal of 100% one-time funding in 2013 will result in a reduction of 8.0 temporary positions from the approved complement for the Bed Bug and Enhanced Hepatitis Strain Surveillance programs.

**2013 Recommended Service Change Summary
(In \$000s)**

Description	2013 Recommended Service Changes				Net Incremental Impact			
	Position Changes	Gross Expense	Net Expense	% Change over 2012 Budget	2014		2015	
					Net Expenditure	Position Change	Net Expenditure	Position Change
Base Changes:								
Base Expenditure Changes								
Telecom and Fuel corporate adjustment		(307.1)	(69.8)	(0.1%)				
Annualization of 2012 Influenza Vaccination Clinics Redesign		(110.0)	(27.5)	(0.1%)				
Base Expenditure Changes		(417.1)	(97.3)	(0.2%)				
Sub-Total Base Budget Changes		(417.1)	(97.3)	(0.2%)				
Revenue Adjustments:								
Harm Reduction Funding			(60.3)	(0.1%)				
Sub-Total Revenue Adjustments			(60.3)	(0.1%)				
Service Changes								
Discontinuation of Global AIDS Initiative		(104.0)	(104.0)	(0.2%)				
Sub-Total Service Changes		(104.0)	(104.0)					
Total Service Changes		(521.1)	(261.6)	(0.5%)				

2013 Recommended Service Changes

The 2013 recommended service changes consist of base expenditure changes of \$0.097 million, revenue changes of \$0.060 million, and service change reductions of \$0.104 million, totaling a \$0.262 million net or 0.5% decrease from the 2012 Approved Budget. When combined with incremental base budget pressures of \$0.863 million or 1.8%, the 2013 Recommended Base Budget for TPH is \$0.601 million or 1.3% above the 2012 Approved Budget of \$47.915 million.

Base Expenditure Changes: (\$0.417 million gross, savings of \$0.097 million net)

Corporate Adjustment for Telecom and Fuel Charges

- A detailed corporate review of telecom and fuel charges was undertaken across all City programs. As a result of the corporate review, savings of \$0.307 million gross, \$0.070 million net can be realized from reduced expenses in Toronto Public Health.

Annualization of Influenza Vaccination Clinics Service Re-design (\$0.110 million gross, savings of \$0.028 million net)

- The re-design of Influenza Vaccination Clinics in 2012 will generate additional savings of \$0.110 million gross and \$0.028 million net in 2013.

Revenue Adjustments (Net Revenue of \$0.060 million)

Harm Reduction Funding

- In 2012, TPH transferred one position from the Methadone Program which is funded 100% by the City to a base cost- shared program. In 2013, TPH is transferring the remaining non salary budget into the cost-shared program resulting in additional Provincial revenues of \$0.060 million net, representing the Provincial share of 75%.

Minor Service Changes (Savings of \$0.104 million gross and net)*Discontinuation of Global AIDS Initiative*

- The Global AIDS initiative was endorsed by City Council in 2007 as a legacy to the International AIDS Conference held in Toronto in 2006 and has been administered by TPH as part of the AIDS Prevention Community Investment Program under the Community Partnership and Investment Program (CPIP). The City has made a 5 year investment in efforts to reduce the spread of HIV/AIDS in several African countries. The discontinuation of this program will result in savings of \$0.104 million gross and net.

2014 and 2015 Outlook**(In \$000s)**

Description	2014 - Incremental Increase					2015 - Incremental Increase					Total Net % Change from 2013
	Gross Expense	Revenue	Net Expense	% Net Change from 2013	# Positions	Gross Expense	Revenue	Net Expense	% Net Change from 2014	# Positions	
Known Impacts											
Economic Factors	2,665.4	2,099.0	566.4	1.2%	(5.0)	3,660.2	2,889.7	770.5	1.6%	(5.2)	2.8%
User Fees Annual Adjustment	(4.9)		(4.9)	0.0%		(5.3)		(5.3)	0.0%		0.0%
Sub-Total Known Impacts	2,660.5	2,099.0	561.5		(5.0)	3,654.9	2,889.7	765.2		(5.2)	
Anticipated Impacts											
Sub-Total - Anticipated Additional Impacts											
Total Incremental Impacts	2,660.5	2,099.0	561.5		(5.0)	3,654.9	2,889.7	765.2		(5.2)	

Approval of the 2013 Recommended Base Budget for Toronto Public Health will result in a 2014 incremental cost increase of \$0.562 million net and a 2015 incremental cost increase of \$0.765 million net to maintain 2013 service levels.

Future year incremental costs are primarily attributable to the following:

- For 2014, the incremental expenditures of \$0.566 million net are primarily attributable to COLA, progression pay and step increases, reduced by inflationary increase of \$0.005 in revenue for various user fees charged by TPH.
- For 2015, the incremental expenditures of \$0.771 million net will be required for COLA, progression pay, step increases which will be marginally reduced by inflationary increase of \$0.005 in revenues for various user fees charged by TPH.

The projected future year position reductions, 5 positions in 2014 and 5.2 positions in 2015, are primarily attributable to planned completion of capital projects.

PART IV: RECOMMENDED NEW/ENHANCED SERVICE PRIORITY ACTIONS

**2013 Recommended New/Enhanced Service Priority Actions
(In \$000s)**

Description	2013 Recommended			Net Incremental Impact			
	Gross Expense	Net Expenditures	New Positions	2014		2015	
				Net Expenditures	# Positions	Net Expenditures	# Positions
Enhanced Service Priorities							
Sub-Total - Enhanced Service Priorities							
New Service Priority Actions							
- New Services							
- New Fees							
Food Handler Training User Fees	4.5						
Sub-Total New Service Priorities	4.5						
Total New / Enhanced Service Priorities	4.5						

2013 Recommended New / Enhanced Service Priority Actions

New Fees

Food Safety Reviewing and Certification - New User Fees

The 2013 Recommended Operating Budget for Toronto Public Health includes \$0.005 million in additional revenue from introducing a new fee for "Food Handler – Reviewing and Certification Program for Accreditation" following Council approval.

- The new user fee will be \$750.00 for organizations re-submitting their applications for food handler training and certification program accreditation;
- The new user fee will help the Program recover costs of \$3,300 associated with the review of each certification/ accreditation submission / re-submission and results in a zero net budget impact;
- The current service level for accrediting external food handler training programs will be maintained at approximately 7 organizations being accredited annually, of which 6 possibly re-submit;
- An increase in fees will put Toronto Public Health closer to recovering the cost of delivering the program as intended and approved by the Board of Health when the program was initiated; and,
- The implementation of the new user fee will require amendment to User Fee By-law, updating of the registration website and call centre information repositories.
- It is recommended that City Council approve the new user fee, identified in Appendix 6 (iv) for inclusion in the Municipal Code Chapter 441 "Fees and Charges".

PART V: ISSUES FOR DISCUSSION

2013 and Future Year Issues**Issues Referred to the 2013 Operating Budget Process***Toronto Public Health 2013 Operating Budget Request*

- The Board of Health (BOH) at its meeting of October 22, 2012 considered HL17.7 entitled “Toronto Public Health 2013 Operating Budget Request” and recommended to the Budget Committee for its consideration during the 2013 budget process:
 1. City Council approve the Toronto Public Health 2013 Operating Budget request of \$240,643.5 thousand gross / \$48,763.9 thousand net as summarized in Table 1, “2013 Operating Budget Request” in the report (October 10, 2012) from the Medical Officer of Health.
 2. City Council approve the list of base budget adjustments including the recommendations from the Board of Health Budget Sub Committee as summarized in Table 4, “Overview of 2013 Operating Budget Request” of this report totaling an increase of \$261.1 thousand gross/ \$820.4 thousand net.
 3. City Council approve 2013 Reduction Options of \$104.0 thousand gross/ \$164.3 thousand net as outlined in Table 2, “2013 Requested Reduction Options Budget” of this report.
 4. City Council approve 2013 New and Enhanced Services Request of \$1,504.5 thousand gross/ \$375.0 thousand net as outlined in Table 4, “Overview of 2013 Operating Budget Request” of this report.
- The 2013 Recommended Operating Budget for TPH of \$238.632 million gross and \$48.516 million net (after recommended reductions), is lower by \$2.011 million gross and \$0.248 million net respectively than the BOH Recommended Operating Budget of \$48.763 million net.
- The table below compares the Board of Health's 2013 Operating Budget request with the 2013 Recommended Operating Budget.
- The Board of Health has requested the following which are not recommended:
 - Inflationary Increases of \$0.053 million gross/ \$0.013 million net for the AIDS Prevention Community Investment Program and Drugs Prevention Community Investment Program;
 - New and Enhanced Services funding of \$1.500 million gross/\$0.375 million net for Preventing Childhood Obesity and Enhancements to Sexually Transmitted Infections (STI) Prevention.

	BOH Recommended			2013 Recommended Operating Budget			Additional Net Changes	Comment
	Approved Positions	Gross Expenditures	Net	Approved Positions	Gross Expenditures	Net		
(In \$000s)		\$	\$	\$	\$	\$	\$	
2012 Approved Budget	1,875.7	238,787.7	47,727.6	1,875.7	239,195.3	47,732.9	5.3	
In-Year Adjustments (various)	6.5	194.2	5.2	2.5	(483.5)	182.4		
Bud Bug Initiatives				8.0	1,000.0	0.0		
Healthy Babies Healthy Children (One-Time funding)				0.0	50.0	0.0		
2012 Adjusted Budget	1,882.2	238,981.9	47,732.9	1,886.2	239,761.8	47,915.3	182.4	
Reversal of Non Recurring items & Capital Projects	(48.0)	(6,716.0)		(52.0)	(6,808.0)			
Prior Year Impacts / Annualizations (Base Budget)	0.0	(110.0)	(27.5)	0.0	(110.0)	(27.5)		
Step Progression Pay, Benefits (Base Budget)		1,916.3	570.3		1,916.3	570.3		
Other Base Changes		(328.3)	8.5		(328.3)	8.5		
Reduction to Corporate Overhead Charge		(790.0)	(197.5)					
Inflationary Increase - Student Nutrition Program		247.6	247.6					
BOH Budget Sub Committee Recommendations		542.4	(50.1)					Reversal of Corporate Charges Reduction and Student Nutrition Program Inflationary Increase
Salaries & Benefits related to Capital Projects	47.8	4,680.3		37.5	3,724.8			
Inflationary Increase - AIDS (CPIP)		34.7	8.7					Not Recommended due to Corporate affordability
Inflationary Increase - Drugs Prevention (CPIP)		18.7	4.7					Not Recommended due to Corporate affordability
IDC/IDR Adjustments		765.4	5.6	0.0	575.1	(36.2)		Telecom and Fuel Adjustments
Reversal of Bed Bugs Cost Shared Funding			250.0	0.0	0.0	250.0		Approved by Council in July
2013 Recommended Base Budget	1,882.0	239,243.0	48,553.2	1,871.7	238,731.6	48,680.4	127.2	
Service Reductions								
Service Reductions Recommended		(104.0)	(164.3)	0.0	(104.0)	(164.3)		
Total Service Reductions	0.0	(104.0)	(164.3)	0.0	(104.0)	(164.3)	0.0	
New and Enhanced Services								
Recommended New and Enhanced User Fees	0.0	4.5		0.0	4.5	0.0		
Preventing Childhood Obesity & Enhancements to STI Prevention	12.0	1,500.0	375.0					Not Recommended due to Corporate affordability
Total New and Enhanced	12.0	1,504.5	375.0	0.0	4.5	0.0	(375.0)	
2013 Recommended Operating Budget	1,894.0	240,643.5	48,763.9	1,871.7	238,632.1	48,516.1	(247.8)	

Student Nutrition Program Proposed Expansion

During 2012, the Board of Health considered several reports related to the proposed expansion of the Student Nutrition Program and referred each to the 2013 Operating Budget process for consideration, specifically:

- HL15.3 "Nourishing Young Minds – A Review of the Student Nutrition Program in Toronto" approved by the Board of Health at its meeting of June 25, 2012 recommended:
 - "1 d. City Council consider as part of the annual operating budget process, an annual increase to the City's investment in Student Nutrition Programs equal to the annual amount of food inflation reported by the Nutritious Food Basket survey."

- HL16.5 "Student Nutrition Program 2013 Operating Budget Request and Proposed Five Year Plan" approved by the Board of Health at its meeting of September 24, 2012 recommended:
 - "7. Directed that this report be forwarded to the Budget Committee for consideration during the 2013 Operating Budget Process."
- HL17.5 "Student Nutrition Program Proposed Expansion in High Need Schools 2013-2017" approved by the Board of Health at its meeting of October 22, 2012 recommended:
 - "1. City Council approve the Board of Health's previous request for a \$1,257,416 gross/net increase to municipal funding in 2013 towards stabilizing existing Student Nutrition Programs; including \$247,616 for the inflationary cost of food in 2012/13."
 - "2. City Council approve \$222,912 gross/net towards expanding Student Nutrition Programs into 19 additional schools beginning in the 2013/2014 school year."

No funding for the expansion of the Student Nutrition Program has been recommended in the Toronto Public Health 2013 Recommended Operating Budget.

Inflationary Increases for the Community Partnership and Investment Program (CPIP)

Budget Committee, at its meeting of April 27, 2012, referred BU24.6 "Inflationary Increases for the Community Partnership and Investment Program (CPIP) to the 2013 Budget process. While Toronto Public Health did submit a request for an inflationary increase of \$0.053 million gross and \$0.013 million net for 2 CPIP programs, specifically the AIDS Prevention Community Investment Program and Drugs Prevention Community Investment Program, this increase is not recommended due to affordability.

Ongoing Bed Bugs Program Funding

The Toronto Public Health 2013 Recommended Operating Budget includes base funding of \$1.000 million gross and \$0.250 million net for the Provincial cost-shared Bed Bugs Program in accordance with MM25.44 "Toronto Bed Bug Strategy: Update on Provincial Funding" approved by City Council at its meeting of July 11, 12, and 13, 2012 resulting in an additional pressure of \$0.250 million for 2013.

2013 User Fee Changes

In accordance with the City's User Fee Policy, inflationary increases automatically apply to most user fees. Please see Appendix 6(ii) for User Fees Increases as a result of inflation.

Appendix 1

2012 Performance

2012 Key Accomplishments

In 2012, Toronto Public Health achieved the following results:

Infectious Disease

- ✓ Provided 24/7 availability to respond to reports of infectious disease requiring an immediate public health response.
- ✓ Received, assessed and reviewed 80,000 notifications of infectious diseases annually and reported infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
- ✓ Provided over 55,000 clinic visits at sexual health clinics, with wait times for new clients for clinic services 2-3 weeks.
- ✓ Provided approximately 80,000 vaccinations for hepatitis B, meningococcal meningitis, and human papillomavirus (HPV) to grade 7&8 students.
- ✓ Assessed approximately 85,000 student immunization records in 230 elementary schools to ensure up to date school immunizations.

Environmental Health

- ✓ Food Safety: Inspected 4,709 High Risk Food Premises three (3) times yearly (once every four months) as per the MOHLTC Accountability Agreement; and maintained compliance with the Food Premises Regulation at no less than 90%; conducted 15,800 (91%) Risk Assessments; Conducted 3,500 re-inspections within 24-48 hours.
- ✓ Health Hazard Investigation: Responded to 690 (100%) calls through On Call system to ensure a 24 hour availability to receive and respond to reports of potential health hazards.

Chronic Disease & Injuries

- ✓ Reached 42,000 elementary, middle, secondary and post-secondary students and 6,330 key influencers including peer leaders, parents, teachers, care providers and politicians in Injury Prevention (IP) and Substance Misuse Prevention (SMP) programs.
- ✓ Completed menu analysis, and/or nutrition education and food skills/literacy training in 334 out of 668 (50%) municipally funded student nutrition programs in the 2011/12 school year, impacting 66,419 out of 132,837 participating students
- ✓ Reached 192,938 children and youth in 401 schools (54% of all TDSB/TCDSB schools) by chronic disease prevention Chronic Disease Prevention (CDP) initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention and sun safety).

- ✓ Achieved 70% compliance rates for tobacco vendor inspections done for Display and Promotion

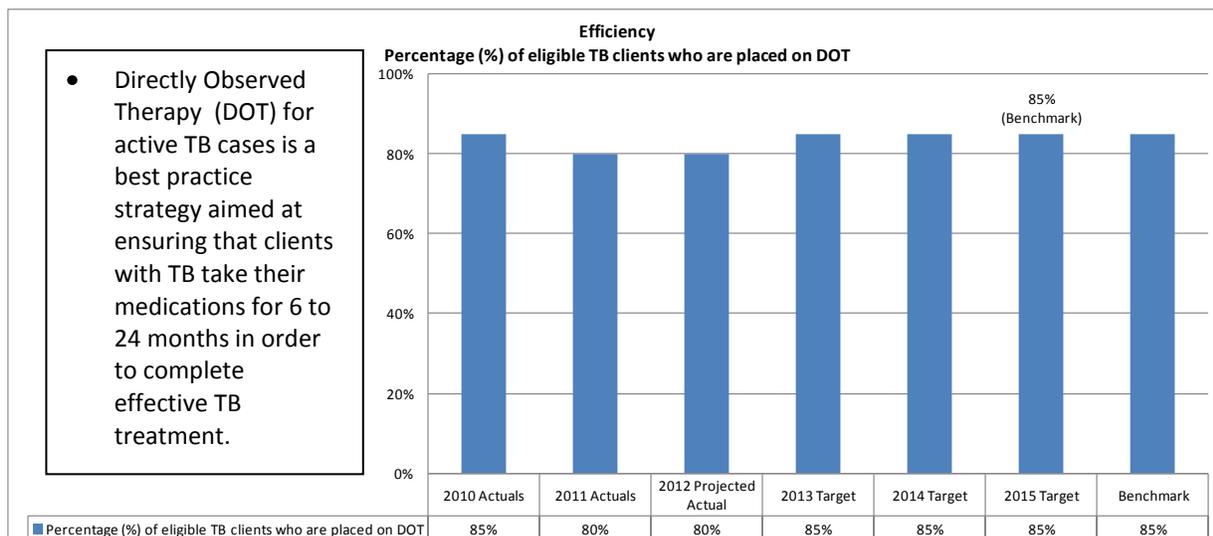
Family Health

- ✓ Conducted 32,600 home visits to provide intensive assessment, counseling and referral to high risk families who have children 0 to three years of age as per requirements of Child Health OPHS
- ✓ Dental Health: Provided 43,699 treatment services and 35,496 preventive services to 24,723 eligible patients (predominantly children under 18 years, seniors above 65 years, and a small percentage of adults) in TPH Dental program
- ✓ Dental Health: Screened 210,132 school aged children in 668 schools.
- ✓ Provided nutrition and health consultation, assessment and/or referral to 4,250 individual prenatal women who are at risk for poor birth outcomes as per requirements of Reproductive Health Ontario Public Health Standards (OPHS).

2012 Performance

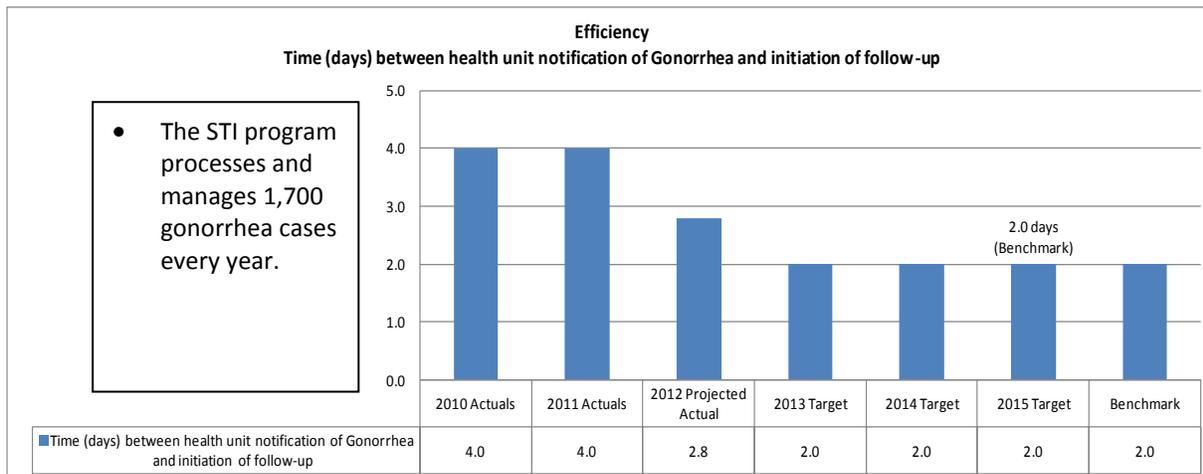
Service: Infectious Disease

Efficiency Measure – Percentage (%) of eligible TB clients who are placed on Directly Observed Therapy (DOT)



- The TB program focuses on clients at high risk and strives to have 85% of the TB Clients on DOT.
- In 2011 and 2012 TPH has not been able to meet this measure due to the following reasons:
 - During DOT, staff meet 2-7 times per week in the community;
 - Due to staffing shortages in 2011 and 2012, TPH was unable to meet this target.
- With full implementation of Video DOT, TPH is anticipating achieving the target of 85% in 2013, 2014 and 2015 despite reduced staffing.

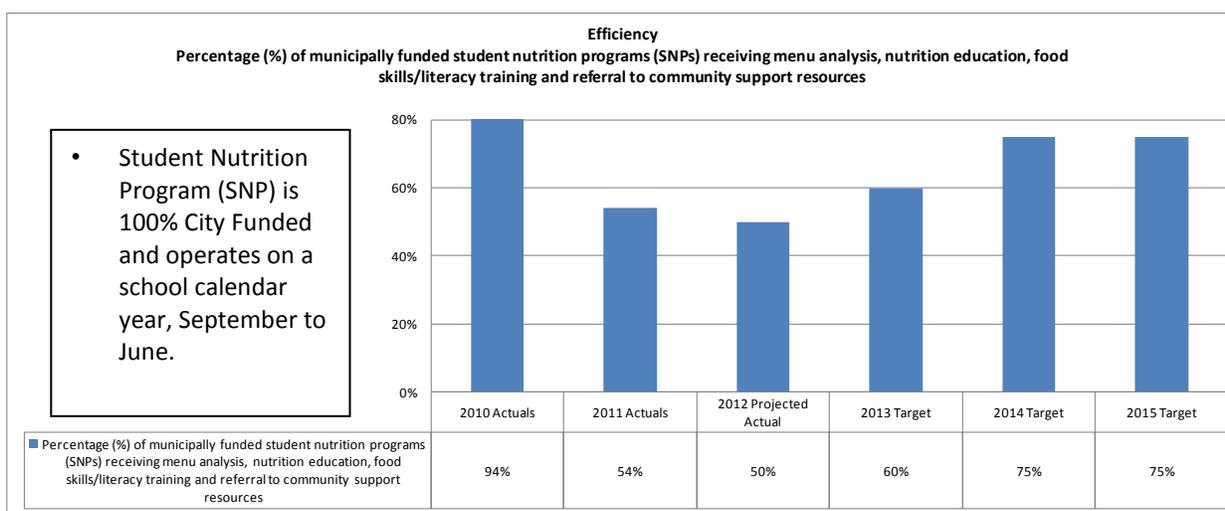
Efficiency Measure – Time (days) between health unit notification of Gonorrhoea and initiation of follow-up



- The STI program has improved business processes to reduce the time between notification of a case and initiating follow-up.
- As a result, the average time between health unit notification of Gonorrhoea and initiation of follow-up has decreased from 4 days in 2010 and 2011 to 2.8 days in 2012.
- Projected 2013 target for the time between notification and initiation of follow-up is expected to be reduced to 2 days.

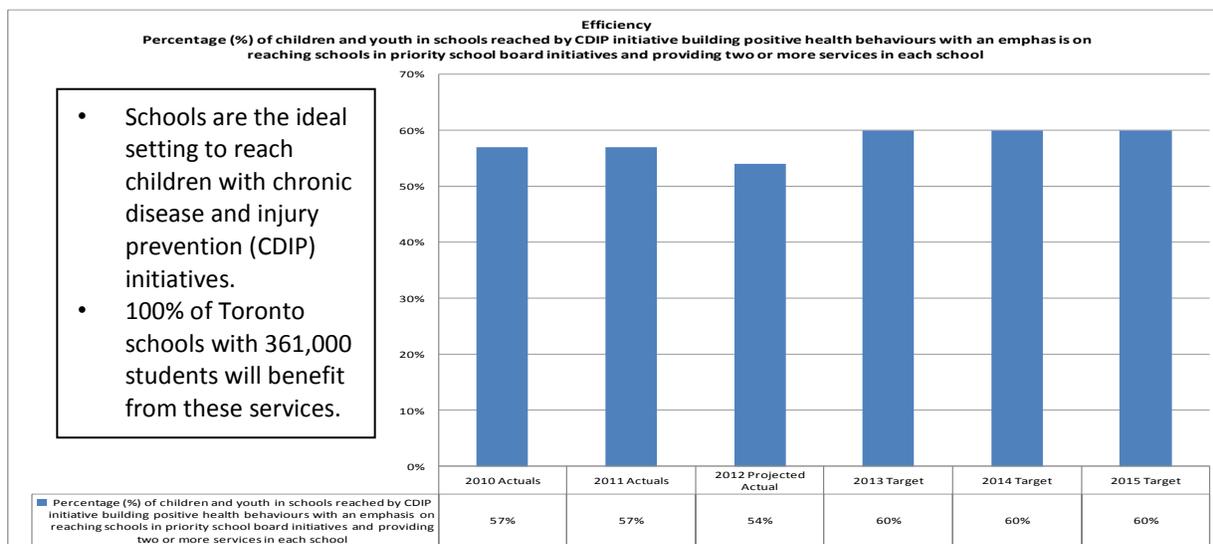
Service: Chronic Disease and Injury Prevention

Efficiency Measure – Percentage (%) of municipally funded student nutrition programs (SNPs) receiving menu analysis, nutrition education, food skills/literacy training and referral to community support resources



- TPH strives to provide at least 75% of municipally funded SNPs with a TPH Registered Dietitian (RD) consultation.
- TPH has been unable to meet this target in 2011 and 2012 due to reductions of RD staffing levels and logistical challenges with schools with the potential for less healthy food choices to the students.
- TPH focuses efforts on newer schools and those that have not met nutrition standards in the past.
- As staffing levels stabilize into 2013 TPH expects to bring service levels back to 75% by the 2013/14 school year.

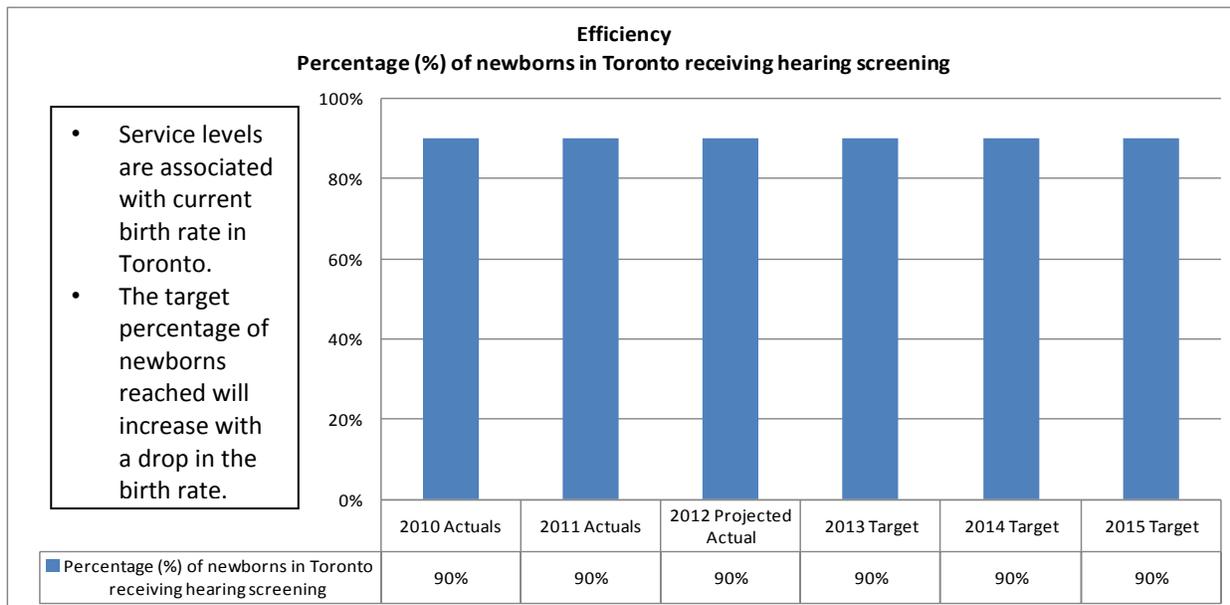
Efficiency Measure – Percentage (%) of children and youth in schools reached by CDIP initiative building positive health behaviours with an emphasis on reaching schools in priority school board initiatives and providing two or more services in each school



- Schools are the ideal setting to reach children with chronic disease and injury prevention (CDIP) initiatives.
- Given 743 schools in Toronto and limited staff resources TPH strives to reach 60% of schools in 2013 and beyond.
- TPH reached 192,938 children and youth in 401 schools in 2012 and was able to provide higher risk schools with more services in 2012.

Service: Family Health (Dental Health)

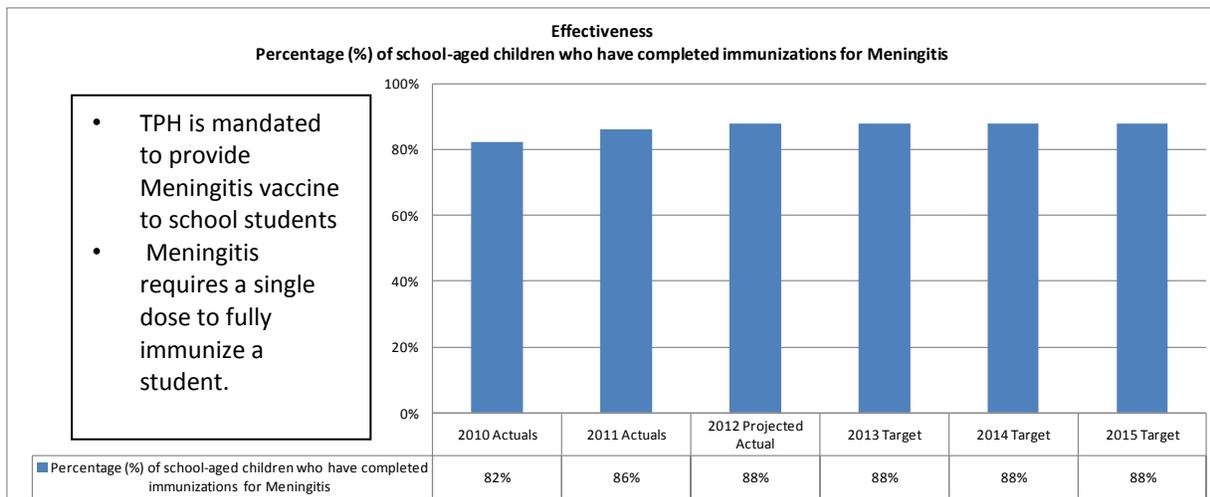
Efficiency Measure – Percentage (%) of newborns in Toronto receiving hearing screening



- TPH, under its service agreement with Ministry of Children and Youth services is required to maintain a target of 90 % of conducting infant hearing screening tests on newborns.
- TPH performs over 30,000 hearing screening tests on newborns in Toronto hospitals each year (i.e, not including community clinics). This represents about 90% of the total births. While TPH provides screening in all hospitals seven days per week, past experience indicates that this percentage is the maximum that can be achieved with current staffing levels.
- The balance of approximately 10% of infants are discharged from hospital without receiving screening from a number of reasons which include discharge prior to screener contact, unwillingness to provide consent, and insufficient staff to provide back-up coverage.

Service: Infectious Disease

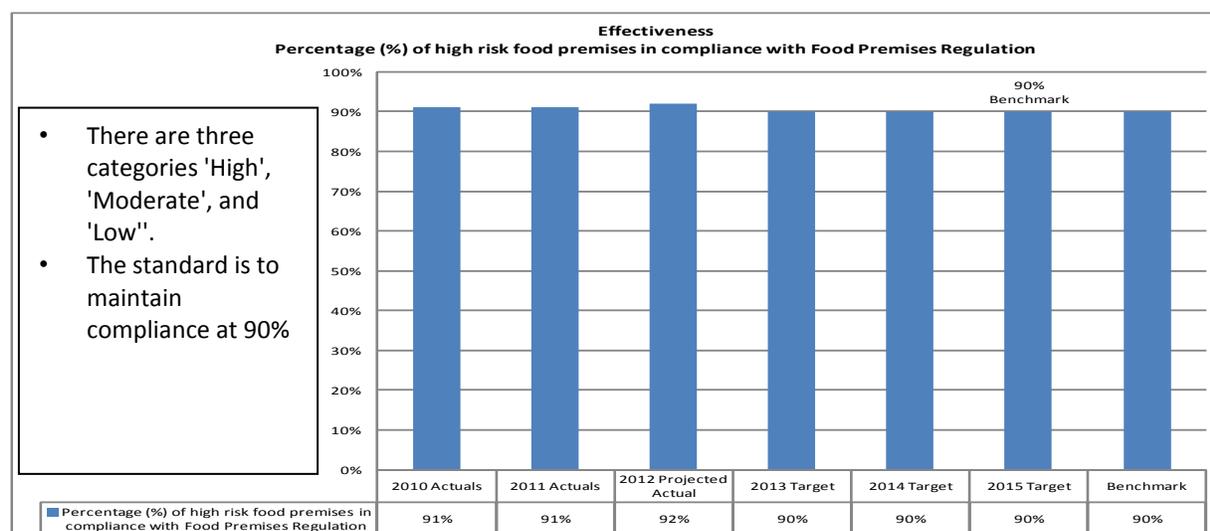
Effectiveness Measure – Percentage (%) of school-aged children who have completed immunizations for Meningitis



- TPH provides the Meningitis vaccine to students at schools and community clinics.
- The coverage rates for 2010-2011 school year were unusually low due to hiring slow down and program implementation challenges.
- The program has implemented strategies and processes to improve the coverage rate from 82% in 2010 to 88% in 2012 and beyond.

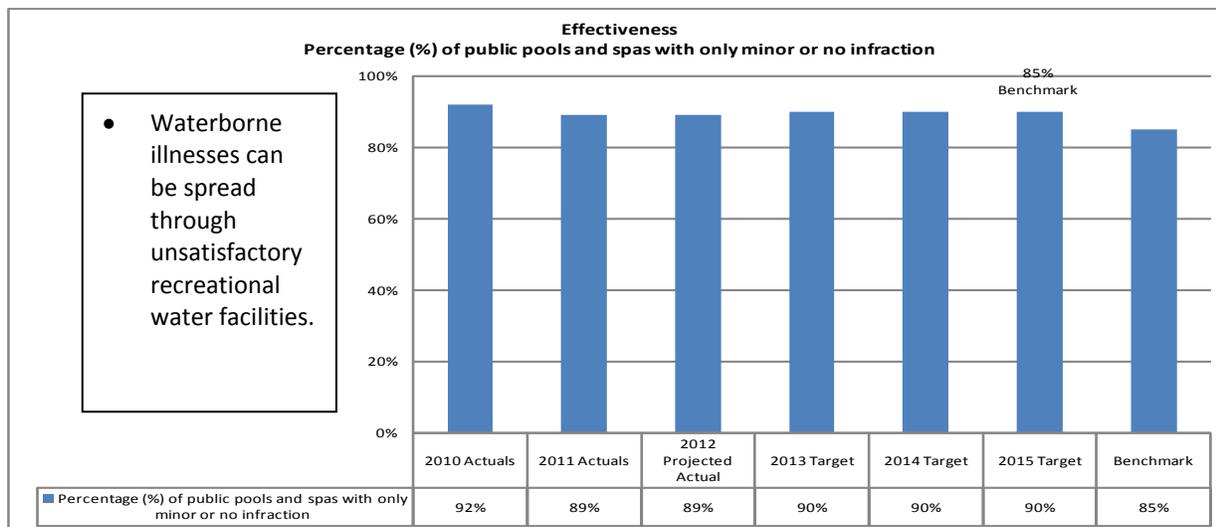
Service: Environmental Health

Effectiveness Measure – Percentage (%) of high risk food premises in compliance with Food Premises Regulation



- The goal of the Food Safety program is to reduce the incidence of food-borne illness by activities including preventing the sale or distribution of food unfit for human consumption.
- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- "High- risk" is a designation set by the Province of Ontario. There are three categories "High", "Moderate", and "Low". Health Units are mandated to inspect 'High-risk' premises three times per year (once every 4 months) as they are more likely to contribute to food-borne illness.
- TPH measures and tracks compliance rates within high risk establishments to determine the need for any additional food safety strategy.
- TPH has been consistently over the benchmark compliance rate of 90% with 91% in 2010 and 2011 and a projected rate of 92% in 2012. TPH is projecting to meet the target of 90 % in 2013, 2014 and 2015.

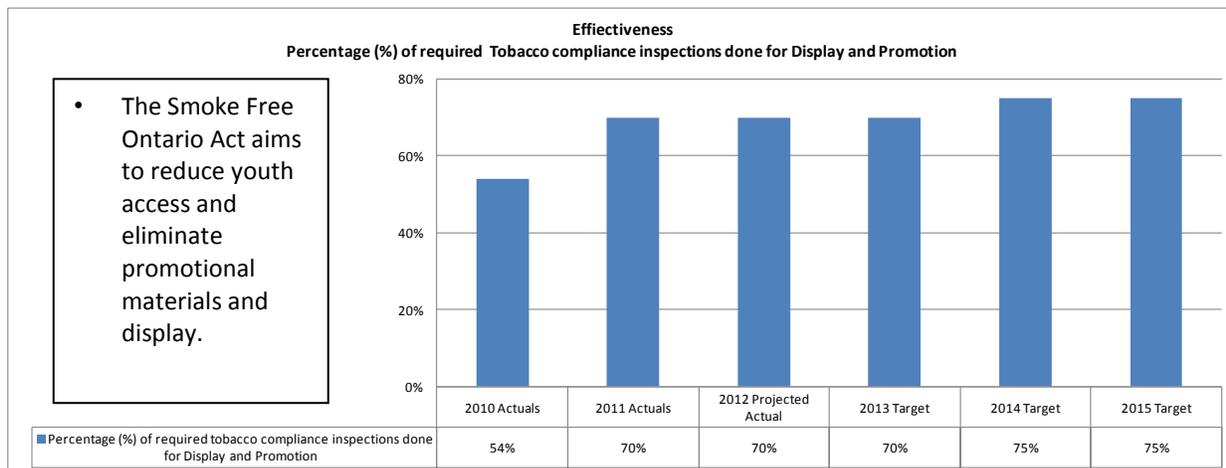
Effectiveness Measure – Percentage (%) of public pools and spas with only minor or no infraction



- There are some infractions that require immediate closure of these facilities while others must be corrected within a given time frame.
- The goal is to ensure that no less than 85% of the public pools/spas inspections have no infractions or minor infractions only.
- TPH has consistently exceeded the target of 85% pools and spas with minor or no infractions on inspection.

Service: Chronic Disease and Injury Prevention

Effectiveness Measure – Percentage (%) of required Tobacco Compliance Inspections done for Display and Promotion

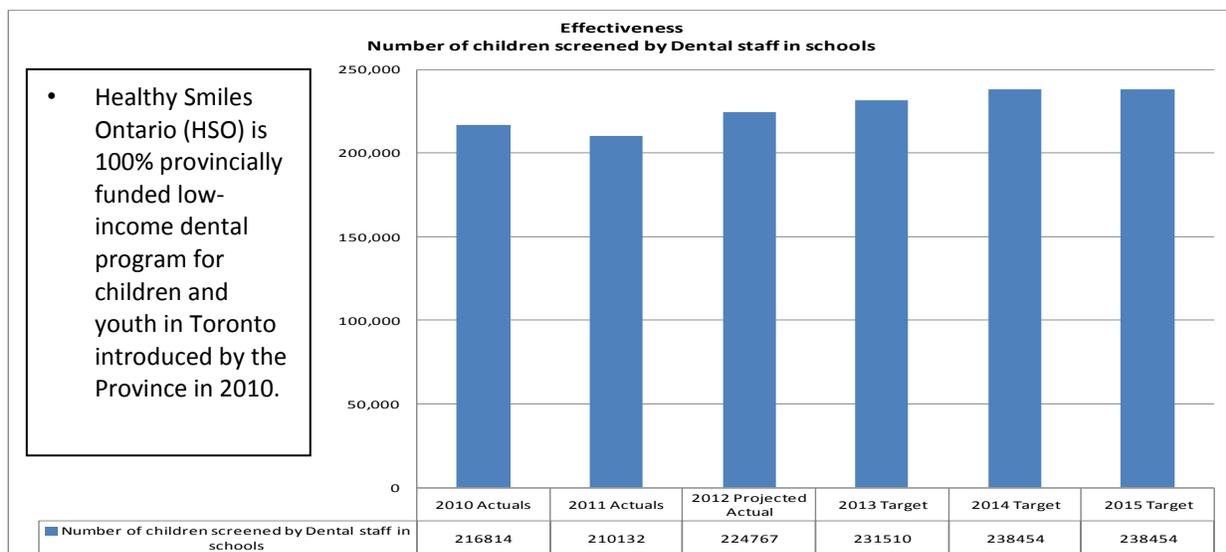


• The Smoke Free Ontario Act aims to reduce youth access and eliminate promotional materials and display.

- Compliance inspections are done to increase owner/operator awareness and compliance with requirements.
- As a result of re-structuring of the program in late 2010, the percentage of required tobacco compliance inspections done for Display and Promotion has been fairly constant at 70% in 2011 and 2012 and TPH expects to maintain the same level in 2013.
- TPH is projecting higher targets of 75% for 2014 and 2015 as a result of re-distribution of program resources.

Service: Family Health (Dental Health)

Effectiveness Measure – Number of children screened by Dental staff in schools



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

- Prior to the Healthy Smiles Ontario program (HSO), screening of high school children was a pilot project done in a few high risk schools. With the additional funding under the HSO program, the high school screening component is expected to expand in the 2012/13 school year reaching full implementation by 2014. When fully implemented, TPH will be screening in all high and medium risk high schools resulting in a significant increase in numbers.
- As there is no additional funding expected, the number of children screened will level off in 2014/2015 and beyond.

2012 Budget Variance Analysis

2012 Budget Variance Review (In \$000s)

(In \$000s)	2010	2011	2012	2012	2012 Approved Budget	
	Actuals	Actuals	Approved Budget	Projected Actuals*	vs Projected Actual Variance	
	\$	\$	\$	\$	\$	%
Gross Expenditures	215,554.7	222,569.5	239,669.8	231,448.8	(8,221.0)	(3.4)
Revenues	172,169.8	179,667.1	191,754.5	184,589.8	(7,164.7)	(3.7)
Net Expenditures	43,384.9	42,902.4	47,915.3	46,859.0	(1,056.3)	(2.2)
Approved Positions	1,929.2	1,925.0	1,886.2	1,732.0	(154.2)	(8.2)

* Based on the 3rd Quarter Operating Budget Variance Report.

* 2012 Approved Budget/ Projected Actuals do not include Operating impact of \$0.092 million gross, \$0 net for new Capital project IDCIS approved by the Council on October 2, 2012.

2012 Experience

- As of September 30, 2012, TPH is projecting a favourable year-end variance of \$8.221 million gross and \$1.056 million net or 3.4% and 2.2% of the 2012 Approved Operating Budget, respectively.
- The favourable gross expenditure variance is due to under-spending in salaries and benefits which reflects the delays in hiring for vacant positions as well as delays in opening and hiring for the Healthy Smiles Ontario Program (HSO) Clinics.

Impact of 2012 Operating Variance on the 2013 Recommended Budget

- The under expenditures for the 100% Provincially- funded Healthy Smiles Ontario Program (HSO) will not continue into 2013 as the staffing reaches planned service levels by the end of 2012.

Appendix 2

2013 Recommended Operating Budget by Expenditure Category and Key Cost Driver

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

Category of Expense	2010	2011	2012	2012	2013	2013 Change from		2014	2015
	Actual	Actual	Budget	Projected Actual	Recommended Budget	2012 Approved Budget	%	Outlook	Outlook
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	159,938.2	163,024.2	171,587.4	165,639.4	172,758.8	1,171.4	0.7%	175,419.3	179,074.2
Materials and Supplies	3,603.7	3,976.5	6,166.6	4,520.2	4,749.0	(1,417.6)	(23.0%)	4,749.0	4,749.0
Equipment	1,614.5	1,124.7	1,006.2	829.5	954.7	(51.5)	(5.1%)	954.7	954.7
Services & Rents	34,058.4	36,395.7	37,154.3	36,277.2	36,445.7	(708.6)	(1.9%)	36,445.7	36,445.7
Contributions to Capital							n/a		
Contributions to Reserve/Res F	1,833.6	1,848.7	1,451.7	1,451.7	1,451.7	(0.0)	(0.0%)	1,451.7	1,451.7
Other Expenditures	102.3	143.1	6,473.9	6,473.9	6,374.9	(99.0)	(1.5%)	6,374.9	6,374.9
Interdivisional Charges	14,403.9	16,056.8	15,921.8	16,349.0	15,897.3	(24.5)	(0.2%)	15,897.3	15,897.3
TOTAL GROSS EXPENDITURES	215,554.7	222,569.5	239,761.8	231,540.9	238,632.1	(1,129.7)	(0.5%)	241,292.6	244,947.5
Interdivisional Recoveries	9,570.2	11,882.9	10,973.1	10,973.1	11,725.2	752.1	6.9%	11,725.2	11,725.2
Provincial Subsidies	157,242.3	162,187.9	173,678.3	166,513.6	172,038.8	(1,639.5)	(0.9%)	174,192.1	178,061.6
Federal Subsidies	120.5	144.4	216.1	216.1	187.8	(28.3)	(13.1%)	187.8	187.8
Other Subsidies									
User Fees & Donations	1,056.2	992.2	1,007.7	1,007.7	940.3	(67.4)	(6.7%)	940.3	940.3
Transfers from Capital Fund	2,178.4	2,703.0	4,000.5	4,000.5	3,724.8	(275.7)	(6.9%)	3,670.5	2,690.7
Contribution from Reserve Fund		4.7	250.0	250.0		(250.0)	(100.0%)		
Contribution from Reserve									
Sundry Revenues	2,002.1	1,752.0	1,720.9	1,720.9	1,499.1	(221.8)	(12.9%)	1,499.1	1,499.1
TOTAL REVENUE	172,169.8	179,667.1	191,846.5	184,681.8	190,116.0	(1,730.5)	(1.0%)	192,215.0	195,104.7
TOTAL NET EXPENDITURES	43,384.9	42,902.4	47,915.3	46,859.1	48,516.1	600.8	1.3%	49,077.6	49,842.8
APPROVED POSITIONS	1,929.2	1,925.2	1,886.2	1,732.0	1,871.7	(14.5)	(0.8%)	1,866.7	1,861.5

2013 Key Cost Drivers

Salaries and Benefits

Salaries and Benefits comprise the largest expenditure category at 72.4% of total expenditures, followed by Services and Rents at 15.3%, Interdivisional Charges at 6.7%, with Materials and Supplies, Equipment and Other Expenditures at 5.6%.

- The 2013 budget for Salaries and Benefits is \$172.759 million, reflecting an increase of \$1.171 million or 0.7% compared to the 2012 Budget of \$171.587 million.

- The increase is primarily due to progression pay and step increases, fringe benefits changes and OMERS rate increase for \$1.916 million;
- This increase was partially offset by a decrease of \$0.276 million for the deletion of 6.5 temporary capital project delivery positions to implement the 2013 Recommended Capital Budget, \$0.086 million reduction in Food Handler Training to reflect the actual collection experience in 2012 and \$0.383 million due to reversal of one-time funding including funding for Smoke free Ontario, Bed Bugs and Best Practice CQI program.

Other Expenditure Categories

- The 2013 Recommended Operating Budget includes reversal of 100% one-time Provincial funding of \$2.301 million for a number of programs including Healthy Smiles Ontario for \$1.075 million, Preschool Speech and Language program for \$0.500 million, Infant Hearing program for \$0.429 million that will impact multiple expenditure categories.
- TPH re-aligned budgets between categories as part of the detailed review to reflect actual experience.

The 2013 Recommended Base Budget provides funding for the following:

Prior Year Impacts

- Annualized costs of TB Services Re-design (\$0.110 million gross and \$0.028 million net)
 - The reduction of 8 positions for TB Services was approved and partially implemented in 2012 and the remainder will be implemented in 2013. TPH continues to provide Directly Observed Therapy (DOT) to TB clients for the first 8 weeks, however, post 8 weeks are done through Video DOT.

Economic Factors

- Cost of providing the current level of service requires \$1.972 million gross and \$0.589 million net for labour costs which includes progression pay and step increases, COLA and increase in OMERS.
- Supervisor Family Home Visitor position was upgraded from a level 6.0 to level 6.5 during the job evaluation process resulting in base increase of \$0.010 million gross and \$0 net.
- TPH adjusted gapping by \$0.066 million gross and \$0.019 million net for cost-shared programs to maintain the 2012 gapping rate of 4.5%.

Other Base Changes

- 37.5 Capital funded positions are required to deliver capital projects recommended in the Toronto Public Health's 2013 Capital Budget (subject to the approval of the 2013 Recommended Capital Budget for TPH) of \$3.725 million gross and \$0 net.
- The IDC for salaries and benefits of staff charged to TPH from Facilities, Fleet, SDFA and 311 increased by \$0.006 million net.
- A detailed corporate review of telecom and fuel charges resulted in savings of \$0.307 million gross, \$0.070 million net.

- The Sexual Health contractual obligations increased by \$0.043 million gross and \$0.011 net as a result of cost of living increase.
- There was an increase of \$0.030 million gross and \$0 net for two largest TPH run Sexual Health Clinic for additional funds required for increased number of physician hours.
- The re-alignment of TPH budget with the Provincial budget resulted in additional savings of \$0.311 million gross and \$0 net.

Revenue Changes

- TPH applied a 2.2 % annual inflationary increase to each user fee as per the principles established in the City's User Fee Policy totaling \$0.002 million.

Appendix 3
Summary of 2013 Recommended Service Changes



2013 Operating Budget - Recommended Service Change Summary of Administrative Review

TYPE	PRIORITY	AGENCIES Toronto Public Health	Recommended Adjustments				2014 Net Incremental Outlook (\$000s)	2015 Net Incremental Outlook (\$000s)
			Change in Gross Expenditure (\$000s)	Change in Revenue (\$000s)	Net Change (\$000s)	Change in Approved Positions		
2013 Recommended Base Budget Before Service Change:			238,731.5	190,051.2	48,680.3	1,871.7	561.5	765.2
Z1	35	Harm Reduction Funding - Non Salary Service / Activity: Communicable Disease / N/A Description: Transfer of remaining non-salary budget for Methadone Program which is funded 100% by the City into the cost-shared program resulting in additional Provincial revenue of \$0.060 million representing the Provincial share of 75%. Service Level Change: N/A ADMIN: Recommended.	0.0	60.3	(60.3)	0.0	0.0	0.0
<hr/>								
Z3	34	Discontinuation of City Funding for Global AIDS Initiative Project Service / Activity: Healthy Communities / N/A Description: The Global AIDS Initiative was endorsed by City Council in 2007 as a legacy to the International AIDS Conference held in Toronto in 2006 and has been administered by TPH as part of the AIDS Prevention Community Investment Programme under the Community Partnership and Investment Programme(CPIP). The City has made a 5 year investment in efforts to reduce the spread of HIV/AIDS in several African countries. Given the City's current financial situation discontinuing this funding is recommended. Currently these funds are awarded to Schools Without Borders (SWB) to work in partnership with Africa's Children - Africa's Youth to strengthen program and organizational effectiveness of existing Safe Spaces projects for girls in Nairobi, Kenya; Ramotswa, Botswana; and Dar es Salaam, Tanzania. . This one project has many components that are implemented in a variety of countries with partner agencies, both local and international. Service Level Change: Discontinuance of City Funding for Global AIDS Initiative Project. ADMIN: Recommended	(104.0)	0.0	(104.0)	0.0	0.0	0.0
<hr/>								
Total Recommended Service Level Reductions:			(104.0)	60.3	(164.3)	0.0	0.0	0.0
Total Recommended Base Budget:			238,627.5	190,111.5	48,516.0	1,871.7	561.5	765.2

Category Legend - Type

- Z1 - Efficiency Change
- Z2 - Revenue Change
- Z3 - Service Change

Appendix 4
Summary of 2013 Recommended New/Enhanced Service Priority
Actions



2013 Operating Budget - Recommended New and Enhanced Services Summary of Administrative Review

TYPE	PRIORITY	AGENCIES Toronto Public Health	Recommended Adjustments				2014 Net Incremental Outlook (\$000s)	2015 Net Incremental Outlook (\$000s)
			Change in Gross Expenditure (\$000s)	Change in Revenue (\$000s)	Net Change (\$000s)	Change in Approved Positions		
N6	40	Food Handler Training Program Fees	4.5	4.5	0.0	0.0	0.0	0.0
(PH-N101)		Service / Activity: Healthy Environments / N/A						
Description:								
Create a new fee for service "Food Handler Reviewing and Certification Program for Accreditation". The new fee will be \$750.00 for organizations re-submitting their applications for food handler training and certification program accreditation and will help TPH recover costs of \$3,300 associated with the review of each certification/ accreditation submission / re-submission and results in a zero net budget impact. An increase in fees will put Toronto Public Health closer to recovering the cost of delivering the program as was intended and approved by the Board of Health.								
Service Level Change:								
ADMIN: Recommended.			4.5	4.5	0.0	0.0	0.0	0.0
			4.5	4.5	0.0	0.0	0.0	0.0

Category Legend - Type

- N1 - Enhanced Services - Operating Impact of 2013 Capital
- N2 - Enhanced Services - Service Expansion
- N3 - New Service - Operating Impact of 2013 Capital
- N4 - New Services
- N5 - New Revenues
- N6 - New User Fee Revenue

Appendix 5

Inflows / Outflows to / from Reserves & Reserve Funds (In \$000s)

Program Specific Reserve/Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	Projected Balance as of December 31, 2012	2013	2014
			\$	\$	\$
Vehicle & Equipment Reserve	XQ1101	Projected Beginning Balance	150.5	150.5	207.7
		Proposed			
		Withdrawals (-)			
		Contributions (+)		57.2	
Balance at Year-End			150.5	207.7	207.7

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of December 31, 2012 *	Proposed Withdrawals (-) / Contributions (+)		
			2013	2014	2015
		\$	\$	\$	\$
Insurance Reserve Fund	XR1010	21,156.0	409.8		
Emergency Technology Reserve Fund- Desktop	XQ1508	8,423.0	984.7		
Total Reserve / Reserve Fund Draws / Contributions			1,394.5		

Appendix 6 (ii)

2013 Recommended User Fee Rate Changes Inflation & Other Adjustments

Ref #	User Fee Description	Fee Category	Fee Unit / Basis	2012 Fee (A)	Inflationary Adjusted Fee (B)	Other Adjustments (C)	2013 Rec'd Fee (D)	2013 Incremental Revenue
Toronto Public Health - Total								
1	Inspecting properties, conducting file search and issuing reports	Full Cost Recovery	Per Request	\$153.38	\$156.75		\$156.75	
2	Inspecting premises, conducting file search and issuing a report	Full Cost Recovery	Per Application	\$153.38	\$156.75		\$156.75	
3	Processing a license application, includes inspection and providing report	Full Cost Recovery	Per Request	\$153.38	\$156.75		\$156.75	
4	Inspecting a mobile cart for license purposes	Full Cost Recovery	Per Request	\$153.38	\$156.75		\$156.75	
6	Covers the cost of examination testing and issuing of food handler certificate	Full Cost Recovery	Per Certification	\$30.68	\$30.68	\$10.01	\$40.69	
7	Covers the cost of issuing a TPH certificate	Full Cost Recovery	Per Request	\$5.11	\$5.22		\$5.22	
8	Covers the cost of administration and materials to reissue certificate	Full Cost Recovery	Per Request	\$10.23	\$10.46		\$10.46	
9	Covers the cost of processing the wallet card with a photo	Full Cost Recovery	Per Request	\$5.11	\$5.22		\$5.22	
10	To cover the cost of reviewing and accrediting programs	Full Cost Recovery	Per Request	\$306.75	\$306.75	\$643.25	\$950.00	
11	Cost for PHI to review documentation and clerk to prepare letter of approval - body shipment letter.	Full Cost Recovery	Per Request	\$25.56	\$26.12		\$26.12	\$78,155
12	Cost for PHI to review documentation and clerk to prepare letter of approval - disinterment letter.	Full Cost Recovery	Per Request	\$25.56	\$26.12		\$26.12	
13	Assessment Report/Remediation Plan Review fee	Full Cost Recovery	Per Report/Plan Review	\$520.76	\$532.22		\$532.22	
14	Administration/Clerical/Fee	Full Cost Recovery	Per property	\$260.38	\$266.11		\$266.11	
15	Inspection and Enforcement Fee	Full Cost Recovery	Per Property	\$520.76	\$532.22		\$532.22	
16	Court/Tribunal Attendance Fee	Full Cost Recovery	Per Property	\$520.76	\$532.22		\$532.22	
17	Inspecting properties when owners apply for a lodging house licence in the former municipality of Etobicoke	Full Cost Recovery	Per Application	\$403.89	\$412.78		\$412.78	
18	Inspecting properties when owners of lodging houses seek a renewal of the Lodging House Licence in the former municipality of Etobicoke	Full Cost Recovery	Per Application	\$231.09	\$236.17		\$236.17	
19	To cover the cost of the material to produce the Food Handler Safety Manual	Full Cost Recovery	Per Request	\$10.23	\$10.46		\$10.46	
20	To cover the cost of the material to produce the Food Handler Safety manual and Shipping and handling	Full Cost Recovery	Per Request	\$25.56	\$26.12		\$26.12	
Toronto Public Health - Total								\$78,155

Appendix 6 (iv)
2013 Operating Budget
New User Fees

Program / Agency (By Activity)	User Fee Description	Fee Category	Fee Unit / Basis	2013 Rec'd Fee	2013 Incremental Revenue
Toronto Public Health Food Safety	Food safety review and certification program	Full Cost Recovery	Per request	\$750.00	\$4,500
Total Revenue - Toronto Public Health					\$4,500