



# Toronto Public Health Operating Budget Request 2013



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# PART I: EXECUTIVE SUMMARY

## 2013 Operating Budget Request

The Toronto Public Health (TPH) 2013 Operating Budget Request totals \$240,643.5 thousand gross / \$48,763.9 thousand net. This request is \$1,661.6 thousand gross / \$1,031.1 thousand net above the 2012 Operating Budget. The net increase of \$1,031.1 thousand over the 2012 Operating Budget is comprised primarily of base budget increases for the negotiated collective agreement and inflationary increases for AIDS & Drug Grants Prevention Programs of \$820.4 thousand net; reduction options of \$164.3 thousand net; and, new & enhanced services of \$375.0 thousand net.

	<b>2012 Budget</b>	<b>2013 Base</b>	<b>2013 Reductions</b>	<b>2013 New &amp; Enhanced</b>	<b>2013 Request</b>	<b>BOH Budget Sub Ctee Recc'd</b>	<b>2013 Revised Request</b>	<b>Change from 2012 Budget</b>	
<b>(\$000s)</b>									<b>%</b>
<b>GROSS EXP.</b>	238,981.9	238,700.6	(104.0)	1,504.5	240,101.1	542.4	240,643.5	1,661.6	0.7
<b>REVENUE</b>	191,249.1	190,097.3	60.3	1,129.5	191,287.0	592.5	191,879.5	630.5	0.3
<b>NET EXP.</b>	47,732.9	48,603.3	(164.3)	375.0	48,814.1	(50.1)	48,763.9	1,031.1	2.2
<b>Positions</b>	1,882.2	1,882.0	0.0	12.0	1,894.0	0.0	1,894.0	11.8	0.6

The City Manager issued guidelines and directions for development of the 2013 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs). Included in these directions are the expectations that all City Programs and ABCs:

- achieve the 2013 operating budget target of a zero percent increase from the Council Approved 2012 Net Operating Budget; and
- do not budget for Cost of Living Allowance (COLA) for City management and exempt employees.

TPH has reviewed its services and costs and where achievable absorbed expected inflation increases and reduced expenses in the 2013 budget request.

Public health services include 100 percent provincially funded programs and cost shared programs that receive provincial funding for 75 percent of the cost. Every \$1 of city funds invested in cost shared programs is matched by \$3 of provincial funding. While this allows TPH to leverage \$1 of city investments in cost shared programs into \$4 of increased service, the flip side is any \$1 reduction in city funding will result in \$4 less service.

Since 2004 the City's contribution to TPH Budget declined as the Province increased the funding for cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007. The City's funding to public health has decreased by \$20.7 million between 2004 and the 2013 Budget Request due to the change in the cost-share ratio and other efficiencies.

Since 2010 the cumulative provincial revenue foregone due to the City's financial constraints is \$7.549 million, assuming the 2013 recommendation is approved. The opportunity to invest in and build public health programs and services in areas such as communicable disease control and chronic disease prevention is foregone when available provincial funding is not maximized.

At its meeting of September 27, 2012, the Board of Health Budget Sub-Committee requested the Medical Officer of Health (MOH) to include the following in the TPH 2013 Operating Budget request for consideration by the Board of Health (BOH):

- a. an economic factor increase to the AIDS and Drug Prevention grant programs, and
- b. enhance service adjustments to maximize provincial revenues in the following TPH programs: Preventing Childhood Obesity; and Sexually Transmitted Infection ( STI) Prevention.

The Board of Health Budget Sub-Committee also requested the Medical Officer of Health to defer consideration of a reduction in the Corporate Overhead charges to the 2014 Operating Budget following his review of the revised methodology and calculation of these charges recently provided by the City's Financial Planning Division.

City Council at its meeting of July 11-13, 2012 requested the Medical Officer of Health to report to the Board of Health, as part of the 2013 budget process, on a plan to increase the City's investment in a Student Nutrition Program funding partnership model with a view to fully phase-in the municipal share of the program within a three to five year horizon and to consider as part of the annual operating budget process, an annual increase to the City's investment in SNPs equal to the annual amount of food inflation reported by the Nutrition Food Basket survey.

A companion report to the Board of Health entitled "Student Nutrition Program Expansion in High Needs Schools 2013-17" includes a plan and proposed municipal investment to stabilize and expand the Toronto Student Nutrition Program over five years starting 2013/14 school year and, a recommended increase to the TPH 2013 Operating Budget.

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# RECOMMENDATIONS

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The Medical Officer of Health recommends that:

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”;
2. City Council approve the list of base budget adjustments including the recommendations from the BOH Budget Sub Committee as summarized in Table 5, “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 5, “Overview of 2013 Operating Budget Request”;
4. City Council approve a 2013 New and Enhanced Request of \$1,504.5 thousand gross / \$375.0 thousand net as outlined in Table 5, “Overview of 2013 Operating Budget Request”;
5. City Council approve 2013 BOH Budget Sub Committee Recommendations increase of \$542.4 thousand gross and decrease of \$50.1 thousand net as outlined in Table 5, “Overview of 2013 Operating Budget Request”; and
6. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2013 budget process.

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

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### **Legislation**

The provincial Health Protection and Promotion Act (HPPA) provides the legislative mandate for boards of health<sup>1</sup>. Under the HPPA, there are 14 mandatory programs and services that must be provided and 21 regulations that must be adhered to. Section 5 of the HPPA specifies that boards of health must provide or ensure the provision of a minimum level of public health programs and services in specified areas as follows:

- Community sanitation and the prevention or elimination of health hazards
- Provision of safe drinking water by small drinking water systems
- Control of infectious and reportable disease, including providing immunization services to children and adults
- Health promotion, health protection, and disease and injury prevention

Boards of health can, and do, provide additional programs and services in response to local needs identified in their communities (Section 9 of the HPPA).

In addition, there are over 40 other provincial statutes that identify specific duties for boards of health and medical officers of health, including: Immunization School Pupils Act, Emergency Management and Civil Protection Act, The Day Nursery Act, Environmental Protection Act, Mandatory Blood Testing Act, Personal Health Information Protection Act, and Smoke-Free Ontario Act, to name a few.

### **Program Standards**

There are currently 21 different Regulations under the HPPA, including those that govern food safety, swimming pool health and safety, rabies control, school health, board of health composition and communicable disease control.

Under Section 7 of the HPPA, the Minister of Health and Long-Term Care has the authority to publish guidelines for the provision of mandatory public health programs and services to which all 36 boards of health across Ontario must comply – these are known as the Ontario Public Health Standards (OPHS). These are minimum standards, and address programmatic expectations articulated in 147 requirements in 6 specific areas, as well as 26 detailed protocols with further requirements.

### **Organizational Standards**

There are 44 Ontario Public Health Organizational Standards requirements that establish the management, operational and governance requirements for all boards of health and public health units in Ontario. Boards of health are accountable for implementing the requirements, which are complementary to the OPHS. The Organizational Standards are designed to: promote

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<sup>1</sup> Under the HPPA the health unit refers to the geographic area covered by the board of health

organizational excellence; establish the foundation for effective and efficient program and service delivery; and contribute to performance, accountability and sustainability.

## **Accountability Agreements**

The Ontario Ministry of Health and Long-Term Care first introduced Accountability Agreements in 2011 to provide a framework for setting specific performance expectations, and establishing reliable and valid data reporting requirements for all 36 public health units across Ontario. As part of the Agreement, boards of health are required to comply with the Ontario Public Health Organizational Standards. The Agreement also includes performance indicators based on the Ontario Public Health Program Standards.

The City of Toronto Board of Health approved the Accountability Agreement in October 2011, and it was signed by all parties in November 2011. At the time of signing, the Ministry of Health and Long-Term Care and the Board of Health agreed to negotiate performance targets for 2012 and 2013. As a result of these negotiations, performance targets were established for 2012 and 2013, and the Board of Health approved these targets in July 2012.

Consistent with all other boards of health across Ontario, Toronto Public Health ((TPH) is required to report on performance mid-year (July/August) and year end (January). While performance is not linked to provincial funding for public health programs and services, the establishment of the performance targets supports incremental improvement in the public health system across all boards of health.

## **City Service Review 2011**

In 2011 a Core Service Review was conducted for all City Divisions & ABCs by KPMG at the direction of City Council. The overall findings of the Core Service Review for Toronto Public Health are broadly consistent and reflect the current legislative basis for the programs delivered by TPH.

All legislatively required programming, as set out in the Health Protection and Promotion Act, and the range of other statutes under which Board of Health programs and services are provided, were accurately described in the report by KPMG as mandatory with service levels either at standard or slightly below standard.

For all legislatively mandated areas of programming, the report makes the observation that the manner in which the legislatively mandated programs are implemented is "discretionary in some cases". The common comment across all mandated services is to "continuously review decisions on the execution of the program delivery (volume, resource allocation, strategy) to seek and generate efficiencies and cost savings." These observations were consistent with the approach taken by TPH, including the 2012 budget process, to generate the reduction options required to meet the the 2012 operating budget reduction target.

## 2013 Budget

As part of the 2013 budget process, the City Manager issued the following directions for development of the 2013 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs):

- Achieve the 2013 operating budget reduction target of a zero percent increase from the Council Approved 2012 Net Operating Budget; and
- Do not budget for COLA or re-earnable compensation for all management and exempt employees.

The TPH 2013 Operating Budget request assumed full provincial cost sharing at 75 percent for eligible programs. The Board of Health Budget Sub-Committee requested the Medical Officer of Health (MOH) to submit a TPH 2013 Operating budget which maximizes provincial funding and includes inflationary increases for AIDS and Drug Prevention grants program and service enhancements to maximize compliance with Ontario Public Health Standards. As a result, TPH has submitted two enhanced service business cases totaling \$1,500.0 thousand gross / \$375.0 thousand net. A third new service is requested to review applications and accredit organizations offering Food Handler Training and Certification. The cost of \$4.5 thousand is fully recoverable from fees charged with no net budget impact.

TPH identified reduction options totaling \$104.0 thousand gross / \$164.3 thousand net. The budget reduction options of TPH's 2013 budget fell under the following categories:

- 1) Revenue Changes: where user fee or other external funding increases or decreases are proposed rather than a change in the volume of the service provided.
- 2) Minor Service Level Changes: where the service level is only moderately affected or where the service level is slightly adjusted.

It is important to note that TPH's budget requests for provincial cost sharing programs have, over the last 3-years, been below the provincial average. Table 1 provides a comparison of TPH's budget requests as compared to the other 35 health units in Ontario (provincial average).

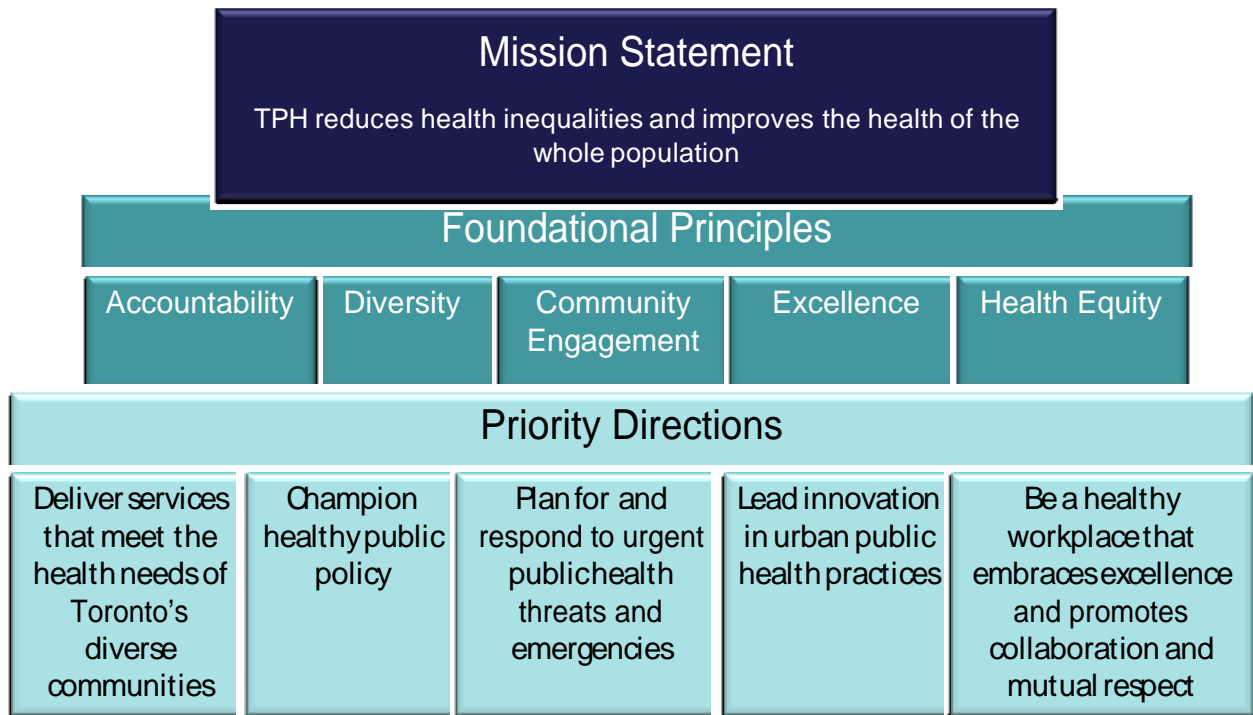


**Table 1  
Funding Growth: Provincial (Health Unit) Average Compared to TPH**

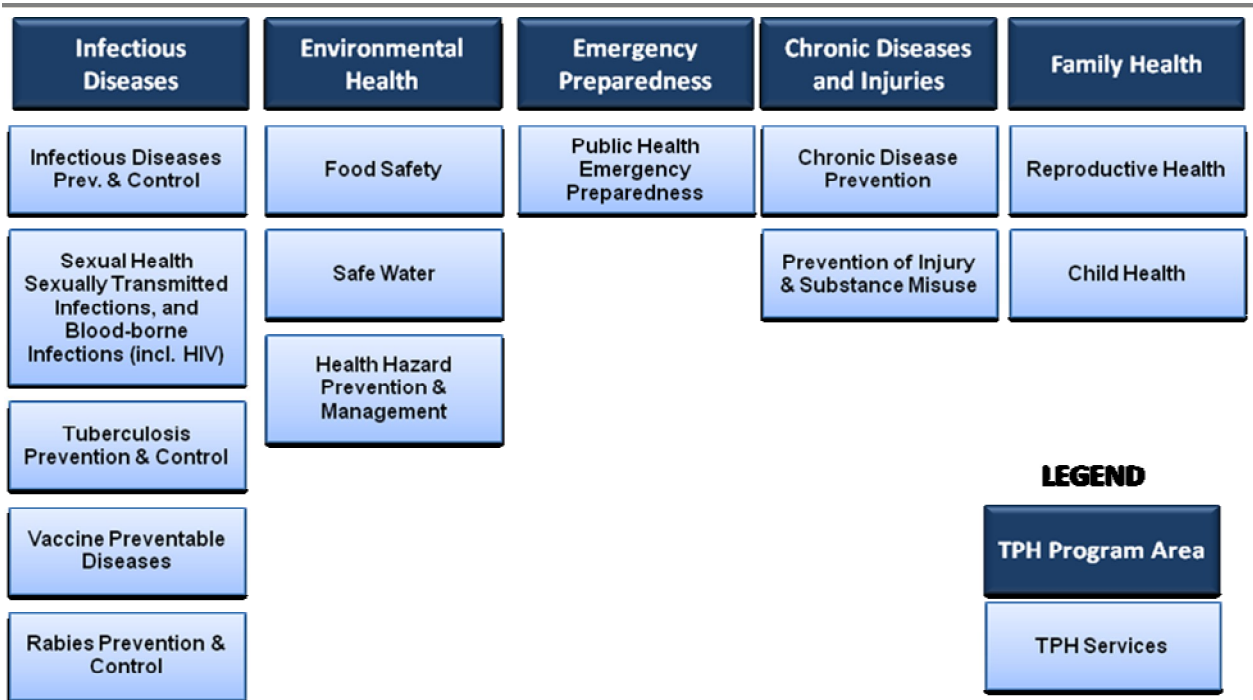
<b>Year</b>	<b>Allowable Provincial Increase for Eligible Mandatory Programs (75%)</b>	<b>Provincial Average</b>	<b>Toronto Public Health</b>
2010	Up-to 3% growth over prior year's allocation	2.3% growth	Requested and received \$118.7 million (at 75%), which represented <b>0.5%</b> growth over 2009
2011	Up-to 3% growth over prior year's allocation	2.8% growth	Requested and received \$121.3 million (at 75%), which represented <b>2.2%</b> growth over 2010
2012	Up-to 3% growth over the prior year's allocation	1.5% growth	Requested and received \$121.7 million (at 75%) for mandatory programs, which represented <b>0.4%</b> growth over 2011.

Since 2010, TPH has requested less than the provincial average for increases in cost shared funding provincial; this demonstrates TPH's continued efforts to maintain programs and services and meet the legislative requirements and various standards, while achieving more effective and efficient ways to deliver programs and services and ensuring accountability for Toronto taxpayers.

# TPH Strategic Plan 2010-2014



## TPH Program Map



## Program Overviews

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

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

**Environmental Health (EH) Program** promotes safety of food and beverages in restaurants and processing plants including inspection of over 17,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards. Other EH services include education, training and certification on safe food preparation, handling and processing for food premise operators as well food safety education for the general public. EH monitors drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notifies stakeholders in the event of adverse water quality conditions.

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

- Developing and maintaining emergency response plans which include arrangements and processes to respond to and recover from a variety of public health emergencies such as an influenza pandemic or large scale infectious disease outbreak.
- Conducting exercises and training courses on emergency preparedness, response and recovery including the Incident Management System (IMS).

**Chronic Disease and Injuries Prevention Program** promotes behaviors that reduce the risk of chronic disease and provides support to low income Torontonians to eat sufficient and nutritious food given income inadequacies. This program delivers promotion and prevention campaigns and services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse Prevention.

**Family Health Program** promotes and supports healthy behaviors and environments for people in their childbearing years, pregnant women, their partners and youth. Public health professionals, including public health nurses, dieticians, and speech language pathologists provide education and outreach on reproductive health. Programs and services focus on enhancing birth outcomes, promoting readiness to parent, supporting positive and effective parenting including in high-risk families, and enhancing the physical cognitive, communicative and psycho-social development of children.

The program also supports proper oral health by providing screening of school aged children, preventive dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment (CINOT) and Ontario Works, and dental services for seniors in collective living centers.

## TPH Operating Budget by Program

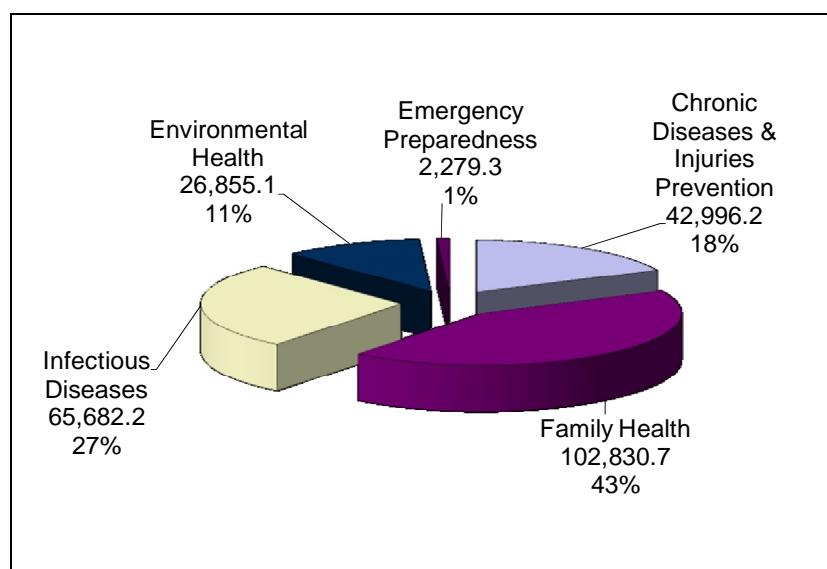
The operating budget that funds the TPH Programs is outlined below in Table 2 which compares budgeted expenditures between the 2012 Budget and the 2013 Request. In Chart 1 – 2013 TPH Operating Budget Request by Program Gross Expenditure, the percentage breakdown of budget for each Program is illustrated.

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

Toronto Public Health	2012 (\$000s)		2013 Request (\$000s)	
	Gross	Net	Gross	Net
Chronic Diseases & Injuries	42,645.9	14,255.9	42,996.2	14,474.3
Family Health	102,541.1	13,460.7	102,830.7	13,648.6
Infectious Diseases	62,364.8	14,153.5	65,682.2	14,403.6
Environmental Health	29,129.0	5,311.4	26,855.1	5,678.0
Emergency Preparedness	2,301.2	551.4	2,279.3	559.4
<b>Total</b>	<b>238,981.9</b>	<b>47,732.9</b>	<b>240,643.5</b>	<b>48,763.9</b>

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

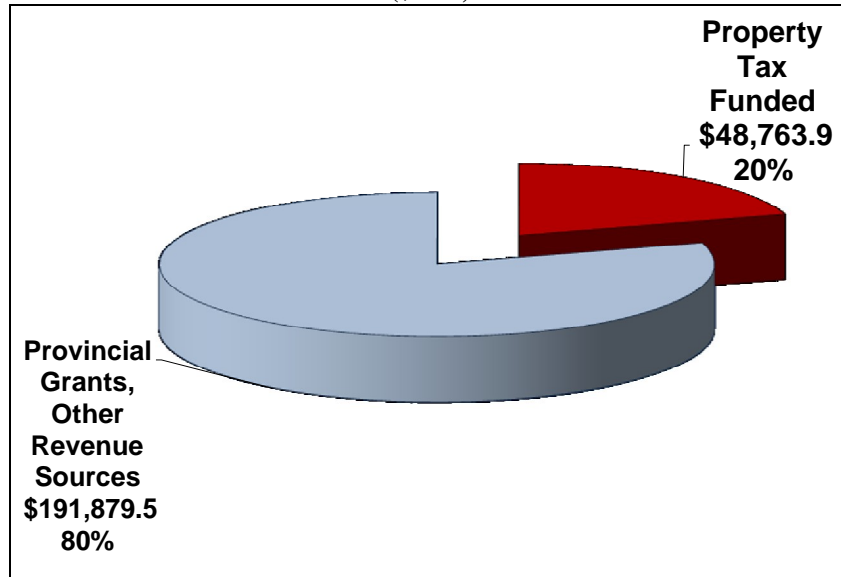
**Chart 1**  
**2013 TPH Operating Budget Request by Program Gross Expenditure (\$000s)**



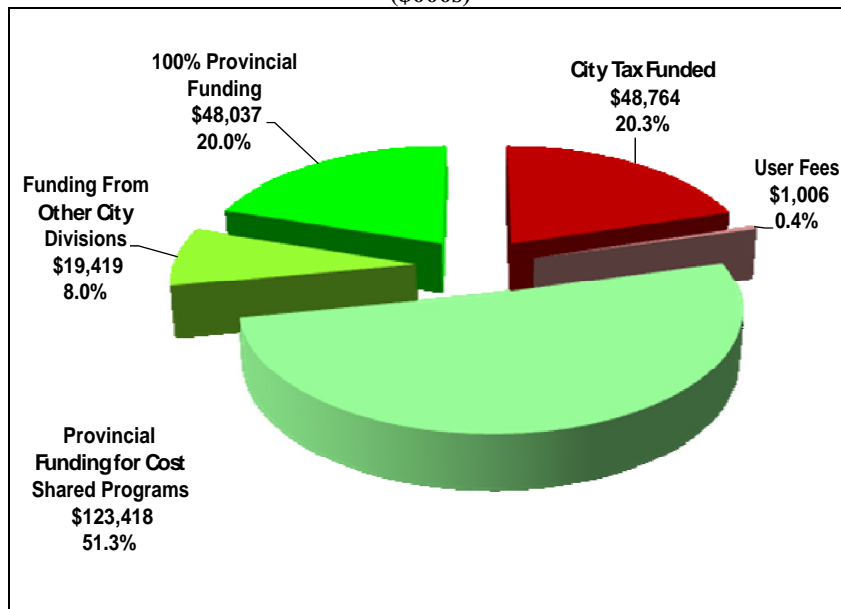
## TPH Operating Budget by Funding Sources

The Province of Ontario provides funding for 71.3 percent of the TPH gross operating budget with 20.3 percent contributed from the City and the remaining 8.4 percent from user fees and other City Divisions. From the 71.3 percent provincially funded programs, 51.3 percent are cost shared programs at 75:25; and 20.0 percent are 100 percent funded by the Province.

**Chart 2**  
**Breakdown of TPH 2013 Operating Budget by Funding Source**  
 (\$000s)



**Chart 3**  
**Breakdown of TPH 2013 Operating Budget by Detailed Funding Source**  
 (\$000s)



## Provincial Funding for Cost Shared Programs

The 2013 Operating Budget request for the provincial mandatory cost shared programs, including both the provincial share of 75 percent and the City's share of 25 percent, is \$165,305.2 thousand gross / \$41,309.4 thousand net expenditures, which is an increase from the 2012 Operating Budget of \$3,326.5 thousand gross / \$948.8 thousand net expenditures, mainly related to negotiated compensation costs and new and enhanced proposals meant to maximize Provincial funding

The provincial funding formula will continue at 75 percent in 2013. The cost sharing formula of 75:25 means that funding for every \$4 of public health services requires only \$1 of investment by the City. Conversely, a reduction of \$1 to the net City funded budget would require a \$4 cut in provincial cost-shared programs.

In 2012, the Ministry of Health and Long-Term Care (MOHLTC) offered increases of up to 3 percent over the 2011 approved funding level to Ontario Boards of Health to meet the Ontario Public Health Standards. For Toronto Public Health, the available allocation was \$3.8 million in 2012. Due to the City's financial constraints, Toronto received only 0.4 percent or \$0.4 million of the available funding over the 2011 approved provincial funding, losing the opportunity to leverage an additional \$4.4 million gross, \$3.4 million from the province for needed public health services with the required investment of \$1.1 million from the City.

**Table 3**  
**TPH Provincial Funding for 75% Cost Shared Programs**  
**2007-2013**

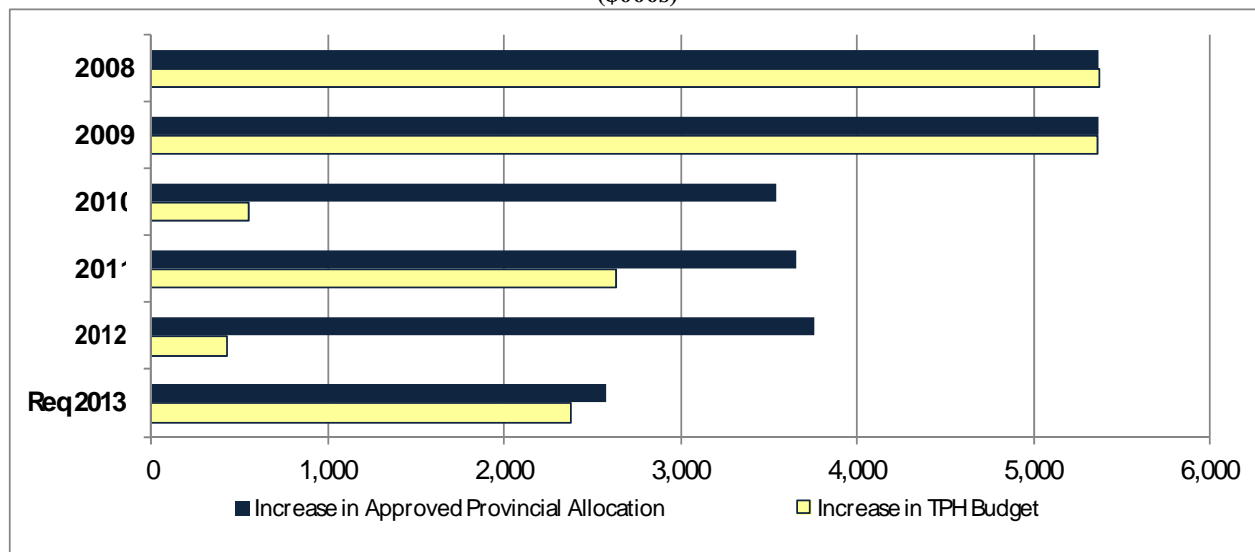
YEAR	PROVINCIAL ALLOCATION			TPH REQUEST			CUMULATIVE REVENUE FOREGONE
	APPROVED PROVINCIAL ALLOCATION	\$ INCREASE	% INCREASE	TPH REQUESTED BUDGET	\$ INCREASE	% INCREASE	
2007	107,383,013			107,383,013			0
2008	112,752,164	5,369,151	5.0%	112,752,164	5,369,151	5.0%	0
2009	118,118,431	5,366,267	4.8%	118,118,431	5,366,267	4.8%	0
2010	121,661,984	3,543,553	3.0%	118,672,157	553,726	0.5%	2,989,827
2011	125,311,843	3,649,859	3.0%	121,302,814	2,630,657	2.2%	4,009,029
2012	129,071,198	3,759,355	3.0%	121,729,409	426,595	0.4%	7,341,789
2013 Req	131,652,622	2,581,424	2.0%	124,103,233	2,373,824	2.0%	7,549,389

Note: Only the Provincial Funding portion of the budget for Cost Shared programs is represented in the table.

For 2013 if the Province of Ontario provides funding increases of up to 2 percent over the 2012 approved funding level, this available allocation is \$2.374 million.

In accordance with the direction of the BOH Budget Sub-Committee, the MOH recommendations for the TPH 2013 Operating Budget maximize the potential provincial revenue.

**Chart 4**  
**Comparison of TPH Requested Funding Increase and Eligible Provincial Allocation**  
**For 75% Cost Shared Programs 2008-2013**  
(\$000s)



Since 2010 the cumulative provincial revenue foregone due to the City's financial constraints is \$7.549 million, assuming the 2013 recommendation is approved. The opportunity to invest in and build public health programs and services in areas such as communicable disease control and chronic disease prevention is foregone when available provincial funding is not maximized.

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

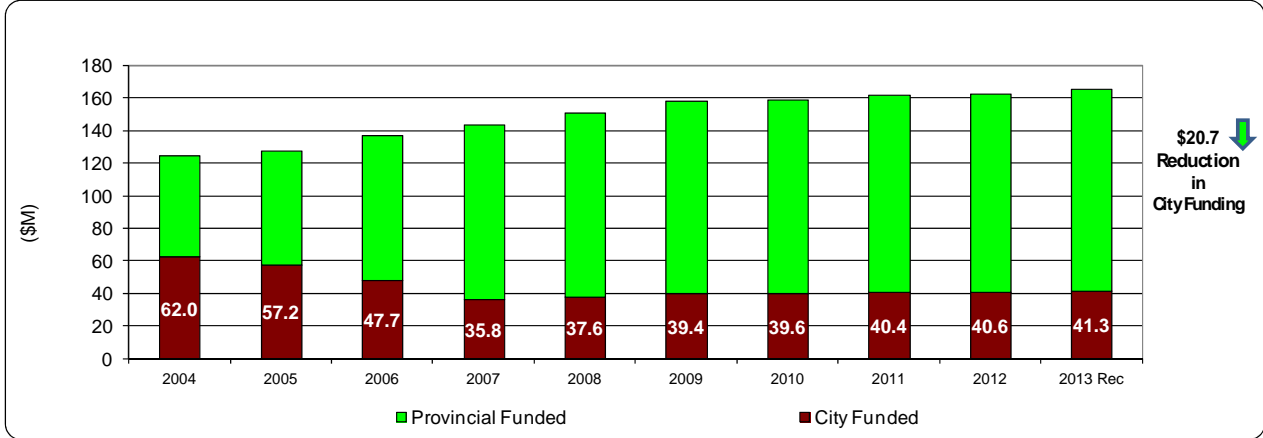
- January 1, 2005 – 55 percent
- January 1, 2006 – 65 percent
- January 1, 2007 – 75 percent

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

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



**Chart 5**  
**City Savings Due to Change in Provincial Funding Ratio for Cost Shared Programs**

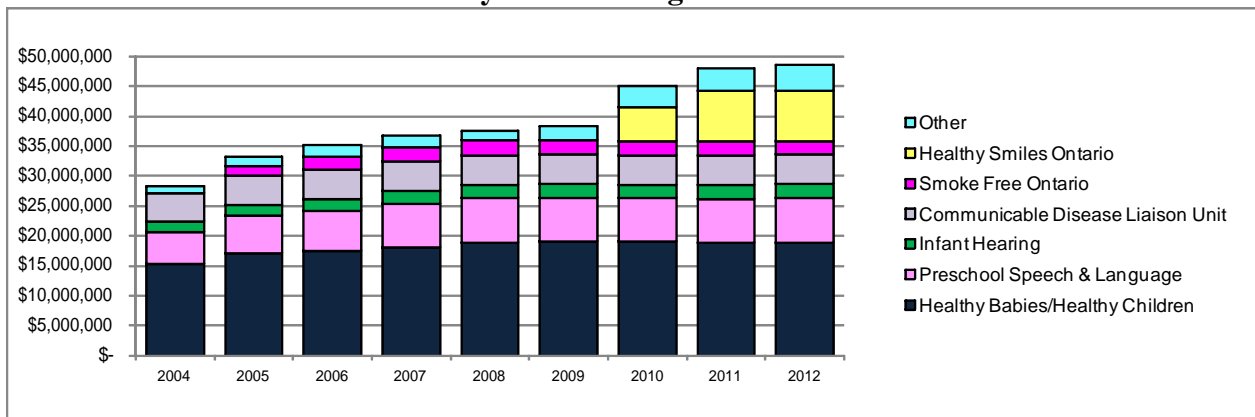


Since 2004 the City’s contribution to TPH Budget has declined as the Province has increased the funding of cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007. The City’s contribution towards funding of the TPH operating budget since 2004 is illustrated in Chart 5 above.

### 100% Provincially Funded Programs

Several programs offered by TPH are funded 100 percent by the Province including Healthy Babies/Healthy Children, Preschool Speech and Language and Communicable Disease Liaison Unit as outlined below in Table 5 – 100% Provincially Funded Program Trends: 2004 - 2012. Over the past eight years the amount of 100 percent funding has increased by over 70 percent from \$28.3 million in 2004 to \$48.6 million in 2012.

**Chart 6**  
**100% Provincially Funded Program Trends: 2004 - 2012**



**Table 4**  
**100% Provincially Funded Program Trends: 2008 – 2012 (in \$000s)**

<b>100% Funded Programs</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Healthy Babies/Healthy Children	18,931.1	18,972.9	18,972.9	18,872.9	18,922.9
Preschool Speech & Language	7,411.4	7,443.4	7,303.4	7,271.4	7,378.9
Infant Hearing	2,161.5	2,309.2	2,305.9	2,430.9	2,391.9
Communicable Disease Liaison Unit	4,854.4	4,854.4	4,854.4	4,854.4	5,000.2
Smoke Free Ontario	2,549.2	2,339.7	2,327.4	2,328.3	2,108.1
Healthy Smiles Ontario			5,738.2	8,546.4	8,546.4
Other	1,689.8	2,524.0	3,531.0	3,597.1	4,235.4
<b>Total</b>	<b>37,597.5</b>	<b>38,443.6</b>	<b>45,033.3</b>	<b>47,901.5</b>	<b>48,583.9</b>

- 2012 Budget for 100% funded programs only includes official funding letters from the Province
- 2013 Budget for 100% funded programs not yet approved
- Provincial Budgets for Healthy Babies / Healthy Children, Preschool Speech & Language and Infant Hearing include base and one-time funding
- Other includes: AIDS Hotline, Enhanced Food Safety, Needle Exchange Program, Bed Bugs, Diabetes Strategy and Healthy Communities Partnerships

## PART III: PROGRAM DETAILS

The Program Details section provides an overview of each of the five major programs that makeup TPH. The 2012 Key Accomplishments section highlights significant achievements during the past year whereas the 2013 Service Deliverables section highlights deliverables that the proposed Operating Budget will fund in 2013.

<b>INFECTIOUS DISEASES</b> (in \$000s)		Gross Budget	Net Budget
	<b>2013 Rec</b>	<b>65,682.2</b>	<b>14,403.6</b>
	<b>2012</b>	<b>62,364.8</b>	<b>14,153.5</b>
	<b>Difference</b>	<b>3,317.4</b>	<b>250.1</b>

### *Program Overview*

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

- The Vaccine Preventable Diseases (VPD) program annually assesses immunization records for all students enrolled in Toronto schools. The VPD program offers Hepatitis B, Meningitis C, and Human Papilloma Virus (HPV) vaccine to grade 7 students and immunizes thousands of residents annually as part of the provincial Universal Influenza Immunization Program.
- The Sexually Transmitted Infection (STI) case management program provides comprehensive assessment, counseling, referral and partner notification of sexually transmitted infections annually.
- The AIDS and Sexual Health Information Line provide telephone counseling.
- Fourteen Sexual Health (SH) clinics provide services in clinics across the city. Services include STI testing and free treatment, provision of low cost birth control and pregnancy testing and referral.
- Provide treatment and follow up (including Directly Observed Therapy) to active TB cases annually

### **2012 Key Accomplishments:**

- Infectious Disease Prevention & Control: 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. Responded

to approximately 40,000 confirmed cases of reportable/communicable diseases. Inspected 3,000 critical and semi-critical personal services settings. Inspected 876 licensed child care facilities. Responded to all infection prevention and control complaints in personal services settings and where services are provided by regulated health professionals. Provide infection prevention and control liaison services to 14 hospitals, 16 complex continuing care sites, 82 Long-Term Care Homes, 4 correctional facilities, 4 school boards and 65 shelters. Responded to 300 outbreaks of communicable diseases in the community and institutional facilities.

- ☑ Sexual Health, Sexually Transmitted and Bloodborne Infections: Provided over 55,000 clinic visits at sexual health clinics, wait times for new clients for clinic services is 2-3 weeks. Investigated over 13,000 confirmed cases of chlamydia, gonorrhoea, syphilis and HIV. Ensured treatment of 100% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics). Counseled (provided anonymous information and referral services) 25,600 callers through the AIDS and Sexual Health Information Line. Distributed 867,000 needles through the Needle Exchange.
- ☑ Tuberculosis (TB) Prevention & Control: Followed up on 310 active TB cases representing a 3% increase from 2010 but remains below the previous 10 year incidence rates for active TB in Toronto. Ensured 80% of eligible clients with active TB were placed on directly observed therapy (DOT). Ensured 98% of all cases completing treatment in 2012 completed appropriate and adequate treatment according to the Canadian TB Standards. Launched video-DOT to be used for up to 70 clients meeting eligibility criteria. Followed up approximately 2,000 persons identified as a contact of a person diagnosed with active TB. Assessed and followed up approximately 1,400 clients placed on TB Medical Surveillance by Citizenship and Immigration Canada as part of a condition of their immigration process.
- ☑ Vaccine Preventable Diseases: Provided approximately 80,000 vaccinations for hepatitis B, meningococcal meningitis, and Human Papilloma Virus (HPV) to grades 7&8 students. Provided approximately 35,000 vaccinations for seasonal influenza. Assessed approximately 85,000 student immunization records in 230 elementary schools to ensure up to date school immunizations. Inspected approximately 1,450 health care facilities storing publically funded vaccine for cold chain compliance. Responded to approximately 200 reports of cold chain failures and 90 adverse events following immunization. Received approximately 80,000 calls to the vaccine preventable diseases call centre.

### **2013 Service Deliverables**

- ☑ Infectious Disease Prevention & Control: Ensure services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response. Investigate & respond to 80,000 reports of suspected cases of designated reportable/communicable diseases. Respond to approximately 40,000 confirmed cases of reportable/communicable diseases and to all outbreaks of communicable diseases. Inspect 3,000 critical and semi-critical personal services settings (PSS) and 876 licensed child care facilities. Respond to all infection prevention and control complaints in personal services settings and where services are provided by regulated health professionals. 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. Establish licensing requirements for all personal services setting in collaboration with City of Toronto Municipal Licensing Services (currently only applicable to hair salons). Implement the licensing requirements in critical personal services settings. Launch a TPH PSS inspection disclosure website. Work with 82 Long-Term Care Homes to develop their infectious disease surveillance systems.

- ☑ Sexual Health, Sexually Transmitted and Bloodborne Infections: Provide over 55,000 clinic visits at sexual health clinics. Investigate over 13,000 confirmed cases of chlamydia, gonorrhoea, syphilis and HIV. Ensure treatment of 100% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics). Counsel (provide anonymous information and referral services) to 25,600 callers through the AIDS and Sexual Health Information Line. Create and implement a data base for condom distribution for the safer sex supplies program.
- ☑ Tuberculosis (TB) Prevention & Control: Initiate comprehensive case management for all active and suspect TB cases. Ensure 85% of eligible clients with active TB are placed on directly observed therapy (DOT). Ensure 95% of all TB cases completing treatment in 2013 completed appropriate and adequate treatment according to the Canadian TB Standards. Ensure eligible clients are placed on video-DOT. Provide free TB medication to all clients with active TB and to clients diagnosed with Latent TB Infection (LTBI) who are referred for TB preventative therapy by their physician. Provide follow-up of all persons identified as contacts of an active TB case. Assess and follow-up with approximately 1,400 newcomers who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. Provide PHN liaison to work directly with the 4 TB clinics, 4 Correctional Facilities and designated homeless shelters in order to work collaboratively to prevent and control TB. Implement Directly Observed Therapy Database and, where possible, strategies to facilitate real-time data entry for staff in the community.
- ☑ Vaccine Preventable Diseases: Implement school based immunization programs for hepatitis B, meningococcal meningitis, and Human Papilloma Virus (HPV) for grades 7&8 students. Implement the Universal Influenza Immunization Program for the community and homeless/underhoused. Assess and maintain approximately 85,000 immunization records for all students in Toronto schools. Inspect all premises that store publically funded vaccines for cold chain compliance. Provide 30 vaccine clinics for school-aged children who do not have access to OHIP or a health care provider. Receive approximately 80,000 calls at the vaccine preventable diseases call centre.

<b>ENVIRONMENTAL HEALTH</b> (in \$000s)		<b>Gross Budget</b>	<b>Net Budget</b>
	<b>2013 Rec</b>	<b>26,855.1</b>	<b>5,678.0</b>
	<b>2012</b>	<b>29,129.0</b>	<b>5,311.4</b>
	<b>Difference</b>	<b>-2,273.9</b>	<b>366.6</b>

### ***Program Overview***

***Environmental Health (EH) Program*** promotes safety of food and beverages in restaurants and processing plants including inspection of over 17,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards. Other EH services include education, training and certification on safe food preparation, handling and processing for food premise operators and food safety education for the general public. EH monitors drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notifies stakeholders in the event of adverse water quality conditions.

### **2012 Key Accomplishments**

- ☑ **Food Safety:** Inspected 4709 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 a rate of 90%. Conducted 15,800 (91%) Risk Assessments. Conducted 3,500 re-inspections within 24-48 hours.
- ☑ **Safe Water:** Reported and investigated up to 1,000 adverse water events. Maintained system to receive and respond to adverse drinking water events. Monitored all 11 public beaches daily (from June to September); obtained, and assessed/analyzed 5,612 beach water samples (61 samples daily for 92 days) and reported on the public web site. Completed approximately 3,500 recreational water facilities inspections. Issued 143 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.
- ☑ **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. Provided 675 (100%) Rooming and Boarding Houses and other facilities with Hot Weather Protection Packages.

### **2013 Service Deliverables**

- ☑ **Food Safety:** Inspect 17000 food premises and maintain compliance with the Food Premises Regulation at a rate of 90% or higher.
- ☑ Receive and respond within 24 hours to reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues.

- ☑ Conduct major Home Food Safety Health Promotion campaign using Food Safety Enhancement Funding aimed at 2.6 million residents of Toronto to comply with Ontario Public Health Food Safety Standards and Protocol (2008).
- ☑ Safe Water: Conduct systematic and routine assessment, surveillance, monitoring and reporting of drinking water and drinking water illnesses, public beaches (11) and public beach water illnesses; and 5,091 recreational water facilities for 2.6 million Torontonians. Receive and review Toronto Water monthly drinking water reports and respond to between 500-1,000 adverse water reports issued from Toronto Water.
- ☑ Food Safety: Offer food safety training and certification of 9,000 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement).
- ☑ Health Hazard Prevention and Management: Respond to all complaints alleging a health hazard within 24 hours or by the next business day and take action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto.

<b>EMERGENCY PREPAREDNESS</b> (in \$000s)		<b>Gross Budget</b>	<b>Net Budget</b>
	<b>2013 Rec</b>	<b>2,279.3</b>	<b>559.4</b>
	<b>2012</b>	<b>2,301.2</b>	<b>551.4</b>
	<b>Difference</b>	<b>-21.9</b>	<b>8.0</b>

### ***Program Overview***

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

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

### **2012 Key Accomplishments:**

- Completed content for e-modules to provide basic Incident Management System (IMS) training to all TPH staff. Conducted a table-top test of TPH IMS response with IMS function/sub-function leads.

### **2013 Service Deliverables**

- Train 200 TPH staff on basic Incident Management System (e-modules). Complete Respiratory Fit Testing for 95% of TPH staff.



<b>CHRONIC DISEASES AND INJURIES</b> (in \$000s)		Gross Budget	Net Budget
	<b>2013 Rec</b>	<b>42,996.2</b>	<b>14,474.3</b>
	<b>2012</b>	<b>42,645.9</b>	<b>14,255.9</b>
	<b>Difference</b>	<b>350.3</b>	<b>218.4</b>

### *Program Overview*

*Chronic Disease and Injuries* (CDI) promotes behaviors that reduce the risk of chronic disease and provides support to low income Torontonians to eat sufficient and nutritious food given income inadequacies. This program delivers promotion and prevention campaigns and services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse Prevention.

### **2012 Key Accomplishments**

- ☑ Conducted 100 individual (seniors) home visits for falls prevention; trained 150 health and allied health professionals in falls prevention that serviced 80,000 seniors; reached 25,000 seniors through public awareness activities (falls prevention).
- ☑ 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 rate for tobacco compliance inspections done for Display and Promotion. Responded to 2,297 CDP service requests (healthy eating, physical activity, tobacco use prevention, cancer prevention/screening and injury prevention).

### **2013 Service Deliverables**

- ☑ Provide one school nurse liaison for every 30 schools in Toronto (ratio: 1:30, provincial average is 1:15).
- ☑ 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+. Train 160 peer leaders in diabetes prevention, reach 3100 people at risk of developing type 2 diabetes directly by trained peer leaders through awareness raising, physical activity and healthy eating/skill building sessions, reach 240,000 people at risk with awareness raising

through social marketing.

- 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 2000 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. 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. Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded SNPs in the 2012/13 school year.
  
- Achieve 70% compliance rate for tobacco compliance inspections done for Display and Promotion

<b>FAMILY HEALTH</b> (in \$000s)		Gross Budget	Net Budget
	<b>2013 Rec</b>	<b>102,830.7</b>	<b>13,648.6</b>
	<b>2012</b>	<b>102,541.1</b>	<b>13,460.7</b>
	<b>Difference</b>	<b>289.6</b>	<b>187.9</b>

### *Program Overview*

**Family Health Program** promotes and supports healthy behaviors and environments for people in their childbearing years, pregnant women, their partners and youth. Public health professionals, including public health nurses, dietitians, and speech language pathologists provide education and outreach on reproductive health. Programs and services focus on enhancing birth outcomes, promoting readiness to parent, supporting positive and effective parenting including in high-risk families, and enhancing the physical cognitive, communicative and psycho-social development of children.

The program also supports proper oral health by providing screening of school aged children, preventive dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment (CINOT) and Ontario Works, and dental services for seniors in collective living centers.

### **2012 Key Accomplishments**

#### **Family Health**

- ☑ 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). Provided group prenatal education to 450 pregnant women and their partners and launched a web-based prenatal e-learning program accessible to all prenatal women as per requirements of Reproductive Health OPHS. 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. Provided 17,000 mothers with breastfeeding education and support through telephone counseling, home visiting and clinics as per Child Health OPHS.
- ☑ Toronto Pre-school Speech & Language Services: Provided speech and language therapy to 7,800 preschool children as per service agreement with Ministry of Children and Youth Services. Conducted infant hearing screening tests on 30,000 newborns as per service agreement with Ministry of Children and Youth Services.
- ☑ Dental Health: Provided 43,699 treatment services and 35,496 preventive services to 24,723 eligible patients (predominantly children under 18 yrs, seniors above 65 yrs, and a small percentage of adults) in TPH Dental program. Screened 7,573 residents in long-term care facilities, provided 1,297 oral health presentations and 1,382 oral hygiene brushing demonstrations to caregivers in long-term care homes by the Mobile Geriatric Dental Team. Screened 210,132 school aged children in 668 schools.

## 2013 Service Deliverables

- ☑ Provide nutrition and health assessment, counseling 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. Achieve Baby Friendly Initiative (BFI) designation through Breastfeeding Committee of Canada as required by OPHS Accountability Agreement. Develop and implement physician outreach strategy in order to increase participation in 18 and 36 month well-baby visit. Provide 19,500 mothers with breastfeeding education and support through telephone counseling, home visiting and clinics. Implement provincial changes to Healthy Babies Healthy Children program, including implementation of new screening tool at 12 birthing hospitals. Conduct 33,000 home visits to provide intensive assessment, counseling and referral to high risk families who have children 0 to three years of age. Deliver group parenting education to 5,000 parents as per the Ontario Public Health Standards.
  
- ☑ Toronto Pre-school Speech & Language Services: Provide speech and language therapy to 7,800 preschool children as per service agreement with Ministry of Children and Youth Services. Conduct infant hearing screening tests on 30,000 newborns as per service agreement with Ministry of Children and Youth Services.

## PART IV: OPERATING BUDGET DETAILS

### Overview of 2013 Operating Budget

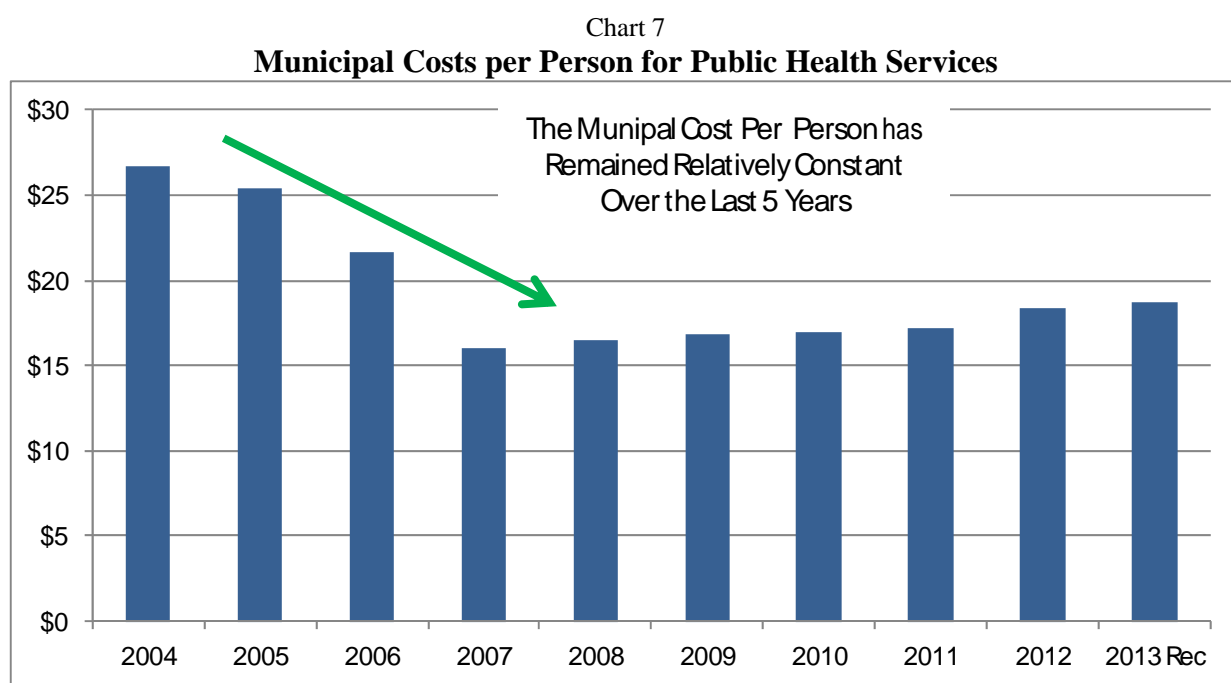
Table 5  
Toronto Public Health

<b>Overview of the 2013 Operating Budget Request</b>				
	Summary of 2013 Operating Budget Request			
	Approved Positions	Gross Expenditures	Revenues	Net
(\$000s)		\$	\$	\$
2012 Council Appr. Operating Budget as at January 17, 2012	1,875.7	238,787.7	191,060.1	47,727.6
In-year approvals and technical adjustments	6.5	194.2	189.0	5.2
<b>2012 Operating Budget</b>	<b>1,882.2</b>	<b>238,981.9</b>	<b>191,249.1</b>	<b>47,732.9</b>
Reversal of Non Recurring items & Capital Projects	(48.0)	(6,716.0)	(6,966.0)	250.0
Prior Year Impacts / Annualizations	0.0	(110.0)	(82.5)	(27.5)
Step, Progression Pay, Benefits	0.0	1,916.3	1,346.0	570.3
<b>PART 1: Adjusted Base Budget</b>	<b>1,834.2</b>	<b>234,072.2</b>	<b>185,546.5</b>	<b>48,525.7</b>
Other Base Changes	0.0	(352.7)	(169.5)	(183.2)
Economic Factors - SNP, AIDS and Drug Prevention Grants	0.0	300.8	39.9	260.9
Salaries & Benefits Related to Capital Projects	47.8	4,680.3	4,680.3	0.0
<b>PART 2: 2013 Base Budget Request</b>	<b>1,882.0</b>	<b>238,700.6</b>	<b>190,097.3</b>	<b>48,603.3</b>
Over (Under) 2012 Operating Budget	(0.2)	(281.3)	(1,151.8)	870.5
% Over (Under) 2012 Final Budget	(0.0)	(0.1)	(0.6)	1.8
<b>Requested Reduction Options</b>	<b>0.0</b>	<b>(104.0)</b>	<b>60.3</b>	<b>(164.3)</b>
<b>PART 3: 2013 Request Including Reduction Options</b>	<b>1,882.0</b>	<b>238,596.6</b>	<b>190,157.5</b>	<b>48,439.1</b>
<b>Requested New &amp; Enhanced Services</b>	<b>12.0</b>	<b>1,504.5</b>	<b>1,129.5</b>	<b>375.0</b>
<b>PART 4: 2013 Request Including New &amp; Enhanced</b>	<b>1,894.0</b>	<b>240,101.1</b>	<b>191,287.0</b>	<b>48,814.1</b>
Over (Under) 2012 Final Operating Budget	11.8	1,119.2	38.0	1,081.2
% Over (Under) 2012 Final Budget	0.6	0.5	0.0	2.3
Reverse Corporate Charge Reduction	0.0	790.0	592.5	197.5
SNP Inflation Request (in a separate report)	0.0	(247.6)	0.0	(247.6)
<b>PART 5: 2013 Request Including BOH Budget Sub Committee Recommendations</b>	<b>1,894.0</b>	<b>240,643.5</b>	<b>191,879.5</b>	<b>48,763.9</b>
Over (Under) 2012 Final Operating Budget	11.8	1,661.6	630.5	1,031.1
% Over (Under) 2012 Final Budget	0.6	0.7	0.3	2.2

## Budget Impact on Toronto Taxpayers

The Province of Ontario provides funding for 71.3 percent of the TPH gross operating budget with 20.3 percent contributed from the City and the remaining 8.4 percent from user fees and other levels of government or external partners. The cost sharing formula of 75:25 means that every \$4 of public health services requires only \$1 of investment by the City.

The table below shows the annual cost of public health services per Toronto resident since 2004. The shift in the provincial formula starting in 2005 from 50 percent to 75 percent funding for cost-shared programs has allowed the City to move significant property tax dollars from public health into other City programs. The 2013 Operating Budget request includes \$20.9 million less in municipal funding than in 2004. The 2013 Operating Budget request would cost each Toronto resident \$18.76 in property taxes.



**Table 7  
Municipal Costs per Person for Public Health Services**

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013 Rec
26.74	25.38	21.59	16.07	16.50	16.85	16.99	17.22	18.36	18.76

The increase in 2012 is the result of the transfer of the Student Nutrition Program and the AIDS and Drug Prevention grants to the TPH operating budget from the Community Partnership Investment Program (CPIP) budget. The total net impact of these programs in 2012 was \$4,529 thousand, or a municipal property tax cost per resident of \$1.74.

## Section A: Base Budget

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### PART 1: Adjusted Base Budget

The net Adjusted Base Budget of \$48,525.7 thousand, that is \$792.8 thousand above the 2012 net budget, includes: an increase of \$570.3 thousand for 2012 salaries and benefits for progression pay, step and benefits; an increase due to City's portion of the Bed Bug funding of \$250.0 thousand; a decrease of \$27.5 thousand for annualization of 2012 reduction options; and reversal of non-recurring items.

### PART 2: Base Budget Request

The increase of \$4,628.4 thousand gross / \$77.7 thousand net is in the Base Budget Request. It is comprised of other base changes, and salaries and benefits related to capital projects. These adjustments are explained below:

#### Other Base Changes

- A decrease of \$790.0 thousand gross / \$197.5 thousand net in corporate charges
- An increase of \$300.8 thousand gross / \$260.9 thousand net for inflationary increases in Student Nutrition Program (SNP), AIDS and Drug Prevention Grants. The SNP inflation increase of \$247.6 thousand gross and net is incorporated in a separate report that includes the stabilization and expansion of the SNP (See report "Student Nutrition Program in High Needs Schools 2013 – 2017")
- An increase of \$838.9 thousand gross / \$16.5 thousand net is due to non payroll economic factor increases including contractual obligations and increases in interdepartmental charges (IDC) from other divisions
- A decrease of \$90.5 thousand gross / \$2.2 thousand net is due to user fee adjustments for Food Handler Certification and Training program
- A decrease of \$311.1 thousand gross / \$0 net is due to approved funding for various 100% Provincially funded programs

#### Salaries and Benefits Related to Capital Projects

- Included in the TPH 2013 Capital Budget Request are Information Technology projects that require staff resources. The salaries and benefits of staff supporting these Capital Projects are fully recoverable from capital budget debt funding and are included in the 2013 Operating Budget Request per the City's Budget Guidelines for an increase of \$4,680.3 thousand gross / \$0 net.

## Section B: Reduction Options

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The City Manager issued guidelines and directions for development of the 2013 Operating Budget to all City Programs, Agencies, Boards and Commissions (ABCs). Included in these directions is the expectation that all City Programs and ABCs achieve the 2013 operating budget target of a zero percent increase from the Council Approved 2012 Net Operating Budget.

As part of the 2013 Operating Budget TPH proposed two budget reductions for \$104.0 thousand gross / \$164.3 thousand net. Below is a brief description of each request

### **Revenue Changes – Harm Reduction Funding – Non Salary**

\$60.3 thousand revenue/ (\$60.3) thousand net – In 2012, TPH transferred a position from the 100% City funded methadone program into the cost shared program. In 2013, TPH is proposing to transfer the remaining non salary budget into the cost shared program from the 100% City funded program.

### **Minor Service Changes – Discontinuation of Global AIDS Initiative**

\$104.0 thousand gross and net reduction – The Global AIDS Initiative was approved 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 Program (CPIP). The City made a 6 year investment in efforts to reduce the spread of HIV/AIDS in several African countries. Given the City's current financial situation TPH is proposing to discontinue this funding in 2013.

### **Corporate Charge Reduction**

A reduction of \$790.0 thousand gross / \$197.5 thousand net in the corporate charge from the City of Toronto for general municipal services to Toronto Public Health was included in the original 2013 operating budget request. This is the third annual planned reduction based on a review of cost allocation by the City's Internal Audit Division to a reasonable amount for overhead charges. The revised corporate charge was reviewed and validated by Corporate Accounting and the City's Internal Auditor in 2008 and a schedule was initiated in the 2009 operating budget to allocate the full reduction required over five years. There is no impact on TPH's service to the community. The Financial Planning Division did not recommend the reduction in 2010, 2011 and 2012.

The Board of Health Budget Sub-Committee requested the Medical Officer of Health defer consideration of a reduction in the Corporate Overhead charges to the 2013 Operating Budget following his review of the revised methodology and calculation of these charges recently provided by the City's Financial Planning Division.

The City of Toronto has charged TPH a fee for general municipal services, or Corporate Overhead Charges to fund a portion of its corporate administrative expenditures, since 1999. The Ontario Ministry of Health and Long-Term Care will cost share a reasonable amount of justifiable general municipal charges that support the delivery of mandatory, cost-shared public health programs.



The Ministry has requested that a service level agreement be established with the municipality to ensure that costs included in the general municipal charge are justifiable and eligible for reimbursement.

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

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

## **Section C: New and Enhanced Services**

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### **Maximize Provincial Funding**

The Board of Health Budget Sub-Committee requested the Medical Officer of Health to prepare a 2013 Operating Budget which maximizes provincial funding and improves compliance with Ontario Public Health Standards. The 2013 budget request includes two new and enhanced services: Preventing Childhood Obesity and Sexually Transmitted Infection (STI) Prevention. Below is a brief description of each request.

- **Preventing Childhood Obesity** – \$928.8 thousand gross / \$232.2 thousand net and 6 positions – Rising levels of childhood and adult obesity are a serious health problem that can lead to chronic diseases and diminished productivity. Improvements will be made to healthy eating and physical activity levels in school-age children and their families through the following strategies:
  1. Implementing healthy eating /physical activity education & skill development activities.
  2. Providing physical activity programs (new initiatives, and increased access to existing local sports and recreation for children and parents).
  3. Increasing access to healthy foods and food security in these specific neighbourhoods.
  4. Developing local public education "media" to reinforce messages provided by Peer Leaders and TPH staff.

- **Enhancements to STI Prevention** – \$571.2 thousand gross / \$142.8 thousand net and 6 positions – Public Health is mandated to ensure that cases of sexually transmitted infections (STIs) receive appropriate treatment, counseling, contact notification and follow-up.

The caseload per public health nurse is currently 511 cases, as compared with a provincial average of approximately 200 cases. TPH is unable to meet the timelines and standards for follow-up as set out in the Ontario Public Health Standards

This enhancement will allow the staff to do more comprehensive follow-up on priority cases and more outreach and education with health care providers, particularly in two areas identified with high rates of STIs: Weston and West Hill and meet the Accountability Agreement Indicator goal of 70% for gonorrhea cases.

#### **Other New and Enhanced Request**

Included in the new and enhanced services is an increase in both gross expenditure and revenue of \$4.5 thousand to cover the cost of reviewing applications and accrediting organizations offering Food Handler Training and Certification.

## **Section D: BOH Budget Sub Committee Recommendations**

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The BOH Budget Sub Committee meeting recommended the following adjustments to the 2013 Operating Budget Request:

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- Reversal of the Corporate Charge Adjustment of \$790.0 thousand gross / \$197.5 thousand net pending review of the revised methodology and calculation provided by Financial Planning Division (FPD)
- Include the inflation increase for the Student Nutrition Program (SNP) of \$247.6 thousand gross and net and request in a separate report that includes the stabilization and expansion of the SNP. (See report "Student Nutrition Program Proposed Expansion in High Need Schools 2013 – 2017")

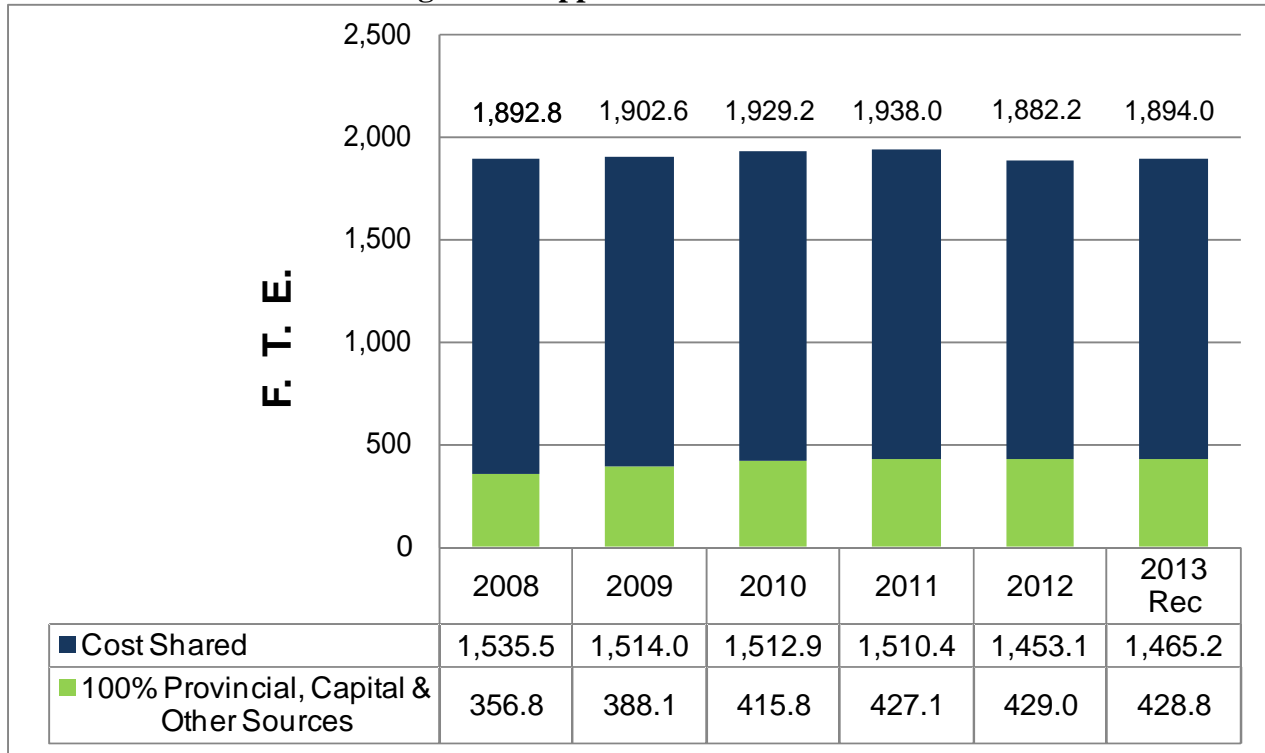
## **Section E: Impacts of Capital Projects on Future Operating Budgets**

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Approval of the 2013 – 2022 Recommended Capital Plan has no impact on future year Operating Budgets. The costs of new system maintenance and support will be fully absorbed within the existing TPH operating budget using program efficiency and service realignment realized through the implementation of IT Capital projects.

## Section F: Staffing Trends

**Chart 8**  
**Staffing Trend Approved Positions 2008-2013**



TPH approved positions have remained relatively stable over the past five years with the exception of 2012 when 58.25 FTE's were reduced in order to achieve a 10 percent reduction from 2011 budget.

## Section G: 2012 Operating Budget Variance

Table 8

### 2012 Operating Budget Variance Review at June 30, 2012 (\$000s)

(In \$000s)	2011 Actuals	2012 Approved Budget	2012 Projected Actuals	2012 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
<b>GROSS EXP.</b>	222,569.5	239,272.7	236,941.5	(2,331.3)	(1.0)
<b>REVENUES</b>	179,672.5	191,539.9	189,904.9	(1,635.0)	(0.9)
<b>NET EXP.</b>	42,897.0	47,732.9	47,036.6	(696.3)	(1.5)
<b>Approved Positions</b>	1,938.0	1,874.2	1,720.0	(154.2)	(8.2)

\* Based on the Second Quarter Operating Budget Variance Report.

\*\* The 2012 Approved Budget was as of June 30, 2012. There were budget adjustments approved after June 30

The 2012 Operating Budget Variance Review presented in Table 8 is based on the six months that ended on June 30, 2012. During the third quarter of 2012, several budget adjustments were approved. These programs include Bed Bugs, Best Practice Continuous Quality Improvement, Smoke Free Ontario, and Safe Water programs. The adjusted 2012 TPH Operating Budget is \$238,981.9 thousand gross / \$47,732.9 thousand net.

## 2012 Experience

As submitted in the June 30, 2012 Operating Variance Report, at year-end, TPH expects to be under-spent in gross expenditures by \$2,331.3 thousand or 1.0 percent and under achieved in revenue by \$1,635.0 thousand or 0.9 percent resulting in a \$696.3 thousand net favorable variance or 1.5 percent below budget.

For the period ending June 30, 2012 the overall, year-to-date net expenditure variance was under budget by \$1,303.8 thousand or 6.2 percent. TPH gross expenditure was below budget by \$5,584.3 thousand or 5.2 percent. The savings in payroll and non-payroll expenditures can be attributed to the continuation of the 2011 City's hiring slowdown and cost savings strategies for non-payroll purchases as well as delays in implementation of the Healthy Smiles Ontario Program. Revenue was under-achieved by \$4,280.5 thousand or 4.9 percent due to under spending in provincial cost shared and fully funded programs and under-spending in capital projects. At year end, TPH expects to be underspent by \$2,331.3 thousand gross / \$696.3 thousand net.