

Attachment 1



# Toronto Public Health Operating Budget Request 2014

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## PART I: EXECUTIVE SUMMARY

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### 2014 Operating Budget Request

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The Toronto Public Health (TPH) 2014 Operating Budget Request totals \$246,003.8 thousand gross / \$51,170.8 thousand net. This request is \$2,316.1 thousand gross and \$750.9 thousand net above the 2013 Operating Budget. The net increase of \$750.9 thousand over the 2013 Operating Budget is comprised primarily of base budget increases for the negotiated collective agreement, the Toronto Urban Health Fund and the Sexual Health Clinic Contracts of \$708.3 thousand net; a reduction option of \$410.6 thousand net; and, 2014 new & enhanced services of \$453.2 thousand net.

Table 1  
Toronto Public Health  
2014 Operating Budget Request

	2013 Budget	2014 Base	2014 Reductions	2014 New & Enhanced	2014 Request	Change from 2013 Budget	
(\$000s)	\$	\$	\$	\$	\$	\$	%
<b>GROSS EXP.</b>	243,687.7	1,958.6	(1,455.4)	1,812.9	246,003.8	2,316.1	1.0
<b>REVENUE</b>	193,267.7	1,250.3	(1,044.7)	1,359.7	194,833.0	1,565.2	0.8
<b>NET EXP.</b>	50,420.0	708.3	(410.6)	453.2	51,170.8	750.9	1.5
<b>Positions</b>	1,875.15	(13.13)	0.00	14.00	1,876.02	0.87	0.0

The City Manager issued guidelines and directions for the development of the 2014 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs). Included in these directions are the expectations that all 2014 City Programs and ABC Operating Budgets be equivalent to the 2013 Approved Net Operating Budget, resulting in a zero percent increase over the 2013 Net Budget.

TPH has reviewed its services and costs and where achievable absorbed the expected inflation increases and reduced expenses in the 2014 budget request. TPH is submitting a 2014 Operating Budget Request of \$246,003.8 thousand gross and \$51,170.8 thousand net, a 1.5% net increase over the 2013 Approved Operating.

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 in services.

Since 2004 the City's contribution to the TPH Operating Budget has declined as the Province increased its 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 \$22.1 million between 2004 and the

2014 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 \$8.153 million, assuming the 2014 request 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 June 14, 2013, the Board of Health Budget Committee requested the Medical Officer of Health (MOH) to report to the Budget Committee on a TPH Budget for 2014 which will meet City guidelines including any service impacts; and to submit to the City's budget process an initial TPH Operating Budget for 2014 which will:

- a. Include service enhancements that are Council and/or Board directed;
- b. Provide for an increase in budgeted salary gapping; and
- c. Maximize provincial revenues for cost shared programs.

At its meeting of September 30, 2013, the Board of Health Budget Committee considered a verbal report on the TPH 2014 Planned Operating Budget presented by the Medical Officer of Health and recommended a 1.5 percent budget increase to TPH's 2014 Planned Operating Budget to the Board of Health.

In addition to the request for a TPH 2014 Operating Budget increase that supports on-going mandated Ontario Public Health Services, the Medical Officer of Health is recommending that Council Approve increases to funding for the City's Student Nutrition Program and funding for one-time expenditures required by TPH to plan for the 2015 Pan-Am Games that will be hosted in the Greater Toronto and Hamilton Area.

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## RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. City Council approve the Toronto Public Health 2014 Operating Budget Request of \$246,003.8 thousand gross / \$51,170.8 thousand net as summarized in Table 1, “Toronto Public Health 2014 Operating Budget Request”;
2. City Council approve the list of base budget adjustments as summarized in Table 6, “Overview of 2014 Operating Budget Request” of this report totaling an increase of \$1,958.6 thousand gross and \$708.3 thousand net;
3. City Council approve a 2014 Reduction Option of \$1,455.4 thousand gross and \$410.6 thousand net as outlined in Table 6, “Overview of 2014 Operating Budget Request”;
4. City Council approve a 2014 New and Enhanced Request of \$1,812.9 thousand gross and \$453.2 thousand net as outlined in Table 6, “Overview of 2014 Operating Budget Request”;
5. City Council approve a total increase of \$1,771.5 thousand gross and net for the Student Nutrition Program as outlined in the September 30, 2013 Board of Health report, "Student Nutrition Program update on the First Year of the Five Year Plan and 2014 Operating Budget request.
6. City Council approve a one-time 2014 Pan-Am Games Request of \$70.0 thousand gross and \$0 net funded 100 percent by Health Canada for the Heat and Air Quality Mobile Application as outlined in Table 8, “Other New and Enhanced Services”;
7. City Council approve a one-time 2014 Pan-Am Games Request of \$258.8 thousand gross and net and 2.0 positions as outlined in Table 8, “Other New and Enhanced Services”; and,
8. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2014 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 at 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.

## 2014 Budget

As part of the 2014 budget process, the City Manager issued the following directions for development of the 2014 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs):

- 2014 Operating Budget request is equivalent of the 2013 Approved Net Operating Budget, resulting in a zero percent increase over the 2013 Net Budget

During the administrative review process, the City Manager reviewed the 2014 Operating Budget Request for TPH and decided to recommend a 1.5 percent increase over 2013 Net Budget to the Budget Committee.

The TPH 2014 Operating Budget request assumed full provincial cost sharing at 75 percent for eligible programs. The Board of Health Budget Committee requested the Medical Officer of Health (MOH) to submit a TPH 2014 Operating budget which maximizes provincial funding to provide inflationary increases for the Toronto Urban Health Fund (AIDS and Drug Prevention Community Investment Program) and service enhancements to maximize compliance with Ontario Public Health Standards. As a result, TPH has submitted three enhanced service business cases totaling \$1,812.9 thousand gross and \$453.2 thousand net.

The TPH identified reduction option totaling \$1,455.4 thousand gross and \$410.6 thousand net increases the budgeted level of salary gapping to a level that is closer to the "natural" level of timing gaps experienced to fill temporary and permanent position vacancies that result in unspent compensation dollars.



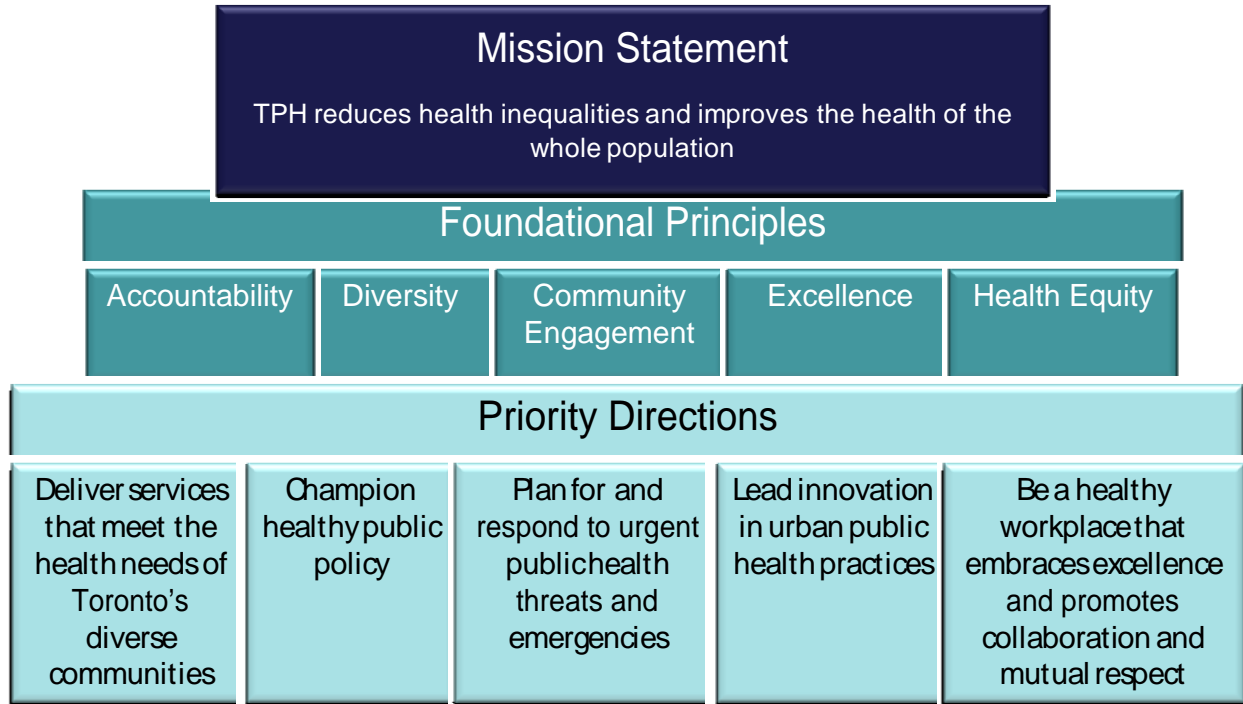
It is important to note that TPH's budget requests for 2010-2012 for provincial cost sharing programs were below the provincial average. Table 2 provides a comparison of TPH's budget requests as compared to the other 35 health units in Ontario (provincial average). In 2013, TPH achieved growth equal to the provincial average of two percent.

**Table 2**  
**Funding Growth: Provincial (Health Unit) Average Compared to TPH**

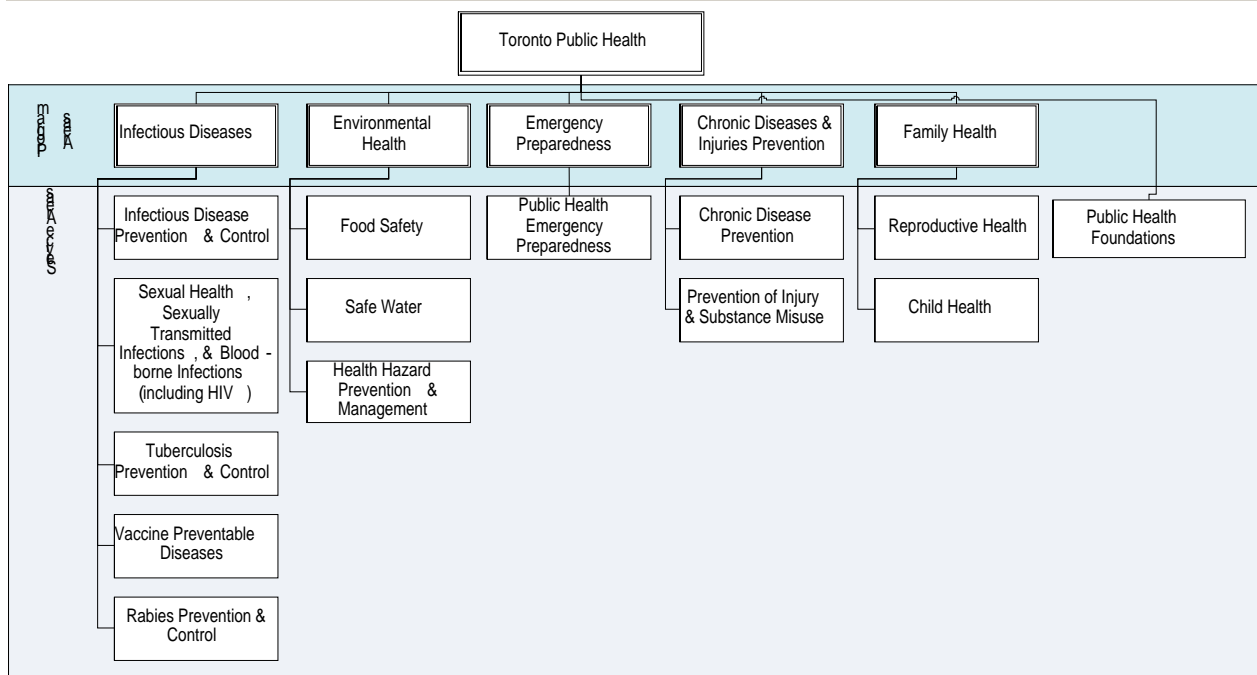
Year	Allowable Provincial Increase for Eligible Mandatory Programs (75%)	Provincial Average	Toronto Public Health
2010	Up to 3% growth over prior year's allocation	2.3% growth	Requested and received \$118.7 million (at 75%), which represented <b>0.5%</b> growth over 2009
2011	Up to 3% growth over prior 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.
2013	Up to 2% growth over prior year's allocation	2.0%	Requested and received \$124.1 million (at 75%) for mandatory programs, which represented <b>2.0%</b> growth over 2012

In recent past years, TPH has requested less than the provincial average for increases in cost shared funding reflecting the City's financial constraints. TPH continues its efforts to maintain programs and services and meet public health 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.
- Thirteen 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, 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.

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

## TPH Operating Budget by Program

For the 2014 Operating Budget Process, the City implemented a service-based and performance-focused planning and budgeting process. A key requirement for all divisions and ABCs was to prepare the 2014 Operating Budget based on their Program and Service areas using the City's new Financial Planning and Reporting System (FPARS). The Service areas for TPH represent the 14 Ontario Public Health Standards. The 2014 Operating Budget Request submission is based on the six program areas listed in the Table 3 below.

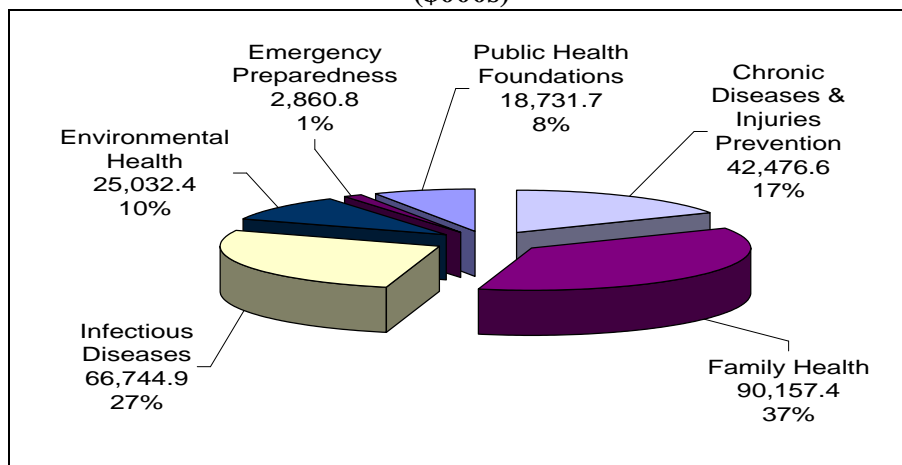
The operating budget that funds the six TPH Programs is outlined below in Table 3 - Operating Budget Expenditure Allocation by Program, which compares budgeted expenditures between the 2013 Budget and the 2014 Request. In Chart 1 – 2014 TPH Operating Budget Request by Program Gross Expenditure, the percentage breakdown of budget for each Program is illustrated.

**Table 3**  
**Operating Budget Expenditure Allocation by Program**

Toronto Public Health	2013 (\$000s)		2014 Request (\$000s)	
	Gross	Net	Gross	Net
Chronic Diseases & Injuries	41,561.5	8,650.6	42,476.6	8,989.9
Family Health	90,900.3	18,138.4	90,157.4	18,184.4
Infectious Diseases	65,437.7	12,125.8	66,744.9	12,367.0
Environmental Health	24,586.0	5,405.4	25,032.4	5,424.2
Emergency Preparedness	2,799.3	626.7	2,860.8	644.3
Public Health Foundations	18,402.9	5,473.2	18,731.7	5,561.2
<b>Total</b>	<b>243,687.7</b>	<b>50,420.0</b>	<b>246,003.8</b>	<b>51,170.8</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.

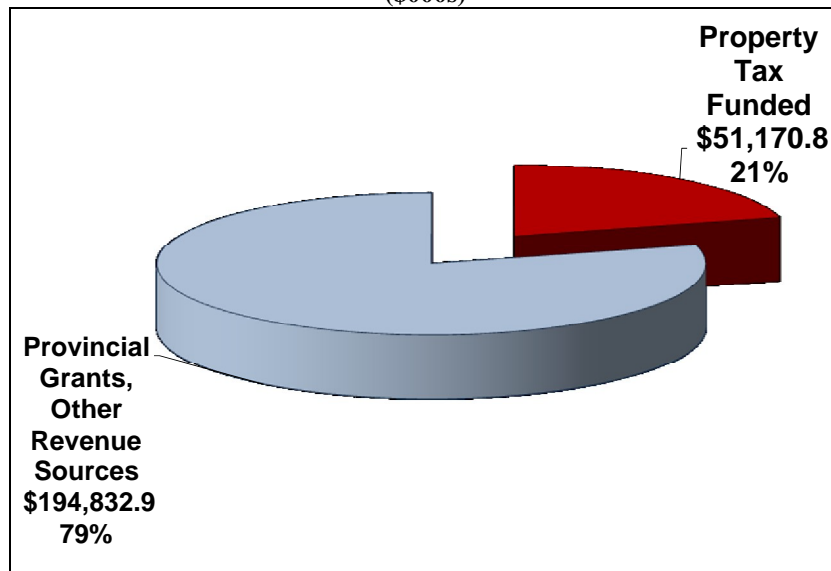
**Chart 1**  
**2014 TPH Operating Budget Request by Program Gross Expenditure (\$000s)**



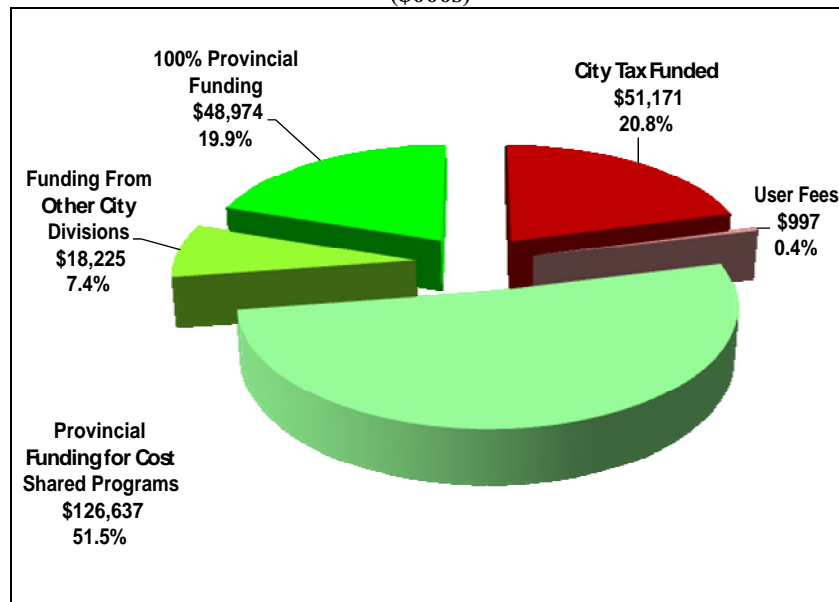
## TPH Operating Budget by Funding Sources

The Province of Ontario provides funding for 71.4 percent of the TPH gross operating budget with 20.8 percent contributed from the City and the remaining 7.8 percent from user fees and other City Divisions. From the 71.4 percent provincially funded programs, 51.5 percent are cost shared programs at 75:25; and 19.9 percent are 100 percent funded by the Province.

**Chart 2**  
**Breakdown of TPH 2014 Operating Budget by Funding Source**  
 (\$000s)



**Chart 3**  
**Breakdown of TPH 2014 Operating Budget by Detailed Funding Source**  
 (\$000s)



## Provincial Funding for Cost Shared Programs

The 2014 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 \$168,066.2 thousand gross / \$41,933.8 thousand net expenditures, which is an increase from the 2013 Operating Budget of \$4,072.4 thousand gross and \$1,020.4 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 2014. 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 2013, the Ministry of Health and Long-Term Care (MOHLTC) offered increases of up to 2 percent over the 2012 approved funding level to Ontario Boards of Health to meet the Ontario Public Health Standards. The City of Toronto received the total amount of available allocation of \$2,434.6 thousand or 2.0 percent.

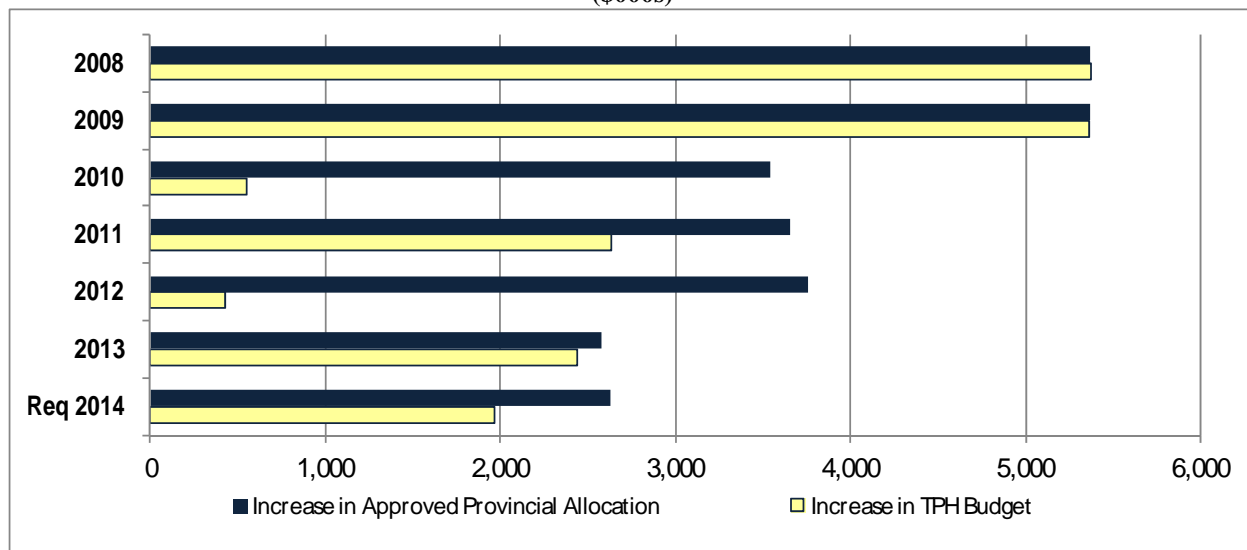
**Table 4**  
**TPH Provincial Funding for 75% Cost Shared Programs**  
**2007-2014**

YEAR	PROVINCIAL COST SHARED FUNDING			TPH APPROVED			CUMULATIVE REVENUE FOREGONE
	AVAILABLE PROVINCIAL ALLOCATION	\$ INCREASE	% INCREASE	TPH APPROVED 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
<b>2010</b>	<b>121,661,984</b>	<b>3,543,553</b>	<b>3.0%</b>	<b>118,672,157</b>	<b>553,726</b>	<b>0.5%</b>	<b>2,989,827</b>
<b>2011</b>	<b>125,311,843</b>	<b>3,649,859</b>	<b>3.0%</b>	<b>121,302,814</b>	<b>2,630,657</b>	<b>2.2%</b>	<b>4,009,029</b>
<b>2012</b>	<b>129,071,198</b>	<b>3,759,355</b>	<b>3.0%</b>	<b>121,729,409</b>	<b>426,595</b>	<b>0.4%</b>	<b>7,341,789</b>
<b>2013</b>	<b>131,652,622</b>	<b>2,581,424</b>	<b>2.0%</b>	<b>124,163,997</b>	<b>2,434,588</b>	<b>2.0%</b>	<b>7,488,625</b>
<b>2014 Req</b>	<b>133,759,064</b>	<b>2,106,442</b>	<b>1.6%</b>	<b>126,132,622</b>	<b>1,968,625</b>	<b>1.6%</b>	<b>7,626,443</b>

Note: Only the Provincial Funding portion of the budget for Cost Shared programs is represented in the table. For 2014, the Provincial Allocation of \$126,132 thousand is expected to be between 1% and 2%.

In accordance with the direction of the BOH Budget Committee, the MOH recommendations for the TPH 2014 Operating Budget maximize the potential provincial revenue of \$1,968,625 or 1.6 percent increase over the 2013 approved funding level.

**Chart 4**  
**Comparison of TPH Requested Funding Increase and Eligible Provincial Allocation**  
**For 75% Cost Shared Programs 2008-2014**  
(\$000s)



Since 2010 the cumulative provincial revenue foregone due to the City's financial constraints is \$7.489 million. 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:

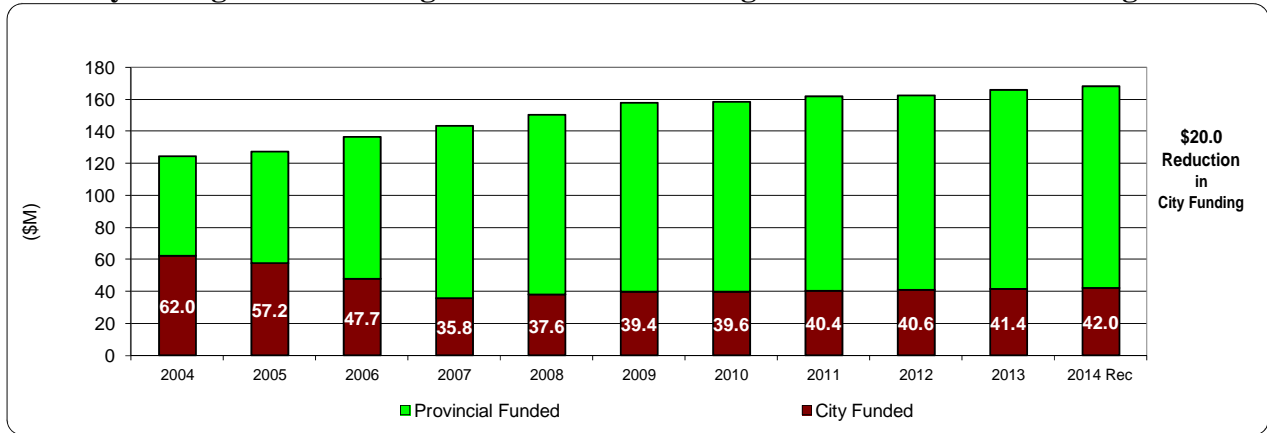
- January 1, 2005 – 55 percent
- January 1, 2006 – 65 percent
- January 1, 2007 – 75 percent

The plan to rebuild the public health infrastructure in Ontario was developed using the lessons learned from Walkerton, West Nile virus and SARS and 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**

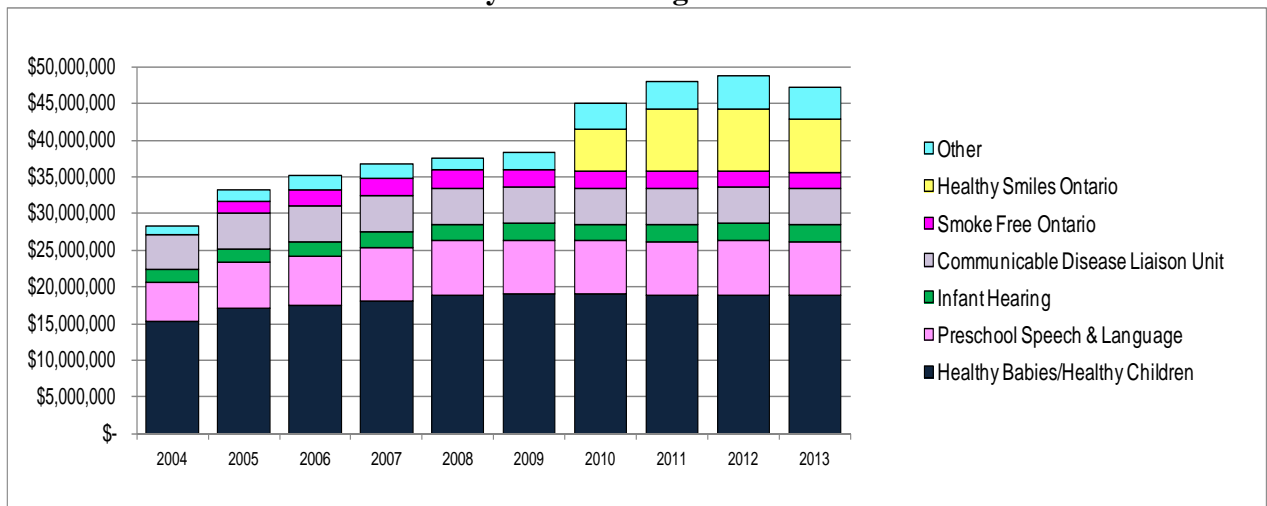


Since 2004 the City’s contribution to TPH Budget declined as the Province increased the funding of cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007. The City’s contribution towards funding the TPH cost shared operating budget since 2004 is illustrated in Chart 5 above.

### 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 - 2013. Over the past nine years the amount of 100 percent provincial funding has increased by over 70 percent from \$28.3 million in 2004 to \$47.2 million in 2013.

**Chart 6**  
**100% Provincially Funded Program Trends: 2004 - 2013**



**Table 5**  
**100% Provincially Funded Program Trends: 2009 – 2013 (in \$000s)**

<b>100% Funded Programs</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Healthy Babies/Healthy Children	18,972.9	18,972.9	18,872.9	18,922.9	18,872.9
Preschool Speech & Language	7,443.4	7,303.4	7,271.4	7,378.9	7,271.4
Infant Hearing	2,309.2	2,305.9	2,430.9	2,391.9	2,305.9
Communicable Disease Liaison Unit	4,854.4	4,854.4	4,854.4	5,000.2	5,000.2
Smoke Free Ontario	2,339.7	2,327.4	2,328.3	2,108.1	2,162.1
Healthy Smiles Ontario	0.0	5,738.2	8,546.4	8,546.4	7,264.5
AIDS Hotline	50.0	50.0	520.0	520.0	520.0
Blind-Low Vision	0.0	566.5	365.0	365.0	365.0
Diabetes Strategy	0.0	0.0	967.8	970.0	970.0
Haine's Funding	0.0	330.0	330.0	330.0	330.0
Other	2,474.0	2,584.6	1,414.4	2,208.1	2,208.1
<b>Total</b>	<b>38,443.6</b>	<b>45,033.3</b>	<b>47,901.5</b>	<b>48,741.6</b>	<b>47,270.1</b>

- 2013 Budget for Healthy Smiles Ontario was reduced by \$1,281.9 thousand
- 2014 Budget for 100 percent funded programs not yet approved
- Provincial Budgets for Healthy Babies / Healthy Children, Preschool Speech and Language, Infant Hearing, Smoke Free Ontario programs include base and one time funding
- Other includes: Enhanced Food Safety, Needle Exchange Program and Healthy Communities Partnerships

## PART III: PROGRAM DETAILS

The Program Details section provides an overview of each of the six major programs that make up TPH. The 2014 TPH Operating Budget Request submission is based on these six major programs. The breakdown of 2013 Budget and 2014 Request for Services or Functional Area within each major program is outlined below. The 2013 Key Accomplishments section highlights significant achievements during the past year whereas the 2014 Service Deliverables section highlights deliverables that the proposed Operating Budget will fund in 2014.

<b>INFECTIOUS DISEASES</b> (in \$000s)		<b>Gross Budget</b>	<b>Net Budget</b>
	<b>2014 Rec</b>	<b>66,744.9</b>	<b>12,367.0</b>
	<b>2013</b>	<b>65,437.7</b>	<b>12,125.8</b>
	<b>Difference</b>	<b>1,307.2</b>	<b>241.2</b>

Infectious Diseases- Service Area	2013 (\$000s)		2014 Request (\$000s)		Difference	
	Gross	Net	Gross	Net	Gross	Net
Infectious Disease Prevention & Control	17,419.2	1,664.7	17,956.8	1,719.8	537.6	55.1
Rabies Prevention & Control	1,851.9	422.5	1,977.4	434.0	125.5	11.5
Sexual Health, Sexually Transmitted and Bloodborne Infections	26,412.5	5,751.9	26,718.3	5,852.2	305.8	100.4
Tuberculosis (TB) Prevention & Control	10,169.2	2,242.5	10,398.9	2,260.6	229.6	18.1
Vaccine Preventable Diseases	9,585.0	2,044.1	9,693.6	2,100.3	108.6	56.2
<b>Total</b>	<b>65,437.7</b>	<b>12,125.8</b>	<b>66,744.9</b>	<b>12,367.0</b>	<b>1,307.2</b>	<b>241.2</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 and 8 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.

### **2013 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 more than 89,000 notifications of infectious diseases 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 cases of reportable/communicable diseases. Inspected 2,921 critical and semi-critical personal services settings (PSS). Initiated implementation of the BodySafe PSS inspection and disclosure program, requiring licensing of hair salons, barber shops, tattoo, body piercing, micropigmentation and electrolysis establishments (to be completed by July 1, 2014). Launched a TPH PSS inspection disclosure website. Inspected 1065 licensed child care facilities. Responded to all infection prevention and control complaints in PSS and where services are provided by regulated health professionals. Provided infection prevention and control liaison services to 20 hospital sites, 17 complex continuing care/rehab sites, 87 Long-Term Care Homes, 4 correctional facilities, 4 school boards and 65 shelters. Responded to 300 outbreaks of communicable diseases in the community and institutional facilities.
- ☑ **Sexual Health, Sexually Transmitted and Bloodborne Infections:** Provided over 60,000 clinic visits at sexual health clinics, reduced wait times for new client services to 1 week, and added more drop in hours. Investigated over 13,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV. Ensured treatment of 100% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics). Counsellor (provided anonymous information and referral services) 25,600 callers through the AIDS and Sexual Health Information Line. Trained 400 people who used opioids to administer naloxone to reverse overdose. Over 40 people administered naloxone to people overdosing on opioids with a positive outcome. Recorded over 75,000 visits to the Needle Exchange. Partnered with approximately 40 community agencies, including Toronto Police Services and EMS to deliver harm reduction education to drug users. Approximately 300 training sessions offered.
- ☑ **Tuberculosis (TB) Prevention & Control:** Followed up on 291 active TB cases. Ensured 97% of all cases completing treatment completed appropriate and adequate treatment according to the Canadian TB Standards. Ensured 86% of eligible clients with active TB in 2012 were placed on directly observed therapy (DOT); video-DOT was used for up to 50 clients meeting eligibility criteria. Followed up approximately 1,600 persons identified as a contact of a person diagnosed with active TB. Assessed and followed up approximately 1400 clients placed on TB Medical Surveillance by Citizenship and Immigration Canada as part of a condition of their immigration process. Provided TB education presentations to

approximately 1,500 newcomers; 200 health care professionals, 150 agency staff; and 200 persons at their school or workplace.

- ☑ **Vaccine Preventable Diseases:** Completed implementation of the review to improve service efficiency and effectiveness. Provided approximately 80,000 vaccinations for hepatitis B, meningococcal meningitis, and human papillomavirus (HPV) to grades 7 and 8 students. Provided approximately 22,000 vaccinations for seasonal influenza. Assessed approximately 350,000 student immunization records in 860 schools to ensure up to date school immunizations. Inspected approximately 1,500 health care facilities storing publically funded vaccine for cold chain compliance. Responded to approximately 170 reports of cold chain failures and 90 adverse events following immunization. Received approximately 65,000 calls to the vaccine preventable diseases call centre. Provided 18,000 HPV vaccinations to girls born between 1993–1998. Inspected approximately 700 pharmacies storing influenza vaccine.

## **2014 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 89,000 reports of suspected cases of designated reportable/communicable diseases. Respond to approximately 40,000 cases of reportable/communicable diseases and to all outbreaks of communicable diseases. Inspect 3,000 critical and semi-critical personal services settings (PSS) and 1,065 licensed child care facilities. Respond to all infection prevention and control complaints in PSS and where services are provided by regulated health professionals. Provide infection prevention and control liaison services to 20 hospital sites, 17 complex continuing care/rehab sites, 87 Long-Term Care Homes, 4 correctional facilities, 4 school boards, 65 shelters, and 1,065 licensed child care centers. Implement licensing of manicure, pedicure and aesthetics services between July 1, 2014 and July 1, 2015. Work with 82 Long-Term Care Homes and 150 retirement homes to develop their infectious disease surveillance systems.
- ☑ **Sexual Health, Sexually Transmitted and Bloodborne Infections:** Provide over 60,000 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:** Provide comprehensive case management for all active and suspect TB cases until treatment completion (i.e. from 6 months to 2 years). Ensure 95% of all TB cases completing treatment in 2014 completed appropriate and adequate treatment according to the Canadian TB Standards. Ensure 85% of eligible clients with active TB placed on directly observed therapy (DOT). Place eligible clients 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 community health care provider. Provide follow-up of all persons identified as

contacts of an active TB case. Assess and follow-up newcomers who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. Provide PHN liaison to work directly with the 4 TB clinics, correctional facilities and designated homeless shelters and settlement agencies located in Toronto in order to work collaboratively to prevent and control TB. Implement strategies to facilitate real-time data entry into the TB-DOT database by staff working in the community. Provide TB education presentations and develop educational resources for populations at risk and health care professionals/agencies.

- ☑ Vaccine Preventable Diseases: Implement school based immunization programs for hepatitis B, Meningococcal meningitis, and human papillomavirus (HPV) for grades 7 and 8 students. Implement the Universal Influenza Immunization Program for the community and homeless/underhoused. Assess and maintain immunization records for all students in Toronto schools. Inspect all premises that store publically funded vaccines for cold chain compliance. Inspect 700 pharmacies that apply to provide influenza vaccine. Provide 30 vaccine clinics for school-aged children who do not have access to OHIP or a health care provider. Offer approximately 60 community clinics for HPV vaccine for high school female students. Receive approximately 65,000 calls at the vaccine preventable diseases call centre.

<b>ENVIRONMENTAL HEALTH</b> (in \$000s)		<b>Gross Budget</b>	<b>Net Budget</b>
	<b>2014 Rec</b>	<b>25,032.4</b>	<b>5,424.2</b>
	<b>2013</b>	<b>24,586.0</b>	<b>5,405.4</b>
	<b>Difference</b>	<b>446.3</b>	<b>18.7</b>

Environmental Health - Service Area	2013 (\$000s)		2014 Request (\$000s)		Difference	
	Gross	Net	Gross	Net	Gross	Net
Food Safety	14,175.4	3,058.7	14,384.5	3,045.6	209.0	(13.1)
Safe Water	2,190.5	484.2	2,309.7	496.9	119.2	12.6
Health Hazard Prevention &	8,220.1	1,862.5	8,338.2	1,881.7	118.1	19.2
<b>Total</b>	<b>24,586.0</b>	<b>5,405.4</b>	<b>25,032.4</b>	<b>5,424.2</b>	<b>446.3</b>	<b>18.7</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.

## 2013 Key Accomplishments

- ☑ Food Safety: Launched the DineSafe mobile application; Inspected 5,767 High Risk Food Premises three (3) times yearly (once every four months) as per the Ministry of Health and Long-Term Care Accountability Agreement; and maintained compliance with the Food Premises Regulation at no less than 90%; Conducted 22,000 Risk Assessments; Conducted 2,701 re-inspections within 24-48 hours; Trained 6,958 food handlers and certified 6,445 food handlers..
- ☑ Safe Water: Investigated 100% 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 5612 beach water samples (61 samples daily for 92 days) and reported on the public web site. 11 beaches, on average, were in compliance with the Ontario Beach Water Quality Standard 88% of the time during the 90 day beach season; Completed 79% of the required recreational water inspections for Class A pools exceeding the MOHLTC Accountability Agreement target by 4%. Completed approximately 4,397 recreational water facilities inspections; Issued 182 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools in which conditions were found to cause a health hazard.
- ☑ Health Hazard Investigation: Responded to 100% of the calls through On-Call system to ensure a 24 hour availability to receive and respond to reports of potential health hazards; Provided 1,580 Hot Weather information packages to the community. Responded to 1,492 bed-bug related complaints/requests for service which involved block inspections, co-ordination of unit preparation for vulnerable clients, comprehensive nursing assessments, health services referrals and other supports. Treated 463,479 catch basins (4 rounds) and 6,268 catch basins in environmentally sensitive areas; Set a minimum of 43 mosquito traps across the city and monitored from June until September. Released the second annual ChemTRAC report containing information on the manufacture, use and release of 25 priority chemicals by 540 facilities in Toronto.

## 2014 Service Deliverables

- ☑ Food Safety: Inspect 17,617 food premises; Receive and respond within 24 hours to reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues.
- ☑ Food Safety: Identify and train 200 under employed participants as certified food handlers working with Toronto Employment and Social Services and Toronto District School Board.
- ☑ Food Safety: Offer food safety training and certification to a minimum of 9,000 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement).



- ☑ Safe Water: Conduct systematic and routine assessment, surveillance, monitoring and reporting of drinking water and public beaches (11) and respond within 24 hours to reports of drinking water illnesses and public beach water illnesses; and inspect 1,611 recreational facilities by completing 5,148 inspections (indoor pools inspected 4x per year and outdoor pools inspected 2x per year).
- ☑ Safe Water: Implement Web based Disclosure system for Safe Water program by September 2014.
- ☑ 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)		Gross Budget	Net Budget
	<b>2014 Rec</b>	<b>2,860.8</b>	<b>644.3</b>
	<b>2013</b>	<b>2,799.3</b>	<b>626.7</b>
	<b>Difference</b>	<b>61.5</b>	<b>17.6</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).

### **2013 Key Accomplishments:**

- ☑ Provided basic Incident Management System training on-line, completed by over 200 TPH staff (e-modules).
- ☑ Completed Respiratory Fit Testing for 95% of TPH staff.

### **2014 Service Deliverables**

- ☑ Participate and contribute to health sector and municipal planning for the 2015 Pan/Para Pan Am Games.
- ☑ Update and revise continuity plans to sustain/recover time critical services during and following disruptions.



<b>CHRONIC DISEASES AND INJURIES</b> (in \$000s)		<b>Gross Budget</b>	<b>Net Budget</b>
	<b>2014 Rec</b>	<b>42,476.6</b>	<b>8,989.9</b>
	<b>2013</b>	<b>41,561.5</b>	<b>8,650.6</b>
	<b>Difference</b>	<b>915.2</b>	<b>339.3</b>

Chronic Diseases & Injuries- Service Area	2013 (\$000s)		2014 Request (\$000s)		Difference	
	Gross	Net	Gross	Net	Gross	Net
Chronic Diseases Prevention	30,799.3	6,240.9	31,657.7	6,506.0	858.4	265.1
Prevention of Injury & Substance Misuse	10,762.2	2,409.7	10,818.9	2,483.9	56.8	74.2
<b>Total</b>	<b>41,561.5</b>	<b>8,650.6</b>	<b>42,476.6</b>	<b>8,989.9</b>	<b>915.2</b>	<b>339.3</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.

### **2013 Key Accomplishments**

- Reached 227,863 children and youth in 544 schools (75% of all TDSB/TCDSB schools) with Chronic Disease and Injury Prevention services (including healthy eating, active living, tobacco use prevention, injury prevention, and sun safety).
- Provided training to 350 youth leaders and adult allies from diverse communities in the subject areas of youth engagement, tobacco use prevention, leadership development, social media, active living, healthy eating, self-esteem, and resiliency.
- Completed menu analysis, and/or nutrition and food skills/literacy training in 350 out of 649 (54%) of municipally funded Student Nutrition Programs in the 2012/13 school year, impacting 75,534 out of 135,880 participating students.
- Trained 140 peer leaders in type 2 diabetes prevention. Reached 3,000 people at risk of developing type 2 diabetes directly by trained peer leaders through awareness-raising, physical activity and, healthy eating/skill building sessions. Educated 1,000 individuals through type 2 diabetes risk assessment workshops. Reached over 200,000 people at risk with awareness-raising through social marketing.
- Reached 292,310 children and youth including post secondary students reached by substance misuse prevention programs (peer leadership programs, displays, presentations and community led grant initiatives sponsored by the Drug Prevention Community Investment Program).

- ☑ Provided education and training to 430 health and allied health professionals on falls prevention from 75 agencies to build capacity in falls prevention for a potential reach of 130,000 older adults (aged 65+ years). (15% of agencies serving seniors in Toronto will send Health and Allied Health Professional staff to be trained on Falls Prevention). Reached 2,500 community dwelling seniors, aged 65 and older, through community/group health promotion activities on falls prevention.

## **2014 Service Deliverables**

- ☑ Reach approx. 217,000 (60%) of children and youth in schools with Chronic Disease/Injury Prevention (CDI) initiatives that build positive health behaviours (healthy eating, active living, tobacco use prevention, injury prevention, and UVR/sun safety).
- ☑ Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs in the 2013/2014 school year.
- ☑ Train 140 peer leaders in type 2 diabetes prevention, reach 3,000 people at risk of developing type 2 diabetes directly by trained peer leaders through awareness raising, physical activity and healthy eating/skill building sessions. Educate 500 individuals through type 2 diabetes risk assessment workshops.
- ☑ Provide CDI Services to youth (to build positive health behaviours) using a youth engagement approach such that 20% of identified youth-serving agencies receive a CDI consultation; 10% of youth-serving agencies that receive a CDI consultation will receive an additional CDI service; and 50% of youth-serving agencies that receive a CDI consultation will reach a prioritized youth population.
- ☑ Provide education and training to 450 health and allied health professionals on falls prevention from 84 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years) (16% of agencies serving seniors in Toronto will send Health and Allied Health Professional staff to be trained on Falls Prevention). Educate 2,700 older adults through 75 falls prevention presentations / events.

<b>FAMILY HEALTH</b> (in \$000s)		<b>Gross Budget</b>	<b>Net Budget</b>
	<b>2014 Rec</b>	<b>90,157.4</b>	<b>18,184.4</b>
	<b>2013</b>	<b>90,900.3</b>	<b>18,138.4</b>
	<b>Difference</b>	<b>(742.9)</b>	<b>46.0</b>

Family Health - Service Area	2013 (\$000s)		2014 Request (\$000s)		Difference	
	Gross	Net	Gross	Net	Gross	Net
Reproductive Health	11,201.2	1,832.7	10,987.1	1,835.8	(214.2)	3.1
Child Health	79,699.1	16,305.6	79,170.4	16,348.6	(528.7)	42.9
<b>Total</b>	<b>90,900.3</b>	<b>18,138.4</b>	<b>90,157.4</b>	<b>18,184.4</b>	<b>(742.9)</b>	<b>46.0</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.

### **2013 Key Accomplishments**

#### **Family Health**

- ☑ Achieved Baby-Friendly Initiative (BFI) designation through Breastfeeding Committee of Canada. Expanded the number of community-based, partnership breastfeeding clinics from 3 to 13 and established the first Toronto Public Health site breastfeeding clinic. Provided 19,500 mothers with breastfeeding education and support through telephone counselling, home visits and clinic service.
- ☑ Provided nutrition and health assessment, counselling and referral to 5,000 individual prenatal women who are at risk for poor birth outcomes. Launched prenatal education e-learning program for Toronto's prenatal women and their partners.
- ☑ Conducted 30,000 home visits to provide in-depth assessment, counselling, referral and case management to families that have children 0 to 3 years of age who are at risk for poor growth and development.

- ☑ Conducted infant hearing screening test on 38,000 infants and provided counselling and case management for 80 families with children who were newly diagnosed with significant or complete hearing loss.
- ☑ Dental Health: Screened 3,404 children in 123 daycares and community events from January to May 2013. Of these 521 (15.3%) were referred to a dental professional for dental treatment and prevention. Screened 231,510 elementary school children for the 2012-13 school year; screened 1,490 youth in 30 high schools. Of these 675 (24.4%) were referred to a dental professional for dental treatment and prevention.

## **2014 Service Deliverables**

- ☑ Establish Baby-Friendly Initiative (BFI) sustainability plan and participate in provincial collaborative initiative to develop province-wide breastfeeding surveillance data collection plan. Provide nutrition counselling and vitamin supplementation to 2,300 prenatal women in Healthiest Babies Possible program and group nutrition education to 2,500 prenatal women at 39 Canada Prenatal Nutrition Program sites. Provide 20,000 mothers with breastfeeding education and support through telephone counselling, home visits and community-based prenatal clinics.
- ☑ Conduct 35,000 home visits to provide in-depth assessment, counselling, referral and case-management for families with children 0 to 3 years of age who are at high risk of poor developmental outcomes.
- ☑ Deliver group parenting education to 2,750 parents with 50 to 70% of groups delivered in priority at-risk neighbourhoods.
- ☑ Deliver culturally and language specific group nutrition education to 2,500 families who have children 6 months to 6 years of age.
- ☑ Toronto Pre-school Speech & Language Services: Provide speech and language therapy to 8,000 preschool children. Conduct infant hearing screening tests on 38,000 newborns.
- ☑ Conduct 23,000 dental screenings in elementary schools; conduct approximately 12,000 screenings in high schools and daycares.

<b>PUBLIC HEALTH FOUNDATIONS</b> (in \$000s)		<b>Gross Budget</b>	<b>Net Budget</b>
	<b>2014 Rec</b>	<b>18,731.7</b>	<b>5,561.2</b>
	<b>2013</b>	<b>18,402.9</b>	<b>5,473.2</b>
	<b>Difference</b>	<b>328.8</b>	<b>88.0</b>

### *Program Overview*

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

### **2013 Key Accomplishments**

- ☑ Released 44 Ward Health Profile Reports to Councillors and public. Monitored and maintained, and assessed 43 health surveillance indicators. Conducted ongoing surveillance for outbreak detection. Collected, assessed, and disseminated health status information on young parents with no fixed address. Prepared 18 staff reports for the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto. Prepared 12 background or technical reports summarizing health evidence on selected social and environmental determinants of health, including reviews of best practices to address these health concerns.

### **2014 Service Deliverables**

- ☑ Implement and report results from TPH Student Survey. Monitor, maintain and assess expanded health surveillance indicators. Conduct ongoing surveillance for outbreak detection. Analyze and report trends related to income and health inequalities. Prepare staff reports for the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto. Prepare background or technical reports summarizing health evidence on selected social and environmental determinants of health, including reviews of best practices to address these health concerns.

## PART IV: OPERATING BUDGET DETAILS

### Overview of 2014 Operating Budget

Table 6  
Toronto Public Health

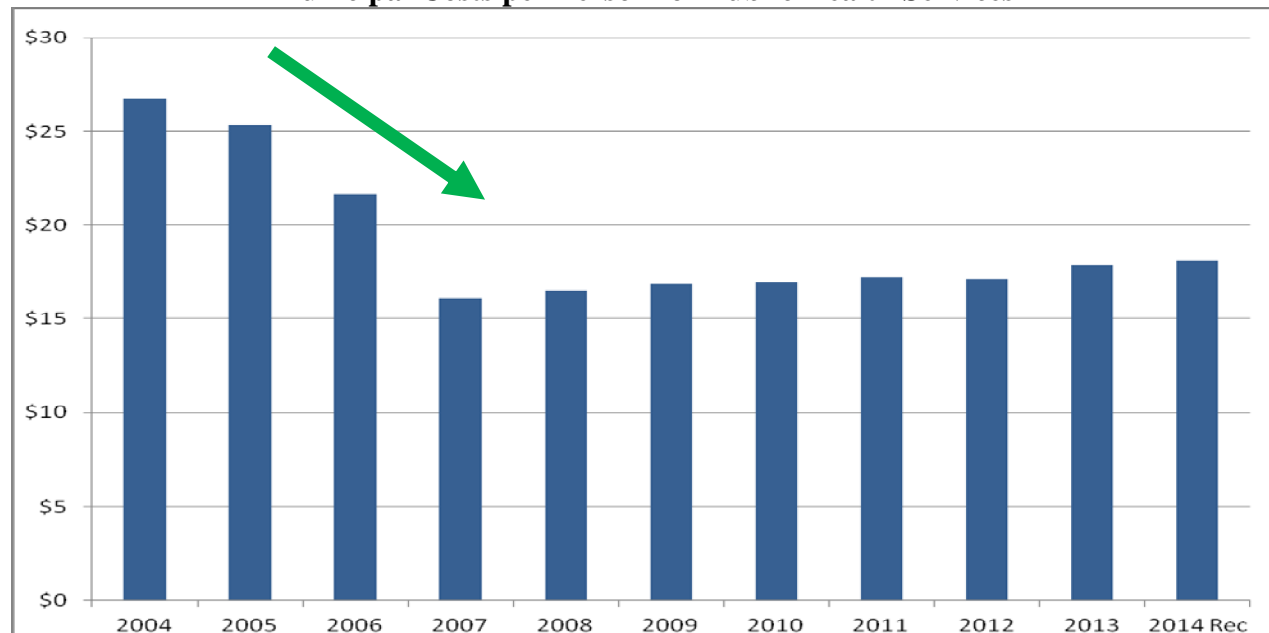
<b>Overview of the 2014 Operating Budget Request</b>				
	<b>Summary of 2014 Operating Budget Request</b>			
	<b>Approved Positions</b>	<b>Gross Expenditures</b>	<b>Revenues</b>	<b>Net</b>
(\$000s)		\$	\$	\$
2013 Council Appr. Operating Budget as at January 17, 2013	1,875.2	240,462.9	190,466.0	49,996.9
In-year approvals and technical adjustments	0.0	3,224.8	2,801.7	423.1
<b>2013 Operating Budget</b>	<b>1,875.2</b>	<b>243,687.7</b>	<b>193,267.7</b>	<b>50,420.0</b>
Reversal of Non Recurring items	(11.5)	(2,866.6)	(2,597.7)	(268.9)
Step, Progression Pay, COLA, Benefits Gapping	0.0	4,971.0	3,840.6	1,130.4
Other Base Changes	0.0	(209.2)	(30.7)	(178.5)
Economic Factors - Toronto Urban Health Fund, SH Clinic Service Contracts	0.0	101.2	75.9	25.3
Salaries & Benefits Related to Capital Projects	(1.6)	(37.8)	(37.8)	0.0
<b>PART 1: 2014 Base Budget Request</b>	<b>1,862.0</b>	<b>245,646.2</b>	<b>194,518.0</b>	<b>51,128.2</b>
Over (Under) 2013 Operating Budget	(13.1)	1,958.6	1,250.3	708.3
% Over (Under) 2013 Final Budget	(0.7)	0.8	0.6	1.4
<b>Requested Reduction Options - Increase Gapping Rate from 4.7% to 5.7%</b>	<b>0.0</b>	<b>(1,455.4)</b>	<b>(1,044.7)</b>	<b>(410.6)</b>
<b>PART 2: 2014 Request Including Reduction Options</b>	<b>1,862.0</b>	<b>244,190.9</b>	<b>193,473.3</b>	<b>50,717.6</b>
Falls Prevention	2.0	312.9	234.7	78.2
Preventing Childhood Obesity	6.0	928.8	696.6	232.2
Enhancements to STI Prevention	6.0	571.2	428.4	142.8
<b>Sub Total New &amp; Enhanced</b>	<b>14.0</b>	<b>1,812.9</b>	<b>1,359.7</b>	<b>453.2</b>
<b>PART 3: 2014 Request Including New &amp; Enhanced</b>	<b>1,876.0</b>	<b>246,003.8</b>	<b>194,833.0</b>	<b>51,170.8</b>
Over (Under) 2013 Operating Budget	0.9	2,316.1	1,565.2	750.9
% Over (Under) 2013 Operating Budget	0.0	1.0	0.8	1.5

## Budget Impact on Toronto Taxpayers

The Province of Ontario provides funding for 71.4 percent of the TPH gross operating budget with 20.8 percent contributed from the City and the remaining 7.8 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 2014 Operating Budget request includes \$20.0 million less in municipal funding than in 2004. The 2014 Operating Budget request would cost each Toronto resident \$18.11 in property taxes.

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



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

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 Rec
26.74	25.38	21.59	16.07	16.50	16.85	16.99	17.22	17.10	17.84	18.11

The increase in 2013 is the result of the expansion of the fully City funded Student Nutrition Program and salary and inflationary increases. The total net impact of these programs in 2013 was \$750.9 thousand, or a municipal property tax cost per resident of \$0.74.

## Section A: Base Budget

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### PART 1: Adjusted Base Budget

The adjusted base budget of \$ 245,646.2 thousand gross / \$51,128.2 thousand, that is \$708.3 thousand above the 2013 net budget, includes:

### Reversal of Non Recurring Items

- A decrease of \$187.8 thousand gross and \$0.0 net and 11.5 positions for reversal of one time 100% Provincially funded programs
- A decrease of \$2,678.8 thousand gross and \$268.9 thousand net for reversal of a one time collective agreement lump sum payment to union members and, 2013 management COLA, and re-earnable payments

### Salary and Benefit Changes

- An increase of \$4,971.0 thousand gross and \$1,130.4 thousand net for 2014 COLA, progression pay, step, and benefits

### Other Base Changes

- An increase of \$520.6 thousand gross and a decrease of \$24.7 thousand net for Interdepartmental charges and recoveries for services provided by other divisions to TPH within the City
- A decrease of \$78.5 thousand gross and \$38.2 thousand net due to user fee adjustments for Food Handler Certification and Training program
- A decrease of \$115.6 thousand net due to the transfer of 2013 inflationary increases in Toronto Urban Health Fund (AIDS and Drug Prevention Grants) from 100 percent City funding to cost shared funding
- A decrease of \$651.3 thousand gross and \$0 thousand net due to approved funding for various 100 percent provincially funded programs.

### Economic Factors

- An increase of \$101.2 thousand gross and \$25.3 thousand net for inflationary increases



in the Toronto Urban Health Fund (AIDS and Drug Prevention Grants) and for Sexual Health Clinic Service Contracts.

## Salaries and Benefits Related to Capital Projects

- Included in the TPH 2014 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 and provincial funding (Panorama/Infectious Disease Control Project) and are included in the 2014 Operating Budget Request per the City's Budget Guidelines an increase of \$3,687.0 thousand gross / \$0 net and the addition of 35.87 positions
- A decrease of \$3,724.8 thousand gross / \$0 net and 37.5 positions of the 2013 approved salaries and benefits related to capital positions

## Section B: Reduction Options

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The City Manager issued guidelines and directions for development of the 2014 Operating Budget to all City Programs as well as Agencies, Boards and Commissions (ABCs). Included in these directions is the expectation that all City Programs and ABCs achieve the 2014 operating budget target of a zero percent increase from the Council Approved 2013 Net Operating Budget.

As part of the 2014 Operating Budget TPH proposed a budget reduction of \$1,455.4 thousand gross and \$410.6 thousand net from an increase in gapping rate from 4.7% to 5.7% for cost shared programs and 100% City funded programs. Historically, TPH achieves a gapping percentage of approximately 6 percent during its normal course of business. The increase in the gapping rate will allow the savings to be directed to enhancing existing programs and will have no service impact.

Certain 100 percent provincially funded are gapped at various rates to stay within provincial funding allocations. Since the Province does not provide for annual cost of living increases, every year programs must reduce budgets by increasing gapping rates or reducing expenditure budgets. There is no provision for gapping in Salary and Benefits for Capital projects.

The overall gapping target change for TPH including 100 percent provincially funded and capital programs will be 4.1 to 5.1 percent.

## Section C: New and Enhanced Services

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### Maximize Provincial Funding

The Board of Health Budget Committee requested the Medical Officer of Health to prepare a 2014 Operating Budget which maximizes provincial funding and improves compliance with Ontario Public Health Standards. The 2014 budget request includes three new and enhanced cost shared services: Preventing Childhood Obesity, Sexually Transmitted Infection (STI) Prevention and Falls Prevention. Below is a brief description of each request.

- **Preventing Childhood Obesity** – \$928.8 thousand gross and \$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 and \$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 timely and 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 Accountability Agreement Indicator goals for gonorrhea cases.

- **Falls Prevention** - \$312.9 thousand gross and \$78.2 thousand net and 2 positions – Seniors falls prevention was highlighted as a priority need in the Toronto Seniors Strategy which was approved by City Council in early May 2013.

Current demand for education programs for falls prevention from seniors, caregivers and service providers is growing. In 2012, 6 workshops for service providers were provided reaching 180 service providers. In 2013, 8 workshops have been implemented in the first 4 months reaching 240 service providers with many more service providers on waiting lists for future workshops. More seniors are requesting information on falls prevention and attending workshops.

Data shows that for every \$1.00 spent on falls prevention, the Ontario Health Care system will save \$7.00. Prevention strategies have demonstrated the ability to reduce the incidence of falls among seniors by 20% or more.

The program will provide one-on-one support to seniors in their home to incorporate exercises into their normal daily routines, and look for ways to increase home safety, manage medications and promote healthy eating to minimize the seniors' risks for falls. The intent of the falls prevention program is to reduce the number of seniors that fall and reduce emergency room visits by seniors as a result of falls.

## Section D: Other New and Enhanced Services

Other New & Enhanced Services include one-time initiatives to support planning for the 2015 Pan-Am Games and on-going funding for the City's Student Nutrition Program as identified in Table 8 below followed by a brief description of each proposal.

**Table 8**  
**Toronto Public Health**

<b>Other New &amp; Enhanced Services</b>				
	<b>Approved Positions</b>	<b>Gross Expenditures</b>	<b>Revenues</b>	<b>Net</b>
(\$000s)		\$	\$	\$
<i><b>Pan - Am - Funded One-time</b></i>				
Pan Am Games - Heat and Air Quality Mobile Application	0.0	70.0	70.0	0.0
Pan Am Games - Smoke Free Ontario (SFO) Coordination	0.0	35.0	35.0	0.0
<i><b>Pan - Am - Unfunded One-time</b></i>				
Pan-Am Games - 2014 Planning	2.0	258.8	0.0	258.8
<i><b>Pan - Am - Unfunded One-time</b></i>				
Student Nutrition Program (SNP) to 27 additional schools	0.0	394.3	0.0	394.3
SNP increased investment in current program	0.0	1,163.1	0.0	1,163.1
SNP - 2014 Economic Increase for Cost of Food	0.0	214.1	0.0	214.1
<b>Total Student Nutrition Program</b>	<b>0.0</b>	<b>1,771.5</b>	<b>0.0</b>	<b>1,771.5</b>
<b>Total Other New &amp; Enhanced</b>	<b>2.0</b>	<b>2,134.3</b>	<b>105.0</b>	<b>2,029.3</b>

- **Pan Am – Heat and Air Quality Mobile Application** \$70.0 thousand gross and \$0 net in 2014 and \$80.0 thousand gross and \$0 net in 2015

This project is 100 percent funded by Health Canada for \$70.0 thousand in 2014 and \$80.0 thousand in 2015 and includes a proposal for development of mobile phone applications to send individuals health-based information for individual decision-making. Included in this proposal is a feasibility study, "app" proto-type, pilot testing, roll-out/promotion and evaluation/legacy. Extreme heat and air pollution pose a risk to the health and well-being of Torontonians. Having access to weather information and accurate advice in a timely and appropriate manner is a cornerstone for reducing health risk from heat and air pollution for specific populations and vulnerable groups.

This project is being developed in collaboration with Health Canada and Environment Canada. They will provide the underlying data, including ongoing operational data and maintenance of the app. This app will also be used by other cities/regions involved in the Pan Am games. The App will ensure privacy and confidentiality requirements are met.

- **Pan Am – Smoke Free Ontario (SFO)** \$35.0 thousand gross and \$0 net in 2014 (\$50.7 thousand gross and \$0 net in 2015).

At its meeting of July 16, 2013 City Council approved a report on "Toronto Pan/Parapan Games Host City Showcase Program and Major Special Events Reserve Fund" which includes a recommendation for funding \$35.0 thousand in 2014 and \$50.7 thousand in 2015 for TPH staff to develop a communication / Marketing Plan which will be approved by the partnership that will facilitate communication between the partners and the Pan / Parapan Am Organizing Committee. The development of this plan will involve consultation with diverse stakeholders such as Parks, Forestry and Recreation, TPH's Youth Health Action Network, Toronto Sports Council, sporting organizations and youth serving agencies. The services of an external communications agency will be needed to consult with and develop the plan and signage design. The communications plan will engage youth in the development of an extensive social media component as well as a public service announcement (<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.EX33.13>).

- **Pan-Am Games – 2014:** \$258.8 thousand gross and net; 2 positions and \$542.9 thousand gross and net; 4.5 positions in 2015:

City funds in the amount of \$258.8 thousand in 2014 and \$542.9 thousand in 2015 are required for increased public health activities and planning in preparation for the 2014 games including training, planning, surveillance development, federal/provincial/territorial liaison, resource coordination.

Planning is required to successfully support a large scale sporting event such as Pan Am in order to plan for and mitigate public health risks and protect and promote the health of residents and visitors.

- **Student Nutrition 2014 Annual Adjustment and Economic Factors:** \$1,771.5 thousand gross and net:

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 report to the Board of Health entitled "Student Nutrition Program Expansion in High Needs Schools 2013-17" included 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. An increase of \$1,480.8 thousand gross and net was approved by City Council during the 2013 budget process.

A report to the Board of Health on September 30, 2013 entitled " Student Nutrition Program Update on the First Year of the Five-Year Plan and 2014 Operating Budget Request " included requests for program stabilization and service enhancements in-line with year 2 of a 5-year plan totaling \$1,557.3 thousand gross and net to bring greater stability to existing student nutrition programs and provide an opportunity to expand student nutrition programs into 27 additional schools which have identified a need in their student population for a program.

The stabilization component will be directed to existing student nutrition programs to provide more core funding to increase the number of breakfasts served. The expansion component proposes an enhancement request to provide municipal funding to 27 schools in higher need areas that currently do not offer a student nutrition program but have identified a need in their student population to start a new breakfast/morning meal program.

The report also requests funding for increases in cost of food for \$214.1 thousand gross and net to cover the increased cost of food for existing student nutrition programs. This report was forwarded to the City's Budget Committee for it's consideration during the 2014 Operating Budget process.

Student nutrition programs contribute to positive health, learning and behavioural benefits for nutritionally at risk children and youth.

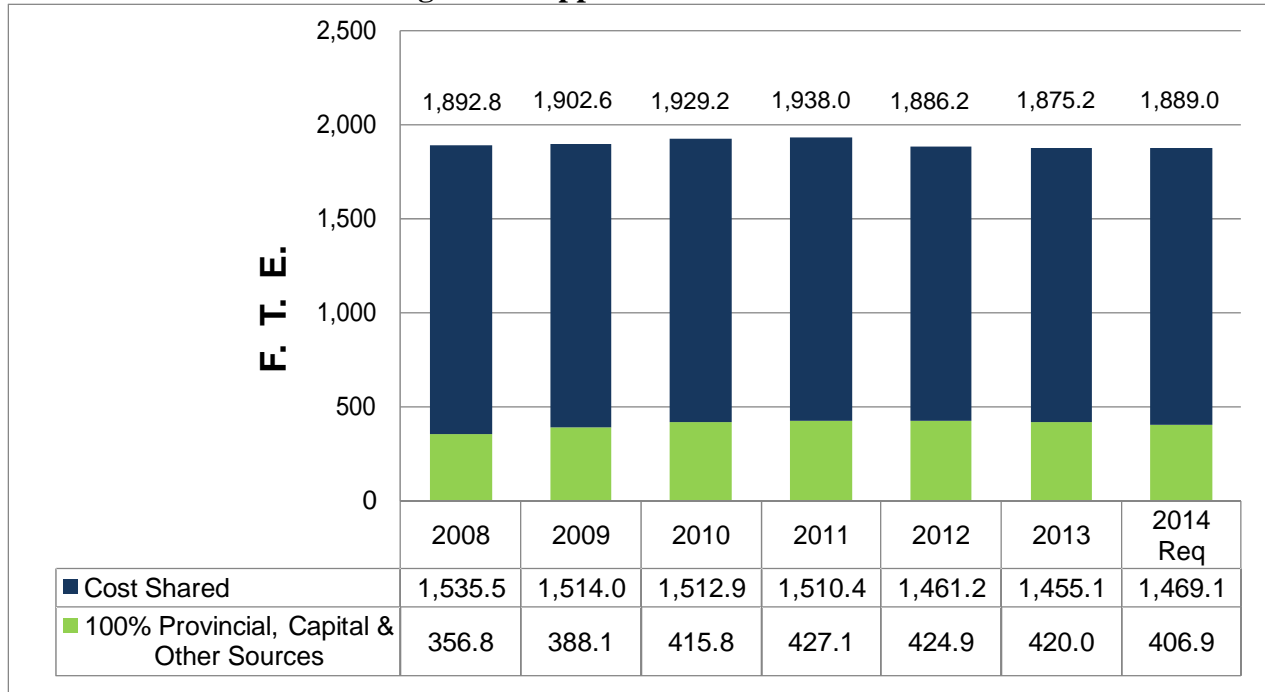
## **Section E: Impact of Capital Projects on Future Operating Budgets**

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Approval of the 2014 – 2023 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 G: Staffing Trends

**Chart 8**  
**Staffing Trend Approved Positions 2008-2014**



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 the 2011 budget.



## Section H: 2012 Operating Budget Variance

Table 9

### 2013 Operating Budget Variance Review at June 30, 2013 (\$000s)

(In \$000s)	2012 Actuals	2013 Approved Budget	2013 Projected Actuals	2013 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
<b>GROSS EXP.</b>	226,724.1	243,687.7	238,587.0	(5,100.6)	(2.1)
<b>REVENUES</b>	181,094.4	193,267.7	189,167.1	(4,100.6)	(2.1)
<b>NET EXP.</b>	45,629.7	50,420.0	49,420.0	(1,000.0)	(2.0)
<b>Approved Positions</b>	1,886.2	1,875.2	1,775.0	(100.2)	(5.3)

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

The 2013 Operating Budget Variance Review presented in Table 8 is based on the six months that ended on June 30, 2013.

### 2013 Experience

As submitted in the June 30, 2013 Operating Variance Report, at year-end, TPH expects to be under-spent in gross expenditures by \$5,100.6 thousand or 2.1 percent and under achieved in revenue by \$4,100.6 thousand or 2.1 percent resulting in a \$1,000.0 thousand net favorable variance or 2.0 percent below budget.

For the period ending June 30, 2012 the overall, year-to-date net expenditure variance was under budget by \$422.5 thousand or 2.0 percent. TPH gross expenditure was below budget by \$3,133.0 thousand or 3.0 percent. The variance is mainly due to delays in staffing as a result of City's 2011 Hiring Slowdown and reduced HR Staffing resources due to cuts made in 2012 and cost savings strategies for non-payroll purchases. Revenue was under-achieved by \$2,710.5 thousand or 3.2 percent due to under spending in provincial cost shared and fully funded programs. At year end, TPH expects to be underspent by 5,100.6 thousand gross / \$1,000.0 thousand net.