



## Toronto Public Health

### I: 2014 OPERATING BUDGET OVERVIEW

#### What We Do

Toronto Public Health (TPH) reduces health inequalities and improves the health of the entire population by delivering services that meet community health needs, comply with Ontario Public Health Standards, and make wise use of human and financial resources.

#### 2014 Budget Highlights

The total cost to deliver this Program to Toronto residents in 2014 is \$245.884 million gross and \$51.006 million net as shown below.

(In \$000s)	Approved 2013 Budget	Recommended 2014 Budget	Change	
			\$	%
Gross Expenditures	244,424.1	245,883.5	1,459.4	0.6%
Gross Revenue	194,004.1	194,877.3	873.2	0.5%
Net Expenditures	50,420.0	51,006.2	586.2	1.2%

The 2014 Recommended Operating Budget of \$245.884 million gross and \$51.006 million net is \$0.586 million or 1.2% over the 2013 Approved Budget of \$50.420 million net. The incremental net pressures of \$1.746 million have been offset by \$1.449 million net in base expenditure changes.

The 2014 Recommended Operating Budget also includes funding of \$0.718 million gross and \$0.179 million net for the new Preventing Childhood Obesity initiative and \$0.437 million gross and \$0.109 million net for enhancements to the Sexually Transmitted Infections (STI) Prevention initiative.

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Fast Facts

- TPH is the largest public health unit in Canada, 5th largest in North America, with over 1,800 employees.
- The Province provides funding to Ontario's 36 public health units. Since 2007, Province has provided 75% of the funding for most TPH programs, with City of Toronto providing the other 25%.

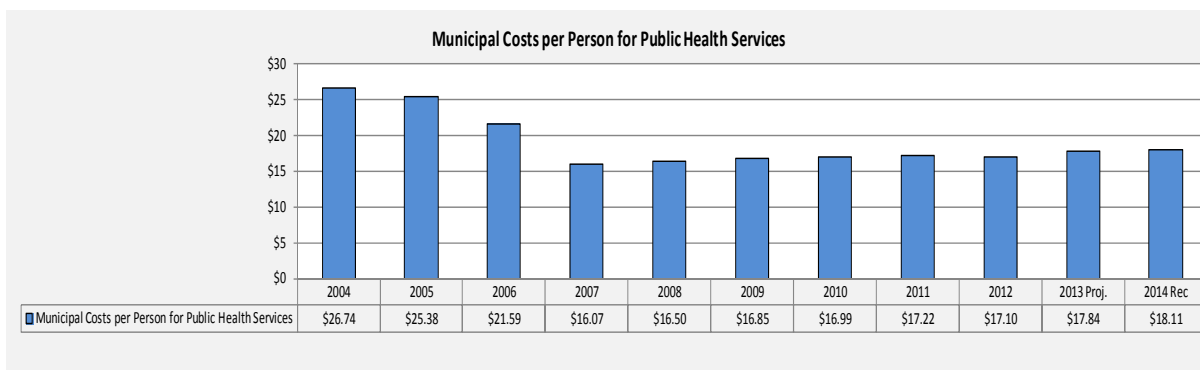
Trends

- The municipal cost per person for Public Health Services rose slightly from \$17.84 in 2013 to \$18.11 in 2014, or 1.5% increase.
- 100% of all critical and semi-critical Personal Services Settings (PSS) were inspected.
- 60% of children and youth in schools were reached by Chronic Disease/Injury Prevention initiatives, building positive health behaviours.

Our Service Deliverables for 2014

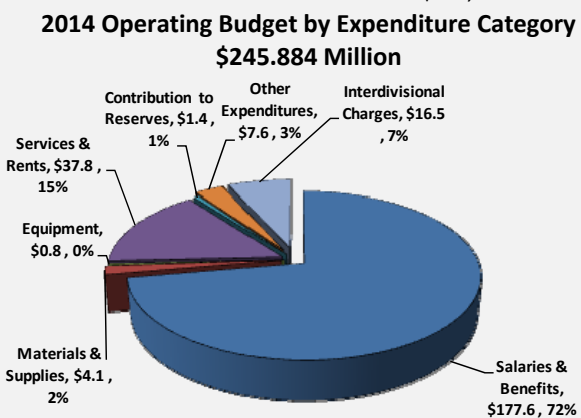
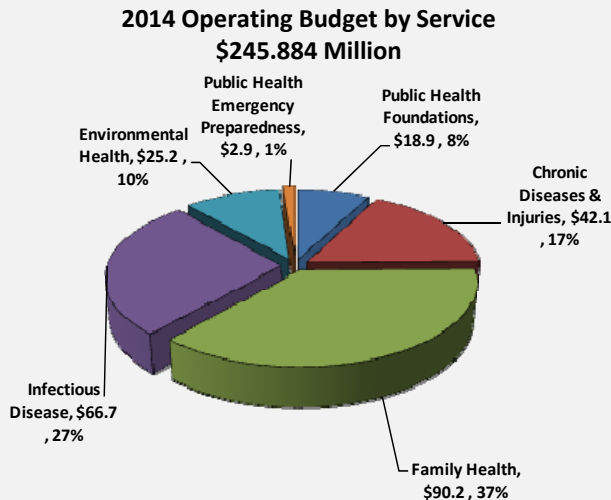
TPH has the following service deliverables:

- Provide over 60,000 clinic visits at sexual health clinics and ensure treatment of 100% of reportable sexually transmitted infections.
- 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.
- Reach approximately 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.
- Educate 2,700 older adults through 75 falls prevention presentations / events.
- 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.
- Provide speech and language therapy to 8,000 preschool children, conduct infant hearing screening tests on 38,000 newborns and conduct 23,000 dental screenings in elementary schools; conduct approximately 12,000 dental screenings in high schools and daycares.

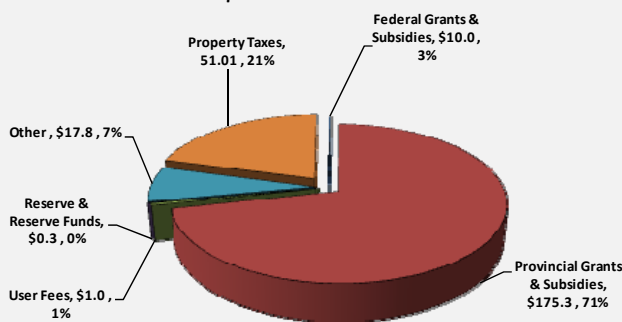


2014 Budget Expenditures & Funding

Where the money goes:



Where the money comes from:  
2014 Operating Budget Funding Source  
\$245.884 Million



Our Key Challenges & Priorities

- Maintaining programs and services and continuing to meet public health legislative requirements and standards within financial constraints.

✓ This is being achieved through streamlining business processes, finding operational efficiencies and continuing efforts to deliver programs and services more effectively and efficiently, while ensuring accountability for taxpayers.
- Rising levels of childhood obesity are serious health problems leading to chronic diseases and diminished productivity.

✓ To address this, the 2014 Recommended Operating Budget includes funding for the new Childhood Obesity Prevention Program that implements obesity prevention initiatives.
- Increase in reportable Sexually Transmitted Infections (STIs), and an ever increasing complexity of case management.

✓ Additional funding of \$0.437 million gross and \$0.109 million net for 6.0 public health nurses is recommended to perform comprehensive follow-up on priority cases and outreach and education with health care providers.

## II: RECOMMENDATIONS

### Recommendations

The City Manager and Chief Financial Officer recommend that:

1. City Council approve the 2014 Recommended Operating Budget for TPH of \$245.884 million gross and \$51.006 million net, comprised of the following services:

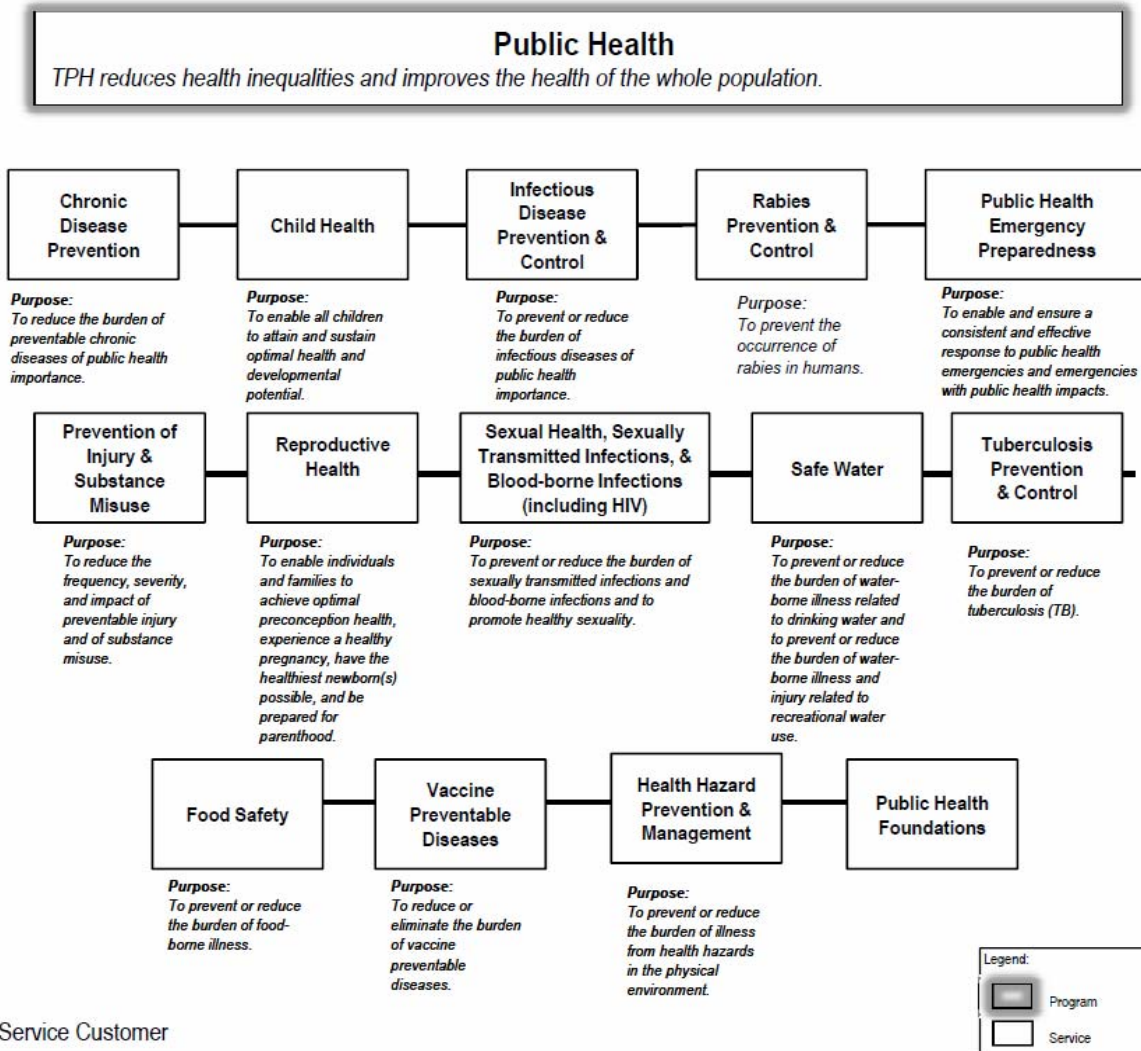
<u>Service:</u>	<u>Gross</u> <u>(\$000s)</u>	<u>Net</u> <u>(\$000s)</u>
Public Health Foundations	18,856.3	5,545.8
Chronic Disease Prevention	31,469.3	6,426.4
Prevention of Injury & Substance Misuse	10,680.2	2,448.0
Reproductive Health	10,986.9	1,835.8
Child Health	79,174.1	16,348.5
Infectious Disease Prevention & Control	17,991.8	1,714.5
Rabies Prevention & Control	1,987.6	434.0
Sexual Health, Sexually Transmitted Infections & Blood-borne Infections (including HIV)	26,675.3	5,840.8
Tuberculosis Prevention & Control	10,371.9	2,253.2
Vaccine Preventable Diseases	9,635.6	2,090.9
Food Safety	14,440.6	3,045.5
Safe Water	2,342.8	496.9
Health Hazard Prevention & Management	8,400.5	1,881.7
Public Health Emergency Preparedness	2,870.5	644.2
Total Program Budget	<u>245,883.5</u>	<u>51,006.2</u>

2. City Council approve Toronto Public Health's 2014 recommended service levels, as outlined on page 10,11, 12, 14, 16, 18, and 20 and associated staff complement of 1,874.4 positions; and,
3. City Council approve the 2014 user fee changes for Toronto Public Health identified in Appendix 6 for inclusion in the Municipal Code Chapter 441 "Fees and Charges".

### III: 2014 SERVICE OVERVIEW AND PLAN

#### Program Map

TPH strives to meet the changing needs of the community by providing the following services:



Service Customer

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

Service Customer

**Rabies Prevention & Control**

- Individuals with rabies
- Individuals who are at risk for rabies
- Health care providers, and community partners (incl. media)
- General public
- Health care providers
- Parents and guardians

**Public Health Emergency Preparedness**

- TPH staff
- other City divisions
- emergency response agencies
- community partners
- Public
- Emergency victims
- Health care providers

**Prevention of Injury & Substance Misuse**

- Children
- Youth
- Adults
- Seniors
- Employers
- Community Agencies & Organizations
- Educational Institutions
- Families
- Employees
- Neighbourhoods
- City of Toronto Population

**Reproductive Health**

- Youth & Adults in their childbearing years
- Pregnant women and their partners
- Parents / Guardians
- Families
- Neighbourhoods
- City of Toronto Population

**Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)**

- Individuals with known or suspected communicable infections (sexually transmitted/blood-borne infections)
- Individuals who are at risk for a preventable communicable infection (sexually transmitted/blood-borne infections)
- Youth at risk for unwanted pregnancy
- Youth at risk for gender-based violence
- Health care providers, hospitals, schools, and community agencies
- Personal Service Setting Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.)
- Local Public Health agencies across Ontario
- Ministry of Health and Long -Term Care
- General public, boards of education, schools, agencies, workplaces, health care providers, parents & guardians
- Customers of Personal Services Operators (incl. tattoo parlours, barbershops/ salons, acupuncture, aestheticians, etc.)

**Water Safety**

- Drinking water and recreational water operators
- Water consumers
- Recreational water users
- General Public

**Food Safety**

- Food preparation / handling / processing operator
- Health hazard violator
- Food consumer

**Tuberculosis Prevention and Control**

- Individuals with known or suspected tuberculosis
- Individuals who are at risk for tuberculosis
- Health care providers, and community partners (e.g. shelters, correctional facilities, tuberculosis clinics, Citizenship and Immigration Canada)
- General public, health care providers

**Vaccine Preventable Diseases**

- Individuals who are at risk for a vaccine preventable disease
- Students age 4 – 18 years old
- General Public
- Health care providers
- Health care providers
- Parents & guardians
- School Boards
- Ministry of Health and Long Term – Care
- Board of Health
- Media

**Health Hazard Prevention & Management**

- Health Hazard Violator

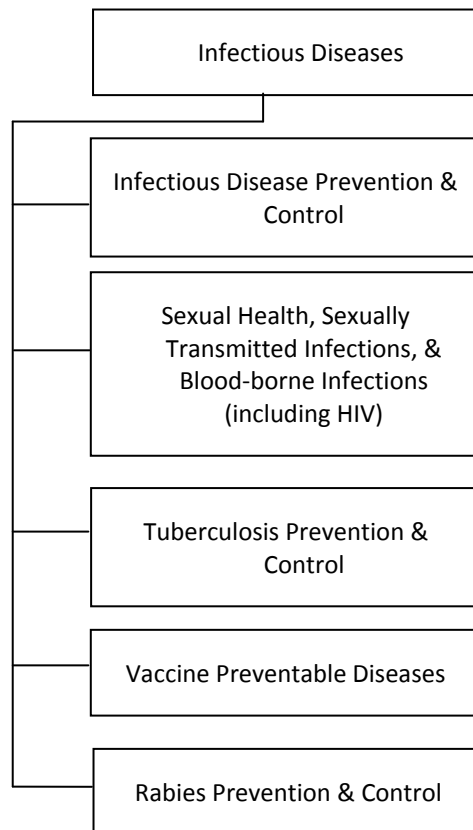
## 2014 Service Deliverables

The 2014 Recommended Operating Budget of \$245.884 million gross and \$51.006 million net for TPH will fund:

- Investigate & respond to 89,000 reports of suspected cases of designated reportable/communicable diseases and approximately 40,000 cases of reportable/communicable diseases.
- Inspect 3,000 critical and semi-critical personal services settings (PSS) and 1,065 licensed child care facilities and implement licensing of manicure, pedicure and aesthetics services between July 1, 2014 and July 1, 2015.
- 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 and 65 shelters, 1,065 licensed child care centers.
- Provide over 60,000 clinic visits at sexual health clinics and ensure treatment of 100% of reportable sexually transmitted infections.
- Provide comprehensive case management for all active and suspect TB cases until treatment completion and 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).
- 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 and offer approximately 60 community clinics for human papillomavirus (HPV) vaccine for high school female students.
- 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.
- Identify and train 200 under employed participants as certified food handlers working with Toronto Employment and Social Services and Toronto District School Board and offer food safety training to a minimum 9,000 food handlers working in licensed food premises.
- Conduct systematic and routine assessment, surveillance, monitoring and reporting of drinking water and public beaches (11) and inspect 1,611 recreational facilities by completing 5,148 inspections (indoor pools inspected four times per year and outdoor pools inspected two times per year).
- Participate and contribute to health sector and municipal planning for the 2015 Pan/Para Pan Am Games.
- 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.
- Educate 2,700 older adults through 75 falls prevention presentations / events.
- Establish Baby-Friendly Initiative (BFI) sustainability plan and participate in provincial collaborative initiative to develop province-wide breastfeeding surveillance data collection plan.
- 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.
- Provide speech and language therapy to 8,000 preschool children , conduct infant hearing screening tests on 38,000 newborns and conduct 23,000 dental screenings in elementary schools; conduct approximately 12,000 dental screenings in high schools and daycares.

**Service Profile: Infectious Diseases**



**What we do**

- Provide 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, counselling, referral and partner notification of sexually transmitted infections annually.
- The AIDS and Sexual Health Information Line provides telephone counselling.
- 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.

2014 Recommended Service Levels

Infectious Disease

Type	Sub-Type	Status	2012	2013	2014 Recommended
Assessment and Surveillance		Approved	1. Receive, assess and review 80,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHIS) within designated timelines.		1. Receive, assess and review 89,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHIS) within designated timelines.
Health Promotion and Policy Development		Approved	1. Provide annual education for all 82 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 14 hospital, 16 complex continuity of care sites and 82 Long-Term Care Homes. 3. Provide infection control liaison services (contacts for questions, requests for presentations and outbreak management) to 4 correctional facilities, 2 school boards and 65 shelters.	1. Provide annual education for all 82 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 14 hospital, 16 complex continuity of care sites and 82 Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 14 hospital, 16 complex continuing care sites and 82 Long-Term Care Homes, 876 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters. ; 4. Work with 82 Long-Term Care Homes to develop their infectious disease surveillance systems.	1. Provide annual education for all 87 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes, 1,065 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters. ; 4. Work with 87 Long-Term Care Homes and 150 retirement homes to develop their infectious disease surveillance systems.
Disease Prevention		Approved	1. 24/7 availability. Responded to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 5 surveillance alerts issued by TPH annually. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARS alerts requiring follow up by communicable disease programs. 4. Inspected 2,700 critical and semi-critical personal services settings. Responded to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 350 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required.	1. 24/7 availability. Respond to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 15 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARS alerts requiring follow up by communicable disease programs. 4. Inspected 3,000 critical and semi-critical personal services settings. Responded to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 300 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required. ; 7. Maintain daily outbreak list, distributed to over 350 recipients daily.	1. 24/7 availability. Respond to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 15 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARS alerts requiring follow up by communicable disease programs. 4. Inspect 3,000 critical and semi-critical personal services settings. Respond to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 300 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required. ; 7. Maintain daily outbreak list, distributed to over 350 recipients daily.
Health Protection		Approved	Inspected over 2,700 critical and semi-critical personal services settings, and conducted one annual infection prevention and control inspection in all 876 licensed child care facilities.	1. Inspected over 3,000 critical and semi-critical personal services settings. ; 2. Conducted one annual infection prevention and control inspection in all 876 licensed child care facilities. ; 3. Launch TPH PSS inspection disclosure website.	1. Inspect over 3,000 critical and semi-critical personal services settings ; 2. Conduct one annual infection prevention and control inspection in all 1,065 licensed child care facilities ; 3. Maintain TPH PSS inspection disclosure website.
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
Health Promotion and Policy Development		Approved		1. Develop and distribute Rabies resource materials for seniors and youths	
Disease Prevention/Health Protection		Approved		1. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 2. Liaised with CFIA as required with respect to animal to animal bites. 3. Rabies Contingency Plan in place. Liaise with GTA health units when surveillance reveals an increase in animal rabies. 4. Issued routine notifications on the requirements of reporting and where to obtain further information.	
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHIS) within designated timelines.		

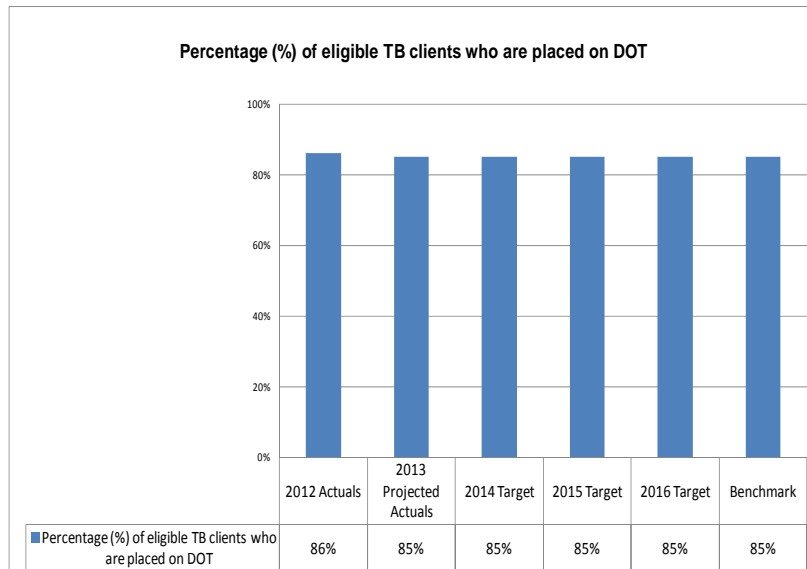
Type	Sub-Type	Status	2012	2013	2014 Recommended
Health Promotion and Policy Development		Approved	1. & 2. Partnered with approximately 35 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups.	1. & 2. Partnered with approximately 40 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline as a result of the training sessions. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups. 4. 40,000 community clients reached through sexual health promotion.; 5. 25,6000 Ontario callers assisted through the AIDS and Sexual Health InfoLine.; 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.	1. & 2. Partnered with approximately 40 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline as a result of the training sessions. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups. 4. 40,000 community clients reached through sexual health promotion.; <b>5. 25,6000 Ontario callers assisted through the AIDS and Sexual Health InfoLine.;</b> 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.
Disease Prevention/Health Protection		Approved	1. Over 50,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 12,800 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood borne illness to partners. 5.&6. Over 51,000 client visits per year, over 800,000 harm reduction kits and 160,000 condoms distributed annually. Provision of HIV nominal, anonymous and rapid testing. (approximately 4 per week). Annual caseload of over 80 high need opiate users, over 600 visits per year, and approximately 1000 referrals to other health and social service providers for clients served.	1. Over 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 13,000 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood borne illness to partners. 5.&6. Over 51,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks.	1. <b>Over 60,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks.</b> 2. <b>Tracked and investigated over 13,000 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV.</b> 3. <b>Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians.</b> 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood borne illness to partners. <b>5.&amp;6. Over 60,000 client visits.</b>
Partnership Funding	AIDS Prevention and Community Investment Program	Approved	Funded 42 AIDS prevention projects.	Funded 39 AIDS prevention projects.	Funded 39 AIDS prevention projects.
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	1. <b>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</b> 2. <b>Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.</b>
Health Promotion and Policy Development		Approved	TB education sessions provided to approximately: 1,300 newcomers; 300 health care professionals; and 600 persons at their school/university/college or workplace.	TB education sessions provided to approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; Provide PHN liaison to work directly with 4 TB Clinics, 4 Correctional Facilities and designated homeless shelters to collaboratively work on TB prevention and control.	TB education sessions provided to approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; <b>Provide PHN liaison to work directly with 4 TB Clinics, 4 Correctional Facilities and designated homeless shelters to collaboratively work on TB prevention and control.</b>
Disease Prevention/Health Protection		Approved	1.4.&6. Identify, assess and monitor approximately 300 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,500 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection	1.4.&6. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection.; 7. 85% of eligible clients placed on direct observed therapy (DOT).; 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards.; 9. Launched video-DOT to be used for up to 70 clients meeting eligibility criteria.	1.4.&6. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection.; <b>7. 85% of eligible clients placed on direct observed therapy (DOT).;</b> 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards.; <b>9. Place eligible clients on video-DOT.</b>

Type	Sub-Type	Status	2012	2013	2014 Recommended
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Follow up on the immunization status of approximately 82,000 school-aged children, and receive approximately 80,000 calls on the vaccine preventable diseases call centre	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Assessed 85,000 student immunization records in highschools to ensure up to date school immunization, and receive approximately 80,000 calls on the vaccine preventable diseases call centre	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. <b>2. Assessed 85,000 student immunization records in highschools to ensure up to date school immunization, and receive approximately 65,000 calls on the vaccine preventable diseases call centre.</b>
Health Promotion and Policy Development		Approved	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 100 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 82 Long-Term Care Homes to ensure influenza immunization of residents and staff. Completed consultation with City of Toronto Homes for the Aged on employee immunization (2011).	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 90 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 82 Long-Term Care Homes to ensure influenza immunization of residents and staff.	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 90 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. <b>Worked with 87 Long-Term Care Homes to ensure influenza immunization of residents and staff.</b>
Disease Prevention		Approved	1. Provided approximately 73,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	1. Provided approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	1. Provided approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.
Health Protection		Approved	1. Inspect 1,500 physician offices annually to assess for cold-chain compliance; and investigate approximately 250 cold-chain failures annually. 2. Received and responded to 100 reports of adverse events.	1. Inspect 1,450 physician offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Received and responded to 90 reports of adverse events.	1. Inspect 1,450 physician offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Received and responded to 90 reports of adverse events.

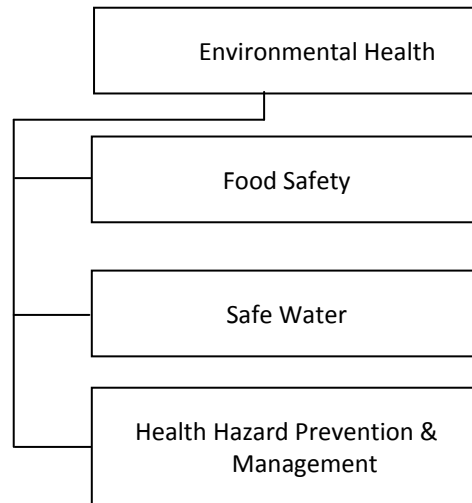
The 2014 Service levels in "bold" represent current service levels and the others are based on 2013 values.

### Service Performance Measures

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



- Directly Observed Therapy (DOT) for active TB cases is aimed at ensuring clients with TB take their medications for 6 to 24 months in order to complete effective TB treatment.
- The TB program strives to have at minimum 85% of clients on DOT.
- It is challenging to exceed 85% as client can refuse DOT. The TB program focuses its resources on clients assessed to be at highest risk.

**Service Profile: Environmental Health****What we do**

- Promote 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 Environmental Health 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.
- Environmental Health 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.

2014 Recommended Service Levels

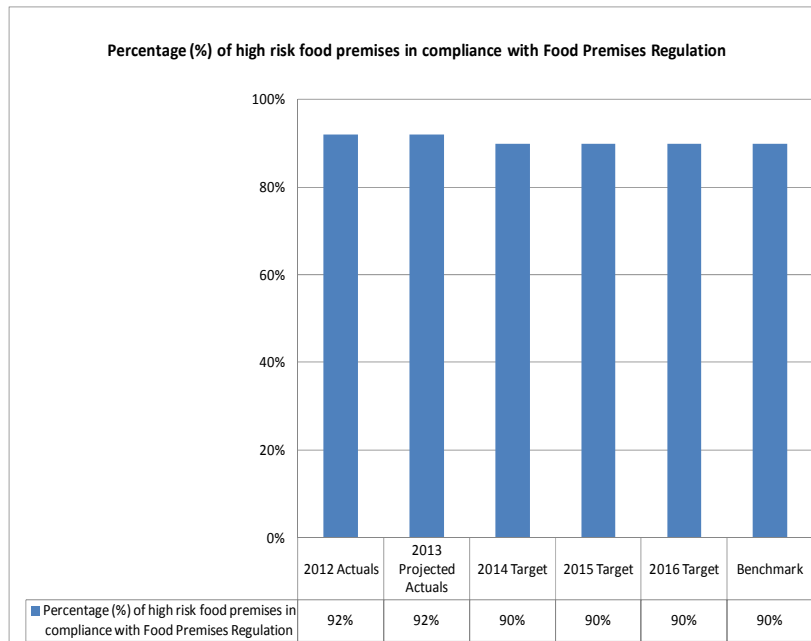
Environmental Health

Type	Sub-Type	Status	2012	2013	2014 Recommended
Assessment and Surveillance		Approved	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	<b>1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required.</b> <b>2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</b>
Health Promotion and Policy Development		Approved	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revised Pool and SPA Operator informations	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revise Pool and SPA Operator informations. 3. Implement a process for disclosing inspection results for swimming pools and spas.	<b>1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions).</b> <b>2. Revise Pool and SPA Operator informations.</b> <b>3. Implement a process for disclosing inspection results for swimming pools and spas.</b>
Disease Prevention/Health Protection		Approved	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated annually (378). 2. All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. Completed approximately 3,500 recreational water facilities inspections. 3. Issued 143 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated. 2. All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. 3. Inspect all 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	<b>1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated.</b> <b>2. All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site.</b> 3. Inspect all 138 (100%) Class A Indoor Pools 4 times (once every three months). <b>4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard.</b> 5. Maintain compliance rate at no less than 85%.
Assessment and Surveillance		Approved	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	<b>1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours.</b> <b>2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</b>
Health Promotion and Policy Development		Approved	1. 7,414 food handlers trained, 7,145 food handlers certified, and 286 food handler training sessions conducted. 2. Conducted about 20 public education campaigns (trade shows, events, special education sessions, etc).	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	<b>1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises.</b> 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.
Disease Prevention/Health Protection		Approved	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours (189). 2. Inspected all 17,243 food premises including: 5,670 high risk food premises; 7,254 moderate risk food premises and 4,319 low risk premises in 2010. Food premise inspections and re-inspections undertaken totalled 31,056 (including catered and on-site prepared food at the 876 licensed child care facilities); all 32 farmers markets were inspected; and inspected and/or reinspected 1,385 vendors at 590 special events. 899 charges to be laid, and 40 food premises to be closed through the issuance of orders under Section 13 of the HPPA.	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected all 17,000 (approximately) food premises. 3. conduct 16626 inspections of the 5542 High Risk premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 risk Assessments.	<b>1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours.</b> <b>2. Inspected all 17,617 (approximately) food premises.</b> 3. Conduct 16,626 inspections of the 5,542 High Risk premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 Risk Assessments.
Assessment and Surveillance		Approved	<b>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</b>		
Health Promotion and Policy Development		Approved	1.&2. Developed and distributed 790 pre-season education packages to landlords of rooming house/boarding homes/Toronto Community Housing/senior sectors.	1. Provide Hot Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities	1. Provide Hot Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities
Disease Prevention/Health Protection		Approved	1. Declared and issued 11 extreme heat alerts and 5 heat alerts, and conducted over 667 community visits during extreme heat alerts; investigated six critical incidents. 2. Not complying with annual inspections of arenas, schools, lodging homes, boarding homes and retirement homes. 3. Developed policies, procedures and control measures specific to the health hazard (i.e., mold contamination of indoor environment, asbestos, indoor air quality issues, solvent migration in indoor air, responding to indoor air complaints, chemical spills and vector-borne diseases). 4. 426,564 mosquitoes' catch basins treated; 37 open water sites were assessed 286 times, resulting 227 treatments; and tested 1,988 batches mosquitoes for West Nile. 5. Community alert systems in place as appropriate (i.e., heat alert).	1. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.	1. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.

The 2014 Service levels in "bold" represent current service levels and the others are based on 2013 values.

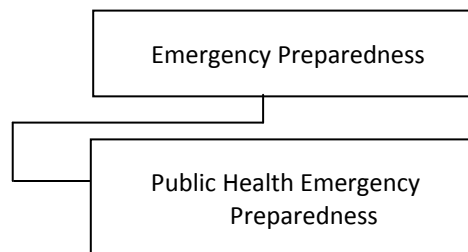
**Service Performance Measures**

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



- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- There are three categories, "High", "Moderate", and "Low". Health units are mandated to inspect "High-risk" premises three per year.
- TPH measures and tracks compliance rates within high risk establishments.
- TPH has been consistently over the benchmark compliance rate of 90%, with 92% in 2012. TPH is projecting to meet the target of 90% in 2014, 2015 and 2016.

**Service Profile: Emergency Preparedness**



**What we do**

- Aim 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).

2014 Recommended Service Levels

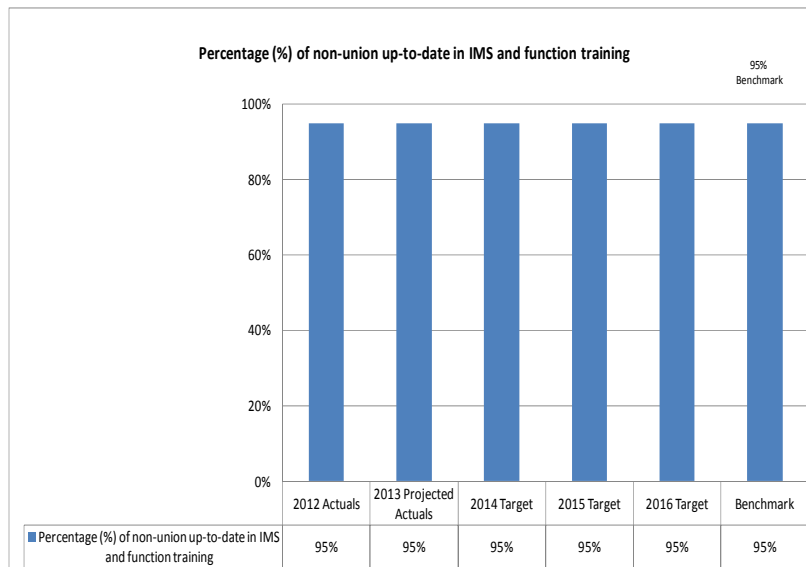
Emergency Preparedness

Type	Sub-Type	Status	2014 Recommended		
			2012	2013	2014 Recommended
Assessment and Surveillance		Approved	<b>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</b>		
Health Protection		Approved	1. COOP & ERP developed and periodically updated. 2. 24/7 protocols developed for staff and tested annually. 3. Maintain up to date information on Toronto Public Health's public website and participated in joint public events (i.e., emergency preparedness week). 4. Provided specific training to 50 TPH staff that have been pre-assigned to different roles within the incident management system and continuity of operations. 5.&6. The following are in place and tested and regularly updated: Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH continuity of Operations Plan, TPH Notification Plan Activation and Staff Mobilization, Emergency Communication, and TPH divisional Operations Centre Protocol. Plan and respond by providing psycho-social support in an emergency as required.	1. Maintain COOP & ERP. 2. Maintain and test 24/7 protocols for staff. 3. Maintain up to date information on Toronto Public Health's public website. 4. Provide specific training to 50 TPH staff that have been pre-assigned to different roles within the Incident Management System and Continuity of Operations. 5.&6. Maintain the following: TPH Emergency Plan, Pandemic Influenza Plan, Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH Continuity of Operations Plan, Emergency Communication, and TPH Divisional Operations Centre Protocol. Plan and respond by providing psycho-social support (psychological first-aid) in an emergency as required.	1. <b>Maintain Continuity Plans &amp; ERP.</b> 2. <b>Maintain and test 24/7 protocols for staff.</b> 3. <b>Maintain up to date information on Toronto Public Health's public website.</b> 4. <b>Provide specific training to 50 TPH staff that have been pre-assigned to different roles within the Incident Management System and Business Continuity.</b> 5.&6. <b>Maintain the following: TPH Emergency Plan, Pandemic Influenza Plan, Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH Continuity Plans, Emergency Communication, and TPH Divisional Operations Centre Protocol. Plan and respond by providing psycho-social support (psychological first-aid) in an emergency as required.</b>

The 2014 Service levels in "bold" represent current service levels and the others are based on 2013 values.

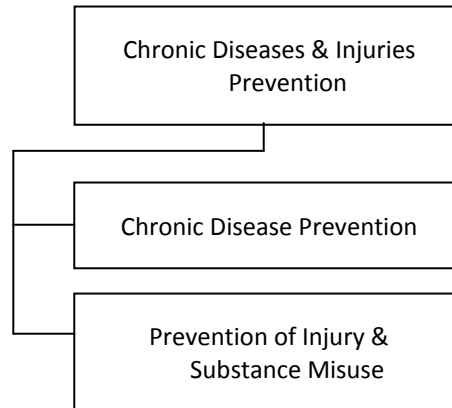
Service Performance Measures

Efficiency Measure – Percentage (%) of non-union up-to-date in Incident Management System (IMS) and function training



- The City of Toronto adopted the Incident Management System in 2013 to organize and coordinate responses to emergencies across City Divisions.
- TPH assigns all non-union staff to a response function and provides one-day function-specific training for all.
- To maintain a state of preparedness, TPH's goal is to maintain a 95% completion rate at all times.



**Service Profile: Chronic Diseases & Injuries Prevention****What we do**

- Promote behaviours that reduce the risk of chronic disease and provide 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.

2014 Recommended Service Levels

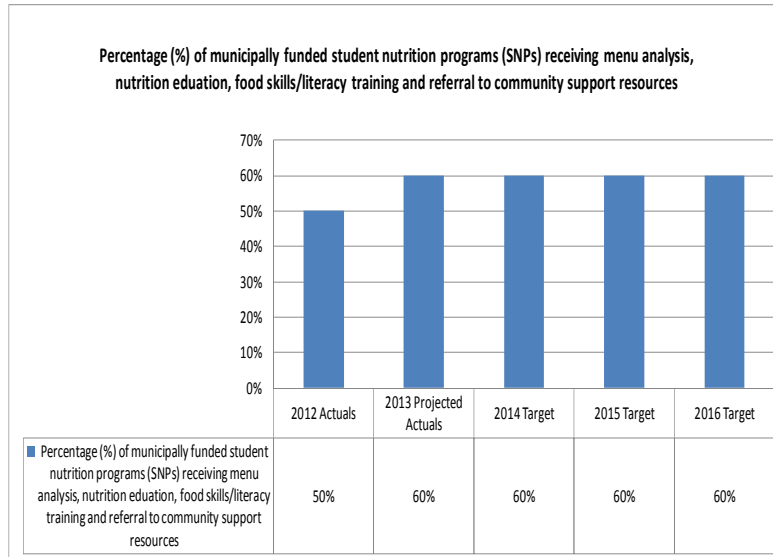
Chronic Diseases & Injuries Prevention

Type	Sub-Type	Status	2012	2013	2014 Recommended
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.	<b>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.</b>
Health Promotion and Policy Development		Approved	1. Provided chronic disease prevention services (physical activity leadership programs, healthy lunch presentations, school gardens and UVR/sun safety) to 348 elementary/middle schools, reaching 132,240 children and their parents. Provided chronic disease prevention services (e.g., food skills, school cafeteria program, school gardens and UVR/sun safety) to 81 secondary schools, reaching 70,875 youth (55% of the population). Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15). Provided trainings sessions (e.g., physical activity, nutrition and self esteem) to 195 child care centres (involving 270 child care workers or 25% of targeted community). Provided comprehensive workplace health assessments and chronic disease services to 716 workplaces (with over 300 employees each) reaching over 101,548 employees. 2. Limited outreach to restaurants. 3. Partnered with 204 youth serving agencies to provide youth engagement initiatives and reached 16,480 youth. 3.-5. 1,450 adults reached through the diabetes assessment and prevention programs (approximately 45% of high risk adults). 4.-6. Provided education and training (food skills, smoking cessation, physical activity and cancer screening) to 130 service providers working with priority populations reaching approximately 4,100 residents. Provided 83 workshops (healthy eating, food skills, physical activities and cancer screening) for 1,200 adults from priority populations. 7. Received 2,268 telephone calls through the Central Intake Line, requesting chronic disease prevention related information, services and referral (approximately 17% of total). Completed 9,123 tobacco enforcement inspections (in food premises, tobacco vendors and work/public places); laid 435 charges resulting in approximately \$85,000 in fines (revenue for the City) and issued 2,432 warnings. Conducted several joint enforcement operations (related to contraband tobacco) with the RCMP, Toronto Police, Alcohol and Gaming L1770/Ministry of Revenue (over 200 referrals of contraband tobacco to the Ontario Ministry of Revenue); and 200 premises inspected for contraband tobacco products	Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety). Reach 2000 peer leaders in 100 elementary schools participating in Playground Activity Leaders in Schools (PALS) programs, including 50% of participating schools in their second year or more of participation. Provide menu analysis, nutrition education, food skills/literacy training and community referral services to 60% of municipally funded Student Nutrition Programs. Train 600 Youth Leaders and 200 of their Adult Allies from youth-serving agencies in diverse communities in the areas of youth engagement, healthy eating, active living, tobacco use prevention, self-esteem and resiliency. Partner with at least 100 youth-serving agencies to reach over 15,000 youth (through established projects such as the Youth Health Action Network, TPH Youth Grants, Be Your Best Self social media platforms ). Engage and educate 24,800 people through Cancer Prevention/Screening interventions (including community presentations/displays to underscreened populations, agency training and support, peer leader training, specific promotion of mammograms in ethnic and community newspapers). Train 160 peer leaders in diabetes education; reach 3,100 people at risk of developing type 2 diabetes directly by trained peer leaders and reach 240,000 people at risk with awareness raising through social marketing. Refer workplaces participating in Health Options at Work to at least 50 TPH services.	Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety). Reach 2000 peer leaders in 100 elementary schools participating in Playground Activity Leaders in Schools (PALS) programs, including 50% of participating schools in their second year or more of participation. <b>Provide menu analysis, nutrition education, food skills/literacy training and community referral services to 60% of municipally funded Student Nutrition Programs. Train 600 Youth Leaders and 200 of their Adult Allies from youth-serving agencies in diverse communities in the areas of youth engagement, healthy eating, active living, tobacco use prevention, self-esteem and resiliency. Partner with at least 100 youth-serving agencies to reach over 15,000 youth (through established projects such as the Youth Health Action Network, TPH Youth Grants, Be Your Best Self social media platforms ). Engage and educate 24,800 people through Cancer Prevention/Screening interventions (including community presentations/displays to underscreened populations, agency training and support, peer leader training, specific promotion of mammograms in ethnic and community newspapers). Train 140 peer leaders in diabetes education; reach 3,000 people at risk of developing type 2 diabetes directly by trained peer leaders and reach 240,000 people at risk with awareness raising through social marketing. Refer workplaces participating in Health Options at Work to at least 50 TPH services.</b>
Health Protection		Approved	1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display& promotion/bars& restaurants etc) 2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (ie schools, community and recreation centres) 3. Maintain compliance checks of schools. 4. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. 5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending/based on the frequency and severity of non-compliance.	1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display& promotion/bars& restaurants etc) 2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (ie schools, community and recreation centres) 3. Maintain compliance checks of schools. 4. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. 5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending/based on the frequency and severity of non-compliance.	1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display& promotion/bars& restaurants etc) 2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (ie schools, community and recreation centres) 3. Maintain compliance checks of schools. 4. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. 5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending/based on the frequency and severity of non-compliance.
Partnership Funding	Student Nutrition Program	Approved	465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).	465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).	465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).
Assessment and Surveillance		Approved	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.
Health Promotion and Policy Development		Approved	1. Maintained and fostered over 200 drug prevention partnerships. 2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately 300 elementary students, and 320 secondary students trained as peer leaders, reaching approximately 40,000 students. Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15). Conducted 477 individual (seniors) visits for fall prevention. Worked with eight community partners and trained 130 allied health professionals that service 69,000 seniors. 3. 4,090 seniors reached through public awareness activities (fall prevention). Ongoing injury prevention campaign focusing on parents of 5-9 year olds (including ads in newsletters serving different ethnic communities). Received 1,551 telephone calls through the Central Intake Line, requesting healthy community related information, services and referral.	1. Maintained and fostered over 200 substance misuse prevention partnerships. 2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, a total of 800 peer leaders were trained from elementary, middle, secondary and post secondary institutions and the community to reach approximately 41,000 children and youth. 3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)	1. Maintained and fostered over 200 substance misuse prevention partnerships. 2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, a total of 800 peer leaders were trained from elementary, middle, secondary and post secondary institutions and the community to reach approximately 41,000 children and youth. 3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)
Health Protection		Approved	Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2,048 people. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2,121 people. Worked with libraries to host parenting programs and youth programs focussed on substance misuse. Worked with 15 community partners to address substance misuse. Provided four education sessions at four post-secondary institutions, reaching 180 peer leaders.	1. Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2000 people (projection). 2. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2269 people 3. Worked with libraries to host parenting programs and youth programs focussed on substance misuse.	1. Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2000 people (projection). 2. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2269 people 3. Worked with libraries to host parenting programs and youth programs focussed on substance misuse.
Partnership Funding	Drug Prevention Community Investment Program	Approved	Funded 38 community drug prevention projects.	Funded 26 community drug prevention projects.	Funded 26 community drug prevention projects.
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. For oral health of the 209,730 children and youth screened, 65,278 were referred for preventive and treatment services.	Systematic and routine assessment, surveillance, monitoring and report to inform program and policy development, access and analysis of Early Development Index (EDI) data and collaboration with Public Health Ontario on identification and collection of child health indicators	Systematic and routine assessment, surveillance, monitoring and report to inform program and policy development, access and analysis of Early Development Index (EDI) data and collaboration with Public Health Ontario on identification and collection of child health indicators

The 2014 Service levels in "bold" represent current service levels and the others are based on 2013 values.

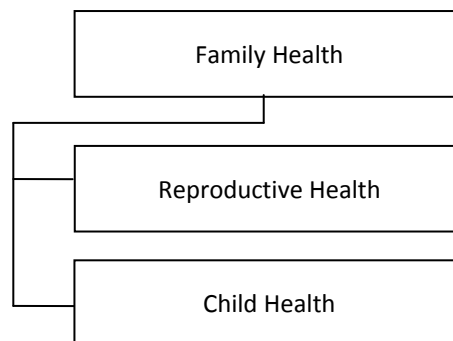
**Service Performance Measures**

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



- TPH strives to provide at least 60% of municipally funded SNPs with a TPH Registered Dietitian (RD) consultation.
- TPH focuses efforts on newer schools and those that have not met nutrition standards in the past.
- In 2012 TPH met its target and with additional municipal funding in 2013 TPH projects to exceed the target in 2014, 2015 and 2016.

**Service Profile: Family Health**



**What we do**

- Promote and support healthy behaviours 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.
- Support 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.

2014 Recommended Service Levels

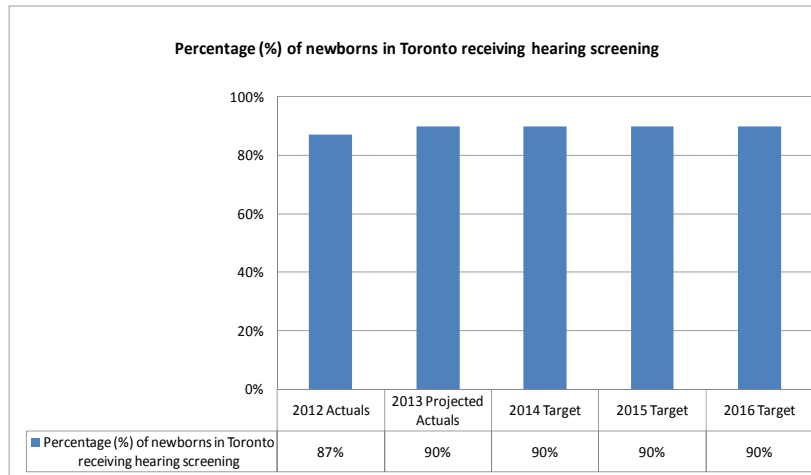
Family Health

Type	Sub-Type	Status	2012	2013	2014 Recommended
			Health Promotion and Policy Development	Approved	1. Partnerships with 322 organizations in health and social services sectors. 2. Sporadic communication activities. 3. Provided 233 group parent education, reaching 3,535 parents. Provided Peer Nutrition Program services reaching 3,400 parents. Provided 5,950 breastfeeding education and support home visits. Through the Community Oral Health Outreach Program (parents and caregivers of children ages 0-6 years) provided a total of 193 workshops, reaching 3,333 parents/caregivers. 4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs; and 65,278 children were referred for preventive and oral treatment services.
Disease Prevention	Approved	1 & 3. Some program aspects of each HBHC component are being provided. Provided postpartum contact to 23,421 mothers (57% within 48 hours of discharge). Provided 24,478 visits to 2,300 high risk families. 2, 4 & 5. Approximately 6,000 will be treated under CINOT in 2012 (more patients will be eligible for HSO and hence a decrease in CINOT children enrolled) TPH will provide preventive services to approximately 14,000 clients.  For the CINOT expansion (14-17 years of age) projection will provide treatment and preventive services to 400 patients in 2012 (more patients will be eligible for HSO and hence a decrease in CINOT children enrolled)	Implement provincial changes to Healthy Babies Healthy Children program; including introduction of new postpartum screening tool and work with 12 birth hospitals to increase screening rate to 85% of all newborns. Provide 33,000 home visits to high risk families	Implement provincial changes to Healthy Babies Healthy Children program; including introduction of new postpartum screening tool and work with 12 birth hospitals to increase screening rate to 85% of all newborns. <b>Provide 35,000 home visits to high risk families.</b>	
Health Protection	Approved	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	
Dental Treatment for Children and Youth - Healthy Smiles Ontario (HSO)	Approved	Projected will have 10,000 enrolment, 9776 claims from private dentists and 2100 claims for City dental clinic	Based on current staffing levels, project 10,300 enrolment in HSO, 10069 claims from private dentists and 2163 claims for City dental clinic (3 percent increase )	Based on current staffing levels, project 10,300 enrolment in HSO, 10069 claims from private dentists and 2163 claims for City dental clinic (3 percent increase )	
Dental Treatment for Eligible Clients	Approved	Provided dental services to 13,000 seniors and caregivers in long-term care homes and treated 7,164. Treated 7,536 children and youth; and 605 perinatal clients.	Based on current staffing levels, project 3% increase in dental services; 13,390 seniors and caregivers in long-term care homes and treatment to 7,379. Treated 7,762 children and youth; and 623 perinatal clients.	Based on current staffing levels, project 3% increase in dental services; 13,390 seniors and caregivers in long-term care homes and treatment to 7,379. Treated 7,762 children and youth; and 623 perinatal clients.	
Toronto Preschool Speech and Language System	Approved	PSL: Provided pathology intervention to 7,690 preschool children in 340 community sites, their families, and caregivers with a current waitlist of eight months (600 on the wait list). New referrals per year: 3,890. Average age of referral: 28 months. Education programs up to 2,000 parents. Trained 520 professionals on caregiver services. IH: operate in 17 community clinics in partnerships with Ontario Early Year Centres and hospitals. Screened 37,130 infants (all infants born in Toronto hospitals regardless to where the live) and 94 family support referrals. Provided 61 family support referrals as part of BLV. Target 200 premises for contraband tobacco products (including Shisha/Waterpipe tobacco)	Coordinate delivery of speech and language intervention services to 7,800 children, including 4,500 new referrals through 340 community service delivery sites. Achieve average age of referral at 24 months and reduce average waitlist times to 3 months. Train 500 care providers on early identification and speech therapy support. Screen 38,00 (95%) of newborns born in Toronto hospitals for hearing loss and provide counselling, referral and support to 125 families who have an infant or child with a diagnosed hearing or vision loss. Compete the review of the TPSLS service delivery model.	<b>Coordinate delivery of speech and language intervention services to 8,000 pre-school children,</b> including 4,500 new referrals through 340 community service delivery sites. Achieve average age of referral at 24 months and reduce average waitlist times to 3 months. Train 500 care providers on early identification and speech therapy support. Screen 38,00 (95%) of newborns born in Toronto hospitals for hearing loss and provide counselling, referral and support to 125 families who have an infant or child with a diagnosed hearing or vision loss. Complete the review of the TPSLS service delivery model.	
Partnership Funding	Investing In Families	Approved	Partnership established with 17 TESS site offices. Client referrals: 789. Client contacts: 3,000. Group participants (Let's Talk): 110. Referrals of community partners: 860.	Partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance and deliver 35 Let's Talk support groups.	Partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance and deliver 35 Let's Talk support groups.
Assessment and Surveillance	Approved	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	Ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	
Health Promotion and Policy Development	Approved	1. Work with approximately 100 partners to promote prenatal health. 2. Undertake sporadic communication campaigns. 3. Provided 1,950 group sessions at 39 sites (Canadian Prenatal Nutrition Partnerships) for 3,000 high risk women. Provided nutrition counselling services for 733 high risk pregnant mothers. 4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs.	Transition group prenatal education program to upgraded web page and prenatal e-learning module with first year target of 750 women participants, provide 2,000 group session at 30 Canada Prenatal Nutrition Program sites, provide 750 at risk prenatal women with individual nutrition counselling, develop and implement preconception health promotion strategy	Transition group prenatal education program to upgraded web page and prenatal e-learning module with first year target of 750 women participants, <b>provide group nutrition education to 2,500 prenatal women at 39 Canada Prenatal Nutrition Program sites,</b> provide 750 at risk prenatal women with individual nutrition counselling, develop and implement preconception health promotion strategy	
Disease Prevention	Approved	Not all components of HBHC are being provided. Provided prenatal screening to 832 women (2.7% of total pregnant women); and provided assessment, counselling, education, and referral to 263 high risk women.	Provide through the Healthy Babies Healthy Children Program: Implement provincial changes to program including roll out of new screening tool, increase outreach to physicians regarding prenatal screening to increase prenatal screening by 50% over 2012 levels (1,500 women), provide assessment, counselling education and referral to 500 high risk prenatal women, deliver Homeless At Risk Pregnant (HARP) program to 100 clients	Provide through the Healthy Babies Healthy Children Program: Implement provincial changes to program including roll out of new screening tool, increase outreach to physicians regarding prenatal screening to increase prenatal screening by 50% over 2012 levels (1,500 women), provide assessment, counselling education and referral to 500 high risk prenatal women, <b>deliver Homeless At Risk Pregnant (HARP) program to 100 clients.</b>	

The 2014 Service levels in "bold" represent current service levels and the others are based on 2013 values.

**Service Performance Measures**

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



- Service levels are associated with current birth rate in Toronto,
- TPH is required to maintain a target of 90% for conducting infant hearing screening tests on newborns.
- Ministry funding has flat-lined resulting in fewer resources. TPH is striving to maintain screening at previous year service levels.

**Service Profile: Public Health Foundations**

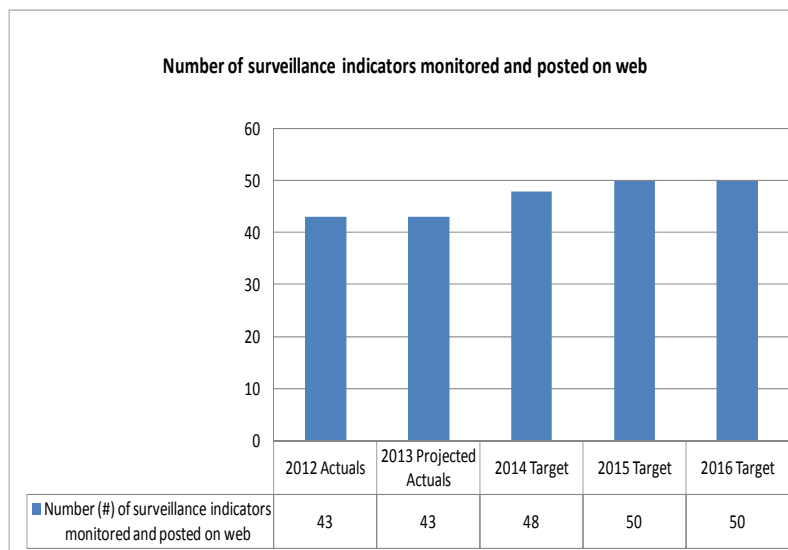
Public Health Foundations

**What we do**

- Provide 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.

**Service Performance Measures**

**Efficiency Measure – Number of surveillance indicators monitored and posted on web**



- The indicators are generally assessed by time, geography and subpopulations.
- Indicators are monitored regularly by Epidemiology staff who help integrate findings into service design.
- Posting on the web allows for proactive and broad dissemination of timely information.
- The projections for 2014 to 2016 are expected to increase.

# IV: 2014 Recommended Total Operating Budget

## 2014 Recommended Operating Budget (In \$000s)

(In \$000s)	2013		2014 Recommended Operating Budget			2014 Rec'd vs. 2013 Budget Approved Changes		Incremental Change 2015 and 2016 Plan			
	Approved Budget	Projected Actual	2014 Rec'd Base	2014 Rec'd New/Enhanced	2014 Rec'd Budget	\$	%	2015		2016	
By Service	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%
<b>Public Health Foundations</b>											
Gross Expenditures	18,485.7	18,192.4	18,712.4	143.9	18,856.3	370.6	2.0%	1,063.7	5.8%	296.8	1.6%
Revenue	13,012.6	12,792.6	13,185.1	125.5	13,310.6	298.0	2.3%	928.8	7.1%	280.0	2.2%
Net Expenditures	5,473.2	5,399.8	5,527.3	18.5	5,545.8	72.6	1.3%	135.0	2.5%	16.8	0.3%
<b>Chronic Disease Prevention</b>											
Gross Expenditures	30,957.3	30,479.9	30,858.1	611.2	31,469.3	512.0	1.7%	1,101.6	3.6%	(220.8)	(0.7%)
Revenue	24,716.4	24,358.4	24,575.2	467.7	25,042.9	326.5	1.3%	764.4	3.1%	(279.7)	(1.1%)
Net Expenditures	6,240.9	6,121.5	6,282.9	143.5	6,426.4	185.5	3.0%	337.2	5.4%	58.9	0.9%
<b>Prevention of Injury &amp; Substance Misuse</b>											
Gross Expenditures	10,824.9	10,656.3	10,603.8	76.4	10,680.2	(144.6)	(1.3%)	324.6	3.0%	16.7	0.2%
Revenue	8,415.1	8,288.7	8,173.7	58.5	8,232.2	(183.0)	(2.2%)	265.1	3.2%	16.0	0.2%
Net Expenditures	2,409.7	2,367.6	2,430.1	17.9	2,448.0	38.3	1.6%	59.5	2.5%	0.7	0.0%
<b>Reproductive Health</b>											
Gross Expenditures	11,263.9	11,068.5	10,986.9		10,986.9	(277.0)	(2.5%)	368.8	3.3%	(124.1)	(1.1%)
Revenue	9,431.2	9,284.6	9,151.1		9,151.1	(280.1)	(3.0%)	289.8	3.1%	(129.1)	(1.4%)
Net Expenditures	1,832.7	1,783.9	1,835.8		1,835.8	3.1	0.2%	79.0	4.3%	4.9	0.3%
<b>Child Health</b>											
Gross Expenditures	79,824.4	78,560.2	79,169.9	4.1	79,174.1	(650.3)	(0.8%)	2,493.1	3.1%	615.2	0.8%
Revenue	63,518.8	62,570.6	62,821.4	4.1	62,825.6	(693.2)	(1.1%)	1,590.8	2.5%	358.4	0.6%
Net Expenditures	16,305.6	15,989.6	16,348.5		16,348.5	42.9	0.3%	902.2	5.5%	256.7	1.6%
<b>Infectious Disease Prevention &amp; Control</b>											
Gross Expenditures	17,419.2	17,156.6	17,850.8	141.0	17,991.8	572.6	3.3%	553.5	3.2%	59.9	0.3%
Revenue	15,754.4	15,557.5	16,153.4	123.9	16,277.3	522.9	3.3%	320.5	2.0%	(15.6)	(0.1%)
Net Expenditures	1,664.7	1,599.1	1,697.4	17.1	1,714.5	49.8	3.0%	233.0	14.0%	75.5	4.5%
<b>Rabies Prevention Control</b>											
Gross Expenditures	1,885.0	1,848.5	1,976.2	11.4	1,987.6	102.6	5.4%	(37.2)	(2.0%)	5.6	0.3%
Revenue	1,462.5	1,435.1	1,542.2	11.4	1,553.6	91.1	6.2%	(45.1)	(3.1%)	8.3	0.6%
Net Expenditures	422.5	413.4	434.0		434.0	11.5	2.7%	7.9	1.9%	(2.7)	(0.6%)
<b>Sexual Health, Sexually Transmitted Infections &amp; Blood-borne Infections (including HIV)</b>											
Gross Expenditures	26,433.3	26,011.5	26,516.2	159.0	26,675.3	241.9	0.9%	811.9	3.1%	373.0	1.4%
Revenue	20,681.5	20,365.1	20,712.3	122.1	20,834.5	153.0	0.7%	524.2	2.5%	306.4	1.5%
Net Expenditures	5,751.9	5,646.4	5,803.9	36.9	5,840.8	89.0	1.5%	287.7	5.0%	66.6	1.2%
<b>Tuberculosis Prevention &amp; Control</b>											
Gross Expenditures	10,169.2	9,978.5	10,264.4	107.5	10,371.9	202.7	2.0%	321.1	3.2%	121.5	1.2%
Revenue	7,926.7	7,783.7	8,035.2	83.5	8,118.7	192.0	2.4%	287.3	3.6%	128.5	1.6%
Net Expenditures	2,242.5	2,194.9	2,229.2	24.0	2,253.2	10.7	0.5%	33.8	1.5%	(7.0)	(0.3%)
<b>Vaccine Preventable Diseases</b>											
Gross Expenditures	9,584.9	9,399.6	9,513.3	122.3	9,635.6	50.7	0.5%	70.5	0.7%	105.7	1.1%
Revenue	7,540.8	7,401.8	7,453.0	91.7	7,544.7	3.9	0.1%	15.1	0.2%	97.4	1.3%
Net Expenditures	2,044.1	1,997.8	2,060.3	30.6	2,090.9	46.7	2.3%	55.4	2.7%	8.2	0.4%
<b>Food Safety</b>											
Gross Expenditures	14,299.9	14,029.5	14,407.5	33.1	14,440.6	140.8	1.0%	39.0	0.3%	176.0	1.2%
Revenue	11,241.2	11,038.4	11,362.0	33.1	11,395.1	153.9	1.4%	(3.0)	0.0%	194.0	1.7%
Net Expenditures	3,058.7	2,991.1	3,045.5		3,045.5	(13.2)	(0.4%)	42.0	1.4%	(18.0)	(0.6%)
<b>Safe Water</b>											
Gross Expenditures	2,223.6	2,181.6	2,309.7	33.1	2,342.8	119.2	5.4%	9.4	0.4%	(31.0)	(1.4%)
Revenue	1,739.4	1,707.9	1,812.8	33.1	1,845.9	106.5	6.1%	(10.4)	(0.6%)	(33.7)	(1.9%)
Net Expenditures	484.2	473.7	496.9		496.9	12.7	2.6%	19.7	4.1%	2.7	0.6%
<b>Health Hazard Prevention &amp; Management</b>											
Gross Expenditures	8,253.3	8,113.5	8,338.1	62.4	8,400.5	147.2	1.8%	191.8	2.3%	15.8	0.2%
Revenue	6,390.8	6,285.9	6,456.4	62.4	6,518.8	128.0	2.0%	108.8	1.7%	(5.2)	(0.1%)
Net Expenditures	1,862.5	1,827.6	1,881.7		1,881.7	19.2	1.0%	83.0	4.5%	21.0	1.1%
<b>Public Health Emergency Preparedness</b>											
Gross Expenditures	2,799.3	2,747.4	2,857.8	12.7	2,870.5	71.2	2.5%	73.1	2.6%	(13.5)	(0.5%)
Revenue	2,172.7	2,133.7	2,213.6	12.7	2,226.3	53.6	2.5%	38.1	1.8%	(23.0)	(1.1%)
Net Expenditures	626.7	613.7	644.2		644.2	17.5	2.8%	35.0	5.6%	9.5	1.5%
<b>Total</b>											
Gross Expenditures	244,424.1	240,424.1	244,365.2	1,518.3	245,883.5	1,459.4	0.6%	7,384.9	3.0%	1,396.9	0.6%
Revenue	194,004.1	191,004.1	193,647.6	1,229.7	194,877.3	873.2	0.5%	5,074.7	2.6%	903.0	0.5%
Total Net Expenditures	50,420.0	49,420.0	50,717.6	288.6	51,006.2	586.2	1.2%	2,310.3	4.6%	493.9	1.0%
Approved Positions	1,873.7	1,773.7	1,860.4	14.0	1,874.4	0.7	0.0%	2.5	0.1%	(4.5)	(0.2%)

The 2014 Recommended Operating Budget for Toronto Public Health of \$245.884 million gross and \$51.006 million net is comprised of the following services:

The **Public Health Foundations** service is \$0.073 million net or 1.3% over the 2013 Approved Budget of \$5.473 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.116 million net and Toronto Urban Health Fund (formerly AIDS and Drug Prevention Community Partnership Investment Program) economic factor increase of \$0.004 million, offset by base gapping adjustment of \$0.006 million, savings due to the transfer of the Toronto Urban Health Fund Transfer from 100% City funded to cost-shared and gapping rate increase to 5.7%.

The **Chronic Disease Prevention** service is \$0.186 million net or 3.0% over the 2013 Approved Budget of \$6.241 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.149 million net, offset by base gapping adjustment of \$0.029 million, savings due to the transfer of the Toronto Urban Health Fund Transfer from 100% City funded to cost-shared and absorption of non-salary economic factors and gapping rate increase to 5.7%.

The **Prevention of Injury & Substance Misuse** service is \$0.038 million net or 1.6% over the 2013 Approved Budget of \$2.410 million net.

- Base pressures are mainly driven by salary inflationary increases and Toronto Urban Health Fund economic factor increase, offset by base gapping adjustment, savings due to the transfer of the Toronto Urban Health Fund Transfer from 100% City funded to cost-shared, absorption of non-salary economic factors and gapping rate increase to 5.7%.

The **Reproductive Health** service is \$0.003 million net or 0.2% over the 2013 Approved Budget of \$1.833 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.031 million net, offset by base gapping adjustment, savings due to absorption of non-salary economic factors and gapping rate increase to 5.7%.

The **Child Health** service is \$0.043 million net or 0.3% over the 2013 Approved Budget of \$16.306 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.420 million net, offset by base gapping adjustment of \$0.056 million, savings due to absorption of non-salary economic factors and savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7%.

The **Infectious Diseases Prevention & Control** service is \$0.050 million net or 3.0% over the 2013 Approved Budget of \$1.665 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.104 million net, offset by base gapping adjustment of \$0.048 million, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7%.

The ***Rabies Prevention & Control*** service is \$0.012 million net or 2.7% over the 2013 Approved Budget of \$0.423 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.020 million net, offset by base gapping adjustment, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7%.

The ***Sexual Health, Sexually Transmitted & Blood-borne Infections (including HIV)*** service is \$0.089 million net or 1.5% over the 2013 Approved Budget of \$5.752 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.126 million net and economic factor increase of \$0.011 million to the sexual health clinic service, offset by base gapping adjustment, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7%.

The ***Tuberculosis Prevention & Control*** service is \$0.011 million net or 0.5% over the 2013 Approved Budget of \$2.243 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.025 million net, offset by base gapping adjustment, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7%.

The ***Vaccine Preventable Diseases*** service is \$0.047 million net or 2.3% over the 2013 Approved Budget of \$2.044 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.055 million net, offset by base gapping adjustment, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7% of \$0.020 million net.

The ***Food Safety*** service is \$0.013 million net or 0.4% under the 2013 Approved Budget of \$3.059 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.095 million net, offset by base gapping adjustment, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7% of \$0.029 million net.

The ***Safe Water*** service is \$0.013 million net or 2.6% over the 2013 Approved Budget of \$0.484 million net.

- Base pressures are mainly driven by salary inflationary increases of \$0.024 million net, offset by base gapping adjustment, savings due to absorption of non-salary economic factors of \$0.005 million, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7% of \$0.005 million net.



The **Health Hazard Prevention & Management** service is \$0.019 million net or 1.0% over the 2013 Approved Budget of \$1.863 million net

- Base pressures are mainly driven by salary inflationary increases of \$0.058 million net, offset by base gapping adjustment of \$0.003 million net, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7% of \$0.016 million net.

The **Public Health Emergency Preparedness** service is \$0.018 million net or 2.8% over the 2013 Approved Budget of \$0.627 million net

- Base pressures are mainly driven by salary inflationary increases of \$0.031 million net, offset by base gapping adjustment of \$0.002 million net, savings due to absorption of non-salary economic factors, savings associated with the transfer of the Toronto Urban Health Fund from 100% city funded to cost-shared and gapping rate increase to 5.7% of \$0.006 million net.

Approval of the 2014 Recommended Budget will result in the Program's staff complement decreasing by 0.7 positions, from 1,875.2 to 1,874.4 as highlighted in the table below:

#### 2014 Recommended Total Staff Complement

	2014 Budget	2015 Plan	2016 Plan
<b>Opening Complement</b>	1,875.2	1,874.4	1,876.9
In-year Adjustments	(1.4)		
Adjusted Staff Complement	<b>1,873.7</b>	<b>1,874.4</b>	<b>1,876.9</b>
<b>Recommended Change in Staff Complement</b>			
- Temporary Complement - capital project delivery	(1.9)		
- Operating impacts of completed capital projects			
- Reversal of one-time 100% Provincially funded positions	(11.5)		
- New / Enhanced	14.0	2.5	(4.5)
<b>Total</b>	<b>1,874.4</b>	<b>1,876.9</b>	<b>1,872.4</b>
<b>% Change over prior year</b>	<b>0.0%</b>	<b>0.1%</b>	<b>(0.2%)</b>

The following adjustments are recommended:

- Various in-year adjustments resulting in a decrease of 1.4 positions.
- Decrease of 1.9 temporary capital project delivery positions.
- Decrease of 11.5 positions for reversal of one time 100% Provincially funded programs.
- Increase of 14 positions for recommended new and enhanced initiatives, consisting of 6 positions for the new Preventing Childhood Obesity initiative, 6 positions for the new STI Prevention enhancement and 2 positions for Pan Am Games Preparation and Planning.
  - The 2014 Recommended Operating Budget includes 2.0 additional temporary positions and the 2015 Plan identified an additional 2.5 temporary positions for planning, managing and delivering emergency response during the Pan Am Games. The additional cost of providing these services over the program's current service levels is expected to be recovered from TO2015. These positions will be reversed in 2016.

**2014 Recommended Base Budget  
(In \$000s)**

(In \$000s)	2013 Approved Budget	2014 Rec'd Base	Change		Incremental Change			
			2014 Recommended Base vs. 2013 Approved Budget		2015 Plan	2016 Plan		
By Service	\$	\$	\$	%	\$	%	\$	%
<b>Public Health Foundations</b>								
Gross Expenditures	18,485.7	18,712.4	226.7	1.2%	1,063.7	5.8%	296.8	1.6%
Revenue	13,012.6	13,185.1	172.5	1.3%	928.8	7.1%	280.0	2.2%
<b>Net Expenditures</b>	<b>5,473.2</b>	<b>5,527.3</b>	<b>54.1</b>	<b>1.0%</b>	<b>135.0</b>	<b>2.5%</b>	<b>16.8</b>	<b>0.3%</b>
<b>Chronic Disease Prevention</b>								
Gross Expenditures	30,957.3	30,858.1	(99.2)	(0.3%)	1,101.6	3.6%	(220.8)	(0.7%)
Revenue	24,716.4	24,575.2	(141.2)	(0.6%)	764.4	3.1%	(279.7)	(1.1%)
<b>Net Expenditures</b>	<b>6,240.9</b>	<b>6,282.9</b>	<b>42.0</b>	<b>0.7%</b>	<b>337.2</b>	<b>5.4%</b>	<b>58.9</b>	<b>0.9%</b>
<b>Prevention of Injury &amp; Substance Misuse</b>								
Gross Expenditures	10,824.9	10,603.8	(221.1)	(2.0%)	324.6	3.0%	16.7	0.2%
Revenue	8,415.1	8,173.7	(241.4)	(2.9%)	265.1	3.2%	16.0	0.2%
<b>Net Expenditures</b>	<b>2,409.7</b>	<b>2,430.1</b>	<b>20.4</b>	<b>0.8%</b>	<b>59.5</b>	<b>2.5%</b>	<b>0.7</b>	<b>0.0%</b>
<b>Reproductive Health</b>								
Gross Expenditures	11,263.9	10,986.9	(277.0)	(2.5%)	368.8	3.3%	(124.1)	(1.1%)
Revenue	9,431.2	9,151.1	(280.1)	(3.0%)	289.8	3.1%	(129.1)	(1.4%)
<b>Net Expenditures</b>	<b>1,832.7</b>	<b>1,835.8</b>	<b>3.1</b>	<b>0.2%</b>	<b>79.0</b>	<b>4.3%</b>	<b>4.9</b>	<b>0.3%</b>
<b>Child Health</b>								
Gross Expenditures	79,824.4	79,169.9	(654.5)	(0.8%)	2,493.1	3.1%	615.2	0.8%
Revenue	63,518.8	62,821.4	(697.3)	(1.1%)	1,590.8	2.5%	358.4	0.6%
<b>Net Expenditures</b>	<b>16,305.6</b>	<b>16,348.5</b>	<b>42.9</b>	<b>0.3%</b>	<b>902.2</b>	<b>5.5%</b>	<b>256.7</b>	<b>1.6%</b>
<b>Infectious Disease Prevention &amp; Control</b>								
Gross Expenditures	17,419.2	17,850.8	431.6	2.5%	553.5	3.2%	59.9	0.3%
Revenue	15,754.4	16,153.4	399.0	2.5%	320.5	2.0%	(15.6)	(0.1%)
<b>Net Expenditures</b>	<b>1,664.7</b>	<b>1,697.4</b>	<b>32.6</b>	<b>2.0%</b>	<b>233.0</b>	<b>14.0%</b>	<b>75.5</b>	<b>4.5%</b>
<b>Rabies Prevention Control</b>								
Gross Expenditures	1,885.0	1,976.2	91.2	4.8%	(37.2)	(2.0%)	5.6	0.3%
Revenue	1,462.5	1,542.2	79.7	5.5%	(45.1)	(3.1%)	8.3	0.6%
<b>Net Expenditures</b>	<b>422.5</b>	<b>434.0</b>	<b>11.5</b>	<b>2.7%</b>	<b>7.9</b>	<b>1.9%</b>	<b>(2.7)</b>	<b>(0.6%)</b>
<b>Sexual Health, Sexually Transmitted Infections &amp; Blood-borne Infections (including HIV)</b>								
Gross Expenditures	26,433.3	26,516.2	82.9	0.3%	811.9	3.1%	373.0	1.4%
Revenue	20,681.5	20,712.3	30.9	0.1%	524.2	2.5%	306.4	1.5%
<b>Net Expenditures</b>	<b>5,751.9</b>	<b>5,803.9</b>	<b>52.0</b>	<b>0.9%</b>	<b>287.7</b>	<b>5.0%</b>	<b>66.6</b>	<b>1.2%</b>
<b>Tuberculosis Prevention &amp; Control</b>								
Gross Expenditures	10,169.2	10,264.4	95.2	0.9%	321.1	3.2%	121.5	1.2%
Revenue	7,926.7	8,035.2	108.5	1.4%	287.3	3.6%	128.5	1.6%
<b>Net Expenditures</b>	<b>2,242.5</b>	<b>2,229.2</b>	<b>(13.3)</b>	<b>(0.6%)</b>	<b>33.8</b>	<b>1.5%</b>	<b>(7.0)</b>	<b>(0.3%)</b>
<b>Vaccine Preventable Diseases</b>								
Gross Expenditures	9,584.9	9,513.3	(71.6)	(0.7%)	70.5	0.7%	105.7	1.1%
Revenue	7,540.8	7,453.0	(87.8)	(1.2%)	15.1	0.2%	97.4	1.3%
<b>Net Expenditures</b>	<b>2,044.1</b>	<b>2,060.3</b>	<b>16.2</b>	<b>0.8%</b>	<b>55.4</b>	<b>2.7%</b>	<b>8.2</b>	<b>0.4%</b>
<b>Food Safety</b>								
Gross Expenditures	14,299.9	14,407.5	107.6	0.8%	39.0	0.3%	176.0	1.2%
Revenue	11,241.2	11,362.0	120.8	1.1%	(3.0)	0.0%	194.0	1.7%
<b>Net Expenditures</b>	<b>3,058.7</b>	<b>3,045.5</b>	<b>(13.2)</b>	<b>(0.4%)</b>	<b>42.0</b>	<b>1.4%</b>	<b>(18.0)</b>	<b>(0.6%)</b>
<b>Safe Water</b>								
Gross Expenditures	2,223.6	2,309.7	86.1	3.9%	9.4	0.4%	(31.0)	(1.4%)
Revenue	1,739.4	1,812.8	73.4	4.2%	(10.4)	(0.6%)	(33.7)	(1.9%)
<b>Net Expenditures</b>	<b>484.2</b>	<b>496.9</b>	<b>12.7</b>	<b>2.6%</b>	<b>19.7</b>	<b>4.1%</b>	<b>2.7</b>	<b>0.6%</b>
<b>Health Hazard Prevention &amp; Management</b>								
Gross Expenditures	8,253.3	8,338.1	84.8	1.0%	191.8	2.3%	15.8	0.2%
Revenue	6,390.8	6,456.4	65.6	1.0%	108.8	1.7%	(5.2)	(0.1%)
<b>Net Expenditures</b>	<b>1,862.5</b>	<b>1,881.7</b>	<b>19.2</b>	<b>1.0%</b>	<b>83.0</b>	<b>4.5%</b>	<b>21.0</b>	<b>1.1%</b>
<b>Public Health Emergency Preparedness</b>								
Gross Expenditures	2,799.3	2,857.8	58.5	2.1%	73.1	2.6%	(13.5)	(0.5%)
Revenue	2,172.7	2,213.6	40.9	1.9%	38.1	1.8%	(23.0)	(1.1%)
<b>Net Expenditures</b>	<b>626.7</b>	<b>644.2</b>	<b>17.5</b>	<b>2.8%</b>	<b>35.0</b>	<b>5.6%</b>	<b>9.5</b>	<b>1.5%</b>
<b>Total</b>								
Gross Expenditures	244,424.1	244,365.2	(58.9)	0.0%	7,384.9	2.9%	1,396.9	0.8%
Revenue	194,004.1	193,647.6	(356.5)	(0.2%)	5,074.7	2.5%	903.0	0.7%
<b>Net Expenditures</b>	<b>50,420.0</b>	<b>50,717.6</b>	<b>297.6</b>	<b>0.6%</b>	<b>2,310.3</b>	<b>4.6%</b>	<b>493.9</b>	<b>1.0%</b>
<b>Approved Positions</b>	<b>1,873.7</b>	<b>1,860.4</b>	<b>(13.3)</b>	<b>(0.7%)</b>	<b>2.5</b>	<b>0.1%</b>	<b>(4.5)</b>	<b>(0.2%)</b>

The 2014 Recommended Base Budget of \$244.365 million gross and \$50.718 million net is \$0.298 million or 0.6% over the 2013 Approved Budget of \$50.420 million net. The 2014 Recommended Base Budget provides \$1.746 million net in funding for base budget increases which have been offset by \$1.449 million net in base expenditure changes.

Key cost drivers resulting in base budget pressures of \$1.746 million are detailed in the table below.

**Key Cost Drivers  
(In \$000s)**

(In \$000s)	2014 Rec'd Base Budget
<b>Gross Expenditure Changes</b>	
<b>Prior Year Impacts</b>	
Reversal of 2013 COLA, Management Re-Earnable, Union Lump Sum & Starting Salary Adjustments	(268.9)
<b>Economic Factors</b>	
Toronto Urban Health Fund Economic Factor Increase	14.1
Sexual Health Clinic Service Contracts Economic Factor Increase	11.1
Economic Factors Non Payroll	922.2
<b>COLA and Progression Pay</b>	
COLA	567.8
Progression Pay	157.0
Step Increase	38.2
Benefits	534.5
<b>Other Base Changes</b>	
Base Gapping Adjustment to 4.8%	(165.0)
One Time Adjustments	(4.3)
<b>Other Revenue Changes</b>	
IDC / IDR	(24.6)
User Fees	(36.3)
<b>Total Changes</b>	<b>1,745.8</b>
<b>Net Expenditures</b>	<b>1,745.8</b>

The 2014 Recommended Operating Budget includes base expenditure pressures of \$1.746 million primarily attributable to salary and non-salary inflationary increases of \$2.220 million, inflationary cost increases totalling \$0.025 million for the Toronto Urban Health Fund (formerly AIDS Prevention and Drugs Prevention Community Partnership Investment Programs) and increased contract costs for Sexual Health Clinic Services, offset by salary savings of \$0.165 million to maintain the 2013 gapping rate at 4.8%, and other minor revenue adjustments of \$0.065 million, including increased revenue (\$0.036 million) generated from fee rate increases.

In order to partially offset the above pressure, base expenditure changes totalling \$1.449 million net are recommended as detailed in the table below.

**2014 Recommended Service Change Summary by Program**  
(In \$000s)

Description (\$000s)	2014 Recommended Service Changes				Net Incremental Impact			
	Position Change	Gross Exp.	Net Expense	% Change over 2014 Budget	2015		2016	
	#	\$	\$	%	Net Expense	Pos.	Net Expense	Pos.
<b>Base Changes:</b>								
<b>Base Expenditure Changes</b>								
<i>Non-Salary Economic Factor Absorption</i>		(922.2)	(922.2)	(1.8%)				
<i>Gapping rate increase to 5.7%</i>		(1,455.4)	(410.7)	(0.8%)				
<i>Toronto Urban Health Fund Transfer from 100% City funded to Cost-Shared</i>			(115.6)	(0.2%)				
<b>Sub-Total Base Expenditure Changes</b>		(2,377.6)	(1,448.5)	(2.8%)				
<b>Total Changes</b>		(2,377.6)	(1,448.5)	(2.8%)				

The 2014 recommended service changes consist of base expenditure changes of \$1.449 million net, bringing the 2014 Recommended Base Budget to \$0.298 million or 0.6% over the 2013 Approved Budget of \$50.420 million.

The 2014 recommended service changes and 2015 and 2016 incremental impacts are discussed below:

**Base Expenditure Changes: (Savings of \$2.378 million gross and \$1.449 million net)**

- TPH will absorb 2014 general inflationary increase of \$0.922 million gross and net through cost constraint and controls.
- Additional salary and benefits savings of \$0.411 million net will be realized by increasing the Program's gapping rate from 4.7% to 5.7% for cost-shared programs and 100% City funded programs. The gapping rate increase matches actual experience, allowing the savings to be directed to enhancing existing programs, while having no service impact.
- Savings of \$0.116 million resulting from the transfer of 2013 inflationary increase in Toronto Urban Health Fund (formerly AIDS and Drug Prevention Community Partnership Investment Programs) from 100% City funded to cost-shared program.

## 2014 Recommended New / Enhanced Service Priority Actions

(In \$000s)

Description	2014 Recommended			Net Incremental Impact			
	Gross Expenditures	Net Expenditures	New Positions	2015 Plan		2016 Plan	
				Net Expenditures	# Positions	Net Expenditures	# Positions
<b>Enhanced Services Priorities</b>							
Enhancements to STI Prevention	436.9	109.2	6.0	33.6			
<b>Sub-Total</b>	<b>436.9</b>	<b>109.2</b>	<b>6.0</b>	<b>33.6</b>			
<b>New Service Priorities</b>							
Preventing Childhood Obesity	717.7	179.4	6.0	52.8			
Pan Am Games Preparation & Planning – Heat and Air Quality Mobile Application	70.0						
Pan Am Games Show Case Program (Phase 1) - Smoke Free Ontario (SFO)	35.0						
Pan Am Games Preparation & Planning Costs	258.8		2.0		2.5		(4.5)
<b>Sub-Total</b>	<b>1,081.5</b>	<b>179.4</b>	<b>8.0</b>	<b>52.8</b>	<b>2.5</b>		<b>(4.5)</b>
<b>Total</b>	<b>1,518.3</b>	<b>288.6</b>	<b>14.0</b>	<b>86.4</b>	<b>2.5</b>		<b>(4.5)</b>

**Recommended Enhanced Service Priorities**

*Enhancements to Sexually Transmitted Infections (STI) Prevention (\$0.437 million gross, \$0.109 million net and increase of 6.0 positions)*

- Public Health is mandated to ensure that cases of STIs receive appropriate treatment, counselling, 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.
- Funding of \$0.437 million gross and \$0.109 million will enable TPH to manage the complex and growing number of reportable Sexually Transmitted Infections (STI) cases in an effective and efficient manner.
- Funds for 6.0 additional positions will allow the staff to perform 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 gonorrhoea cases.

**Recommended New Service Priorities**

*Preventing Childhood Obesity (\$0.718 million gross, \$0.179 million net and increase of 6.0 positions)*

Rising levels of childhood and adult obesity are a serious health problem that can lead to chronic diseases and diminished productivity. In Toronto, more than one child/youth in every four (age 2-17 years) is overweight or obese (28.5%), higher than the national average (26%). Childhood is a critical time to intervene, and a key environment on which to focus is the school setting.

In response, TPH is introducing a new Childhood Obesity Prevention program effective April 1, 2014, that implements obesity prevention initiatives in two high prevalence areas of Toronto: Humber-Downsview and Scarborough Centre/Scarborough Cliffs. With this new initiative, TPH

anticipates reaching 50% of model/full service schools in both neighbourhoods (29 schools total), and approximately 11,300 students and their families.

With this new initiative improvements will be made to healthy eating and physical activity levels in school-age children and their families through the following strategies:

- Implementing healthy eating /physical activity education & skill development activities.
- Providing physical activity programs (new initiatives, and increased access to existing local sports and recreation for children and parents).
- Increasing access to healthy foods and food security in these specific neighbourhoods.
- Developing local public education "media" to reinforce messages provided by Peer Leaders and TPH staff.

*Pan Am Games Preparation & Planning – Heat and Air Quality Mobile Application (\$0.070 million gross and \$0 net)*

- This initiative is 100% funded by Health Canada at a cost of \$0.070 million gross and \$0 net in 2014 and \$0.080 million gross and \$0 net in 2015 and provides funding for the development of mobile phone applications to send individuals and vulnerable groups health-based advice in a timely manner to reduce health risks.
- This initiative entails the development of mobile phone applications to send individuals health-based information for individual decision-making. A feasibility study will be undertaken followed by an "app" proto-type and pilot testing, with final results, the "app" will be rolled out, promoted and evaluated.
- This initiative 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 application. This application will also be used by other cities/regions involved in the Pan Am games. The application will also ensure privacy and confidentiality requirements are met.

*Pan Am Games Show Case Program (Phase 1) - Smoke Free Ontario (SFO) (\$0.035 million gross and \$0 net)*

- Funding of \$0.035 million gross and \$0 net in 2014 and \$0.051 million gross and \$0 net in 2015 will be provided from the Major Special Events Reserve Fund for Pan Am Games Show Case Program (Phase I) .
- Smoke Free Ontario will engage an external communications agency for signage design, consultation and development of a communication and marketing Plan to facilitate communication between the partners and the Pan / Parapan Am Organizing Committee for tobacco-free games.
- 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 communications plan will engage

youth in the development of an extensive social media component as well as a public service announcement.

- 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.

*Pan Am Games Preparation & Planning Costs (\$0.259 million gross and \$0 net)*

- One-time funding of \$0.259 million funded from the Tax Rate Stabilization Reserve Fund will be provided to TPH for preparation and planning for the 2015 Pan Am Games. This will require training, planning, preparedness, policy development and analysis, surveillance, intra-city divisional planning, risk scenarios development and training exercises.
- 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.

**2015 and 2016 Plan  
(In \$000s)**

Description (\$000s)	2015 - Incremental Increase					2016 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
<b>Known Impacts:</b>										
Progression Pay and Step Increases	743.2	583.4	159.7	0.3%		686.1	538.6	147.5	0.3%	
COLA and Fringe Benefits	4,352.4	3,425.7	926.7	1.8%		681.0	539.5	141.5	0.3%	
Annualization	202.6	106.4	96.2	0.2%		(50.1)	(50.1)			
Economic Factors	1,884.8	753.6	1,131.2	2.2%		940.5	736.2	204.3	0.4%	
Delivery of Capital	(50.0)	(50.0)				(187.0)	(187.0)			
User Fees		3.6	(3.6)	0.0%			(0.6)	0.6	0.0%	
Pan Am Games Preparation & Planning - Heat & Air Quality Mobile Application	10.0	10.0				(80.0)	(80.0)			
Pan Am Games Show Case Program (Phase I) - Smoke Free Ontario (SFO)	15.7	15.7				(50.7)	(50.7)			
Pan Am Games Preparation & Planning Costs	284.2	284.2			2.5	(542.9)	(542.9)			(4.5)
<b>Sub-Total</b>	<b>7,442.9</b>	<b>5,132.7</b>	<b>2,310.2</b>	<b>4.6%</b>	<b>2.5</b>	<b>1,396.9</b>	<b>902.9</b>	<b>493.9</b>	<b>1.0%</b>	<b>(4.5)</b>
<b>Total Incremental Impact</b>	<b>7,442.9</b>	<b>5,132.7</b>	<b>2,310.2</b>	<b>4.6%</b>	<b>2.5</b>	<b>1,396.9</b>	<b>902.9</b>	<b>493.9</b>	<b>1.0%</b>	<b>(4.5)</b>

Note: COLA is excluded in 2016

Approval of the 2014 Recommended Budget for TPH will result in a 2015 and 2016 incremental increase of \$2.310 million and \$0.494 million net, respectively to maintain the 2014 level of service.

Future year incremental costs are primarily attributable to the following:

**Known Impacts**

- Progression pay and step increases are estimated to increase salaries and benefits by \$0.160 million net in 2015 and \$0.148 million net in 2016.
- Salary increases (COLA and benefits) for unionized and non-unionized employees of \$0.927 million net are required in 2015 and \$0.142 million in 2016 (excluding COLA).



- Annualization of \$0.096 million net in 2015 relates to the one-time 100% funding from the Public Health Agency of Canada for the Food Strategy Initiative and the new Preventing Childhood Obesity and the enhancements to the STI Prevention initiatives.
- Inflationary increase of \$1.131 million in 2015 and \$0.204 million in 2016 include non-payroll inflationary cost increases and inflationary cost increases for the Toronto Urban Health Fund (formerly AIDS and Drug Prevention Community Partnership Investment Program).
- User fee decrease \$0.004 million net in 2015 due to a volume adjustment and an increase of \$0.006 million net in 2016 due to inflationary increases.
- The 2015 Plan includes incremental increase of \$0.284 million gross for 2.5 additional temporary positions (reversed in 2016) to plan, organize and provide emergency medical services during the Pan Am/Parapan Am Games. The additional cost of providing services over the Program's current service levels is expected to be recovered from TO2015. Additional incremental increase of \$0.010 million gross and \$0 net and \$0.016 million gross and \$0 net in 2015 for Pan Am Games includes the Heat and Air Quality Mobile Application and Smoke Free Ontario initiatives, respectively. These costs are reversed in 2016.

## V: ISSUES FOR DISCUSSION

### 2014 Issues and Future Year Issues

#### Issues Referred to the 2014 Operating Budget Process

##### *Toronto Public Health 2014 Operating Budget Request*

- The Board of Health (BOH) at its meeting of November 4, 2013 considered HL25.8 entitled “Toronto Public Health 2014 Operating Budget Request” and recommended to the Budget Committee for its consideration during the 2014 budget process:
  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” in the report (October 22, 2013) from the Medical Officer of Health.
  2. City Council approve the list of base budget adjustments as summarized in Table 2, “Overview of 2014 Operating Budget Request” of this report totaling an increase of \$1,958.6 thousand gross/ \$708.3 thousand net.
  3. City Council approve a 2014 Reduction Options of \$1455.4 thousand gross/ \$410.6 thousand net as outlined in Table 2, “Overview of 2014 Operating Budget Request” of this report.
  4. City Council approve 2014 New and Enhanced Services Request of \$1,812.9 thousand gross/ \$453.2 thousand net as outlined in Table 2 “Overview of 2014 Operating Budget Request” of this report.
  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" as outlined in Table 3, "Other New & Enhanced Services".
  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 3, "Other New & 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 for increased public health activities and planning in preparation of Pan-Am Games as outlined in Table 3, "Other New & Enhanced Services".
- The table below compares the Board of Health's 2014 Operating Budget request with the 2014 Recommended Operating Budget.

Description (\$000s)	BOH Recommended			2014 Recommended Operating Budget			Additional Net Change	Comments
	Position Change	Gross Exp.	Net Expense	Position Change	Gross Exp.	Net Expense		
	#	\$	\$	#	\$	\$	\$	
<b>2013 Approved Budget</b>	1,875.2	243,687.7	50,420.0	1,875.2	243,687.7	50,420.0		Includes one-time funding from Public Health Agency of Canada in 2013 for Food strategies Initiative of \$0.029 million gross and \$0 net and an adjustment to capital funded salaries and benefits resulting from additional carry forward of gross \$0.707 million and \$0 net
In Year Adjustments				(1.4)	736.4	(0.0)		
<b>2013 Adjusted Approved Budget</b>	1,875.15	243,687.7	50,420.0	1,873.7	244,424.1	50,420.0		
<b>Base Changes:</b>								
<b>Base Expenditure Changes</b>								
<i>Reversal of Non Recurring Items</i>		(2,678.8)	(268.9)		(2,678.8)	(268.9)		
<i>COLA, Progression Pay, Step Increase, Benefits and Starting Salary Adjustment</i>		5,325.3	1,297.8		5,325.3	1,297.8		
<i>Other Base Changes</i>	(11.5)	(1,092.1)	(259.6)	(11.5)	(1,092.1)	(259.6)		
<b>Impact of Capital Changes</b>	(1.6)	(37.8)		(1.9)	(95.8)			Decrease in salaries and benefits associated with capital positions of \$0.096 million gross and \$0 net.
<b>Reduction of Capital Carry Forward</b>					(707.1)			Reversal of in-year capital carry forward for capital funded salaries and benefits
<i>IDC / IDR</i>		520.5	(24.6)		520.5	(24.6)		
<b>Food Strategies Initiative</b>					203.0			Annualization of \$0.203 million for one-time funding from Public Health Agency of Canada for Food Strategies Initiative
<b>Base Revenue Changes</b>								
<i>User Fees</i>		(78.5)	(36.3)		(78.5)	(36.3)		
<b>Sub-Total</b>	(13.1)	1,958.6	708.4	(13.4)	1,396.5	708.4		
<b>Service Efficiencies</b>								
<i>Increase Gapping to 5.7%</i>		(1,455.4)	(410.6)		(1,455.4)	(410.6)		
<b>Sub-Total</b>		(1,455.4)	(410.6)		(1,455.4)	(410.6)		
<b>2014 Recommended Base Budget</b>	1,862.0	244,190.9	50,717.8	1,860.4	244,365.1	50,717.8		
<b>New &amp; Enhanced</b>								
<i>Falls Prevention</i>	2.0	312.9	78.2				(78.2)	Not recommended due to affordability.
<i>Preventing Childhood Obesity</i>	6.0	928.8	232.2	6.0	717.7	179.4	(52.7)	Savings of \$0.053 million net due to delayed implementation effective April 1, 2014.
<i>Enhancements to STI Prevention</i>	6.0	571.2	142.8	6.0	436.9	109.2	(33.5)	Savings of \$0.034 million net due to delayed implementation effective April 1, 2014.
<i>Student Nutrition Program</i>		1,771.5	1,771.5				(1,771.5)	Not recommended due to affordability.
<i>Pan Am Games Preparation &amp; Planning – Heat and Air Quality Mobile Application</i>		70.0			70.0			
<i>Pan Am Games Show Case Program (Phase 1) - Smoke Free Ontario (SFO)</i>					35.0			Inclusion of Pan Am Games Show Case Program (Phase 1) - Smoke Free Ontario (SFO) of \$0.035 million gross and \$0 net funded from Major Special Events Reserve Fund.
<i>Pan Am Games Preparation &amp; Planning Costs</i>	2.0	258.8	258.8	2.0	258.8		(258.8)	Funding of \$0.259 million gross and \$0 net provided from the Tax Rate Stabilization Reserve Fund for planning and preparation costs for Pan Am Games
<b>Total New &amp; Enhanced</b>	16.0	3,913.2	2,483.4	14.0	1,518.3	288.7	(2,194.7)	
<b>2014 Recommended Operating Budget</b>	1,878.0	248,104.1	53,201.1	1,874.4	245,883.4	51,006.5	(2,194.7)	

- The Board of Health has requested the following which are not recommended due to financial constraints:
  - The new request for Falls Prevention of \$0.313 million gross and \$0.078 million net.
  - The enhancement and stabilization of the Student Nutrition Program (\$1.557 million) and the inflationary increase for the cost of food (\$0.214 million), totalling \$1.772 million.
- The request for \$0.929 million gross and \$0.232 million net for the new Preventing Childhood Obesity initiative and \$0.571 million gross and \$0.143 million net for

enhancements to STI Prevention have been reduced to reflect an implementation date of April 1, 2014. This results in savings of \$0.053 million net for Preventing Childhood Obesity and \$0.034 million net for STI Prevention.

- The Board of Health request includes the Pan Am Games Preparation & Planning costs of \$0.259 million gross and net, whereas in the 2014 Recommended Operating Budget the initiative is funded from the Tax Rate Stabilization Fund.
- The 2014 Recommended Operating Budget for TPH of \$245.884 million gross and \$51.006 million net (after recommended changes) is \$2.195 million net lower than the Board of Health's Recommended Operating Budget of \$53.201 million net.

#### *Student Nutrition Program Proposed Stabilization & Expansion*

- 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 Nutritious Food Basket survey.
- City Council at its meeting of January 15 and 16, 2013 approved \$1.480 million in additional funding for the Student Nutrition program (\$1.259 million towards stabilizing and \$0.222 million for expansion) increasing the base funding for Student Nutrition Program from \$3.819 million to \$5.300 million.
- The Board of Health at its meeting of September 30, 2013 considered HL24.5, a report entitled "Student Nutrition Program Update on the First Year of the Five-Year Plan and 2014 Operating Budget Request" and:
  - "1. Endorsed the request for a \$214,135 net increase to the Toronto Public Health 2014 Operating Budget to cover the increased cost of food for existing student nutrition programs."
  - "2. Endorsed the request for an additional net increase of \$1,163,084 to the Toronto Public Health 2014 Operating Budget to be allocated to existing student nutrition programs to increase the City's investment rate to 14% of total program costs from 11.5% in 2013, providing greater stability to existing programs."
  - "3. Endorsed the request for an additional net increase of \$394,241 to the Toronto Public Health 2014 Operating Budget to extend municipal funding to 27 additional schools in higher need communities to open new student nutrition programs in 2014."
  - "4. Forwarded the report (September 16, 2013) from the Medical Officer of Health to the Budget Committee with the Toronto Public Health 2014 Operating Budget Request for consideration."

- "5. Requested the Medical Officer of Health to report to the Board of Health on options to strengthen the governance of the Student Nutrition Programs to enhance future capacity for fundraising, accountability, efficiency, and quality assurance, and to best position the program for future growth and success in achieving child health and education objectives."
  - "6. Requested the Province of Ontario to support the recommendation of the Healthy Kids Panel with respect to establishing a school nutrition program for all Ontario schools where students will benefit from this key nutrition strategy."
  - "7. Requested the Province of Ontario to increase its grant funding investment proportionally to match increased City investment."
  - "8. Requested the Federal Government to provide core funding for the Student Nutrition Program in Toronto to match the City's investment."
  - "9. Forwarded the report (September 16, 2013) from the Medical Officer of Health to the Premier of Ontario, the Ontario Ministers of Children and Youth Services, Health and Long-Term Care, and Education, the Toronto District School Board, the Toronto Catholic District School Board, le Conseil scolaire Viamonde, le Conseil scolaire de district catholique Centre-Sud, the Toronto Foundation for Student Success, and the Angel Foundation for Learning."
- As per the Provincial announcement in August 2013, \$5.337 million funding was allocated for the Student Nutrition Program for the 2013-2014 school year. In October 2013, the Province announced an additional annual contribution of \$3.000 million for student nutrition programs across Ontario. The City of Toronto's allocation will be announced in 2014. The following chart details the provincial and municipal funding (at current funding levels) for the Student Nutrition Programs in Toronto from 2011 to 2013.

	(\$Millions)		
	2011	2012	2013
<b>Total Provincial Funding*</b>	\$5.503	\$5.717	\$5.337
Base Municipal Funding	\$3.820	\$3.820	\$3.820
Stabilization			\$1.257
Expansion			\$0.223
<b>Total Municipal Funding</b>	\$3.820	\$3.820	\$5.300
<b>Total Government Funding</b>	<b>\$9.322</b>	<b>\$9.536</b>	<b>\$10.636</b>

\*The 2011 and 2012 Provincial funding includes one-time funding over the base funding.

- In 2013, as a result of Council's decision, the City's investment in Student Nutrition program increased from 9.0% to 11.5% of total program costs of \$46.000 million to run this program across Toronto. The provincial contribution at 10.0% of the Total Program Costs has stayed at the same level since 2011. However, the City of Toronto's contribution increased from \$3.820 million in 2012 or 9.0% of the total Program costs to \$5.300 million or 11.5%. The remaining costs for the program are funded from third party contributions including

fundraising, parental contributions etc.). The impact of the increased City's contribution will be realized over the course of the school year that runs from September to June.

- The 2014 Recommended Operating Budget does not include additional funding for the inflationary increases in cost of food nor the proposed stabilization and expansion of the Student Nutrition Program.

#### *2014 User Fee Changes*

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

# Appendix 1

## 2013 Service Performance

### 2013 Key Accomplishments

In 2013, "Program Name" achieved the following results:

#### *Infectious Diseases*

- ✓ Provided 24/7 availability to respond to reports of infectious disease requiring an immediate public health response and 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 and counselled (provided anonymous information and referral services) 25,600 callers through the AIDS and Sexual Health Information Line.
- ✓ Inspected 2,921 critical and semi-critical personal services settings, launched a TPH PSS inspection disclosure website and 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).
- ✓ Inspected 1,065 licensed child care facilities and 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.
- ✓ Provided over 60,000 clinic visits at sexual health clinics, reduced wait times for new client services to 1 week, added more drop in hours and investigated over 13,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV.
- ✓ Provided TB education presentations to approximately 1,500 newcomers; 200 health care professionals, 150 agency staff; and 200 persons at their school or workplace.
- ✓ Provided approximately 80,000 vaccinations for hepatitis B, meningococcal meningitis, and human papillomavirus (HPV) to grades 7&8 students and 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 and Provided 18,000 HPV vaccinations to girls born between 1993–1998.

#### *Environmental Health*

- ✓ Launched the DineSafe mobile application; inspected 5767 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.

- ✓ Treated 463,479 catch basins (4 rounds) and 6,268 catch basins in environmentally sensitive areas and set a minimum of 43 mosquito traps across the city and monitored from June until September.

#### *Emergency Preparedness*

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

#### *Chronic Diseases & Injuries*

- ✓ 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) and provided training to 350 youth leaders and adult allies from diverse communities
- ✓ Engaged 4,800 adults in 146 walking promotion pedometer lending programs, promoted through libraries, workplaces, and community sites.
- ✓ Reached 58 schools and 1,160 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 57% of participating schools (33 out of 58 were in their second or more year of participation.

#### *Family Health*

- ✓ Achieved Baby-Friendly Initiative (BFI) designation through Breastfeeding Committee of Canada and launched "What's Your Plan" preconception awareness campaign and participated in Fetal Alcohol Spectrum Disorder awareness raising initiatives.
- ✓ Expanded the number of community-based, partnership breastfeeding clinics from 3 to 13 and established the first Toronto Public Health site breastfeeding clinic.
- ✓ 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 infant hearing screening tests and provided counselling and case management for 80 families with children who are newly diagnosed with significant or complete hearing loss.
- ✓ Dental Services: Screened 3404 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.
- ✓ Dental Services: Screened 231,510 elementary school children for the 2012-13 school year; screened 1490 youth in 30 high schools. Of these 675 (24.4%) were referred to a dental professional for dental treatment and prevention.



## 2013 Financial Performance

**2013 Budget Variance Analysis  
(In \$000s)**

(\$000s)	2011 Actuals	2012 Actuals	2013 Approved Budget	2013 Projected Actuals*	2013 Approved Budget vs. Projected Actual Variance	
	\$	\$	\$	\$	\$	%
Gross Expenditures	222,569.5	226,724.1	243,687.7	238,587.0	(5,100.6)	(2.1)
Revenues	179,667.1	181,094.4	193,267.7	189,167.1	(4,100.6)	(2.1)
Net Expenditures	42,902.4	45,629.7	50,420.0	49,420.0	(1,000.0)	(2.0)
Approved Positions	1,747.1	1,728.5	1,873.7	1,773.7	(100.0)	(5.3)

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

### 2013 Experience

- As of September 30, 2013, TPH is projecting a favourable year-end variance of \$5.101 million gross and \$1.000 million net or 2.0% below the 2013 Operating Budget.
- The favourable gross expenditure variance is due to under-spending in salaries and benefits which reflects delays in hiring for vacant positions.

### Impact of 2013 Operating Variance on the 2014 Recommended Budget

- The salary savings due to hiring delays is not expected to continue into 2014 as the staffing returns to planned levels.

## Appendix 2

### 2014 Recommended Total Operating Budget by Expenditure Category

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

Category of Expense	2011	2012	2013	2013	2014	2014 Change from		2015	2016
	Actual	Actual	Budget	Projected	Rec'd	2013 Approved	%	Plan	Plan
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	163,024.2	161,912.0	176,313.8	172,313.8	177,631.6	1,317.8	0.7%	183,262.4	183,907.6
Materials and Supplies	3,976.5	4,013.8	4,032.8	4,032.8	4,055.9	23.1	0.6%	4,251.6	4,350.6
Equipment	1,124.7	905.0	917.0	917.0	840.0	(77.0)	(8.4%)	868.8	881.3
Services & Rents	36,395.7	35,282.5	37,808.5	37,808.5	37,810.2	1.6	0.0%	39,339.8	39,921.0
Contributions to Capital									
Contributions to Reserve/Res Funds	1,848.7	1,451.7	1,431.7	1,431.7	1,431.7		0.0%	1,431.7	1,431.7
Other Expenditures	143.1	6,549.3	8,009.9	8,009.9	7,592.5	(417.4)	(5.2%)	7,650.3	7,709.5
Interdivisional Charges	16,056.8	16,609.8	15,910.4	15,910.4	16,521.6	611.3	3.8%	16,521.6	16,521.6
<b>Total Gross Expenditures</b>	<b>222,569.7</b>	<b>226,724.1</b>	<b>244,424.1</b>	<b>240,424.1</b>	<b>245,883.5</b>	<b>1,459.4</b>	<b>0.6%</b>	<b>253,326.4</b>	<b>254,723.3</b>
Interdivisional Recoveries	11,882.9	12,247.6	11,724.1	11,724.1	12,625.5	901.4	7.7%	12,625.5	12,625.5
Provincial Subsidies	162,187.9	162,676.1	173,598.2	170,598.2	175,327.7	1,729.4	1.0%	180,379.0	182,193.3
Federal Subsidies	144.4	62.6	217.1	217.1	490.1	273.0	125.8%	317.9	187.8
Other Subsidies									
User Fees & Donations	992.2	860.9	944.6	944.6	996.7	52.1	5.5%	1,000.3	999.8
Transfers from Capital Fund	2,703.0	2,945.4	4,431.9	4,431.9	3,631.3	(800.6)	(18.1%)	3,581.3	3,394.3
Contribution from Reserve Funds	4.7	128.0			293.8	293.8	100.0%	593.6	
Contribution from Reserve									
Sundry Revenues	1,752.0	2,173.8	1,387.7	1,387.7	1,512.1	124.4	9.0%	1,512.1	1,512.1
One Time Adjustment			1,700.4	1,700.4		(1,700.4)	(100.0%)		
<b>Total Revenues</b>	<b>179,667.1</b>	<b>181,094.4</b>	<b>194,004.1</b>	<b>191,004.1</b>	<b>194,877.3</b>	<b>873.2</b>	<b>0.5%</b>	<b>200,009.9</b>	<b>200,912.9</b>
<b>Total Net Expenditures</b>	<b>42,902.6</b>	<b>45,629.7</b>	<b>50,420.0</b>	<b>49,419.9</b>	<b>51,006.2</b>	<b>586.3</b>	<b>1.2%</b>	<b>53,316.5</b>	<b>53,810.4</b>
<b>Approved Positions</b>	<b>1,925.2</b>	<b>1,886.2</b>	<b>1,873.7</b>	<b>1,773.7</b>	<b>1,874.4</b>	<b>0.7</b>	<b>0.0%</b>	<b>1,876.9</b>	<b>1,872.4</b>

### 2014 Key Cost Drivers

Salaries and Benefits comprise the largest expenditure category at 72.2% of total expenditures, followed by Services and Rents at 15.4%, Interdivisional Charges at 6.7%, with Materials and Supplies, Equipment and Other Expenditures at 5.7%.

#### Salaries and Benefits

- The 2014 budget for Salaries and Benefits is \$177.632 million, reflecting an increase of \$1.318 million or 0.7% compared to the 2013 Budget of \$176.314 million.
  - The increase is primarily due to COLA, progression pay and step increases and fringe benefit changes.
  - This increase was partially offset by an increase in gapping rate from 4.8% to 5.7%, resulting in savings of \$0.411 million net.

**Other Expenditure Categories**

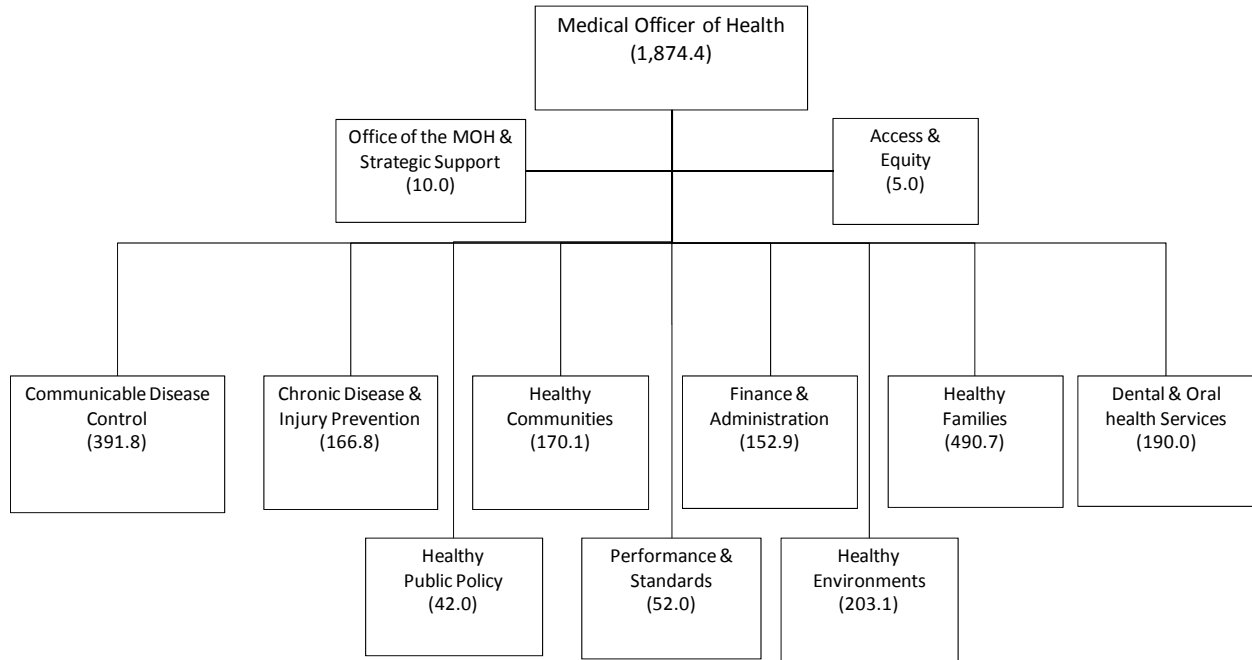
- The 2014 budget for Other Expenditures has been reduced by \$0.417 million due re-aligning budgets between categories as part of the detailed review to reflect actual experience.

**Revenue Changes**

- TPH applied a 2.2% annual inflationary increase to each user fee as per principles establishes in the City's User Fee Policy totalling \$0.021 million.
- The 2014 Recommended Operating Budget includes a \$0.035 million draw from the Major Special Events Reserve Fund to fund the Pan Am Games Smoke Free Ontario (SFO) Coordination.
- The 2014 Recommended Operating Budget includes a \$0.259 million draw from the Tax Rate Stabilization Reserve Fund to fund the planning and preparation portion of the Pan Am Games.

## Appendix 2 - Continued

### 2014 Organization Chart



### 2013 Full and Part Time Staff

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Full-Time	1.0	238.0	2.0	1,601.0	1,842.0
Part-Time		1.4		31.0	32.4
<b>Total</b>	<b>1.0</b>	<b>239.4</b>	<b>2.0</b>	<b>1,632.0</b>	<b>1,874.4</b>

## **Appendix 4**

### **Summary of 2014 Recommended New / Enhanced Service Changes**

**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

1381	<b>Pan Am Games Show Case Program (Phase I) - Smoke Free Ontario (SFO)</b>	
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74	1	<b>Description:</b>
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Funding of \$0.035 million gross and \$0 net in 2014 will be provided from the Major Special Events Reserve Fund for Pan Am Games Show Case Program (Phase 1) – Smoke Free Ontario to engage an external communications agency for signage design, consultation and development of a communication/Marketing Plan to facilitate communication between the partners and the Pan / Parapan Am Organizing Committee for tobacco-free games. 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.

**Service Level Impact:**

The communications plan will engage youth in the development of an extensive social media component as well as a public service announcement.

Service: Chronic Disease Prevention

Total Staff Recommended:	35.0	35.0	0.0	0.0	0.0	0.0
<b>Staff Recommended New/Enhanced Services:</b>	<b>35.0</b>	<b>35.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

**2014 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
(\$000s)

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

1383	<b>Preventing Childhood Obesity</b>
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74	1	<b>Description:</b>
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Funding of \$0.718 million gross and \$0.179 million net is recommended to address rising levels of childhood obesity. This project will implement obesity prevention initiatives in two high prevalence areas of Toronto: Humber-Downsview and Scarborough Centre/ Scarborough Cliffs. Improvements will be made to healthy eating and physical activity levels in school-age children and their families through the following strategies: implementing healthy eating /physical activity education and skill development activities; providing physical activity programs (new initiatives, and increased access to existing local sports and recreation for children and parents); increasing access to healthy foods and food security in these specific neighbourhoods, and; developing local public education &quot;media&quot; to reinforce messages provided by Peer Leaders and TPH staff.

**Service Level Impact:**

Currently, the City does not provide funding for childhood obesity prevention. Through this program, TPH anticipates reaching 50% of model/full service schools in both neighbourhoods (29 schools total), and approximately 11,300 students and their families.

Service: Chronic Disease Prevention

Total Staff Recommended:	574.1	430.6	143.5	6.0	47.9	0.0
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Service: Prevention of Injury & Substance Misuse

Total Staff Recommended:	71.8	53.8	18.0	0.0	5.9	0.0
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Service: Public Health Foundations

Total Staff Recommended:	71.8	53.8	18.0	0.0	5.9	0.0
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**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
<b>Staff Recommended New/Enhanced Services:</b>			717.7	538.2	179.5	6.0	59.7	0.0

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues



**2014 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
(\$000s)

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

1384 **Enhancements to STI Prevention**

72 | 1 **Description:**

Funding of \$0.438 million gross and \$0.109 million net will enable TPH to manage the complex and growing number of reportable Sexually Transmitted Infections (STI's) cases. Public Health is mandated to ensure that cases of STIs receive appropriate treatment, counselling, 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.

**Service Level Impact:**

The additional funding will allow the staff to perform 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 gonorrhoea cases.

Service: Infectious Diseases Prevention & Control

Total Staff Recommended:	68.6	51.4	17.2	0.0	5.6	0.0
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Service: Public Health Foundations

Total Staff Recommended:	2.2	1.6	0.6	0.0	0.1	0.0
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Service: Sexual Health, Sexually Transmitted & Bloodborne Infections

Total Staff Recommended:	147.7	110.7	37.0	6.0	12.2	0.0
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Service: Tuberculosis Prevention & Control

Total Staff Recommended:	96.1	72.1	24.0	0.0	8.0	0.0
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**Category:**

- 71 - Operating Impact of New Capital Projects
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- 74 - New Services
- 75 - New Revenues

**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
Service: Vaccine Preventable Diseases								
Total Staff Recommended:			122.3	91.7	30.6	0.0	10.2	0.0
<b>Staff Recommended New/Enhanced Services:</b>			<b>436.9</b>	<b>327.6</b>	<b>109.3</b>	<b>6.0</b>	<b>36.3</b>	<b>0.0</b>

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
1438		<b>Pan Am Preparation &amp; Planning Costs 2014 – Public Health</b>						
74	1	<b>Description:</b>						
<p>One-time funding of \$0.259 million funded from the Tax Rate Stabilization Reserve Fund will be provided to TPH for the preparation and planning for the Pan Am/Parapan Am Games for training, planning, preparedness, policy development and analysis, surveillance, intra-city divisional planning, risk scenarios development and training exercises.</p> <p><b>Service Level Impact:</b> N/A</p> <p>Service: Child Health</p> <p>Total Staff Recommended: 4.1      4.1      0.0      0.0      0.0      0.0</p> <p>Service: Chronic Disease Prevention</p> <p>Total Staff Recommended: 2.1      2.1      0.0      0.0      0.0      0.0</p> <p>Service: Food Safety</p> <p>Total Staff Recommended: 33.1      33.1      0.0      0.0      0.0      0.0</p> <p>Service: Health Hazard Prevention &amp; Management</p> <p>Total Staff Recommended: 62.4      62.4      0.0      1.2      0.0      0.0</p> <p>Service: Infectious Diseases Prevention &amp; Control</p> <p>Total Staff Recommended: 72.5      72.5      0.0      0.8      0.0      0.0</p>								

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

**2014 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
(\$000s)

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
		Service: Prevention of Injury & Substance Misuse						
		Total Staff Recommended:	4.7	4.7	0.0	0.0	0.0	0.0
		Service: Public Health Emergency Preparedness						
		Total Staff Recommended:	12.7	12.7	0.0	0.0	0.0	0.0
		Service: Rabies Prevention & Control						
		Total Staff Recommended:	11.4	11.4	0.0	0.0	0.0	0.0
		Service: Safe Water						
		Total Staff Recommended:	33.1	33.1	0.0	0.0	0.0	0.0
		Service: Sexual Health, Sexually Transmitted & Bloodborne Infections						
		Total Staff Recommended:	11.4	11.4	0.0	0.0	0.0	0.0
		Service: Tuberculosis Prevention & Control						
		Total Staff Recommended:	11.4	11.4	0.0	0.0	0.0	0.0
		<b>Staff Recommended New/Enhanced Services:</b>	<b>258.8</b>	<b>258.8</b>	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

1472	<b>Pan Am Preparation &amp; Planning – Heat and Air Quality Mobile Application</b>	
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74	1	<b>Description:</b>
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This project initiative is 100% funded by Health Canada for \$0.070 million gross and \$0 net in 2014 and \$0.080 million gross and \$0 net in 2015 and includes the development of mobile phone applications to send individuals and vulnerable groups health-based advice in a timely manner to reduce health risks. The application will be developed in collaboration with Health Canada and Environment Canada and will be used by other cities and regions involved in the Pan Am Games.

**Service Level Impact:**

N/A

Service: Public Health Foundations

Total Staff Recommended:	70.0	70.0	0.0	0.0	0.0	0.0
<b>Staff Recommended New/Enhanced Services:</b>	<b>70.0</b>	<b>70.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID		Agencies - Cluster Program: Toronto Public Health	Adjustments				2015 Plan Net Change	2016 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

**Summary:**

<b>Staff Recommended New/Enhanced Services:</b>	<b>1,518.3</b>	<b>1,229.7</b>	<b>288.6</b>	<b>14.0</b>	<b>96.2</b>	<b>0.0</b>
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**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

## Appendix 5

### Inflows/Outflows to/from Reserves & Reserve Funds

#### Program Specific Reserve / Reserve Funds (In \$000s)

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2013 \$	Proposed Withdrawals (-) / Contributions (+)		
			2014 \$	2015 \$	2016 \$
<b>Projected Beginning Balance</b>		<b>285.8</b>	<b>285.8</b>	<b>343.0</b>	<b>400.2</b>
Vehicle Reserve - Public Health	XQ1101		57.2	57.2	57.2
<i>Proposed</i>					
<i>Withdrawals (-)</i>					
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>285.8</b>	<b>343.0</b>	<b>400.2</b>	<b>457.4</b>
<b>Balance at Year-End</b>		<b>285.8</b>	<b>343.0</b>	<b>400.2</b>	<b>457.4</b>

#### Corporate Reserve / Reserve Funds (In \$000s)

Reserve / Reserve Fund Name	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2013 \$	Proposed Withdrawals (-) / Contributions (+)		
			2014 \$	2015 \$	2016 \$
<b>Projected Beginning Balance</b>			<b>14,550.6</b>	<b>32,302.2</b>	<b>50,213.8</b>
Vehicle Reserve - IT Sustainment	XQ1508	14,550.6			
<i>Proposed</i>			(57.2)	(57.2)	(57.2)
<i>Withdrawals (-)</i>			57.2	57.2	57.2
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>14,550.6</b>	<b>14,550.6</b>	<b>32,302.2</b>	<b>50,213.8</b>
<b>Other program / Agency Net Withdrawals &amp; Contributions</b>			<b>17,751.6</b>	<b>17,911.6</b>	<b>17,911.6</b>
<b>Balance at Year-End</b>		<b>14,550.6</b>	<b>32,302.2</b>	<b>50,213.8</b>	<b>68,125.4</b>

Reserve / Reserve Fund Name	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2013 \$	Proposed Withdrawals (-) / Contributions (+)		
			2014 \$	2015 \$	2016 \$
<b>Projected Beginning Balance</b>			<b>18,307.1</b>	<b>36,762.2</b>	<b>51,417.2</b>
Insurance Reserve Fund	XR1010	18,307.1	(1,394.5)	(1,394.5)	(1,394.5)
<i>Proposed</i>			1,394.5	1,394.5	1,394.5
<i>Withdrawals (-)</i>					
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>18,307.1</b>	<b>18,307.1</b>	<b>36,762.2</b>	<b>51,417.2</b>
<b>Other program / Agency Net Withdrawals &amp; Contributions</b>			<b>18,455.1</b>	<b>14,655.0</b>	<b>15,090.4</b>
<b>Balance at Year-End</b>		<b>18,307.1</b>	<b>36,762.2</b>	<b>51,417.2</b>	<b>66,507.6</b>

Reserve / Reserve Fund Name	Reserve / Reserve Fund Number	Projected Balance as of \$	Proposed Withdrawals (-) / Contributions (+)		
			2014 \$	2015 \$	2016 \$
Projected Beginning Balance			12,179.6	8,494.5	4,006.8
Major Special Events Reserve Fund	XR1218	12,179.6	(35.0)	(50.7)	
<i>Proposed</i>					
<i>Withdrawals (-)</i>					
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>12,179.6</b>	<b>12,144.6</b>	<b>8,443.8</b>	<b>4,006.8</b>
<b>Other program / Agency Net Withdrawals &amp; Contributions</b>			<b>(3,650.1)</b>	<b>(4,437.0)</b>	<b>(293.5)</b>
<b>Balance at Year-End</b>		<b>12,179.6</b>	<b>8,494.5</b>	<b>4,006.8</b>	<b>3,713.3</b>

Reserve / Reserve Fund Name	Reserve / Reserve Fund Number	Projected Balance as of \$	Proposed Withdrawals (-) / Contributions (+)		
			2014 \$	2015 \$	2016 \$
Projected Beginning Balance			18,748.6	11,957.9	6,383.1
Tax Rate Stabilization Reserve Fund	XQ0703	18,748.6	(258.8)	(542.9)	
<i>Proposed</i>					
<i>Withdrawals (-)</i>					
<i>Contributions (+)</i>					
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>18,748.6</b>	<b>18,489.8</b>	<b>11,415.0</b>	<b>6,383.1</b>
<b>Other program / Agency Net Withdrawals &amp; Contributions</b>			<b>(6,531.9)</b>	<b>(5,031.9)</b>	<b>(3,000.0)</b>
<b>Balance at Year-End</b>		<b>18,748.6</b>	<b>11,957.9</b>	<b>6,383.1</b>	<b>3,383.1</b>



## Appendix 6

### 2014 User Fee Rate Changes

#### Inflation and Other Adjustment

Rate Description	Service	Fee Category	Fee Basis	2013	2014				Incremental Revenue
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Budget Volume	
Inspecting properties, conducting file search & issuing reports	Healthy Environments	Full Cost Recovery	Per Request	\$156.75	\$160.18				
Inspecting premises, conducting file search & issuing a report	Healthy Environments	Full Cost Recovery	Per Application	\$156.75	\$160.18				
Processing a license application, includes inspection & providing a report	Healthy Environments	Full Cost Recovery	Per Application	\$156.75	\$160.00				
Inspecting a mobile cart for license purposes	Healthy Environments	Full Cost Recovery	Per Request	\$156.75	\$160.00				
Covers the cost of food handler training	Healthy Environments	Full Cost Recovery	Per Person	\$40.90	\$42.00				
Covers the cost of examination testing & issuing of food handler certificate	Healthy Environments	Full Cost Recovery	Per Certification	\$40.69	\$42.00				
Covers the cost of issuing a TPH certificate	Healthy Environments	Full Cost Recovery	Per Request	\$5.22	\$5.04				
Covers the cost of Admin & materials to reissue certificate	Healthy Environments	Full Cost Recovery	Per Request	\$10.46	\$10.96				
To cover the cost of reviewing and accrediting programs	Healthy Environments	Full Cost Recovery	Per Request	\$950.00	\$971.00				
Cost for PHI to review documentation & clerk to prepare letter of approval	Communicable Disease	Full Cost Recovery	Per Request	\$26.12	\$27.00				
Cost for PHI to review documentation & clerk to prepare letter of approval	Communicable Disease	Full Cost Recovery	Per Request	\$26.12	\$27.00				
Assessment Report/Remediation Plan Review fee	Healthy Environments	Full Cost Recovery	Per Report/Plan Review	\$532.22	\$544.00				\$21,455.39
Administration/Clerical/Fee	Healthy Environments	Full Cost Recovery	Per Property	\$266.11	\$272.00				
Inspecting properties when owners apply for a lodging house license in the former municipality of Etobicoke	Healthy Environments	Full Cost Recovery	Per Application	\$412.78	\$422.00				
Inspecting properties when owners of lodging houses seek a renewal for the Lodging House License in the former municipality of Etobicoke	Healthy Environments	Full Cost Recovery	Per Application	\$236.17	\$241.00				
To cover the cost of the material to produce the Food Handler Safety Manual plus S&H	Healthy Environments	Full Cost Recovery	Per Request	\$10.46	\$11.00				
To cover the cost of the material to produce the Food Handle	Healthy Environments	Full Cost Recovery	Per Request	\$26.12	\$27.00				