

## **2014 Evaluation of the Toronto Urban Health Fund**

<b>Date:</b>	August 1, 2014
<b>To:</b>	Board of Health
<b>From:</b>	Medical Officer of Health
<b>Wards:</b>	All
<b>Reference Number:</b>	

### **SUMMARY**

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This report provides the Board of Health (BOH) with the results of the process evaluation of the Toronto Urban Health Fund (TUHF) conducted for the 2014 funding cycle. The purpose of the evaluation was to assess the newly-implemented application and review process to identify areas of improvement for future funding cycles as part of Toronto Public Health's (TPH) commitment to continuous quality improvement.

The evaluation revealed that the majority of funding applicants were satisfied with the application and review process. Between 60-80% of applicants reported being satisfied with the application, review, and allocations process. However, areas for improvement were identified, such as enhancing TUHF promotion and outreach to reach key populations; improving the application, scoring and assessments tools; supporting key populations to increase their capacity to use evidence informed practices; enhancing the support and orientation provided to the Review Panel; and adjusting the timelines and structure of the review and appeal process. TPH will implement these changes in time for the 2015 funding cycle. A copy of the evaluation report is available on the TPH website: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=173ab622cce32410VgnVCM10000071d60f89RCRD>.

### **DECISION HISTORY**

At its meeting on June 30<sup>th</sup>, 2014, the Board of Health approved the allocation of funding for 44 one and three-year projects as recommended by the 2014 TUHF Review Panel. In addition, the Board of Health directed the Medical Officer of Health to conduct an evaluation of the 2014 TUHF application and review process.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.HL32.5>

## **ISSUE BACKGROUND**

In September 2013, the Board of Health approved the consolidation of the AIDS Prevention Community Investment Program and Drug Prevention Community Investment Program into the Toronto Urban Health Fund. The restructuring resulted in the creation of three funding streams: HIV Prevention; Harm Reduction; and Child and Youth Resiliency, with options for one-year and three-year funding. The restructuring necessitated the development of new application forms, funding guides, applicant assessment tools, and the formation of the TUHF Review Panel.

Following the 2014 appeals and allocations process, some community stakeholders expressed concerns with the application and review process. These concerns included a perceived negative impact on access to funding by some population groups. The Board of Health directed the Medical Officer of Health to conduct an evaluation of the 2014 application and review process as part of continuous quality improvement, to explore community concerns and identify improvements for future funding cycles. This staff report responds to that request.

## **COMMENTS**

### **Results of the 2014 Toronto Urban Health Fund**

For the 2014 funding year, the TUHF provided \$2,214,055 in funding to successful applicants, with \$349,526 allocated to one-year projects and \$1,864,529 to three-year projects. Breakdown by funding stream is as follows:

- \$868,179 was allocated to projects under the HIV Prevention stream (39% of fund)
- \$865,925 to projects under the Harm Reduction stream (39% of fund)
- \$479,951 to projects under the Child and Youth Resiliency stream (22% of fund)

The organizations funded for HIV Prevention services cover 79% of all city neighbourhoods, and 11 Neighbourhood Improvement Areas (NIA). Organizations funded for Harm Reduction services cover 100% of all city neighbourhoods and all 31 NIAs. Funded organizations for Child and Youth resiliency services, however, cover 24% of neighbourhoods and only eight NIAs.

### **Evaluation Purpose**

The purpose of the TUHF evaluation was to determine if the application and review process resulted in funding allocations that reflect priority populations for TUHF, and to identify successes and challenges to inform future allocation processes as part of a commitment to continuous quality improvement.

### **Evaluation Methodology**

The evaluation, using quantitative and qualitative methods, was conducted in May 2014. The methodology consisted of multiple data sources and tools, including applicant tracking sheets and surveys, and Review Panel surveys, debriefing session and interviews, to elicit feedback from Review Panel members and applicants.

## Process Evaluation Findings

### Funding

The fund was successful in reaching the priority populations designated for 2014 namely:

HIV Prevention Stream:

- Gay and bisexual men and youth, and men who have sex with men
- People originating from countries with high rates of HIV
- Transsexuals
- People from countries with emerging high rates of HIV

Harm Reduction Stream:

- People who inject drugs
- People who are homeless and street-involved
- People who are incarcerated
- Individuals involved in high risk activities, including alcohol and other drugs

Child and Youth Resiliency Stream:

- Youth with behavioral, mental health, and/or social problems
- Youth excluded from school or with poor school attachment
- Young offenders or youth in conflict with the law
- Youth from racialized groups facing extreme socio-economic disadvantage

However, organizations specifically serving the following populations were not funded or were funded at levels lower than in previous funding cycles:

- aboriginal youth;
- newcomer and high-risk youth, in particular those residing in NIAs;
- youth-in-care;
- people living with HIV/AIDS;
- sex workers who use alcohol and other drugs; and
- sexual partners of high-risk populations.

Projects funded through TUHF will continue to capture these specific populations through their programs. However, the evaluation identified a gap in funded organizations that provide services and/or programs specifically to these populations. Upon closer analysis, reasons for this gap may be as follows:

- no applications were received from organizations serving youth-in-care, sex workers who use alcohol and other drugs, and sexual partners of high risk populations;
- three applications were received serving aboriginal youth, but did not meet the criteria established for any of the three funding streams; and
- five applications were received serving people living with HIV/AIDS that did not meet TUHF mandate.

The above findings are not unexpected given that 2014 was a transition year - moving from two separate funding programs into a new consolidated fund. What this does tell TPH, is that communication and outreach also need to focus on the organizations serving these specific populations to ensure awareness of the program mandate and funding available, and support to encourage program development and high quality applications to the TUHF program.

### **Feedback from Applicants on the 2014 TUHF**

A total of 63 applicants participated in the survey, representing an 88% response rate.

Successes identified by applicants included the following:

- TUHF staff were accessible and helpful in providing guidance and answering questions for the application and appeal process;
- review process was perceived as fair;
- funding guideline was useful and helpful; and
- orientation provided by staff on completing the application was helpful.

Challenges identified by funding applicants included the following:

- application form was not user-friendly and could be simplified;
- funding history and performance of currently funded TUHF projects should be captured to inform the assessment of an organization's capacity to deliver;
- funding guideline could be improved by providing population-specific examples and details on each funding stream such as proportion of funding available and an estimate of the number of projects that could be funded for each funding stream; and
- appeal process requiring an oral deputation was intimidating and the time to prepare and present an oral deputation was too short.

### **Review Panel**

All Review Panel members were invited to participate in a survey and de-briefing session following the end of the allocations and appeals process. Due to scheduling conflicts, two Review Panel members were interviewed separately. The majority of review panel members participated in the evaluation either through the survey, de-briefing session and interviews.

Successes identified by Review Panel members included the following:

- new review process was more transparent and accountable than previous;
- enhanced community engagement in decision making by providing more opportunity for community input through citizen members appointment and a meeting format that valued community input and dialogue;
- community expertise and personal/lived expertise valued and representative of Panel make up; and
- the majority were satisfied with the experience and all would participate again, or recommend a colleague for appointment.

Challenges identified by Review Panel members included the following:

- the application form, assessment tool and scoring system need to be simpler and more user friendly for reviewing and scoring project proposals, and communicating assessment results to applicants;
- TUHF staff need to provide a more comprehensive orientation to the Panel and include a broad overview of evidence informed practice for each funding stream as well as local epidemiological and geospatial data on HIV and drug use patterns;
- appeals process should provide opportunity for written submissions instead of just oral deputations; and
- reassess and revise timelines of the review and appeal process, time commitment expected from Panel members, and scheduling of meetings to improve attendance to ensure quorum and diverse input.

### **Action for Future TUHF Funding Cycles**

Based on the results of the evaluation TPH will take the following action to improve the application and review processes for future funding cycles:

#### 1. Program Promotion and Outreach:

- a) Work with relevant advisory committees, including the Toronto HIV Network, the Toronto Harm Reduction Alliance, as well as the City of Toronto's Social Development Finance & Administration division:
  - to identify agencies to expand the reach of TUHF to organizations serving newcomer and high-risk youth in particular those residing in NIAs; youth-in-care; sex workers who use alcohol and other drugs; and sexual partners of high risk populations; and
  - to enhance the capacity of organizations working to address the primary prevention needs of people living with HIV/AIDS.
- b) Work with TPH's Aboriginal Health Community of Practice, the City's Aboriginal Affairs Committee and the Toronto Central LHIN/TPH aboriginal health strategy to identify how aboriginal health issues can be better addressed and supported through the TUHF.

#### 2. Application Process:

- a) In addition to ongoing outreach and support to population groups being funded, address health equity and population-specific concerns related to the primary prevention needs of aboriginal youth, newcomer and ethno-racial populations and people living with HIV/AIDS through evidence informed practices.
- b) Revise the application form and consolidate the application and budget sections using the more user-friendly writeable PDF format.
- c) For each funding cycle, provide information on the total amount of funds available and the estimated number of fundable proposals per funding stream.

#### 3. Review Process:

- a) Develop a tool that incorporates quantitative and qualitative information to assess the performance, capacity, and developmental needs of currently funded projects and incorporate the assessment into the Review Panel summaries.

- b) Provide Review Panel committee members with a more comprehensive orientation and include information on available population-specific epidemiology, geospatial data, and evidence-informed approaches.
- c) Work with the 2015 Review Panel to determine optimal allocation of review workload.
- d) Enhance the diversity of community input by increasing the membership of each subpanel committee from three to five citizen experts and account for unplanned attrition by recruiting and orienting alternate members.
- e) Provide specific feedback on areas of strength and weakness in the application to help appellants address concerns and issues raised with their project proposal and to provide feedback to applicants for continuous quality improvement for future applications.
- f) Restructure the appeals process by providing sufficient time for appellants to prepare their deputation, for Review Panel members to review and assess deputations and to replacing the oral deputations with written submissions.

The evaluation of the TUHF application, review and allocation process revealed that while the fund reached most TUHF priority populations, more targeted outreach is needed to reach organizations serving some key groups. Overall, applicants and Review Panel members were satisfied with the application and review process. The evaluation identified challenges and successes of the restructured TUHF allocation process, and identified actions for improvement that will be implemented this year as part of TUHF commitment to continuous quality improvement.

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## **SIGNATURE**

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