

Attachment 1

Toronto Public Health Operating Budget Request 2015

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PART I: EXECUTIVE SUMMARY

2015 Operating Budget Request

The Toronto Public Health (TPH) 2015 Operating Budget Request totals \$250,816.4 thousand gross / \$55,626.1 thousand net. This request is \$3,255.6 thousand gross and \$643.9 thousand net above the 2014 Operating Budget. The net increase of \$643.9 thousand over the 2014 Operating Budget is comprised primarily of base budget increases for the negotiated collective agreement, the non payroll economic factor increases of \$840.1 thousand net; reduction options of \$313.2 thousand net; and, new & enhanced services of \$117.0 thousand net.

Table 1
Toronto Public Health
2015 Operating Budget Request

	2014 Budget	2015 Base	2015 Reductions	2015 New & Enhanced	2015 Request	Change from 2014 Budget	
(\$000s)	\$	\$	\$	\$	\$	\$	%
GROSS EXP.	247,560.9	2,907.5	(120.0)	468.1	250,816.4	3,255.6	1.3
REVENUE	192,578.6	2,067.4	193.2	351.1	195,190.3	2,611.7	1.4
NET EXP.	54,982.2	840.1	(313.2)	117.0	55,626.1	643.9	1.2
Positions	1,877.03	(11.48)	0.00	4.50	1,870.05	(6.98)	(0.4)

The City Manager issued guidelines and directions for the development of the 2015 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs). Included in these directions are the expectations that all 2015 City Programs and ABC Operating Budgets be equivalent to the 2014 Approved Net Operating Budget, resulting in a zero percent increase over the 2014 Net Budget.

TPH has reviewed its services and costs and where achievable absorbed the expected inflation increases and reduced expenses in the 2015 budget request. TPH is submitting a 2015 Operating Budget Request of \$250,816.4 thousand gross and \$55,626.1 thousand net, a 1.2% net increase over the 2014 Approved Operating.

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

Since 2004 the City's contribution to the TPH Operating Budget has declined as the Province increased its funding for cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007. The City's funding to public health has decreased by \$23.1 million between 2004 and the 2015 Budget Request due to the change in the cost-share ratio and other efficiencies.

Since 2010 the cumulative provincial revenue foregone due to the City's financial constraints is \$9.0 million. The opportunity to invest in and build public health programs and services in areas such as communicable disease control and chronic disease prevention is foregone when available provincial funding is not maximized.

At its meeting of June 11, 2014, the Board of Health Budget Committee requested the Medical Officer of Health to submit to the City's budget process an initial 2015 Toronto Public Health Operating Budget request, with amendments presented by the Medical Officer of Health and presented in the (June 11, 2014) revised 2015 Budget Request for Consideration, which will:

- a. Include the 2015 base budget request;
- b. Include the Low Income Dental Integration savings;
- c. Include the enhancements recommended by the Board of Health to the Student Nutrition Program;
- d. Include the three new and enhanced services requested by the Board of Health Budget Committee (to help address health impacts from climate change, enhance the Toronto Urban Health Fund and initiate compliance with education and promotion requirements for the Day Nursery Immunization Program);
- e. Maximize provincial revenues; and
- f. Maintain gapping targets in 2015 at the same percentage as in 2014

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

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. City Council approve the Toronto Public Health 2015 Operating Budget Request of \$250,816.4 thousand gross / \$55,626.1 thousand net as summarized in Table 1, “Toronto Public Health 2015 Operating Budget Request”;
2. City Council approve the list of base budget adjustments as summarized in Table 6, “Overview of 2015 Operating Budget Request” of this report totaling an increase of \$2,905.5 thousand gross and \$840.1 thousand net;
3. City Council approve a 2015 Reduction Option of \$120.0 thousand gross and \$313.2 thousand net as outlined in Table 6, “Overview of 2015 Operating Budget Request”;
4. City Council approve a 2015 New and Enhanced Request of \$468.1 thousand gross and \$117.0 thousand net as outlined in Table 6, “Overview of 2015 Operating Budget Request”;
5. City Council approve a total increase of \$1,901.1 thousand gross and net for the Student Nutrition Program as outlined in the August 18, 2014 Board of Health report, "Student Nutrition Program: Five-Year Plan Status Update and 2015 Operating Budget Request" as outlined in Table 8, “Other New & Enhanced Services” of this report;
6. City Council approve 2015 Pan / Parapan Am Games request for Tobacco Free Games and the request for Planning and Operations for \$118.7 thousand gross and \$0 net and 0.4 positions funded by reserves and sundry revenues as outlined in Table 8, “Other New & Enhanced Services” of this report; and
7. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2015 budget process.

PART II: TORONTO PUBLIC HEALTH OVERVIEW

Legislation

The provincial Health Protection and Promotion Act (HPPA) provides the legislative mandate for boards of health¹. Under the HPPA, there are 14 mandatory programs and services that must be provided and 21 regulations that must be adhered to. Section 5 of the HPPA specifies that boards of health must provide or ensure the provision of a minimum level of public health programs and services in specified areas as follows:

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

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

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

Program Standards

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

Under Section 7 of the HPPA, the Minister of Health and Long-Term Care has the authority to publish guidelines for the provision of mandatory public health programs and services to which all 36 boards of health across Ontario must comply – these are known as the Ontario Public Health Standards (OPHS). These are minimum standards, and address programmatic expectations articulated in 148 requirements in 6 specific areas, as well as 27 detailed protocols with further requirements.

Organizational Standards

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

¹ Under the HPPA the health unit refers to the geographic area covered by the board of health

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

Accountability Agreements

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

The City of Toronto Board of Health approved the 2011-2013 Accountability Agreement in October 2011, and it was signed by all parties in November 2011. The 2014 performance targets have been negotiated and will be included in the next three year accountability agreement (2014-2016) anticipated by year end.

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

2015 Budget

As part of the 2015 budget process, the City Manager issued the following directions for development of the 2015 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs):

- 2015 Operating Budget request is equivalent of the 2014 Approved Net Operating Budget, resulting in a zero percent increase over the 2014 Net Budget

The TPH 2015 Operating Budget request assumed full provincial cost sharing at 75 percent for eligible programs. The Board of Health Budget Committee requested the Medical Officer of Health (MOH) to submit a TPH 2015 Operating budget which maximizes provincial funding to provide inflationary increases for the Toronto Urban Health Fund (AIDS and Drug Prevention Community Investment Program) and service enhancements to maximize compliance with Ontario Public Health Standards. As a result, TPH has submitted three new and enhanced service business cases totaling \$468.1 thousand gross and \$117.0 thousand net.

The TPH identified reduction options totaling \$120.0 thousand gross and \$312.2 thousand net due to reductions to salaries and non salaries budget and the transfer of budget from cost shared to 100% funded program.

It is important to note that TPH's budget requests for 2010-2012 and 2014 for provincial cost sharing programs were below the provincial average. Table 2 provides a comparison of TPH's budget requests as compared to the other 35 health units in Ontario (provincial average). In 2014, TPH achieved growth of 0.9% or 1.1% less than the provincial average of two percent.

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

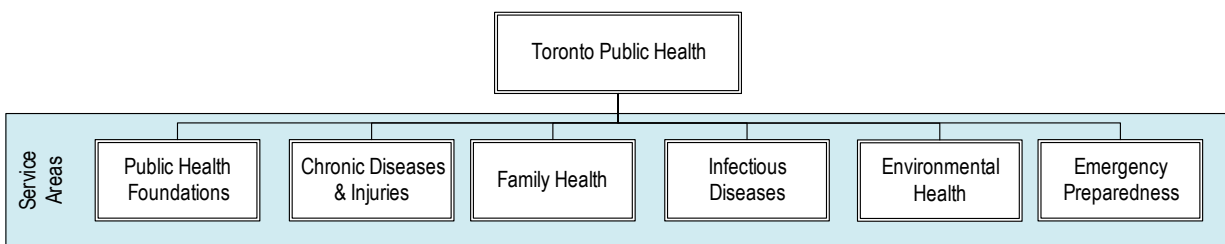
Year	Allowable Provincial Increase for Eligible Mandatory Programs (75%)	Provincial Average	Toronto Public Health
2010	Up to 3% growth over prior year's allocation	2.3% growth	Requested and received \$118.7 million (at 75%), which represented 0.5% growth over 2009
2011	Up to 3% growth over prior year's allocation	2.8% growth	Requested and received \$121.3 million (at 75%), which represented 2.2% growth over 2010
2012	Up to 3% growth over the prior year's allocation	1.5% growth	Requested and received \$121.7 million (at 75%) for mandatory programs, which represented 0.4% growth over 2011.
2013	Up to 2% growth over prior year's allocation	2.0% growth	Requested and received \$124.1 million (at 75%) for mandatory programs, which represented 2.0% growth over 2012
2014	Up to 2% growth over prior year's allocation	2.0% growth	Requested \$125.3 million (at 75%) for mandatory programs, which represented 0.9% growth over 2013

In recent past years, TPH has requested less than the provincial average for increases in cost shared funding reflecting the City's financial constraints. TPH continues its efforts to maintain programs and services and meet public health legislative requirements and various standards, while achieving more effective and efficient ways to deliver programs and services and ensuring accountability for Toronto taxpayers.

TPH Strategic Plan 2010-2014



TPH Program Map



TPH Program Overviews

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

- The Vaccine Preventable Diseases (VPD) program annually assesses immunization records for all students enrolled in Toronto schools. The VPD program offers Hepatitis B and Meningitis C vaccine to grade 7 students and immunizes thousands of residents annually as part of the provincial Universal Influenza Immunization Program.
- The Sexually Transmitted Infection (STI) case management program provides comprehensive assessment, counseling, referral and partner notification of sexually transmitted infections annually.
- The AIDS and Sexual Health Information Line provides telephone counseling.

- Thirteen Sexual Health (SH) clinics provide services in clinics across the city. Services include STI testing and free treatment, provision of low cost birth control and pregnancy testing and referral.

Environmental Health (EH) Program promotes safety of food and beverages in restaurants and processing plants including inspection of over 18,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards. Other EH services include education, training and certification on safe food preparation, handling and processing for food premise operators as well food safety education for the general public. EH monitors drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notifies stakeholders in the event of adverse water quality conditions.

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

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

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

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

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

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

TPH Operating Budget by Program

For the 2015 Operating Budget process, the City implemented a service-based and performance-focused planning and budgeting process. A key requirement for all divisions and ABCs was to prepare the 2015 Operating Budget based on their Program and Service areas using the City's new Financial Planning and Reporting System (FPARS). The Service areas for TPH represent the high level 6 Ontario Public Health Standards as listed in the Table 3 below.

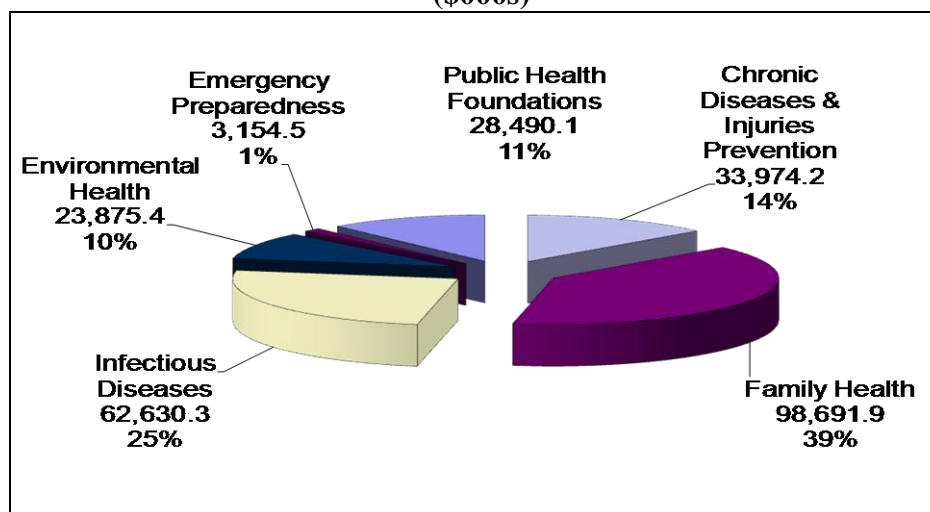
The operating budget that funds the six TPH Programs is outlined below in Table 3 - Operating Budget Expenditure Allocation by Program, which compares budgeted expenditures between the 2014 Budget and the 2015 Request. In Chart 1 – 2015 TPH Operating Budget Request by Program Gross Expenditure, the percentage breakdown of budget for each Program is illustrated.

Table 3
Operating Budget Expenditure Allocation by Program

Toronto Public Health	2014 Budget (\$000s)		2015 Request (\$000s)	
	Gross	Net	Gross	Net
Chronic Diseases & Injuries	41,527.1	9,549.6	33,974.2	9,122.2
Family Health	90,951.2	19,351.8	98,691.9	16,103.6
Infectious Diseases	68,115.9	13,479.0	62,630.3	13,514.6
Environmental Health	24,643.9	5,566.4	23,875.4	5,414.2
Emergency Preparedness	3,002.6	721.3	3,154.5	765.3
Public Health Foundations	19,320.1	6,314.2	28,490.1	10,706.2
Total	247,560.9	54,982.2	250,816.4	55,626.1

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

Chart 1
2015 TPH Operating Budget Request by Program Gross Expenditure (\$000s)



TPH Operating Budget by Funding Sources

The Province of Ontario provides funding for 71.1 percent of the TPH gross operating budget with 22.2 percent contributed from the City and the remaining 6.7 percent from user fees and other City Divisions. From the 71.1 percent provincially funded programs, 51.2 percent are cost shared programs at 75:25; and 19.9 percent are 100 percent funded by the Province.

Chart 2
Breakdown of TPH 2015 Operating Budget by Funding Source
 (\$000s)

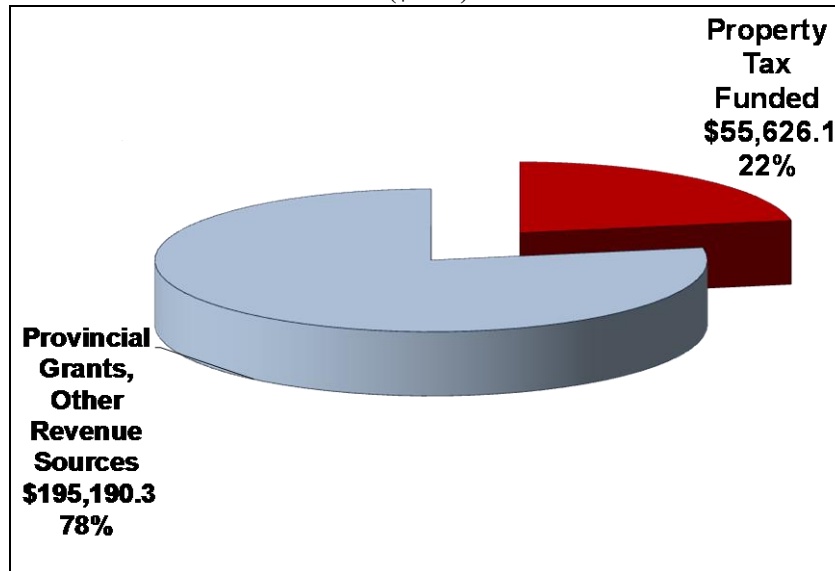
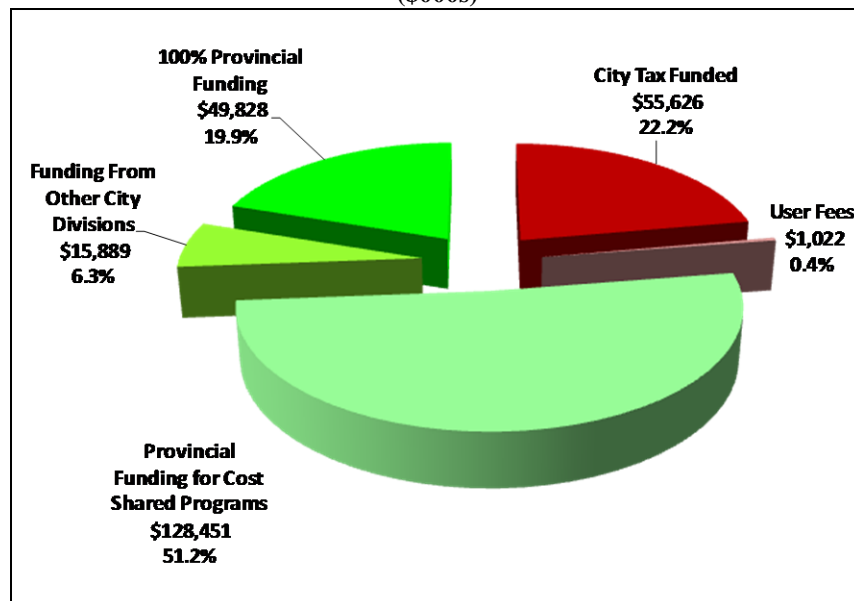


Chart 3
Breakdown of TPH 2015 Operating Budget by Detailed Funding Source
 (\$000s)



Provincial Funding for Cost Shared Programs

The 2015 Operating Budget request for the provincial mandatory cost shared programs, including both the provincial share of 75 percent and the City's share of 25 percent, is \$170,294.7 thousand gross / \$42,573.7 thousand net expenditures, which is an increase from the 2014 Operating Budget of \$3,251.4 thousand gross and \$812.9 thousand net expenditures, mainly related to negotiated compensation costs, and new and enhanced proposals meant to maximize Provincial funding

The provincial funding formula will continue at 75 percent in 2015. The cost sharing formula of 75:25 means that funding for every \$4 of public health services requires only \$1 of investment by the City. Conversely, a reduction of \$1 to the net City funded budget would require a \$4 cut in provincial cost-shared programs.

In 2013, the Ministry of Health and Long-Term Care (MOHLTC) offered increases of up to 2 percent over the 2012 approved funding level to Ontario Boards of Health to meet the Ontario Public Health Standards. The City of Toronto requested an increase of \$1,118.4 thousand or 0.9 percent from 2013 allocation.

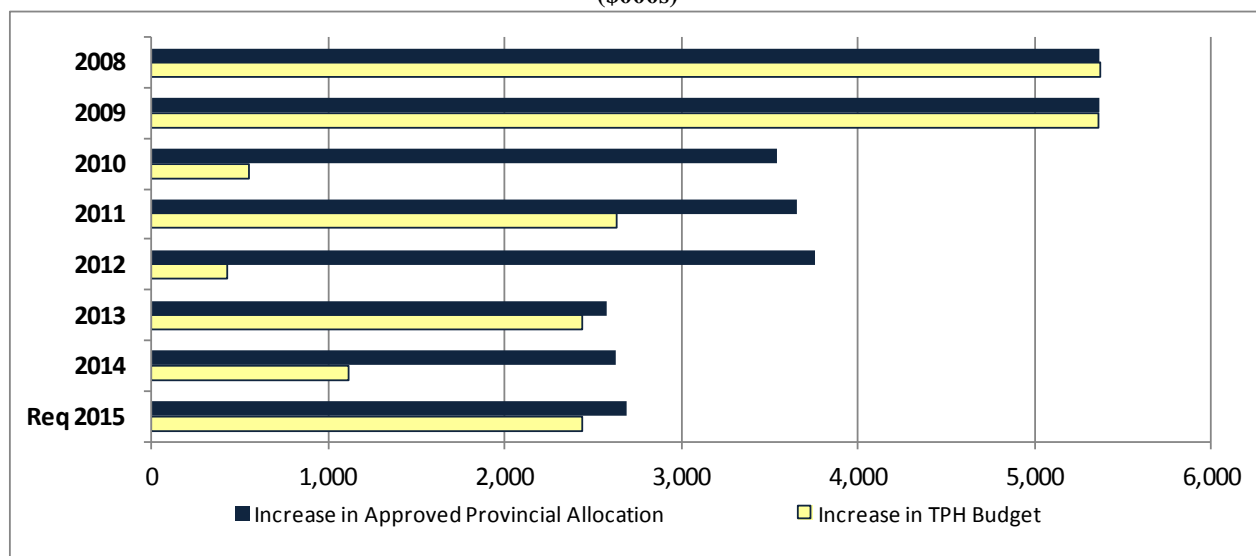
Table 4
TPH Provincial Funding for 75% Cost Shared Programs
2007-2015

YEAR	PROVINCIAL ALLOCATION			TPH REQUEST			CUMULATIVE REVENUE FOREGONE
	APPROVED PROVINCIAL ALLOCATION	\$ INCREASE	% INCREASE	TPH REQUESTED BUDGET	\$ INCREASE	% INCREASE	
2007	107,383,013			107,383,013			0
2008	112,752,164	5,369,151	5.00%	112,752,164	5,369,151	5.00%	0
2009	118,118,431	5,366,267	4.76%	118,118,431	5,366,267	4.76%	0
2010	121,661,984	3,543,553	3.00%	118,672,157	553,726	0.47%	2,989,827
2011	125,311,843	3,649,859	3.00%	121,302,814	2,630,657	2.22%	4,009,029
2012	129,071,198	3,759,355	3.00%	121,729,409	426,595	0.35%	7,341,789
2013	131,652,622	2,581,424	2.00%	124,163,997	2,434,588	2.00%	7,488,625
2014	134,285,675	2,633,052	2.00%	125,282,410	1,118,413	0.90%	9,003,265
2015 Req	136,971,388	2,685,713	2.00%	127,720,989	2,438,579	1.95%	9,250,399

Note: Only the Provincial Funding portion of the budget for Cost Shared programs is represented in the table. For 2015, the Provincial Allocation of \$127,720 thousand is expected to be at 2%.

In accordance with the direction of the BOH Budget Committee, the MOH recommendations for the TPH 2015 Operating Budget maximize the potential provincial revenue of \$2,438.6 thousand or 1.95 percent increase over the 2014 approved funding level.

Chart 4
Comparison of TPH Requested Funding Increase and Eligible Provincial Allocation
For 75% Cost Shared Programs 2008-2015 Request
 (\$000s)



Since 2010 the cumulative provincial revenue foregone due to the City's financial constraints is \$9.0 million. The opportunity to invest in and build public health programs and services in areas such as communicable disease control and chronic disease prevention is foregone when available provincial funding is not maximized.

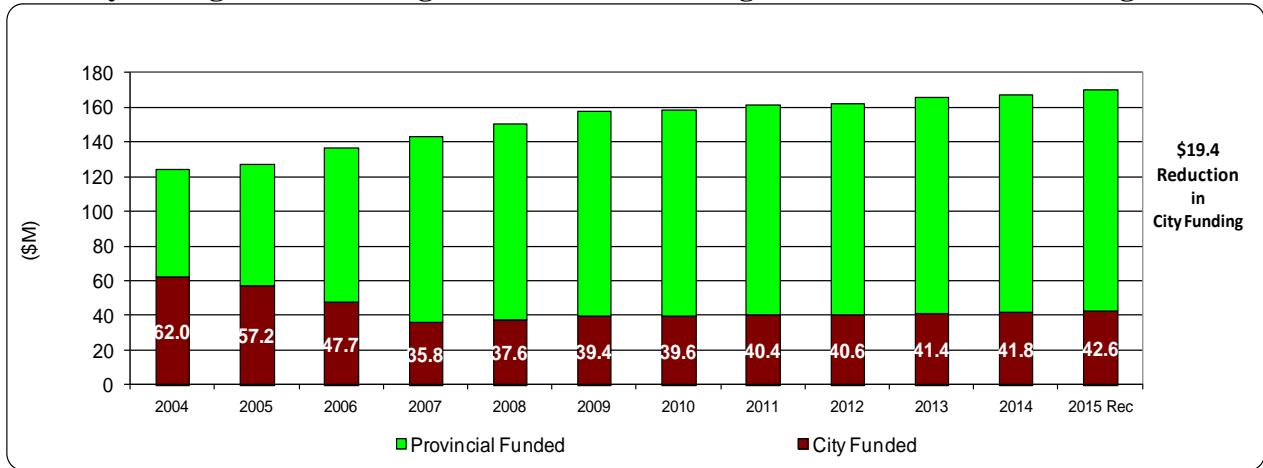
In 2004, Operation Health Protection was announced by the Ontario government to increase the provincial share of public health funding from 50 percent to 75 percent by 2007 as follows:

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

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

The shift in funding from the City to the Province from 2005 to 2007 reduced the City's investment in TPH from \$62.0 million in 2004 to \$35.8 million in 2007, with savings to the City of \$26.2 million.

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



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

100% Provincially Funded Programs

Several programs offered by TPH are funded 100 percent by the Province including Healthy Babies/Healthy Children, Preschool Speech and Language and Communicable Disease Liaison Unit as outlined below in Table 5 and Chart 6 – 100% Provincially Funded Program Trends: 2004 - 2014. Over the past nine years the amount of 100 percent provincial funding has increased by over 70 percent from \$28.3 million in 2004 to \$48.7 million in 2014.

Chart 6
100% Provincially Funded Program Trends: 2004 – 2014

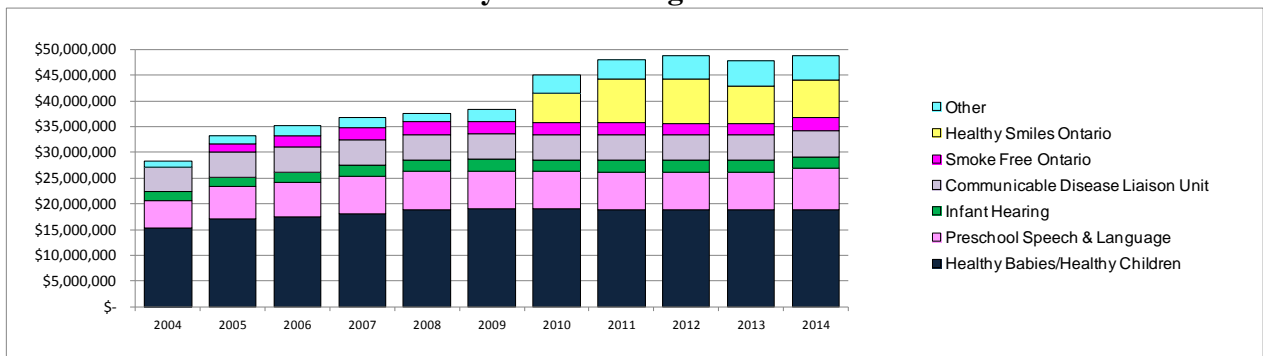


Table 5
100% Provincially Funded Program Trends: 2010 – 2014 (in \$000s)

100% Funded Programs	2010	2011	2012	2013	2014
Healthy Babies/Healthy Children	18,972.9	18,872.9	18,872.9	18,872.9	18,872.9
Preschool Speech & Language	7,303.4	7,271.4	7,271.4	7,271.4	7,960.5
Infant Hearing	2,305.9	2,430.9	2,305.9	2,305.9	2,305.9
Communicable Disease Liaison Unit	4,854.4	4,854.4	5,000.2	5,000.2	5,147.3
Smoke Free Ontario	2,327.4	2,328.3	2,162.1	2,202.1	2,429.0
Healthy Smiles Ontario	5,738.2	8,546.4	8,546.4	7,264.5	7,314.4
AIDS Hotline	520.0	520.0	520.0	520.0	695.0
Blind Low Vision	365.0	365.0	365.0	365.0	365.0
Diabetes Strategy	967.8	970.0	865.5	865.5	865.5
Haines Food Safety	330.0	330.0	330.0	330.0	331.9
Other	341.3	1,346.1	2,449.9	2,856.8	2,453.3
Total	44,026.3	47,835.5	48,689.4	47,854.3	48,740.8

Note:

- 2013 Budget for Healthy Smiles Ontario was reduced by \$1,281.9 thousand due to reversal of one time start up costs.
- 2013 Provincial Budgets for Healthy Babies / Healthy Children, Preschool Speech and Language, Infant Hearing, Smoke Free Ontario programs include base and one time funding
- Other includes: Enhanced Food Safety, Needle Exchange Program and Healthy Communities Partnerships
- Preschool Speech and Language received new base funding of \$689.2 thousand for 2014 / 2015 Provincial Fiscal Year.

PART III: PROGRAM DETAILS

The Program Details section provides an overview of each of the six major programs that makeup TPH. The 2015 TPH Operating Budget Request submission is based on these six major programs. The breakdown of 2014 Budget and 2015 Request for Services or Functional Area within each major program is outlined below. The 2014 Key Accomplishments section highlights significant achievements during the past year whereas the 2015 Service Deliverables section highlights deliverables that the proposed Operating Budget will fund in 2015.

INFECTIOUS DISEASES (in \$000s)		Gross Budget	Net Budget
	2015 Rec	62,630.3	13,514.6
	2014	68,115.9	13,479.0
	Difference	(5,485.6)	35.6

Program Overview

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

- The Vaccine Preventable Diseases (VPD) program annually assesses immunization records for all students enrolled in Toronto schools. The VPD program offers Hepatitis B, Meningitis C, and Human Papilloma Virus (HPV) vaccine to grade 7 and 8 students and immunizes thousands of residents annually as part of the provincial Universal Influenza Immunization Program.
- The Sexually Transmitted Infection (STI) case management program provides comprehensive assessment, counseling, referral and partner notification of sexually transmitted infections annually.
- The AIDS and Sexual Health Information Line provide telephone counseling.
- Fourteen Sexual Health (SH) clinics provide services in clinics across the city. Services include STI testing and free treatment, provision of low cost birth control and pregnancy testing and referral.
- Provide treatment and follow up (including Directly Observed Therapy) to active TB cases.

2014 Key Accomplishments:

- ☑ **Infectious Disease Prevention & Control:** Provided 24/7 availability to respond to reports of infectious disease requiring an immediate public health response. Received, assessed and reviewed more than 89,000 notifications of all 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 34,000 cases of reportable/communicable diseases. Inspected 3,551 critical and semi-critical personal services settings. Continued implementation of the BodySafe Personal Service Safety (PSS) inspection and disclosure program, requiring licensing of tattoo, body piercing, micropigmentation and electrolysis establishments by July 1, 2015. Inspected 1,065 licensed child care facilities. Responded to all infection prevention and control complaints in personal services settings and where services are provided by regulated health professionals. Provided infection prevention and control liaison services to 20 hospital sites, 18 complex continuing care/rehab centres, 87 Long-Term Care Homes, 3 correctional facilities, 4 school boards and 65 shelters. Responded to 330 outbreaks of communicable diseases in the community and institutional facilities.

- ☑ **Sexual Health, Sexually Transmitted and Bloodborne Infections:** Provided over 55,000 clinic visits at sexual health clinics. Investigated over 13,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV. Ensured treatment of 100% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics). Counselling (provided anonymous information and referral services) 25,600 callers through the AIDS and Sexual Health Information Line. Trained 300 people who used opioids to administer naloxone to reverse overdose. Recorded over 75,000 visits to the Needle Exchange. Provided sexual health promotion programming to 30,000 clients. Created and implemented a data base for condom distribution for the safer sex supplies program.

- ☑ **Tuberculosis (TB) Prevention & Control:** Provided comprehensive case management for all active and suspect TB cases until treatment completion (i.e. from 6 months to 2 years). Ensured 95% of all TB cases completing treatment in 2014 completed appropriate and adequate treatment according to the Canadian TB Standards. Initiated a minimum of 85% of eligible clients with active TB on directly observed therapy (DOT). Implemented alternative IT solutions to increase the accessibility of video DOT for clients with active TB. Provided free TB medication to all clients with active TB and to clients diagnosed with Latent TB Infection (LTBI) referred for TB preventative therapy by their community health care provider. Provided follow-up of all persons identified as contacts of an active TB case. Assessed and followed up newcomers who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. Provided PHN liaison to work directly with the 4 TB Clinics, Correctional Facilities and designated homeless shelters and settlement agencies located in Toronto in order to work collaboratively to prevent and control TB. Identified and implemented IT solutions to facilitate real-time data entry into the TB-DOT database by staff working in the community. Provided TB education presentations and developed educational resources for populations at risk for developing TB and health care professionals/agencies working with persons at high risk of developing TB.

- ☑ Vaccine Preventable Diseases: Provided 38,000 immunizations for hepatitis B, 25,000 for Meningococcal meningitis, and 18,000 for human papillomavirus (HPV) for grades 7&8 students. Provided 13 community influenza clinics and 25 homeless/underhoused clinics in the fall of 2014. Completed assessment of immunization records for 242,860 elementary, and request immunization for 50,000 secondary students. Completed 1,400 cold chain inspections for routine vaccine providers, including pharmacies applying to the Universal Influenza Immunization Program in fall 2014. Provided 29 immunization clinics for school-aged children who do not have access to OHIP or a health care provider. Provided 50 community clinics for HPV vaccine for high school female students. Received approximately 80,000 calls at the Immunization Information Centre.
- ☑ Rabies Prevention and Control: Investigated 100% animal to human bite incidents. Provided post exposure prophylaxis to attending physicians (when requested) to protect 100% of exposed individuals. Submitted 100% animal specimens for rabies testing when risk assessment indicated need.

2015 Service Deliverables

- ☑ Infectious Disease Prevention & Control: Ensure services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response. Respond to approximately 34,000 cases of reportable/communicable diseases. Respond to approximately 9,500 cases and contacts of reportable/communicable diseases and to all outbreaks of communicable diseases. Inspect 3,800 critical and semi-critical personal services settings (PSS) and 1,065 licensed child care facilities. Respond to all infection prevention and control complaints in personal services settings and where services are provided by regulated health professionals. Provide infection prevention and control liaison services to 20 hospital sites, 17 complex continuing care/rehab sites, 87 Long-Term Care Homes, 4 correctional facilities, 4 school boards and 65 shelters, 1065 licensed child care centers. Implement licensing of manicure, pedicure and aesthetics services between July 1, 2014 and July 1, 2015. Work with 87 Long-Term Care Homes and 150 retirement homes to develop their infectious disease surveillance systems.
- ☑ Sexual Health, Sexually Transmitted and Bloodborne Infections: Partner with approximately 42 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. 300 naloxone training sessions offered annually. Record over 75,000 visits to the Needle Exchange. Reach 30,000 community clients through sexual health promotion. Assist 30,000 Ontario callers through the AIDS and Sexual Health InfoLine. Distribute 3,900,000 male condoms and 37,600 female condoms. Distribute 900,000 units of lubricant. Provide 60,000 client visits to sexual health clinics with a 2-3 week wait time for new clients. Track and investigate over 15,000 confirmed cases of chlamydia, gonorrhoea, syphilis, HIV, Hep B and C. Provide provincially funded medication for treatment for reportable STI treatment provided to 100% of requesting community physicians. Send 300 anonymous e-cards from inSPOT website. Fund 48 community organizations (AIDS and substance abuse programs) with 1.9 million dollars, and assist 32 agencies with evaluation skills. Ensure treatment of

100% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics).

- ☑ Tuberculosis (TB) Prevention & Control: Provide comprehensive case management for all active and suspect TB cases until treatment completion (i.e. from 6 months to 2 years). Ensure 95% of all TB cases completing treatment in 2015 complete appropriate and adequate treatment according to the Canadian TB Standards. Ensure a minimum of 85% of eligible clients with active TB on directly observed therapy (DOT). Provide free TB medication to all clients with active TB and to clients diagnosed with Latent TB Infection (LTBI) who are referred for TB preventative therapy by their community health care provider utilizing the new Panorama inventory system. Provide follow-up of all persons identified as contacts of an active TB case. Assess and follow-up newcomers who are placed on TB Medical Surveillance by Citizenship and Immigration Canada and advocate for evidence based changes to this program. Provide PHN liaison to work directly with the 4 TB Clinics, Correctional Facilities and designated homeless shelters and settlement agencies located in Toronto in order to work collaboratively to prevent and control TB. Implement fully IT solutions to facilitate real-time data entry into the TB-DOT database by staff working in the community. Provide TB education presentations and develop educational resources for populations at risk for developing TB and health care professionals/agencies working with persons at high risk of developing TB.
- ☑ Vaccine Preventable Diseases: Implement a catch-up campaign, providing the mandatory meningococcal vaccine for Grade 8 and secondary students at 24 community clinics. Provide hepatitis B and meningococcal meningitis vaccine to grade 7 students. Provide human papillomavirus (HPV) to grade 8 female students. Complete an assessment for cold chain compliance for 1,400 Toronto premises which store publically funded vaccines. Complete a cold chain assessment for 700 pharmacies applying to the Universal Influenza Immunization Program (UIIP). Investigate 100% of reported adverse events following immunization (AEFIs). Assess and update immunization records for all students attending school in Toronto using the newly implemented provincial wide Panorama database. Respond to all communications from external stakeholders received to immunization@toronto.ca. Receive approximately 90,000 calls at the Immunization Information Centre.
- ☑ Rabies Prevention and Control: Investigated over 2400 100% animal to human bite incidents. Provide post exposure prophylaxis to attending physicians (when requested) to protect 100% of exposed individuals. Submit 100% animal specimens for rabies testing when risk assessment indicates need.

ENVIRONMENTAL HEALTH (in \$000s)		Gross Budget	Net Budget
	2015 Rec	23,875.4	5,414.2
	2014	24,643.9	5,566.4
	Difference	(768.5)	(152.2)

Program Overview

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

2014 Key Accomplishments

- ☑ **Food Safety:** Inspected approximately 32,000 food premises; responded to 100% of reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues within 24 hours; Offered food safety training and certification to approximately 8,910 food handlers working in licensed food premises. Initiated a major Home Food Safety health promotion campaign using Food Safety Enhancement Funding aimed at 2.6 million residents of Toronto.
- ☑ **Safe Water:** Implemented web based disclosure system for Safe Water program. Conducted over 4,350 recreational water facilities inspections issuing Closure Orders for swimming pools, spas, and wading pools when health hazard were evident. Investigated and resolved over 300 adverse (microbiological, lead and other chemical) water reports. Monitored all 11 City of Toronto beaches of which 8 are designated Blue Flag beaches for acceptable water quality and closing beaches when high E.coli. levels exceeded provincially established standards.
- ☑ **Health Hazard Investigation:** Responded within 24 hours or by the next business day to over 5,000 (100%) complaints alleging a health hazard which includes more than 750 (100%) received after normal business hours in order to eliminate or reduce the effect of health hazards. In addition over 1,200 bed-bug related complaints/requests for service were responded to which involved block inspections, co-ordination of unit preparation for vulnerable clients, comprehensive nursing assessments, health services referrals and other supports. As part of the Hot Weather Response 800 preseason education packages (Hot Weather Protection Plan) were provided to landlords of the rooming houses/ boarding homes/TCH Senior sector/nursing and retirement homes. Over 355,000 City catch basins (3 rounds) and other catch basins in environmentally sensitive areas were treated as part of our Vector Borne Disease activities and a minimum of 43 traps were set across the city and monitored from June until September for mosquitoes. As well targeted tick dragging was conducted in areas where black legged ticks have been identified and samples were submitted for testing for Lyme disease.

2015 Service Deliverables

- ☑ Food Safety: Complete 32,000 food safety inspections of food premises; receive and respond to reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues within 24 hours; provide food safety training and certification of 9,000 food handlers working in licensed food premises. Develop low literacy promotional and education tools for use in inspections and food handler training.
- ☑ Safe Water: Conduct systematic and routine assessment, surveillance, monitoring and reporting of drinking water and public beaches (11) and respond within 24 hours to reports of drinking water illnesses and public beach water illnesses; and inspect 1,611 recreational facilities by completing 5,148 inspections. Distribute resources to increase swimming pool safety awareness among newcomers.
- ☑ Health Hazard Prevention and Management: Respond to 100% complaints alleging a health hazard within 24 hours or by the next business day and take action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto. Provide pre-season education packages (Hot Weather Protection Plan) to at least 1,500 landlords of the rooming houses/boarding homes/nursing/retirement homes, hospitals, libraries, community centres and Cooling Centres. Treat 352,164 catch basins in environmentally sensitive areas through a service contract. Set a minimum of 43 mosquito traps across the city and monitor from June until September; conduct tick dragging in areas of concern.

EMERGENCY PREPAREDNESS (in \$000s)		Gross Budget	Net Budget
	2015 Rec	3,154.5	765.3
	2014	3,002.6	721.3
	Difference	151.9	44.0

Program Overview

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

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

2014 Key Accomplishments:

- Completed 100% of Business Continuity Plans.
- Reached 100% of TPH staff with basic Incident Management System training through on-line training, (e-modules).

2015 Service Deliverables

- Complete Respirator Fit Testing for 95% of TPH staff.
- Participate and contribute to health sector and municipal planning for the 2015 Pan/Parapan American Games.

CHRONIC DISEASES AND INJURIES (in \$000s)		Gross Budget	Net Budget
	2015 Rec	33,974.2	9,122.2
	2014	41,527.1	9,549.6
	Difference	(7,552.9)	(427.4)

Program Overview

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

2014 Key Accomplishments

- ☑ Reached 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).
- ☑ Provided CDI Services to youth (to build positive health behaviours) using a youth engagement approach such that 20% of identified youth-serving agencies receive a CDI consultation; 10% of youth-serving agencies that receive a CDI consultation received an additional CDI service; and 50% of youth-serving agencies that received a CDI consultation reached a prioritized youth population.
- ☑ Provided menu analysis, nutrition education and/or food skills/literacy training to 54% of municipally funded Student Nutrition Programs in the 2013/2014 school year.
- ☑ Engaged 5000+ adults in walking promotion pedometer lending programs, promoted through libraries, workplaces, and community sites.
- ☑ Trained 161 peer leaders in type 2 diabetes prevention. Reached 4,232 people at risk of developing type 2 diabetes directly by trained peer leaders through awareness raising, physical activity and healthy eating/skill building sessions and workshops; an additional 14,446 individuals were reached through peer-led awareness-raising events and activities. TPH educated 851 individuals through type 2 diabetes risk assessment workshops and an additional 533 individuals through healthy eating and physical activity diabetes prevention workshops.
- ☑ Reached 100 schools and 2,000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 40% of participating schools were in their second year or more of participation.
- ☑ Referred workplaces participating in Health Options at Work to 75 TPH services.
- ☑ Provided education and training to 450 health and allied health professionals on falls

prevention from 84 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years), sixteen percent of agencies serving seniors in Toronto will send Health and Allied Health Professional staff to be trained on Falls Prevention. Educated 2,700 older adults through 75 falls prevention presentations / events.

- ☑ Achieved 90% completion rate for tobacco inspections.
- ☑ Provided one school nurse liaison for each of the ~800 schools in Toronto (ratio: 1:30, provincial average is 1:15).
- ☑ Reached 348,000 adults through substance misuse prevention communication campaign activities to promote the national Low-Risk Alcohol Drinking Guidelines.

2015 Service Deliverables

- ☑ Reach 60% (~217,000) of children/youth in Toronto schools with CDI initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety, and injury prevention).
- ☑ Reach 100 schools and 2000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 40% of participating schools will be in their second year or more of participation.
- ☑ Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs in the 2014/2015 school year.
- ☑ Provide CDI Services to youth (to build positive health behaviours) using a youth engagement approach such that 20% of identified youth-serving agencies receive a CDI consultation; 10% of youth-serving agencies that receive a CDI consultation will receive an additional CDI service; and 50% of youth-serving agencies that receive a CDI consultation will reach a prioritized youth population.
- ☑ Train 100 peer leaders in diabetes prevention, screening and education; reach 2,000 people at risk of developing type 2 diabetes directly by trained peer leaders; screen 900 people who may be at risk of type 2 diabetes; work with 80 community agencies and workplaces on diabetes prevention activities.
- ☑ Provide at least 85 TPH services to workplaces participating in Health Options at Work.
- ☑ Engage 6,160 adults in 146 walking promotion pedometer lending programs, promoting through libraries, workplaces, and community sites.
- ☑ Achieve greater than 75% completion rate for tobacco inspections.
- ☑ Provide one school nurse liaison for each of the ~800 schools in Toronto (ratio: 1:30, provincial average is 1:15).

- ☑ Provide injury prevention education (including wheel safety and concussion prevention) to 3,500 elementary-aged children.
- ☑ Train service providers on the Step Ahead injury prevention program resulting in 90% reporting an intent to use the exercises/skills with their clients.
- ☑ Provide education and training to 475 health care providers and caregiver on falls prevention from 85 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years),seventeen percent of agencies serving seniors in Toronto will send health care providers to be trained on Falls Prevention.
- ☑ Educate 2,700 older adults through 75 falls prevention presentations / events.
- ☑ Reach an estimated 400,000 adults through substance misuse prevention communication campaign activities to promote the national Low-Risk Alcohol Drinking Guidelines.
- ☑ Reach 43,000 children and youth with substance misuse prevention programs (peer leadership programs, displays, presentations and community led grant initiatives sponsored by the Toronto Urban Health Fund).
- ☑ Deliver peer leader training to youth to enable them to effectively educate their peers in injury and substance misuse prevention. Provide training for 700 peer leaders in schools, post-secondary institutions, community agencies and through community grant initiatives sponsored by the Toronto Urban Health Fund (TUHF) to reach 24,000 children and youth.

FAMILY HEALTH (in \$000s)		Gross Budget	Net Budget
	2015 Rec	98,691.9	16,103.6
	2014	90,951.2	19,351.8
	Difference*	7,740.6	(3,248.2)

*Note: Difference is not exactly equal due to rounding

Program Overview

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

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

2014 Key Accomplishments

Family Health

- ☑ Established Baby-Friendly Initiative (BFI) sustainability plan and participated in provincial collaborative initiative to develop province-wide breastfeeding surveillance data collection plan.
- ☑ Provided nutrition counselling and vitamin supplementation to 2,300 prenatal women in Healthiest Babies Possible program and group nutrition education to 2,500 prenatal women at 39 Canada Prenatal Nutrition Program sites.
- ☑ Provided 20,000 mothers with breastfeeding education and support through telephone counselling, home visits and community-based breastfeeding clinics.
- ☑ Increased universal postpartum screening in community hospitals by 5%.
- ☑ Conducted 35,000 home visits to provide in-depth assessment, counseling, referral and case-management for families with children 0 to 3 years of age who are at high risk of poor developmental outcomes.
- ☑ Delivered individualized assessment, counseling, referral and case-management to 100 new homeless or under-housed prenatal women.

- ☑ Delivered group parenting education to 4,800 parents with 35% of groups delivered in priority at-risk neighbourhoods.
- ☑ Delivered culturally and language specific group nutrition education to 900 families with children 6 months to 6 years of age.
- ☑ Provided wrap-around counselling and case-management for 480 families in partnership with Toronto Employee and Social Services.
- ☑ Provided speech and language therapy to 8,000 preschool children.
- ☑ Conducted infant hearing screening tests on 38,000 newborns.
- ☑ Conducted 21,000 dental screenings in elementary schools; conducted approximately 11,500 screenings in high schools and daycares.
- ☑ Screened approximately 11,500 youth and children through the high school and child care screening program and referred approximately 2,800 for treatment.

2015 Service Deliverables

- ☑ Complete Baby Friendly Initiative data requirements negotiated with Breastfeeding Committee for Canada,
- ☑ Continue to provide access to the Online Prenatal Program to 2,000 pregnant women.
- ☑ Provide nutrition counselling and vitamin supplementation to pregnant women in Healthiest Babies Possible program during 2,500 face to face interactions.
- ☑ Provide 20,000 individual telephone counselling calls and 19,000 face to face interactions for breastfeeding support.
- ☑ Develop an app to address preconception, pregnancy, breastfeeding and parenting.
- ☑ Deliver group prenatal education to 2,200 pregnant women at the Canada Prenatal Nutrition Program.
- ☑ Implement Online Parenting Program "Welcome to Parenting" for parents of children 0-12 months old.
- ☑ Implement social media strategy for parents about child development and effective parenting.
- ☑ Deliver group parenting education to 5,650 parents with 35% of groups delivered in neighbourhoods targeted through City of Toronto Strong Neighbourhoods Strategy.

- ☑ Provide developmental and nutritional screening for 1,750 children at screening clinics.
- ☑ Pilot Healthy Baby Health Children / Infant Hearing Program Screening Model in hospitals.
- ☑ Continue to deliver 35,000 home visits by PHNs and FHV's for high risk families in the parenting period.
- ☑ Streamline 18-month high risk surveillance for permanent hearing loss and extend the surveillance to 30 months as per Ministry of Children and Youth Services guidelines.
- ☑ Develop a Special Needs Strategy plan that includes implementation of early years growth and development screening, service coordination and integrated rehabilitation strategies.
- ☑ Develop a partner and parent communications committee to improve accessibility and understanding of Toronto Preschool Speech and Language services.
- ☑ Establish integrated individual service plan protocol for children receiving Infant Hearing Program and Blind Low Vision services.
- ☑ Provide hearing screening to 38,000 newborns.
- ☑ Provide counseling, referral and support to 100-155 families who have an infant or child with diagnosed hearing or vision loss.
- ☑ Conduct 210,000 dental screenings in elementary schools; conduct approximately 11,500 screenings in high schools and daycares.

PUBLIC HEALTH FOUNDATIONS (in \$000s)		Gross Budget	Net Budget
	2015 Rec	28,490.1	10,706.2
	2014	19,320.1	6,314.2
	Difference	9,170.0	4,392.0

Program Overview

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

2014 Key Accomplishments

- ☑ Implemented and conducted initial analysis of Toronto Public Health Student Survey. Monitored, maintained, and assessed 49 health surveillance indicators, developed 2 new indicators. Conducted analysis of 5 year trends related to income and health inequalities. Conducted ongoing surveillance for outbreak detection. Prepared 12 staff reports for the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto. Prepared 9 background or technical reports summarizing health evidence on selected social and environmental determinants of health, including reviews of best practices to address these health concerns. Approved 25 research proposals submitted for ethics review.

2015 Service Deliverables

- ☑ Report results from Toronto Public Health Student Survey. Monitor, maintain, and assess 51 health surveillance indicators. Report results of 5 year trend analysis related to income and health inequalities. Conduct ongoing surveillance for outbreak detection. Prepare 15 staff reports for the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto. Prepare 8 background or technical reports summarizing health evidence on selected social and environmental determinants of health, including reviews of best practices to address these health concerns. Approve 25 research proposals submitted for ethics review.

PART IV: OPERATING BUDGET DETAILS

Table 6
Toronto Public Health

Overview of the 2015 Operating Budget Request						
	Summary of 2015 Operating Budget Request					
	Approved Positions	Gross Expenditures	Revenues	Net	Net	Cumulative Net
(\$000s)		\$	\$	\$	%	%
2014 Council Appr. Operating Budget as at January 30, 2014	1,874.38	246,258.6	193,494.4	52,764.2		
In-year approvals and technical adjustments	2.65	1,302.2	(915.8)	2,218.0		
2014 Operating Budget	1,877.03	247,560.9	192,578.6	54,982.2		
Step, Progression Pay, COLA, Benefits Gapping	0.00	2,758.3	2,083.5	674.7	1.23	1.23
Salaries & Benefits Related to Capital Projects	(10.40)	(678.4)	(678.4)	0.0	0.00	1.23
Economic Factors - Non Payroll	0.00	211.3	161.0	50.3	0.09	1.32
IDC / IDR	0.00	194.3	205.3	(10.9)	(0.02)	1.30
Annualization of 2014 New / Enhanced	0.00	532.7	399.5	133.2	0.24	1.54
100% Funded Program Adjustments	0.00	(123.6)	(123.6)	0.0	0.00	1.54
User Fees	0.00	12.9	20.2	(7.3)	(0.01)	1.53
PART 1: 2015 Base Budget Request	1,866.63	250,468.3	194,646.0	55,822.3	1.53	1.53
Over (Under) 2014 Operating Budget	(10.40)	2,907.5	2,067.4	840.1	1.53	1.53
% Over (Under) 2014 Final Budget	(0.55)	1.2	1.1	1.5	1.53	1.53
Change funding for LIDP from Cost Shared to 100%	0.00	0.0	283.2	(283.2)	(0.52)	1.01
Salary & Non Salary Efficiencies	0.00	(120.0)	(90.0)	(30.0)	(0.05)	0.96
2015 Reduction Options	0.00	(120.0)	193.2	(313.2)	(0.57)	0.96
PART 2: 2015 Request Including Reduction Options	1,866.63	250,348.3	194,839.2	55,509.1	0.96	0.96
Toronto Urban Health Fund	0.00	150.0	112.5	37.5	0.07	1.03
Reducing Health Impacts from Climate Change	1.00	125.6	94.2	31.4	0.06	1.08
Day Nursery Immunization	2.00	192.4	144.3	48.1	0.09	1.17
2015 New & Enhanced	3.00	468.1	351.1	117.0	0.21	1.17
PART 3: 2015 Request Including New & Enhanced	1,869.63	250,816.4	195,190.3	55,626.1	1.17	1.17
Over (Under) 2014 Operating Budget	(7.40)	3,255.6	2,611.7	643.9	1.17	1.17
% Over (Under) 2014 Operating Budget	(0.39)	1.3	1.4	1.2	1.17	1.17

*Note: Difference is not exactly equal due to rounding

Budget Impact on Toronto Taxpayers

The Province of Ontario provides funding for 71.1 percent of the TPH gross operating budget with 22.2 percent contributed from the City and the remaining 6.7 percent from user fees and other levels of government or external partners. The cost sharing formula of 75:25 means that every \$4 of public health services requires only \$1 of investment by the City.

The table below shows the annual cost of public health services per Toronto resident since 2004. The shift in the provincial formula starting in 2005 from 50 percent to 75 percent funding for cost-shared programs has allowed the City to move significant property tax dollars from public health into other City programs. The 2015 Operating Budget request includes \$20.0 million less in municipal funding than in 2004. The 2015 Operating Budget request would cost each Toronto resident \$21.39 in property taxes.

Chart 7
Municipal Costs per Person for Public Health Services

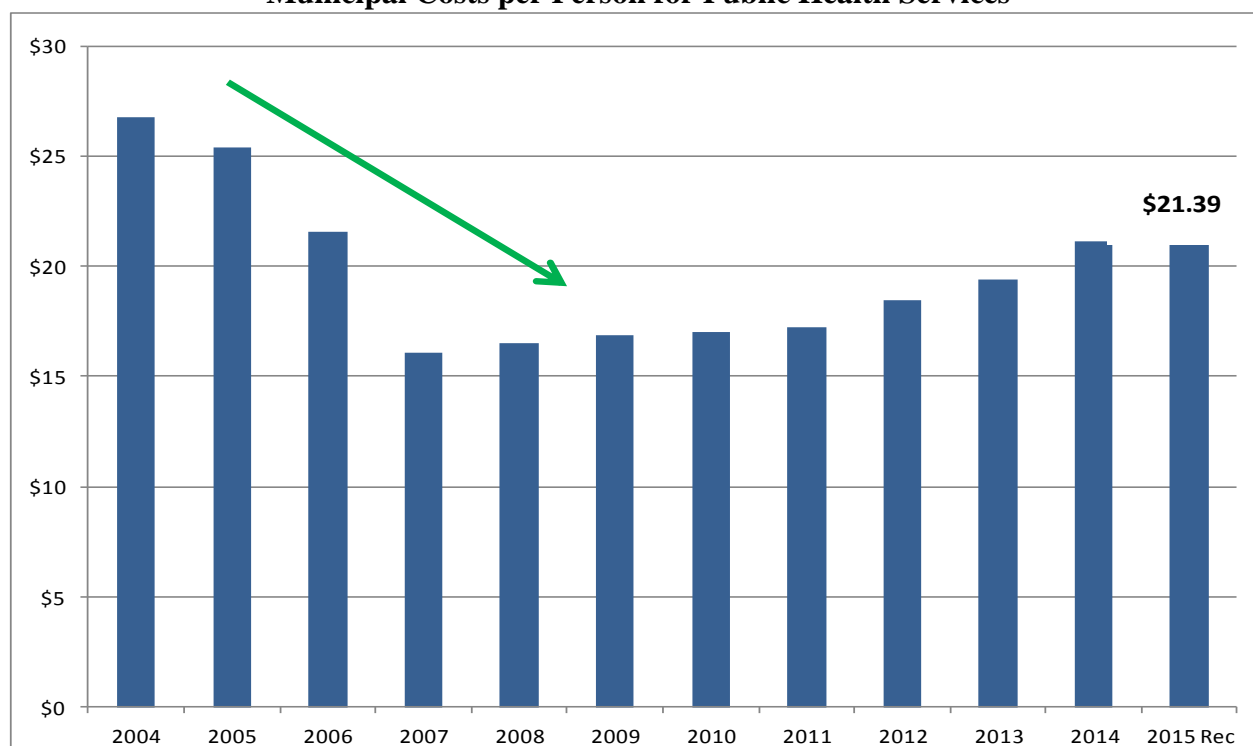


Table 7
Municipal Costs per Person for Public Health Services

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015 Rec
26.74	25.38	21.59	16.07	16.50	16.85	16.99	17.22	18.43	19.39	21.15	21.39

The increase in 2014 is the result of the expansion of the City funded Student Nutrition Program and increases in salaries economic, factors and a technical adjustment of net increase of \$2,218 thousand from the Non Program Account. The total net impact of these adjustments in 2014 was \$4,575.7 thousand, or a municipal property tax cost per resident of \$1.76.

Section A: Base Budget

PART 1: Adjusted Base Budget

The adjusted base budget of \$250,468.3 thousand gross / \$55,822.3 thousand net, that is \$840.1 thousand above the 2014 net budget, includes:

Salary and Benefit Changes

- An increase of \$2,758.3 thousand gross and \$674.7 thousand net for 2015 COLA, progression pay, step, benefits and gapping

Salaries and Benefits Related to Capital Projects

- Included in the TPH 2015 Capital Budget Request are Information Technology projects that require staff resources. The salaries and benefits of staff supporting these Capital Projects are fully recoverable from capital budget debt and provincial funding (Panorama/Infectious Disease Control Project) and are included in the 2015 Operating Budget Request per the City's Budget Guidelines.
- A net decrease of \$678.4 thousand gross / \$0 net and 10.4 positions are included in this request.

Economic Factors – Non Payroll

- An increase of \$211.3 thousand gross and \$50.3 thousand net for inflationary increases in utilities, the Toronto Urban Health Fund (AIDS and Drug Prevention Grants) and for Sexual Health Clinic Service Contracts and rental increases.

IDC / IDR

- A decrease of \$10.9 thousand net is due to overall decreased demand for services from other City departments.

Annualization of 2014 New & Enhanced

- The two 2014 new & enhanced services for preventing childhood obesity and enhancements to STI prevention started in April 2014. The resulting annualization impact in 2015 is an increase of \$532.7 thousand gross and \$133.2 thousand net.

100% Funded Adjustments

- A decrease of \$123.6 thousand gross and \$0 net for reversal of various one time and base 100% Provincially and external agencies funded programs.

User Fees

- An increase of \$12.9 thousand gross and a decrease of \$7.3 thousand net for user fees. All user fees for TPH's cost shared programs have increased by 2.2% due to economic factors resulting in a net budget decrease of \$7.3 thousand.

Section B: Reduction Options

The City Manager issued guidelines and directions for development of the 2015 Operating Budget to all City Programs as well as Agencies, Boards and Commissions (ABCs). Included in these directions is the expectation that all City Programs and ABCs achieve the 2015 operating budget target of a zero percent increase from the Council Approved 2014 Net Operating Budget.

As part of the 2015 Operating Budget TPH proposed budget reductions of \$120.0 thousand gross and \$313.2 thousand net from the following sources:

- An increase in revenue and a decrease in net of \$283.2 thousand resulting in the transfer of cost shared dental programs to 100% Provincially funded integrated Low Income Dental Program (LIDP).
- A decrease of \$120.0 thousand gross and \$30.0 thousand net reduction in payroll and non payroll expenditure budget.

Section C: New and Enhanced Services

Maximize Provincial Funding

The Board of Health Budget Committee requested the Medical Officer of Health to prepare a 2015 Operating Budget which maximizes provincial funding and improves compliance with Ontario Public Health Standards. The 2015 budget request includes three new and enhanced cost shared services for \$468.1 thousand gross and \$117.0 thousand net from the following: Toronto Urban Health Fund (TUHF), Reducing Health Impacts from Climate Change and Day Nursery Immunization program. Below is a brief description of each request.

- **Toronto Urban Health Fund** – \$150.0 thousand gross and \$37.5 thousand net – This proposal addresses Economic Vitality and Social Development through facilitating workforce development in community agencies and youth service agencies with a particular emphasis in developing youth employment opportunities and enhancing the well being of youth and newcomer populations in Neighbourhood Improvement Areas and contributing to meeting the objectives of the Strong Neighbourhood Strategy.

The 2014 allocations process resulted in 9 projects with merit requesting funding in the amount of \$527.7 thousand that could not be funded due to insufficient funds. In addition, 3 projects had a budget short fall of \$73.4 thousand and could not be funded at full requested amount due to insufficient funds available for appeals. Four projects totaling \$177,302 targeting high risk youth, including two aboriginal led projects were close to being funded if additional support were provided to the agencies.

A five year plan is proposed for TUHF with a budget enhancement of \$750.0 thousand for the program through annual increments of \$150.0 thousand per year over five years to address HIV prevention, harm reduction and youth resiliency.

- **Reducing Health Impacts from Climate Change** – \$125.6 thousand gross and \$31.4 thousand net and 1 position – This proposal supports the City's Strategic Actions on supporting environmental sustainability; improving emergency response/prevention and strengthening intergovernmental relationships. It will enhance protection and prevention of health risks associated with Climate Change; increase awareness and public participation in mitigation and adaptation efforts and support partnerships with federal and provincial health agencies on climate change issues.

This business case proposes the development and co-ordination of measures to prevent or reduce adverse health impacts associated with climate change through policy research and implementation, intergovernmental advocacy and strategic planning. Key initiatives include development of a climate change/extreme weather adaptation plan for TPH; a corporate Cold Weather Plan; a health vulnerability and adaptive capacity assessment; and policy and regulatory opportunities such as development of a provincial heat and cold alert system. New resources will support resiliency in local communities through engagement and awareness of

the potential impacts of climate change and related preventative activities.

Climate change in Toronto is expected to bring more extreme weather events including extreme heat/cold and severe rainstorms.

Day Nursery Immunization – \$192.4 thousand gross and \$48.1 thousand net and 2 positions – This request will enhance services offered to the day nurseries by meeting specific requirements from the Immunization Management protocols. With the addition of 2 nurses to its staff complement, the program would be able to address several of the basic requirements under the Immunization Management Protocol as follows:

- 1) Provide annual immunization recommendations;
- 2) Ensure recommendations are at a minimum according to provincial immunization schedule;
- 3) Provide immunization resources to Day Nurseries to give to parents; and
- 4) Provide annual education sessions for operators;

Immunization is a vital preventative measure that has eliminated many communicable diseases and continues to enhance the city's quality of life. Children attending day nurseries represent a vulnerable population who are just receiving their primary series and spend considerable time in a closed environment where communicable diseases can spread rapidly.

Currently the Vaccine Preventable Diseases (VPD) program is unable to assess the immunization status of children in day nurseries as required by the Ontario Public Health Standards (OPHS). There are approximately 900 day nurseries with a student population of 40,000 in the City of Toronto. Under the OPHS, Immunization Management Protocol, the Board of Health is required to assess the immunization status of children in licensed day nurseries.

Section D: Other New & Enhanced Services

Other New & Enhanced includes the reversal of 2014 Pan / Parapan Am Games Planning and the one-time 2015 initiatives to support planning and operations for the 2015 Pan / Parapan Am Games and on-going funding for the City's Student Nutrition Program these are outlined in Table 8 followed by a brief description of each proposal.

Table 8
Toronto Public Health

Other New & Enhanced Services				
	Approved Positions	Gross Expenditures	Revenues	Net
(\$000s)		\$	\$	\$
<i>Pan / Parapan Am Games - Funded</i>				
Pan / Parapan Am Games - Tobacco Free Games 2014 (Reversal)	0.00	(35.0)	(35.0)	0.0
Pan / Parapan Am Games - Tobacco Free Games 2015 (Addition)	0.00	75.2	75.2	0.0
Pan / Parapan Am Games - 2014 (Reversal)	(2.00)	(253.0)	(253.0)	0.0
Pan / Parapan Am Games - 2015 Planning	0.92	125.6	125.6	0.0
Pan / Parapan Am Games - 2015 Operations	1.50	205.9	205.9	0.0
Total Pan / Parapan Am Games	0.42	118.7	118.7	0.0
Student Nutrition Program (SNP) - 2014 Cost of Food	0.00	381.9	0.0	381.9
SNP Increase Financial Stability of Currently Funded Programs	0.00	963.7	0.0	963.7
SNP Year 3 - Expand to Schools	0.00	555.5	0.0	555.5
Total Student Nutrition Program	0.00	1,901.1	0.0	1,901.1
Total Other New & Enhanced Services	0.42	2,019.8	118.7	1,901.1

- **Pan / Parapan Am Games for TPH**

Budget in the amount of \$406.7 thousand gross and \$0 net and 2.42 positions, for 2015 are required for increased public health activities for operations during the Pan Am and Parapan Am Games taking place in Toronto and the Greater Golden Horseshoe in July and August 2015. This will be the largest multi-sport event ever held in Canada, with over 10,000 athletes and officials, 20,000 volunteers and as many as 250,000 visitors expected to attend.

Operating funds will support enhanced critical services that include communicable disease control, environmental health inspection, program coordination and liaison with the federal and provincial governments, Games organizers and health system partners.

Like other City divisions and agencies with significant operational roles in the Games, TPH's 2015 Games budget request of \$406.7 thousand gross and \$0 net covers the following three areas:

1. Games planning - \$125.6 thousand gross and net which represents the annualized cost of 0.92 temporary positions hired by TPH in 2014 for activities leading up to the Games.
 2. Games operations - \$205.9 thousand gross and net, which will support 1.50 FTEs for communicable disease control, health inspection and program coordination, and standby resources for disease control and crisis support. It is anticipated that these activities will be recovered from the provincial government through a Municipal Services Agreement (MSA) between the City of Toronto and the provincial Pan Am/Parapan Am Games Secretariat.
 3. Host City Showcase Programs - \$75.2 thousand gross and \$0 net for the Host City Showcase Program Tobacco-Free Games, which includes a carryover of \$24.5 thousand from 2014. TPH's Tobacco-Free Games initiative was one of 16 community legacy programs approved by City Council at its meeting on July 16, 2013 as part of a Host City Showcase Program, and is funded under a new Major Special Events Reserve Fund.
- **Student Nutrition 2014 Annual Adjustment and Economic Factors:** \$1,901.1 thousand gross and net:

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

A report to the Board of Health on August 18, 2014 entitled " Student Nutrition Program: Five-Year Plan Status Update and 2015 Operating Budget Request" included requests for program stabilization and service enhancements in-line with year 3 of the 5-year plan. It includes:

- 1) An increase of \$963.7 thousand gross and net to existing student nutrition programs to increase the City's investment rate to 16% of total program costs from 14% in 2014, providing a stronger funding base for existing programs
- 2) A request for an additional net increase of \$555.5 thousand gross and net to extend municipal funding for 27 new student nutrition programs to open in publically funded schools in higher need communities in 2015
- 3) A request for increases in cost of food for \$381.9 thousand gross and net to cover the increased cost of food for existing student nutrition programs

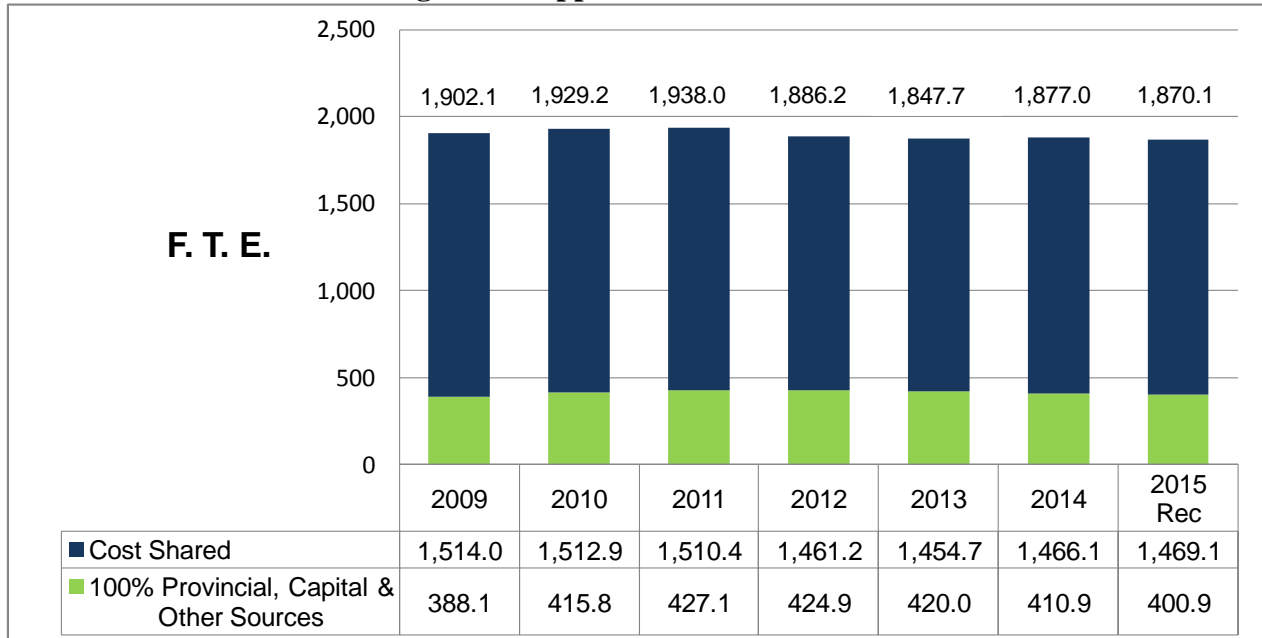
The stabilization component will be directed to existing student nutrition programs to provide more core funding to increase the number of breakfasts served. The expansion component proposes an enhancement request to provide municipal funding to 27 schools in higher need areas that currently do not offer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

Section E: Impact of Capital Projects on Future Operating Budgets

Approval of the 2015 – 2024 Recommended Capital Plan has no impact on future year Operating Budgets. The costs of new system maintenance and support will be fully absorbed within the existing TPH operating budget using program efficiency and service realignment realized through the implementation of IT Capital projects.

Section F: Staffing Trends

Chart 8
Staffing Trend Approved Positions 2009-2015



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

Section G: 2014 Operating Budget Variance

Table 9
2014 Operating Budget Variance Review at May 31, 2014 (\$000s)

(In \$000s)	2013 Actuals	2014 Approved Budget	2014 Projected Actuals	2014 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
GROSS EXP.	235,749.9	246,258.6	241,204.0	(5,054.6)	(2.1)
REVENUES	186,655.6	193,494.4	188,922.6	(4,571.8)	(2.4)
NET EXP.	49,094.4	52,764.2	52,281.4	(482.8)	(0.9)
Approved Positions	1,874.7	1,877.6	1,774.6	(103.0)	(5.5)

* Based on the Second Quarter Operating Budget Variance Report.

The 2014 Operating Budget Variance Review presented in Table 9 is based on the five months that ended on May 31, 2014.

2014 Experience

As submitted in the May 31, 2014 Operating Variance Report, at year-end, TPH expects to be under-spent in gross expenditures by \$5,054.2 thousand or 2.1 percent and under achieved in revenue by \$4,571.8 thousand or 2.4 percent resulting in a \$482.8 thousand net favorable variance or 0.9 percent below budget.

For the period ending May 31, 2014 the overall, year-to-date net expenditure variance was under budget by \$189.5 thousand or 1.1 percent. TPH gross expenditure was below budget by \$2,914.8 thousand or 3.3 percent. The variance is due to delays in staffing and underspending in medical supplies, advertising and promotions and payments to community agencies. Revenue was under-achieved by \$2,725.3 thousand or 3.9 percent due to under spending in provincial cost shared and fully funded programs. At year end, TPH expects to be underspent by 5,054.6 thousand gross / \$482.8 thousand net.