

STAFF REPORT ACTION REQUIRED

Ministry of Health and Long-Term Care Funding for Healthy Kids Community Challenge

Date:	August 28, 2015
To:	Executive Committee
From:	Executive Director, Social Development, Finance and Administration
Wards:	Wards 1, 2,3,7,8,9, 26, 31, 34, 35, 36, 37, 38, 43
Reference Number:	AFS # 21647

SUMMARY

This reports requests authority to receive one-time funding of up to \$4,500,000 over fiscal years 2015-2016, 2016-2017, and 2017-2018 from the Ministry of Health and Long-Term Care to lead Ontario's Healthy Kids Community Challenge (The Challenge) in four neighbourhoods in Toronto: Rexdale, Danforth-East York, Humber-Downsview, and Central Scarborough.

The City and community partners will develop and leverage new and existing policies, programs and supports to encourage positive behaviour change to prevent childhood overweight and obesity, and to promote healthy growth and development. These policies, programs and supports will also work to remove barriers to healthy behaviour change and create healthy communities and environments (e.g., schools, workplaces, homes and other community settings). The Challenge is based on the EPODE (Ensemble Prévenons l'Obesité des Enfant - Let's Prevent Childhood Obesity) methodology, recognized by the World Health Organization as a best practice in childhood overweight and obesity prevention.

The report recommends adjusting the 2015 Approved Operating Budget for Social Development, Finance and Administration (SDFA) to receive Ministry program funding; requests authority to enter into service agreements with four delivery agencies selected through a Request for Proposal process; and requests authority to draw the required funding from the National Child Benefits Supplement Reserve for City project management and administration for the life of the project. The report also recommends

amending the 2016 Operating Budget Submission and the 2017 and 2018 Outlooks for SDFA to fully deliver the program.

RECOMMENDATIONS

The Executive Director, Social Development, Finance & Administration (SDFA) recommends that:

- 1. City Council authorize the Executive Director, Social Development, Finance and Administration to sign a transfer payment agreement with Ministry of Health and Long-Term Care (MOHLTC) for the Healthy Kids Community Challenge program and receive funds up to \$4,500,000 in provincial contribution;
- 2. City Council authorize the Executive Director of Social Development, Finance and Administration to withdraw up to \$810,000 from the National Child Benefits Supplement Reserve (XR2102);
- 3. City Council authorize an increase to the 2015 Approved Operating Budget for Social Development, Finance and Administration of \$1,600,000 gross, and \$0 net to reflect the MOHLC's project funding contribution of \$1,500,000, and funding of \$100,000 from the from the National Child Benefits Supplement Reserve for City's share of program management and administration for 2015;
- 4. City Council increase the 2015 approved complement for the SDFA by 2.0 temporary positions for the duration of the Healthy Kids Community Challenge program;
- 5. City Council authorize the Executive Director, SDFA to submit a business case to reflect increased funding from MOHLTC and National Child Benefits Supplement Reserve for consideration during the 2016 Operating Budget process and adjust the future outlooks accordingly.
- 6. City Council authorize the Executive Director, Social Development, Finance and Administration to enter into purchase of service agreements for the delivery of The Healthy Kids Community Challenge program with the successful proponents of the Request for Proposal (RFP) process on the proviso that:
 - (a) the successful proponents of the Healthy Kids Community Challenge program comply with all applicable requirements under the purchase of service agreement;
 - (b) the agreements shall be in a form satisfactory to the City Solicitor and contain such other items and conditions as the City Solicitor may deem advisable; and

- (c) the agreements are within the Deputy City Manager's delegated approval limit.
- 7. City Council direct the Executive Director, Social Development, Finance and Administration to work with the Medical Officer of Health, the General Manager of Children's Services and the General Manager of Parks, Forestry and Recreation to report back on the progress of The Healthy Kids Community Challenge, lessons learned, and opportunities to support community health.

Equity Impact

Obesity prevalence is closely linked to lower socioeconomic status. The Challenge will support health equity through interventions at the population-level and by targeting atrisk populations. Providing inclusive, accessible and equitable programs and services to diverse, higher needs communities will help reduce health inequalities and prevent overweight/obesity. Interventions will also focus on positive health messages and not on programs or messages that could increase bias or stigma around weight.

Financial Impact

Funding for the Healthy Kids Community Challenge Project of \$5,310,000 gross and \$0 net, which will be funded from April 1, 2015 to March 31, 2018, will include cash flows as noted below:

- \$4,500,000 gross and \$0 net from the Ministry of Health and Long Term Care (MOHLTC) will be evenly distributed by \$1,500,000 gross and \$0 net for 2015, 2016 and 2017, with funding allocated to four community agencies; and.
- \$810,000 gross and \$0 net from the National Child Benefits Supplement Reserve (XR2102), funded in years 2015 through 2018 represents the City's contribution, which funds the program management and administration.

Table 1: Cash Flow

Funding Source	2015	2016	2017	2018	Total
National Child Care Benefit Supplement Reserve	100,000	300,000	310,000	100,000	810,000
MOHLTC	1,500,000	1,500,000	1,500,000		4,500,000
Total Recommended	1,600,000	1,800,000	1,810,000	100,000	5,310,000

The 2015 Approved Operating Budget for SDFA will be increased by \$1,600,000 gross and \$0 net to reflect funding from the MOHLTC and the National Child Benefits Supplement Reserve (XR2102) for the 2015 allocation. Further, the 2016 Operating Budget submission and outlooks for SDFA will be revised to reflect increased funding for the initiative.

Through a Request for Proposal (RFP) process, SDFA will enter into agreements with four community agencies to coordinate the community-led planning and action for the Healthy Kids Community Challenge program to the delivery agencies will depend on a detailed budget based on Community Needs Assessments:

Table 2: Ministry Funding for Challenge Communities

Funding Year	Funding Per Community	Total Annually for All Communities
April 1, 2015 - March 31, 2016	Up to \$375,000	Up to \$1,500,000
April 1, 2016 - March 31, 2017	Up to \$375,000	Up to \$1,500,000
April 1, 2017 - March 31, 2018	Up to \$375,000	Up to \$1,500,000
Total	Up to \$1,125,000	Up to \$4,500,000

The Deputy City Manager and Chief Financial Officer has reviewed this report and agrees with the financial impact information.

ISSUE BACKGROUND

In 2014, a collaboration of City Divisions – Children's Services, Parks, Forestry and Recreation, Toronto Public Health and Social Development, Finance & Administration – developed and submitted applications for the Province of Ontario's Healthy Kids Community Challenge (The Challenge). Based on a recognized World Health Organization best practice, the EPODE (Ensemble Prévenons l'Obesité des Enfants – Together Let's Prevent Childhood Obesity) methodology involves a range of sectors working together to implement activities to prevent childhood overweight and obesity, and promote healthy growth and development.

Municipalities were invited to apply for The Healthy Kids Community Challenge. As a large municipality, the City of Toronto submitted applications on behalf of four communities based on the MOHLTC's requirement of community sizes of no greater than 200,000 residents. While each application was assessed independently, the City was approved for up to \$4,500,000 in Ministry of Health and Long-Term Care funding to deliver all four community projects: (1) Danforth-East York; (2) Humber-Downsview; (3) Rexdale; and (4) Central Scarborough.

Comments

Program Model

The City of Toronto, working with our local community partners, will develop and leverage new and existing programs, policies and supports that will encourage positive behaviour change in the key protective factors of healthy eating and physical activity for childhood overweight and obesity. These policies and programs will also work to remove

the barriers to healthy behaviour change and create healthy communities and environments (e.g., schools, homes and community settings).

The Challenge will target children 0 -12 years old as evidence suggests that targeting children in this age range may lead to a better outcomes since these years are a critical time for establishing healthy behaviours. The Challenge will also target their parents/families and service providers.

The Healthy Kids Community Challenge is guided by the following four principles:

- Focus on healthy kids, not just healthy weights. Strategies targeting protective factors for healthy weights including improving nutrition and increasing physical activity will benefit all children, regardless of weight status.
- Focus on positive health messages and not on programs or messages that could increase bias or stigma around weight.
- Recognize that healthy kids live in healthy families, schools and communities.
- Support health equity through interventions at the population-level and by targeting at-risk populations.

Local implementation will be based on one specific theme related to healthy eating or physical activity every 9 months. The MOHLTC will select the themes according to the latest and best available evidence on the risk and protective factors that lead to, or prevent, childhood overweight and obesity. The City and community delivery partners will also participate in ongoing data collection for project evaluation and accountability reporting. In addition to funding, the MOHLTC will provide communication tools, training and assistance with evaluation.

Alignment with other Place-Based Strategies

The four Challenge communities are among 15 minor health planning areas in Toronto, designated in 2004 to support local planning and health service delivery to meet local population needs.¹

The Challenge Communities include, in part of in whole, with 19 Neighbourhood improvement Areas (NIAs). Through the Toronto Strong Neighbourhood Strategy 2020, the City is committed to working with a range of sectors, community agencies, and residents to strengthen well-being in Toronto's 31 Neighbourhood Improvement Areas (NIAs). One of the keys to neighbourhood well-being is a focus on Healthy Lives – actions that support the physical and mental health of neighbourhood residents. The Healthy Kids Community Challenge will make an important contribution to local actions related to Healthy Lives by working to build supportive environments in The Challenge communities to enable healthy behaviours in children, and related supportive behaviours in their parents. The Challenge will further provide concrete ways to increase community

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¹ Toronto Small Health Planning Areas: A Population-Based Approach to Constructing New Health Planning Areas in the City, Toronto District Health Council, 2004, pp i, ii, 1. http://www.torontohealthprofiles.ca/a_documents/resources/TorontoSmallHealthPlanningAreasFinalReport.pdf

² Toronto Strong Neighbourhoods Strategy 2020 - Recommended Neighbourhood Improvement Areas, http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.CD27.5

capacity to plan, implement and evaluate sustainable health interventions at the community level; and to improve community collaboration and coordination on promoting healthy childhood weights through the development and mobilization of multisectoral community partnerships.

The four Challenge Communities are all identified as Residential Apartment Commercial (RAC) zone pilot areas under Tower Renewal. New zoning has been proposed for apartment properties in these areas which would permit a broader range of non-residential uses, such as farmer's markets, cafes, improved retail stores and community services to take place on the apartment building properties.

Responsibilities

The City of Toronto is responsible for providing overall leadership, implementation, administration, monitoring and reporting for The Challenge in Danforth-East York, Humber-Downsview, and Rexdale, Central Scarborough. Social Development, Finance & Administration will act as secretariat for The Challenge, supported by Toronto Public Health; Parks, Forestry & Recreation; and Children's Services. As the only approved municipality to have four Challenge communities, staff recommend that the City dedicate a Manager, Healthy Kids & Communities and administrative support through funds from the National Child Benefits Supplement Reserve for the life of the project to ensure the City effectively fulfils its contractual responsibilities for The Challenge.

The four selected community delivery agencies will each designate a Local Project Manager as the lead community contact to work with City staff to leverage community partnerships, undertake a Community Needs Assessment, and plan and implement local Theme-Based Action Plans. The delivery agencies will establish and maintain a multi-sectoral community partnership to undertake local actions, identify and leverage existing community resources to support The Challenge and contribute to successful delivery.

Following Council approval, SDFA will execute the transfer payment agreement with the Ministry of Health and Long-Term Care, finalize City staff hiring, and select the four community delivery agencies. The City and our partners with undertake Community Needs Assessments, including refining the boundaries of the Challenge Communities, and collect baseline data in The Challenge communities, develop the first Theme-Based Action Plan based on the Provincial theme, and begin implementation.

CONTACT

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SIGNATURE

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ATTACHMENTS

Appendix A – Challenge Community Profiles

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	Danforth – East York Community*
Total Population	• 159,220 (2011 Census)
Total Population 19 years and under	• 37,595 (23.6%) and 6.8% of the city's 550,905 0-19 year olds (2011 Census).
Ethno-cultural and Linguistic Composition	• Ethno-culturally diverse and a high proportion (14%) of recent immigrants (2006 census), particularly in specific neighbourhoods; diverse language needs with the pre-dominant non-official languages being Bengali, Urdu, Farsi, Gujarati, Tagalog, Tamil, Arabic, Greek, Cantonese and Italian.
Low Income Rate	 The highest low income rate (after tax) in the City (33.8%, 2010 T1 Family File, children 0-17 years). All low income families and non-family persons median income ranges from \$9,720-\$15,810 (2010 T1 Family File). The employment rate is 58.4% and the percent of the population age 25-64 with no certificate, diploma or degree is 13.6% (2006 Census).
Neighbourhood Improvement Areas* (Challenge Community boundaries will be refined in the Community Needs Assessments)	 Victoria Village - # 43 Flemingdon Park - #44 Thorncliffe Park - #55 Crescent Town - #61
Tower Renewal	 Identified as a Residential Apartment Commercial (RAC) zone pilot area under Tower Renewal. New zoning has been proposed for apartment properties in these areas which would permit a broader range of non-residential uses, such as farmer's markets, cafes, improved retail stores and community services to take place on the apartment building properties.
Number of Schools	 41 publicly funded schools, of which 18 are high needs schools (including 11 TDSB Model Schools for Inner Cities).
Related Infrastructure	• 24 Student Nutrition Programs, 6 community gardens, 7 parent/family literacy centres, 9 OEYCs, 8 community centres, 7 library branches, 74 post-war apartment towers.

^{*}Challenge Community boundaries will be refined in the Community Needs Assessments.

Humber-Downsview Community*		
Total Population	• 203,940 (2011 Census)	
Total Population 19 years and under	• 50,190 (24.6%) and 9.1% of the city's 550,905 0-19 year olds (2011 Census) – high concentration of children/youth.	
Ethno-cultural and Linguistic Composition	• Ethno-culturally diverse and a high proportion (13.6%) of recent immigrants (2006 census); diverse language needs with the predominant non-official languages being Spanish, Vietnamese, Portuguese, Punjabi, Urdu, Tamil, Tagalog, Russian, and Italian.	
Low Income Rate	 The low income (after tax) rate of 30.2% for this area is considered high (2010 T1 Family File, children 0-17 years). All low income families and non-family persons median income ranges from \$6,410-\$13,070 (2010 T1 Family File). The employment rate is low at 56.1% and the percent of the population aged 25-64 with no certificate, diploma or degree is high at 20.6% (2006 Census). 	
Neighbourhood Improvement Areas (Challenge Community boundaries will be refined in the Community Needs Assessments)	 Humber Summit - #21 Humbermede - #22 Black Creek - #24 Glenfield-Jane Heights - #25 Downsview-Roding-CFB - #26 York University Heights - #27 The Emerging Neighbourhood of Westminster-Branson - # 35 	
Tower Renewal	 Identified as a Residential Apartment Commercial (RAC) zone pilot area under Tower Renewal. New zoning has been proposed for apartment properties in these areas which would permit a broader range of non-residential uses, such as farmer's markets, cafes, improved retail stores and community services to take place on the apartment building properties. 	
Number of Schools	• 64 publicly funded schools, of which 41 are high needs schools (including 27 TDSB Model Schools for Inner Cities).	
Related Infrastructure	• 35 Student Nutrition Programs, 8 community gardens, 11 parent/family literacy centres, 12 OEYCs, 12 community centres, 7 library branches, 126 post-war apartment towers.	

^{*}Challenge Community boundaries will be refined in the Community Needs Assessments.

Rexdale Community*		
Total Population	• 150,635 (2011 Census)	
Total Population 19 years and under	• 39,100 (25.9%) and 7.1% of the city's 550,905 0-19 year olds (2011 Census)	
Ethno-cultural and Linguistic Composition	• Ethno-culturally diverse and 13.4% are recent immigrants (2006 census); diverse language needs with the pre-dominant non-official languages being Punjabi, Gujarati, Spanish, Italian, Somali, Cantonese and Chinese n.o.s.	
Low Income Rate	 High rate of low income (after tax) families (30.6%, 2010 T1 Family File, children 0-17 years). All low income families and non-family persons median income ranges from \$10,690-\$14,410 (2010 T1 Family File). The employment rate is 57.8% and the percent of the population aged 25-64 with no certificate, diploma or degree is high at 16% (2006 Census). 	
Neighbourhood Improvement Areas (Challenge Community boundaries will be refined in the Community Needs Assessments)	 Mount Olive-Silverstone-Jamestown - #2 Thistletown-Beaumond Heights - #3 Elms-Old Rexdale - #5 Kingsview Village-The Westway - #6 	
Tower Renewal	 Identified as a Residential Apartment Commercial (RAC) zone pilot area under Tower Renewal. New zoning has been proposed for apartment properties in these areas which would permit a broader range of non- residential uses, such as farmer's markets, cafes, improved retail stores and community services to take place on the apartment building properties. 	
Number of Schools	• 51 publicly funded schools, of which 21 are high needs schools (including 11 TDSB Model Schools for Inner Cities).	
Related Infrastructure	• 22 Student Nutrition Programs, 9 community gardens, 6 parent/family literacy centres, 8 OEYCs, 11 community centres, 5 library branches, 64 post-war apartment towers.	

^{*}Challenge Community boundaries will be refined in the Community Needs Assessments.

	Central Scarborough Community*
Total Population	• 241,435 (2011 Census).
Total Population 19 years and under	• 59,125 (24.5%) and 10.7%% of the city's 550,905 0-19 year olds (2011 Census) – high concentration of children/youth.
Ethno-cultural and Linguistic Composition	• The Scarborough Centre area is comprised of 10 ethno- culturally diverse neighbourhoods including a high proportion (13.7%) of recent immigrants (2006 census); diverse language needs with the pre-dominant non-official languages being Bengali, Tagalog, Tamil, Urdu, Gujarati and Greek.
Low Income Rate	 The low income (after tax) rate of 31.9% for this area is considered high (2010 T1 Family File, children 0- 17 years). All low income families and non-family persons median income ranges from \$9,760-\$13,940 (2010 T1 Family File). The employment rate is low at 55.8% and the percent of the population aged 25-64 with no certificate, diploma or degree is 15.1% (2006 Census).
Neighbourhood Improvement Areas (Challenge Community boundaries will be refined in the Community Needs Assessments)	 Oakridge - #121 Kennedy Park - #124 Ionview - #125 Morningside - #135 Kingston-Galloway/Orton Park - #136/137 Woburn - #137 Eglinton East - #138 Scarborough Village - #139
Tower Renewal	 Identified as a Residential Apartment Commercial (RAC) zone pilot area under Tower Renewal. New zoning has been proposed for apartment properties in these areas which would permit a broader range of non-residential uses, such as farmer's markets, cafes, improved retail stores and community services to take place on the apartment building properties.
Number of Schools	80 publicly funded schools, of which 43 are high needs schools (including 29 TDSB Model Schools for Inner Cities).
Related Infrastructure	• 40 Student Nutrition Programs, 7 community gardens, 12 parent/family literacy centres, 15 Ontario Early Years Centres, 11 community centres, 9 library branches, 103 post-war apartment towers.

 $[*]Challenge\ Community\ boundaries\ will\ be\ refined\ in\ the\ Community\ Needs\ Assessments.$