

Attachment 1



Toronto Public Health Operating Budget Request 2016



PART I: EXECUTIVE SUMMARY

2016 Operating Budget Request	2
Recommendations	4

PART II: TORONTO PUBLIC HEALTH OVERVIEW

TPH Overview	5
TPH Strategic Plan	9
TPH Program Map	10
TPH Program Overviews	10
TPH Operating Budget By Program	13
TPH Operating Budget By Funding Sources	14

PART III: PROGRAM DETAILS

Infectious Diseases	19
Environmental Health	21
Emergency Preparedness	24
Chronic Diseases and Injury	25
Family Health	27
Public Health Foundations	29

PART IV: OPERATING BUDGET DETAILS

Overview of the 2016 Operating Budget	31
Budget Impact on Toronto Taxpayers	32
Section A: Base Budget	33
Section B: Operating Efficiencies	35
Section C: New and Enhanced Services	36
Section D: Other New & Enhanced Services	39
Section E: Impacts of Capital Projects on Future Operating Budgets	41
Section F: Staffing Trends	42
Section G: 2015 Operating Budget Variance	43

PART I: EXECUTIVE SUMMARY

2016 Operating Budget Request

The Toronto Public Health (TPH) 2016 Operating Budget Request totals \$248,104.8 thousand gross /\$57,554.1 thousand net. This request is \$5,869.9 thousand gross below and \$626.6 thousand net above the 2015 Operating Budget. The net increase of \$626.6 thousand over the 2015 Operating Budget is comprised primarily of base budget increases for the salaries and benefits increases, and the non-payroll economic factor increases of \$169.8 thousand net; reduction options of \$141.5 thousand net; and, new & enhanced services of \$598.3 thousand net.

Table 1
Toronto Public Health
2016 Operating Budget Request

	2015 Budget	2016 Base	2016 Reductions	2016 New & Enhanced	2016 Request	Change from 2015 Budget	
(\$000s)	\$	\$	\$	\$	\$	\$	%
GROSS EXP.	253,974.7	(7,943.2)	(283.2)	2,356.5	248,104.8	(5,869.9)	(2.3)
REVENUE	197,047.2	(8,113.0)	(141.7)	1,758.2	190,550.8	(6,496.5)	(3.3)
NET EXP.	56,927.5	169.8	(141.5)	598.3	57,554.1	626.6	1.1
Positions	1,875.34	(9.96)	0.00	8.00	1,873.38	(1.96)	(0.1)

The City Manager issued guidelines and directions for the development of the 2016 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs). Included in these directions was the expectation that all 2016 City Programs and ABC Operating Budgets submit a budget at 1% below the 2015 Approved Net Operating Budget.

TPH has reviewed its services and costs and where achievable absorbed the expected inflation increases and reduced expenses in the 2016 budget request. TPH is submitting a 2016 Operating Budget Request of \$248,104.8 thousand gross and \$57,554.1 thousand net, a 1.1% net increase over the 2015 Approved Operating Budget.

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 \$24.0 million between 2004 and the 2016 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 \$11.6 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 May 19, 2015 and September 22, 2015, the Board of Health Budget Committee requested the Medical Officer of Health to submit to the City's budget process an initial 2016 Toronto Public Health Operating Budget Request for Consideration, which will:

- a. Include the 2016 base budget request;
- b. Include the enhancements recommended by the Board of Health to the Student Nutrition Program;
- c. Include the two new and enhanced services requested by the Board of Health Budget Committee: Year 2 of the Toronto Urban Health Fund; partial implementation of the Day Nursery Immunization Program;
- d. Maximize provincial revenues; and
- e. Reduce gapping rate from 5.8% to 4.8%.

The following enhancements support mandated public health services and also maximize provincial revenues:

- Enhancement of the Toronto Urban Health Fund represents investment in the 2nd year of a 5 year plan to continue to provide one year and three year project funding to non-profit community based organizations to support initiatives in HIV (Human Immunodeficiency Virus) prevention, harm reduction, and child and youth resiliency.
- Phase 2 of the day nursery immunization program implementation will provide day nursery operators with education, promotional materials, recommendations and tools to assist them in meeting their responsibilities regarding immunization under the Child Care and Early Years Act. With this enhancement, TPH will work with operators and parents to ensure children are up-to-date for immunization and enable rapid assessment of children's immunization status to facilitate outbreak control in day nurseries. TPH will be in compliance with five of the six requirements regarding immunization of children in licensed day nurseries as per the OPHS and plan the most efficient way to transfer immunization records from Toronto child care centres into Panorama, the provincial electronic immunization database.
- The 1% gapping reduction is required for TPH to maintain the appropriate staffing level to deliver the approved levels of service.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. City Council approve the Toronto Public Health 2016 Operating Budget Request of \$248,104.8 thousand gross / \$57,554.1 thousand net as summarized in Table 1, “Toronto Public Health 2016 Operating Budget Request”;
2. City Council approve the list of base budget adjustments as summarized in Table 6, “Overview of 2016 Operating Budget Request” of this report totaling a decrease of \$7,943.2 thousand gross and an increase of \$169.8 thousand net;
3. City Council approve a 2016 Reduction Options of \$283.2 thousand gross and \$141.5 thousand net as outlined in Table 6, “Overview of 2016 Operating Budget Request”;
4. City Council approve a 2016 New and Enhanced Requests of \$2,356.5 thousand gross and \$598.3 thousand net as outlined in Table 6, “Overview of 2016 Operating Budget Request”;
5. City Council approve a total increase of \$1,603.7 thousand gross and net for the Student Nutrition Program as outlined in the October 26, 2015 Board of Health report, "Student Nutrition Program: 2016 Operating Budget Request and Municipal Funding Plan to 2018" that was adopted by the Board of Health;
6. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2016 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.

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, Day Nurseries Act, Environmental Protection Act, Mandatory Blood Testing Act, Personal Health Information Protection Act, Safe Drinking Water Act and Smoke-Free Ontario Act, to name a few.

Ontario Public Health 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 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.

In 2014, the BOH entered into a new three year agreement (2014 – 2016) with the MOHLTC.

There are two distinct areas of performance indicators - Health Promotion and Health Protection. Each year a report is submitted to the BOH on how TPH is achieving its targets.

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.

2016 Budget

As part of the 2016 budget process, the City Manager issued the following directions for development of the 2016 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs):

- 2016 Operating Budget request is 1% below the 2015 Approved Net Operating Budget resulting in a reduction of 1% reduction from the 2015 net budget.

The TPH 2016 Operating Budget request assumes 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 2016 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 cost shared service business cases totaling \$2,200.3 thousand gross and \$598.3 thousand net.

TPH identified reduction options totaling \$283.2 thousand gross and \$141.5 thousand net due to reductions in the contribution to the IT reserve, conversion of budget from 100% city to cost shared and reductions in the non-salary budget.

It is important to note that TPH's budget requests for 2010-2015 for provincial cost sharing programs were below the provincial average in all but one year. Table 2 provides a comparison of TPH's budget request as compared to the other 35 health units in Ontario (provincial average).

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
2015	2% growth allocated by equity funding formula.	2.0% growth	Requested \$126.9 million (at 75%) for mandatory programs, which represented 1.3% growth over 2014. Province approved 2.6% growth.

In 2015 the provincial government implemented a new equity funding formula for Ontario Board of Health which addresses population health needs and service costs. Toronto Public Health was identified as one of the eight health units, among the total of 36 health units in Ontario that was determined to be under-funded. In 2015, TPH was approved to receive a 2.6 % base funding increase over the 2014 approved allocation. Going forward, if available, any growth funding will likely be distributed to the eight under-funded health units. Based on 2015 data, TPH has the potential of receiving cumulative growth funding of 9% to reach the equitable funding level determined by the provincial formula.

TPH Strategic Plan 2015-2019

Mission Statement

TPH reduces health inequities and improves the health of the whole population

Foundational Principles

**Accountability
&
Transparency**

Community
Engagement

Inclusion

Health
Equity

Excellence

Priority Directions

**Serve the
public health
needs of
Toronto's
diverse
communities.**

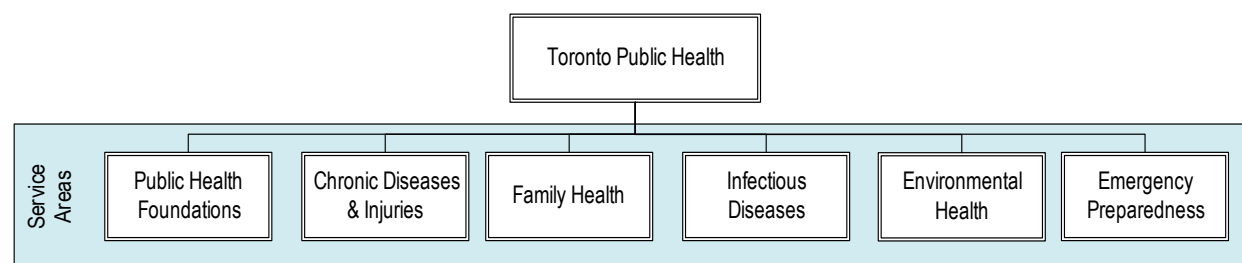
Champion
healthy public
policy

Anticipate and
respond to
emerging
public health
threats

Lead
innovation in
public health
practice

Be a healthy
workplace

TPH Program Map



Program Overviews

Infectious Diseases Program prevents and controls the spread of communicable disease in the City of Toronto. The program conducts disease surveillance, provides immunizations, health education and counselling, clinical services, inspection services and responds to reports of communicable diseases and outbreaks in the community and institutions. Major activities include:

- The Vaccine Preventable Diseases (VPD) program annually assesses immunization records for students enrolled in Toronto schools. The program offers Hepatitis B and Meningococcal vaccine to grade 7 students, and Human Papilloma Virus (HPV) vaccine to grade 8 girls, as well as community immunization clinics for mandatory school age vaccines and community flu clinics as part of the provincial Universal Influenza Immunization Program.
- The Sexually Transmitted Infection (STI) case management program provides comprehensive assessment, counselling, referral and partner notification for reportable sexually transmitted infections including HIV/AIDS.
- The AIDS and Sexual Health Information Line provides anonymous telephone counselling for the province of Ontario in multiple languages.
- Fourteen Sexual Health (SH) clinics provide services in clinics across the city including STI testing and free treatment, provision of low cost/free birth control, birth control counselling and pregnancy testing, counselling and referral.
- The Needle Exchange Program provides harm reduction supplies and counselling to reduce drug-related harm for people who use drugs, including preventing the spread of communicable diseases.
- The Tuberculosis (TB) Prevention and Control program works with health professionals and the community to reduce the incidence and impact of TB in Toronto and provides support for individuals with TB and their families. The program provides case and contact management, including directly observed therapy, education and counselling.
- The Control of Infectious Diseases and Infection Control (CID/IC) program provides case and contact investigation and management for approximately 60 reportable communicable diseases (e.g. meningitis, measles), and outbreaks in long-term care and other community settings. The program also implements the Personal Service Setting inspection and disclosure program.

- The Communicable Disease Liaison Unit (CDLU) liaises with hospitals on infection control and communicable disease issues.
- The Communicable Disease Surveillance Unit (CDSU) actively monitors and reports on communicable disease trends in Toronto.

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 takes action in the event of adverse water quality conditions. Some of the other services and programs provided by EH include responses to extreme weather, West Nile virus, rabies and Lyme disease, supporting vulnerable residents through the Bed Bug Control Initiative and assessing concerns related to impacts of pollution or contamination on a particular site.

Emergency Preparedness Program ensures TPH is ready to respond to critical events. 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 Injury Prevention Program promotes behaviours that reduce the risk of chronic disease and prevent injuries among children, youth, adults and seniors in community, school and workplace settings. 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. Emphasis is on working with low income Torontonians and communities facing the greatest health disparities related to chronic diseases and injuries.

Family Health Program promotes and supports healthy behaviours and environments for people in their childbearing years, pregnant women, their partners and infants and children. Public health professionals, including public health nurses, dietitians, family support workers, home visitors and community nutrition educators provide education, counselling and population health promotion related to reproductive and child health matters. Programs and services focus on enhancing birth outcomes, supporting postpartum adjustment, promoting breastfeeding, enhancing readiness to parent, supporting positive and effective parenting, and enhancing the physical cognitive, communicative and psycho-social development of children. There is a focus on high-risk families.

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 population health assessment, surveillance, research and knowledge exchange, and program evaluation activities to inform public health programs, Board of Health decision making and stakeholder relationships, and provincial reporting.

TPH Operating Budget by Program

For the 2016 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 2016 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.

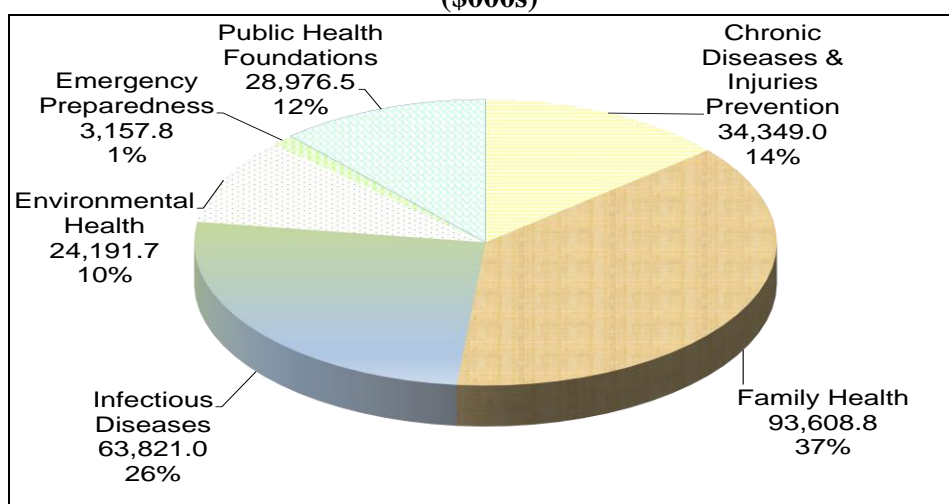
The operating budget that funds the six TPH Programs is outlined below in Table 3 - Operating Budget Expenditure Allocation by Program, which compares budgeted expenditures between the 2015 Budget and the 2016 Request. In Chart 1 – 2016 TPH Operating Budget Request by Program Gross Expenditure, the percentage breakdown of budget for each Program is illustrated.

Table 3
Operating Budget Expenditure Allocation by Program

Toronto Public Health	2015 Budget (\$000s)		2016 Request (\$000s)	
	Gross	Net	Gross	Net
Chronic Diseases & Injuries	34,910.4	9,572.2	34,349.0	9,584.6
Family Health	99,162.5	16,547.6	93,608.8	16,742.8
Infectious Diseases	63,928.5	13,476.5	63,821.0	13,723.5
Environmental Health	24,009.8	5,416.6	24,191.7	5,495.3
Emergency Preparedness	3,175.1	765.1	3,157.8	778.1
Public Health Foundations	28,788.4	11,149.5	28,976.5	11,229.7
Total	253,974.7	56,927.5	248,104.8	57,554.1

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.

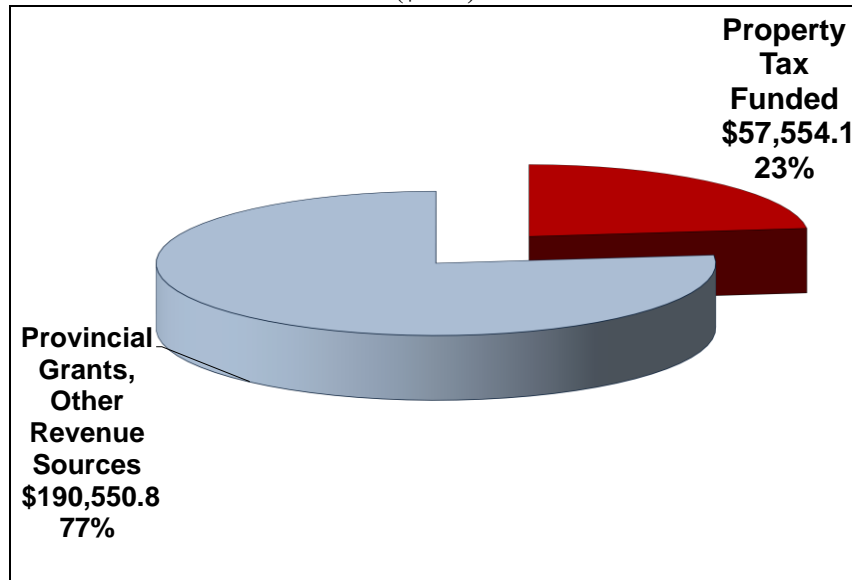
Chart 1
2016 TPH Operating Budget Request by Program Gross Expenditure (\$000s)



TPH Operating Budget by Funding Sources

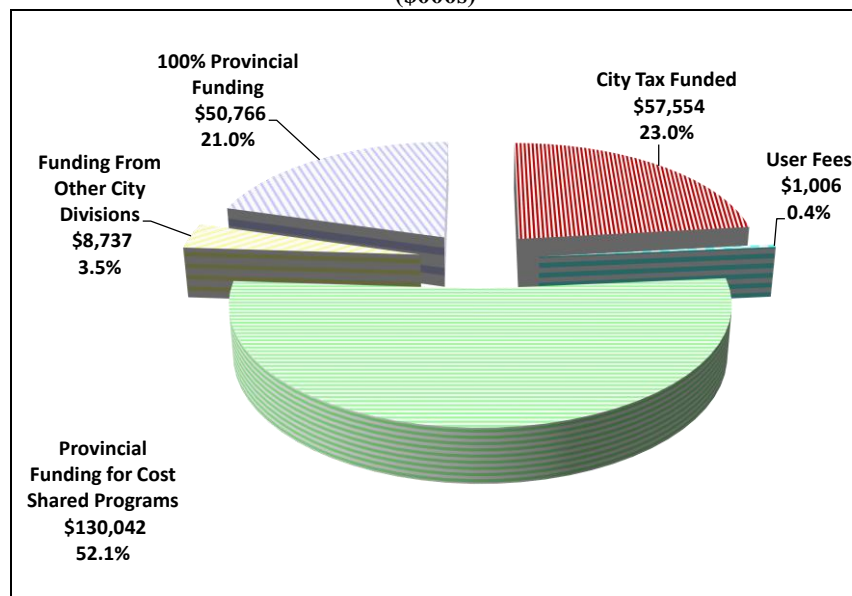
The Province of Ontario provides funding for 73.1 percent of the TPH gross operating budget with 23.0 percent contributed from the City and the remaining 3.9 percent from user fees and other City Divisions. From the 73.1 percent provincially funded programs, 52.1 percent are cost shared programs at 75:25; and 21.0 percent are 100 percent funded by the Province.

Chart 2
Breakdown of TPH 2016 Operating Budget by Funding Source
(\$000s)



*Note: Difference is not exactly equal due to rounding

Chart 3
Breakdown of TPH 2016 Operating Budget by Detailed Funding Source
(\$000s)



Provincial Funding for Cost Shared Programs

The 2016 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 \$171,992.6 thousand gross / \$43,003.7 thousand net expenditures, which is an increase from the 2015 Operating Budget of \$2,491.0 thousand gross and \$583.0 thousand net expenditures, mainly related to salaries and benefits increases, 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.

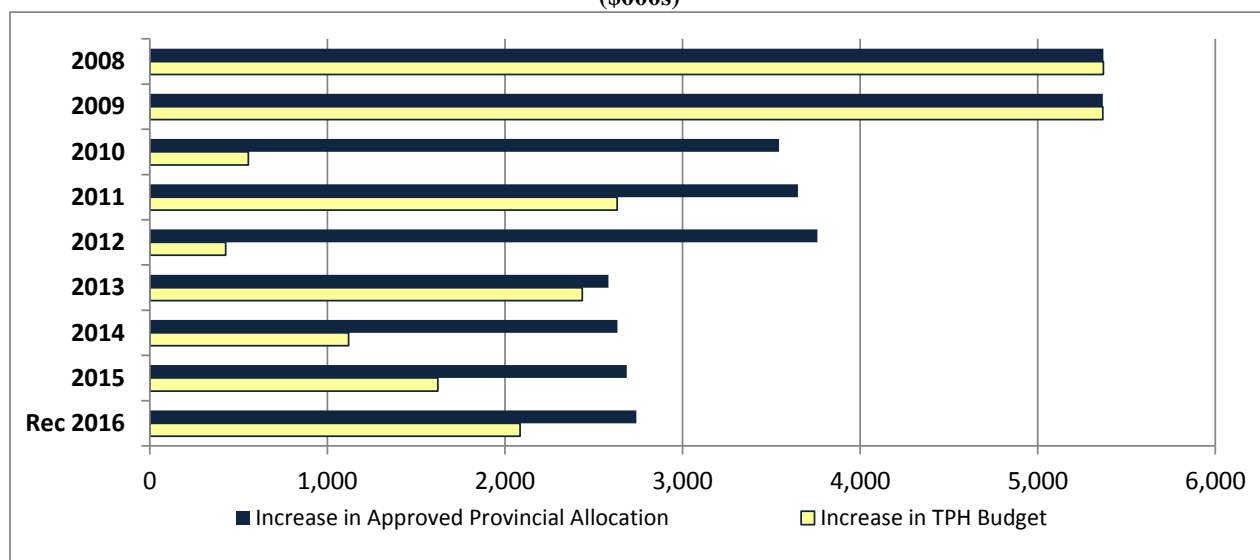
In 2015, the Ministry of Health and Long-Term Care (MOHLTC) offered an increase of 2.6% over the 2014 approved funding level to Toronto Public Health to meet the Ontario Public Health Standards. The City of Toronto requested an increase of \$1,621.7 thousand or 1.29% from 2014 allocation.

Table 4
TPH Provincial Funding for 75% Cost Shared Programs
2007-2016

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	137,830,817	3,545,142	2.64%	126,904,110	1,621,700	1.29%	10,926,707
2016 Rec	140,587,433	2,756,616	2.00%	128,988,862	2,084,752	1.64%	11,598,571

In accordance with the direction of the BOH Budget Committee, the MOH recommendations for the TPH 2016 Operating Budget maximize the potential provincial revenue that is expected from the Province. The increase resulting from negotiations of the Collective Agreement is not known at the time of writing this report.

Chart 4
Comparison of TPH Requested Funding Increase and Eligible Provincial Allocation
For 75% Cost Shared Programs 2008-2016 Request
 (\$000s)



Since 2010 the cumulative provincial revenue foregone due to the City's financial constraints is \$11.6 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.

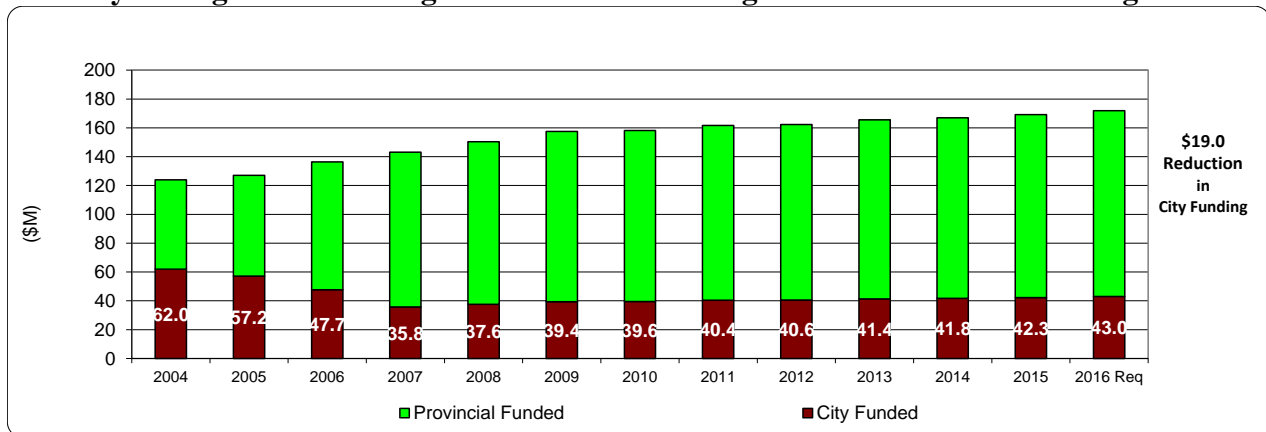
In 2004, Operation Health Protection was announced by the Ontario government to increase the provincial share of public health funding from 50 percent to 75 percent by 2007 as follows:

- 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, Healthy Smiles Ontario dental program 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 \$50.2 million in 2015.

Chart 6
100% Provincially Funded Program Trends: 2004 – 2015

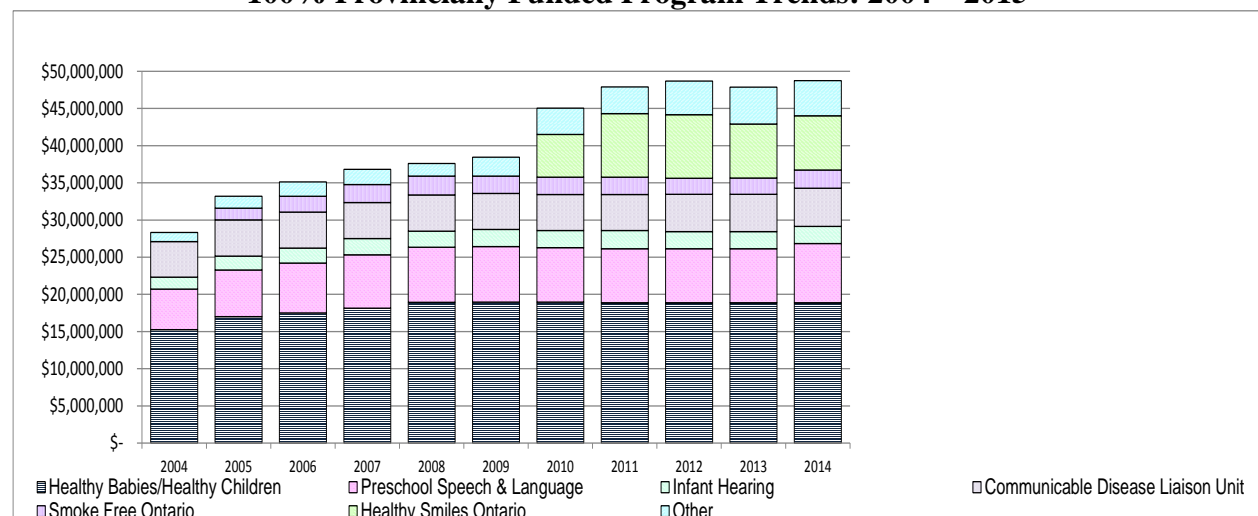


Table 5
100% Provincially Funded Program Trends: 2011 – 2015 (in \$000s)

100% Funded Programs	2004	2011	2012	2013	2014	2015
Healthy Babies/Healthy Children	15,264.7	18,872.9	18,872.9	19,222.9	19,222.9	19,222.9
Preschool Speech & Language	5,446.8	7,271.4	7,271.4	7,271.4	7,960.5	8,730.7
Infant Hearing	1,595.7	2,430.9	2,305.9	2,305.9	2,305.9	2,305.9
Communicable Disease Liaison Unit	4,777.7	4,854.4	5,000.2	5,000.2	5,000.2	5,000.3
Smoke Free Ontario		2,328.3	2,162.1	2,202.1	2,162.1	2,905.8
Healthy Smiles Ontario		8,546.4	8,546.4	7,264.5	7,264.5	7,583.7
AIDS Hotline		520.0	520.0	520.0	565.0	1,034.0
Blind Low Vision		365.0	365.0	365.0	365.0	365.0
Diabetes Strategy		970.0	865.5	865.5	865.5	865.5
Haines Food Safety		330.0	330.0	330.0	330.0	330.0
Other	1,245.6	1,346.1	2,449.9	2,506.8	2,234.7	1,900.3
Total	28,330.4	47,835.5	48,689.4	47,854.3	48,276.4	50,244.2

Note:

- 2013 Budget for Healthy Smiles Ontario was reduced by \$1,281.9 thousand due to reversal of one time start-up cost.
- 2013 Provincial Budgets for Healthy Babies / Healthy Children, Preschool Speech and Language, Infant Hearing, Smoke Free Ontario programs include base and one time funding
- Preschool Speech and Language received new base funding of \$689.2 thousand for 2014 / 2015 Provincial Fiscal Year.
- In 2015, additional base and one time funding was received for Tobacco Enforcement for \$743.7 thousand.
- In 2015, AIDS Hotline received base funding increase of \$130.0 thousand and one time funding for E-Counselling for \$339.0 thousand.
- In 2015, Healthy Communities Partnership listed under "Other" funding of \$566.4 thousand was discontinued.
- Other includes: Enhanced Food Safety, Needle Exchange Program

PART III: PROGRAM DETAILS

The 2016 TPH Operating Budget Request submission is based on these six major programs. The breakdown of 2015 Budget and 2016 Request for Services within each major program is outlined below. The 2015 Key Accomplishments section highlights significant achievements during the past year and the 2016 Service Deliverables highlights deliverables that the proposed Operating Budget will fund in 2016.

INFECTIOUS DISEASES (in \$000s)		Gross Budget	Net Budget
	2016 Rec	63,821.0	13,723.5
	2015	63,928.5	13,476.5
	Difference	(107.4)	247.0

*Note: Difference is not exactly equal due to rounding

2015 Key Accomplishments

1. Provided 24/7 availability to respond to reports of infectious diseases requiring an immediate public health response.
2. Received, assessed and reviewed more than 75,000 notifications of reportable infectious diseases and reported infectious disease surveillance information to the Ministry of Health and Long-Term Care using the Integrated Public Health Information System (iPHIS) within designated timelines.
3. Responded to 525 outbreaks of communicable diseases in institutional facilities and the community.
4. Provided over 55,000 clinic visits at sexual health clinics.
5. Investigated and provided follow up for over 13,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV.
6. Provided comprehensive case management for all active TB cases until treatment completion (i.e. from 6 months to 3 years).
7. Assessed immunization records for approximately 120,000 students in grades 2-4 and 7-12 who were incomplete for mandatory immunizations under the Immunization of School Pupils Act (ISPA).
8. Provided immunization clinics in schools for grade 7 and 8 students with expected coverage rates of at least 75% for Hepatitis B, 85% for Meningococcal disease, and 65% for Human Papilloma Virus.
9. Recorded over 80,000 visits to the Needle Exchange.
10. Inspected approximately 3,200 personal service settings (e.g. tattoo, piercing, nail salons) for infection prevention and control.

2016 Service Deliverables

Infectious Diseases Program:

1. Ensure services are available 24/7 to respond to reports of infectious diseases requiring an immediate public health response.
2. Respond to approximately 80,000 notifications of reportable infectious diseases and 500 outbreaks of communicable diseases.
3. 60,000 client visits to sexual health clinics; wait times for new clients for clinic services 2-3 weeks.
4. Investigate and follow-up over 15,000 confirmed cases of Chlamydia, gonorrhea, syphilis, HIV.
5. Provide comprehensive case management for all active TB cases until treatment completion (i.e. from 6 months to 3 years).
6. Complete the assessment of 7 and 17 year old students for all mandatory vaccines under the ISPA, with an expected coverage rate of 90%.
7. Provide immunization clinics in schools to grade 7 and 8 students with expected coverage rates of 80% for Hepatitis B, 85% for Meningococcal disease, and 70% for Human Papilloma Virus.
8. Plan approximately 48 community immunization clinics for students who missed the school clinic(s) and/or lack access to primary care services to provide Meningococcal, Hepatitis B, Human Papilloma Virus vaccines and all mandatory vaccines required under ISPA.
9. Partner with approximately 52 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. 660 naloxone training sessions offered annually. Over 50 people administered naloxone to people overdosing on opioids with a positive outcome.
10. Over 85,000 visits to the Needle Exchange Program.
11. Work with 87 long-term care homes and 100 retirement homes to develop their infection prevention and control program.
12. Implement pilot program to train and certify personal service setting workers in infection prevention and control.

ENVIRONMENTAL HEALTH (in \$000s)		Gross Budget	Net Budget
	2016 Rec	24,191.7	5,495.3
	2015	24,009.8	5,416.6
	Difference	182.0	78.7

*Note: Difference is not exactly equal due to rounding

2015 Key Accomplishments

Food Safety Program:

1. Completed approximately 26,000 inspections of 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; provided food safety training and certification to approximately 9,500 food handlers working in food premises.
2. Promoted Food Safety in the home through an ongoing campaign using Food Safety Enhancement Funding. The program is part of Ontario Public Health Food Safety Standards and Protocol (2015). The campaign engaged over 20,000 residents at various venues across the city.

Safe Water

1. No Boil Water or Drinking Water advisories issued; investigated and resolved 215 adverse water reports in total; responded to 65 lead in water adverse reports; responded to 57 microbiological adverse reports; responded to 18 other adverse reports including chemical adverse reports (27 in 2012).
2. As of October 2015 completed 4,555 recreational water facilities inspections.
3. Implemented a Web based Disclosure system for the Safe Water program

Health Hazard Investigation

1. Responded to 3,211 complaints alleging a health hazard within 24 hours or by the next business day and took action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto.
2. Adult mosquito surveillance 43 mosquito traps set each week from June 8 to Sept 28 2015 (18 positive pools); Larvaciding of Catch Basins - 367,970 catch basin treatments were completed.
3. Larvaciding of surface water sites: 97 surface water sites were treated with a total of 192 treatments completed.
4. Responded to 800 (100%) calls through the On Call system to ensure a 24 hour availability to receive and respond to reports of potential health hazards.
5. (Hot Weather Protection Plan) to landlords of the rooming houses/boarding homes/TCH Senior sector/nursing and retirement homes mostly via mail Health Hazard Investigation.

6. Provided hot weather information packages to hospitals, libraries and community centres for distribution to the public and to the Cooling Centres.
7. Responded to 1,315 bed-bug related complaints/requests for service which involved block inspections, co-ordination of unit preparation for vulnerable clients, comprehensive nursing assessments, health services referrals and other supports.

Rabies Control

1. Investigated 2217 (100% as of October) animal to human exposures.
2. Provided post exposure prophylaxis (PEP) to 246 victim (100% of those requiring PEP).
3. Submitted 49 (100% as of October) animals for Fluorescent antibody testing.
4. Provided 3 low cost Animal vaccination clinics to low income communities.

2016 Service Deliverables

Food Safety

1. Complete 26,000 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 9,500 food handlers.
2. Continue the Home Food Safety outreach plan to various communities across the city; visit 3 Farmer's Markets and participate in 3 large community events promoting Food Safety in the home.

Safe Water

1. Conduct systematic and routine assessment, surveillance, monitoring and reporting of drinking water and eleven public beaches and respond within 24 hours to reports of drinking water illnesses and public beach water illnesses.
2. Inspect 1,727 recreational facilities by completing at required intervals amounting in 5,482 inspections.
3. Increase awareness of swimming pool safety among newcomers and distribute resources to newcomers through recreational water facilities.

Health Hazard Prevention and Management

1. Respond to all complaints alleging a health hazard within 24 hours or by the next business day and take action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto.
2. Provide hot weather information packages to hospitals, libraries and community centres for distribution to the public and Cooling Centres; conduct visits mostly to high risk premises during extended extreme heat alerts; investigate all reported critical incidents and other complaints and requests.

3. Treat 367,000 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; monitor for Lyme Disease by conducting tick dragging in areas of concern.
4. Respond to bed-bug related complaints/requests for service and engage in block inspections, co-ordination of unit preparation for vulnerable clients, comprehensive nursing assessments, health services referrals and other supports.

Rabies Control

1. Investigate 100% of animal to human exposures.
2. Provide post exposure prophylaxis to 100% of victims.
3. Submit 100% of animals for Fluorescent antibody testing as necessary.
4. Provide low cost Animal vaccination clinics to low income communities.

EMERGENCY PREPAREDNESS (in \$000s)		Gross Budget	Net Budget
	2016 Rec	3,157.8	778.1
	2015	3,175.1	765.1
	Difference	(17.3)	13.0

2015 Key Accomplishments

1. Collaborated with MOHLTC, Office of Emergency Management, LHINs and other stakeholders to plan and prepare for Pan Am/Parapan Am games.
2. Provided IMS Functional training to 117 non-union staff.
3. Assisted TPH with its response to the Measles outbreak in Toronto.
4. Coordinated the process of updating 92 (100%) Business Continuity Plans (BCP).
5. Completed respiratory fit testing for approximately 95% of the workforce.
6. Set up a 24/7 emergency notification system for TPH staff.

2016 Service Deliverables

1. Coordinate the process of exercising & updating 92 (100%) Business Continuity Plans (BCP).
2. Design and implement a Mass Immunization Clinic exercise.
3. Provide IMS Functional training to 95% of non-union staff.
4. Update TPH Emergency Plan as well as risk specific plans and supporting documents.
5. Respond to emergencies/incidents with public health impact as required.

CHRONIC DISEASES AND INJURIES (in \$000s)		Gross Budget	Net Budget
	2016 Rec	34,349.0	9,584.6
	2015	34,910.4	9,572.2
	Difference	(561.4)	12.4

2015 Key Accomplishments

1. Reached 60% (~217,000) of children/youth in Toronto schools with Chronic Disease Injuries Prevention (CDIP) initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety, and injury prevention).
2. Reached 100 schools and 2500 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 50% of participating schools were in their second year or more of participation.
3. Provided menu analysis, nutrition education and/or food skills/literacy training to 63% of municipally funded Student Nutrition Programs in the 2014/2015 school year.
4. Provided CDIP Services to youth (to build positive health behaviours) using a youth engagement approach such that 20% of identified youth-serving agencies receive a CDIP consultation; 75% of youth-serving agencies that receive a CDIP consultation will receive an additional CDIP service; and 50% of youth-serving agencies that receive a CDIP consultation will reach a prioritized youth population.
5. Trained 149 peer leaders in diabetes prevention, screening and education; reached 2,177 people at risk of developing type 2 diabetes directly by trained peer leaders; screened 949 people who may be at risk of type 2 diabetes; worked with over 200 community agencies and workplaces on diabetes prevention activities.
6. Provided 100 TPH services to workplaces participating in Health Options at Work.
7. Engaged 6,350 adults in 135 walking promotion pedometer lending programs, promoting through libraries, workplaces, and community sites.
8. Conducted 2,585 Display and Promotion inspections to inspect for compliance with display and promotion legislation.
9. Achieved 97% compliance rate of tobacco vendors in compliance with youth access legislation at the last time of inspection.
10. Provided injury prevention education (including wheel safety and concussion prevention) to 3,500 elementary-aged children.

2016 Service Deliverables

1. Reach 60% of secondary schools in Toronto with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety, and injury prevention).
2. Reach 75% of elementary/middle schools identified as priority by Toronto school boards with CDIP services.

3. Reach 110 schools and 2,500 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 45% of participating schools will be in their second year or more of participation.
4. Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs in the 2015/2016 school year.
5. Provide CDI Services to youth (to build positive health behaviours) using a youth engagement approach such that 25% of identified youth-serving agencies receive a CDI consultation; 75% 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.
6. Provide at least 100 TPH services to workplaces participating in Health Options at Work.
7. Engage 5,850 adults in 135 walking promotion pedometer lending programs, promoting through libraries, workplaces, and community sites.
8. Conduct 100% of mandatory: annual tobacco vendor Display and Promotion inspections, bi-annual Youth Access inspections, and annual secondary school inspections (SFAO).
9. Provide one school nurse liaison for each of the ~800 schools in Toronto (nurse to school ratio: 1:18, provincial average is 1:15).
10. Provide injury prevention education (including wheel safety and concussion prevention) to 3,500 elementary-aged children.

FAMILY HEALTH (in \$000s)		Gross Budget	Net Budget
	2016 Rec	93,608.8	16,742.8
	2015	99,162.5	16,547.6
	Difference	(5,553.7)	195.2

2015 Key Accomplishments

Family Health

1. Achieved goal of 2,000 registrations to "Welcome to Parenting" on-line prenatal education program through expanded community outreach.
2. Provided 1,700 group education sessions at 33 Canada Prenatal Nutrition Program sites
3. Provided Healthiest Babies Possible nutrition counseling to 600 at-risk prenatal women and 200 pregnant teens.
4. Supported 125 homeless or under-housed pregnant women with Public Health Nurse support through the Homeless At Risk Pregnant (HARP) program.
5. Screened 90% of infants for hearing and 70% of postpartum women for parenting risk
6. Delivered 2,100 prenatal and 31,500 parenting home visits through the Healthy Babies Healthy Children program.
7. Sustained Baby Friendly Initiative (BFI) designation and completed required mid-term breastfeeding surveillance data collection.
8. Provided education and counseling to 19,000 women to support breastfeeding initiation and sustainment.
9. Provided group parenting education programs for 2,750 families.
10. Provided speech and language therapy service to 8,500 preschool children.

2016 Service Deliverables

1. Expand Healthy Babies Healthy Children prenatal screening to 700 prenatal women and provide 3,300 home visits.
2. Support 150 homeless or under-housed pregnant women with Public Health Nurse support through the Homeless At Risk Pregnant (HARP) program.
3. Implement Nurse Family Partnership program in high risk communities.
4. Expand Postpartum Mood Disorder services; implement provincial Healthy Human Development Table recommendations.
5. Expand "Welcome to Parenting" on-line education program to reach 2,500 prenatal women and add an early parenting component with initial reach of 500 parents.
6. Implement socio-demographic data collection for all Healthy Families programs
7. Provide support to 33 Canada Prenatal Nutrition Program sites, provide 1,250 group education sessions.

8. Provide Healthiest Babies Possible nutrition counseling to 800 at-risk prenatal women and 180 pregnant teens.
9. Screen 90% of infants for hearing and 80% of postpartum women for parenting risk.
10. Deliver 37,500 parenting home visits through the Healthy Babies Healthy Children program.

PUBLIC HEALTH FOUNDATIONS (in \$000s)		Gross Budget	Net Budget
	2016 Rec	28,976.5	11,229.7
	2015	28,788.4	11,149.5
	Difference	188.0	80.3

*Note: Difference is not exactly equal due to rounding

2015 Key Accomplishments

1. Reported results from Toronto Public Health Student Survey (Healthy Futures report).
2. Reported current data and trends related to income and health inequities (Unequal City 2015 report).
3. Monitored, maintained, and assessed 48 health surveillance indicators, undertook reformatting to meet AODA requirements.
4. Conducted ongoing surveillance for outbreak detection.
5. Continued evaluations of the "Nobody's Perfect" and "Make the Connection" parenting programs.
6. Continued to follow work plan to build performance management capacity across TPH programs.
7. Implemented socio-demographic data collection with selected pilot programs.
8. Began collecting performance measures related to action steps in TPH 2015-2019 Strategic Plan.
9. Prepared 15 BOH reports on a range of health issues, including recommendations for action to improve health in Toronto such as through the poverty reduction strategy and universal access to prescription drugs.
10. Prepared major research reports on key social and environmental determinants of health, including on Complete Streets, extreme cold weather, pedestrian and cyclist collisions, urban greenspace, and biosolids management.
11. Prepared Action Plans on Climate Change and Health, and Intimate Partner Violence Against Women.
12. Created research and policy information on hookah use, leading to decision by City Council to prohibit use of hookahs in licenced establishments.

2016 Service Deliverables

1. Implement data collection for 2016 Rapid Risk Factor Surveillance System.
2. Monitor, maintain, and assess 48 health surveillance indicators.
3. Finalize planning for seniors health report.
4. Finalize planning for breastfeeding surveillance.
5. Conduct ongoing surveillance for outbreak detection.
6. Continue evaluations of the "Nobody's Perfect" and "Make the Connection" parenting programs.
7. Continue to follow work plan to build performance management capacity across TPH programs.
8. Implement socio-demographic data collection with selected pilot programs.

9. Begin collecting performance measures related to action steps in TPH 2015-2019 Strategic Plan.
10. Prepare approximately 14 policy reports on a range of health issues including transit fare equity, climate change, housing, employment, lead in drinking water and energy drinks.
11. Conduct policy-focussed research to support smoke-free housing, on-site protection from extreme heat, and healthier food retail.

PART IV: OPERATING BUDGET DETAILS

Table 6
Toronto Public Health

Overview of the 2016 Operating Budget Request						
	Summary of 2016 Operating Budget Request					
	Approved Positions	Gross Expenditures	Revenues	Net	Net	Cumulative Net
(\$000s)		\$	\$	\$	%	%
2015 Council Appr. Operating Budget as at March 10, 11, 2015	1,875.08	252,298.0	195,328.5	56,969.5		
Unallocated Reductions to pay for Corporate Initiatives	0.00	(340.2)	(248.3)	(91.9)		
In-year approvals and technical adjustments	0.26	2,016.9	1,967.0	49.9		
2015 Operating Budget	1,875.34	253,974.7	197,047.2	56,927.5		
Step, Progression Pay, COLA, Benefits Gapping	(2.00)	151.6	23.0	128.7	0.23	0.23
Salaries & Benefits Related to Capital Projects	(15.28)	(1,524.2)	(1,524.2)	0.0	0.00	0.23
Economic Factors - Non Payroll	0.00	114.0	85.5	28.5	0.05	0.28
IDC / IDR	0.00	(5,836.3)	(5,827.7)	(8.6)	(0.02)	0.26
Annualization, Reversal of 1 Time Requests & Reallocation	(0.69)	(313.8)	(292.0)	(21.8)	(0.04)	0.22
100% Funded Program Adjustments	8.01	(661.8)	(661.8)	0.0	0.00	0.22
User Fees	0.00	127.4	84.3	43.1	0.08	0.30
PART 1: 2016 Base Budget Request	1,865.38	246,031.5	188,934.2	57,097.3	0.30	0.30
Over (Under) 2015 Operating Budget	(9.96)	(7,943.2)	(8,113.0)	169.8	0.30	0.30
% Over (Under) 2015 Operating Budget	(0.53)	(3.1)	(4.1)	0.3	0.30	0.30
Reduce Contribution to IT Reserve Fund	0.00	(174.1)	(130.6)	(43.5)	(0.08)	0.22
Mobile Good Food Network Tsfr from 100% City to Cost Shared	0.00	0.0	66.8	(66.8)	(0.12)	0.10
Reductions in Non Salary Budget to Reflect Actual Experience	0.00	(109.1)	(77.9)	(31.2)	(0.05)	0.05
2016 Reduction Options	0.00	(283.2)	(141.7)	(141.5)	(0.25)	0.05
PART 2: 2016 Request Including Reduction Options	1,865.38	245,748.3	188,792.5	56,955.8	0.05	0.05
Toronto Urban Health Fund - Year 2	0.00	150.0	112.5	37.5	0.07	0.12
Day Nursery Immunization Program	6.00	537.7	403.3	134.4	0.24	0.35
VPD UIIP Pharmacy Inspections	2.00	156.2	156.2	0.0	0.00	0.35
Decrease Gapping from 5.8% to 4.8%	0.00	1,512.5	1,086.2	426.3	0.75	1.10
2016 New & Enhanced Total	8.00	2,356.5	1,758.2	598.3	1.05	1.10
PART 3: 2016 Request Including New & Enhanced	1,873.38	248,104.8	190,550.8	57,554.1	1.10	1.10
Over (Under) 2015 Operating Budget	(1.96)	(5,869.9)	(6,496.5)	626.6	1.10	1.10
% Over (Under) 2015 Operating Budget	(0.10)	(2.3)	(3.3)	1.1	1.10	1.10

*Note: Difference is not exactly equal due to rounding

Budget Impact on Toronto Taxpayers

The Province of Ontario provides funding for 73.1 percent of the TPH gross operating budget with 23.0 percent contributed by the City and the remaining 3.9 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 2016 Operating Budget request includes \$19.0 million less in municipal funding than in 2004. On average, the 2016 Operating Budget request would cost each Toronto resident \$22.14 in property taxes.

Chart 7
Municipal Costs per Person for Public Health Services

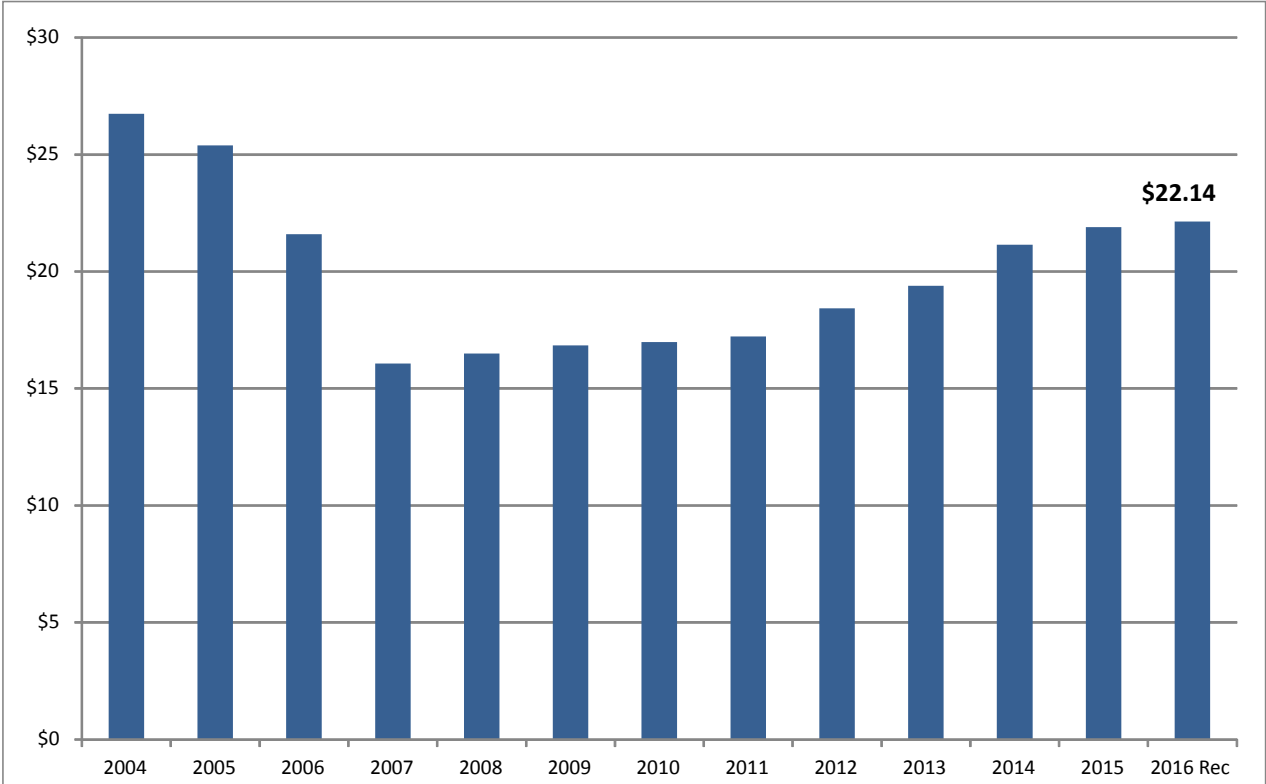


Table 7
Municipal Costs per Person for Public Health Services

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016 Rec
26.74	25.38	21.59	16.07	16.50	16.85	16.99	17.22	18.43	19.39	21.15	21.90	22.14

The approved budget increases in 2015 is the result of the expansion of the City funded Student Nutrition Program base budget increases. The total net impact of these adjustments in 2015 was \$1,945.2 thousand, or a municipal property tax cost per resident of \$0.75

Section A: Base Budget

PART 1: Adjusted Base Budget

The adjusted base budget of \$246,031.5 thousand gross / \$57,097.3 thousand net, that is \$169.8 thousand above the 2015 net budget, includes:

Salary and Benefit Changes

- An increase of \$151.6 thousand gross and \$128.7 thousand net for 2016 progression pay, step, benefits and gapping. Increases resulting from negotiations of the Collective Agreement is being budgeted corporately.

Salaries and Benefits Related to Capital Projects

- Included in the TPH 2016 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 2016 Operating Budget Request per the City's Budget Guidelines.
- A net decrease of \$1,524.2 thousand gross / \$0 net and 15.3 positions are included in this request.

Economic Factors – Non Payroll

- An increase of \$114.0 thousand gross and \$28.5 thousand net for inflationary increases in utilities, the Toronto Urban Health Fund (AIDS and Drug Prevention Grants) and for Sexual Health Clinic Service Contracts.

IDC / IDR

- A decrease of \$5,836.3 thousand gross and \$8.6 thousand net is due to the integration of the Provincial Dental Programs. The 100% funding provided by Toronto Employment and Social Services Division through an Interdepartmental Revenue for Ontario Works dental program will be discontinued. Also, TPH has experienced an overall decrease demand for corporate services from other City departments.

Annualization, Reversal of One Time Requests and Reallocation

- Annualization of 2015 new and enhanced requests and corporate in year adjustments for an increase of \$35.9 thousand gross and a decrease of \$21.8 thousand net.
- Reversal of the one time request for 2015 Pan-Am Games for a decrease of \$349.7 thousand gross and \$0 net and a reduction of 2.42 temporary positions

100% Funded Adjustments

- A decrease of \$661.8 thousand gross and \$0 net and an increase in 8.0 positions for reversal of various one time and base 100% provincially and externally funded programs. TPH also increased and realigned its budget due to new program funding from the Province in 2015.

User Fees

- All user fees for TPH programs have increased by 2.2% due to economic factors for an increase of \$127.4 thousand gross and \$43.1 thousand net for user fees. However, the user fee volumes have decreased causing an overall increase to the net budget.

Section B: Operating Efficiencies

The City Manager issued guidelines and directions for development of the 2016 Operating Budget to all City Programs as well as Agencies, Boards and Commissions (ABCs). Included in these directions was the expectation that all City Programs and ABCs achieve the 2016 operating budget target of 1% below the Council Approved 2015 Net Operating Budget.

As part of the 2016 Operating Budget TPH proposed budget reductions of \$283.2 thousand gross and \$141.5 thousand net from the following sources:

- A decrease of \$174.1 thousand gross and \$43.5 thousand net as a result of the reduction in contributions to the IT reserve fund.
- An increase of \$66.8 thousand in revenue by transferring the Mobile Good Food Network program from 100% City Funded to 75% / 25% cost shared program with the Province.
- A decrease of \$109.1 thousand gross and \$31.2 thousand net reduction in non-payroll expenditure budget from a line by line review of all non-payroll expenditure budgets.

Section C: New and Enhanced Services

Maximize Provincial Funding

The Board of Health Budget Committee requested the Medical Officer of Health to prepare a 2016 Operating Budget which maximizes provincial funding and improves compliance with Ontario Public Health Standards. The 2016 budget request includes three new & enhanced cost shared services for \$2,200.3 thousand gross and \$598.3 thousand net increase: Toronto Urban Health Fund Year 2 (TUHF), Day Nursery Immunization program and a request to reduce gapping from 5.8% to 4.8%. Below is a brief description of each request.

- **Toronto Urban Health Fund (TUHF) - Year 2** – \$150.0 thousand gross and \$37.5 thousand net – This proposal addresses the increasing rates of HIV/STI rates and high risk sexual and substance misuse behaviours among vulnerable youth living in underserved regions of the City, specifically targeting Aboriginal populations and those residing in Neighbourhood Improvement Areas. The enhancement will work to strengthen the youth sector's response in building individual and community capacity and resiliency.

With the 2016 budget enhancement TUHF will be able to fund approximately 55 applications. The proposed budget enhancement for the youth resiliency stream will increase the number of projects and will maintain funding for projects. New funding levels for the youth resiliency stream will align it with the HIV and harm reduction streams with the program aiming for a distribution of 35%/35%/30% for the three streams over the next couple of funding cycles.

TUHF projects will train Peer Leaders to provide training that will deliver resiliency building activities to peers to reach children and youth in the community.

The Board of Health has supported a five year plan with a budget enhancement of \$750.0 thousand for the program through annual increments of \$150.0 thousand per year to address HIV prevention, harm reduction and youth resiliency. This budget enhancement will address the funding shortfall of \$600.0 thousand to address projects that were not renewed for three-year funding in the 2014-17 funding cycle and \$150.0 thousand to address funding shortfall in the youth resiliency stream.

Day Nursery Immunization Program – \$537.7 thousand gross and \$134.4 thousand net and 6.0 positions

Until 2015, TPH did not have a Day Nursery Immunization program as required by the Ontario Public Health Standards (OPHS) and Day Nurseries Act. In 2015 TPH received approval for 2 Registered Practical Nurse (RPN) positions to begin implementation of this program; however, the cost was to be absorbed in the 2015 budget. TPH was required to ensure that the annualized costs for this new program are to be included in the 2016 budget submission.

Phase 2 of the day nursery immunization program implementation will provide day nursery operators with education, promotional materials, recommendations and tools to assist them in meeting their responsibilities regarding immunization under the Child Care and Early Years Act (which recently replaced the Day Nurseries Act). With this enhancement, TPH will work with operators and parents to ensure children are up-to-date for immunization and enable rapid assessment of children's immunization status to facilitate outbreak control in day nurseries. TPH will be in compliance with five of the six requirements regarding immunization of children in licensed day nurseries as per the OPHS and plan the most efficient way to transfer immunization records from Toronto child care centres into Panorama, the provincial electronic immunization database.

In 2015, TPH is conducting an IT feasibility study to determine efficient methods to input day nursery records into the Provincial Immunization database, Panorama. Results of the IT study are expected early in 2016 and will inform future developments and efficiencies of this program. TPH will work collaboratively with Toronto Children's Services and Day Nursery Operators to increase immunization awareness and promote education activities.

Gapping Target Reduction from 5.8% to 4.8%– \$1,512.5 thousand gross and \$426.3 thousand net – Historically TPH has experienced significant high gapping rates. To reduce this, the gapping target was increased and in 2014, TPH implemented hiring strategies and improvements in the hiring process which reduced the time to fill vacant positions. This has caused an improvement in services and fewer vacancies. In 2015 TPH struggled to achieve its gapping target. TPH is requesting to reduce the gapping target ratio from 5.8% to 4.8% to maintain appropriate staffing to meet approved services levels. Below is a chart showing the actual gapping experience versus the gapping target assigned to TPH.

Year	Actual Experience				Total TPH Budget
	Cost Shared	100% Funded	Capital	Total TPH	
Q4 2014	6.5%	2.6%	27.9%	6.7%	5.1%
Q1 2015	3.6%	0.7%	11.6%	3.7%	5.1%
Q2 2015	4.4%	0.7%	4.0%	4.2%	5.1%
Q3 2015	5.2%	1.3%	15.5%	5.2%	5.1%
Average	4.9%	1.3%	14.8%	5.0%	5.1%

100% Provincially Funded Project

TPH is proposing one new and enhanced business case with 100% funding from the Province for \$156.2 thousand gross and \$0 net increase and 2.0 positions for the Universal Influenza Immunization Program (UIIP) Pharmacy Inspections

Public health is required to inspect all fridges in health care premises which apply for and receive publicly-funded vaccine to ensure the "cold chain" is maintained and the vaccines remain effective, in compliance with the Vaccine Storage and Handling Protocol under the Ontario Public Health Standards. The results of these inspections must be reported to the Ministry of Health & Long-Term Care.

In 2012, the Ontario government expanded the scope of practice for pharmacists to include the provision of influenza immunization to those five years of age and older, thus increasing public access to the influenza vaccine. The MOHLTC offered 100% provincial funding to cover the added costs for local public health units. Since then TPH has requested and received funding for 1 position each year.

The number of Toronto pharmacies which have provided influenza immunization has grown each year since 2012 – in 2013/2014 TPH inspected 363 Toronto pharmacies which then provided over 136,000 influenza vaccines to the public. In 2015 TPH inspected and worked with 550 pharmacies, utilizing staff from other parts of the Immunization Program. This is not sustainable, given the number of pharmacies applying each year and the ongoing increased pressures on the Immunization Program, with implementation of Panorama, a new provincial immunization system, involving the creation and inputting of over 200,000 records and the implementation of changes to Regulation 645 of the Immunization of School Pupils Act to include three additional diseases for which school children are required to be immunized (pertussis, meningococcal and varicella) and the inclusion of students in private schools.

With the additional resources, TPH will be able to continue inspecting and working with the pharmacies that apply to provide publicly-funded influenza vaccine.

Section D: Other New & Enhanced Services: Municipal Funding Plan for Student Nutrition Program

The other New & Enhanced program includes year 4 of the 6 year funding plan for the City's Student Nutrition Program. This is outlined in Table 8 followed by a brief description of the proposal.

Table 8
Toronto Public Health

Other New & Enhanced Services				
	Approved Positions	Gross Expenditures	Revenues	Net
(\$000s)		\$	\$	\$
Student Nutrition Program (SNP) - 2016 Cost of Food	0.00	109.1	0.00	109.1
SNP Increase Financial Stability of Currently Funded Programs	0.00	641.5	0.00	641.5
SNP Increase - Expand to Schools	0.00	853.1	0.00	853.1
Total Student Nutrition Program	0.00	1,603.7	0.0	1,603.7
Total Other New & Enhanced Services	0.00	1,603.7	0.0	1,603.7

- **Student Nutrition Program – Year 4:** \$1,603.7 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.

The Board of Health report, "Student Nutrition Program: 2016 Operating Budget Request and Municipal Funding Plan to 2018" included requests for program stabilization and service enhancements in-line with year 4 of the 6-year plan. It includes:

- 1) A request for increases in cost of food for \$109.1 thousand gross and net to cover the increased cost of food for existing student nutrition programs
- 2) An increase of \$641.5 thousand gross and net to existing student nutrition programs to increase the City's investment rate to 16% of total program costs from 14.16% in 2015, providing a stronger funding base for existing programs

- 3) A request for \$853.1 thousand gross and net for program expansion supported by municipal funding. This service enhancement will provide core funding to 49 higher need publically funded schools which currently receive only provincial funding.

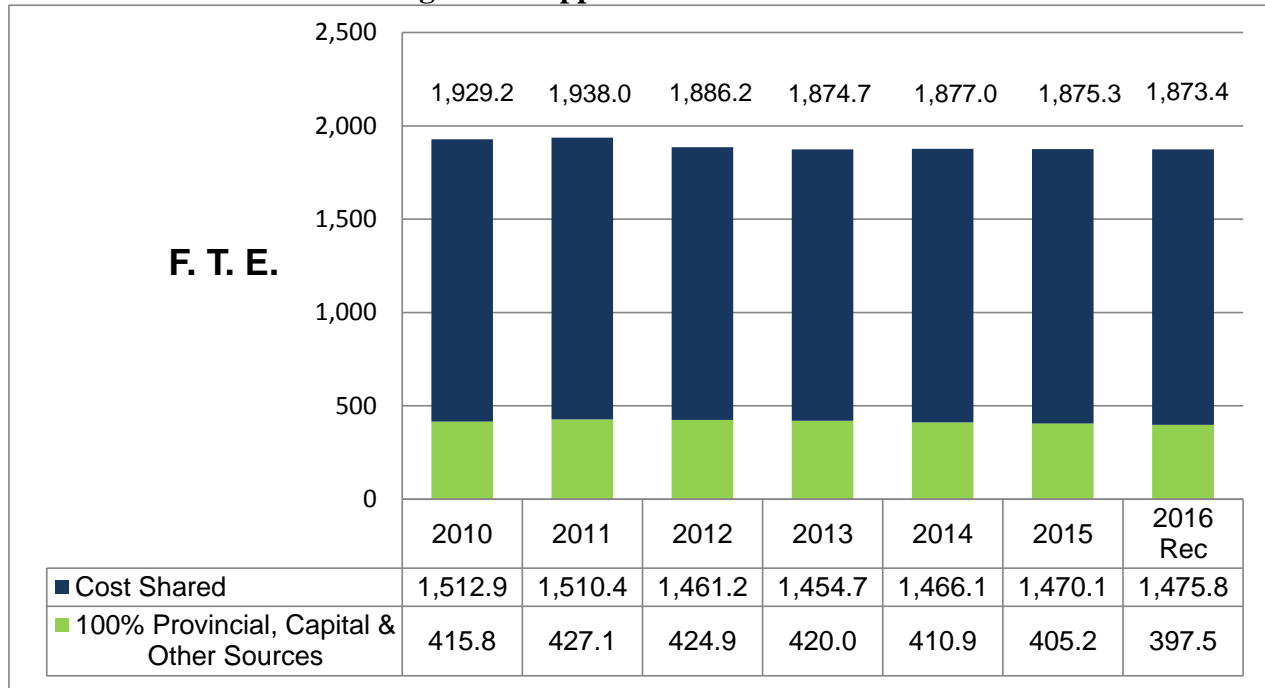
This service enhancement supports the City's Poverty Reduction Strategy and will provide stable, core government funding to programs which are currently operating without municipal funding, thereby enabling them to provide more complete breakfast meals to children and youth in higher need publically funded schools. When children and youth are well-nourished during the school day, they show improvements in learning, concentration, and overall health. Nutritionally vulnerable children and youth will have opportunities to benefit from having a nutritious breakfast on a daily basis while at school, enabling them to more fully achieve the positive health, learning and behavioural outcomes that can result from this key nutrition strategy.

Section E: Impact of Capital Projects on Future Operating Budgets

Approval of the 2016 – 2025 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 2010-2016



*Note: Difference is not exactly equal due to rounding

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: 2015 Operating Budget Variance

Table 9
2015 Operating Budget Variance Review at June 30, 2015 (\$000s)

(In \$000s)	2014 Actuals	2015 Approved Budget	2015 Projected Actuals	2015 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
GROSS EXP.	247,632.2	252,249.0	251,247.0	(1,002.0)	(0.4)
REVENUES	192,650.0	195,229.7	194,142.7	(1,087.0)	(0.6)
NET EXP.	49,094.4	57,019.4	57,104.3	85.0	0.1
Approved Positions	1,755.5	1,878.1	1,795.5	(82.6)	(4.4)

* Based on the Second Quarter Operating Budget Variance Report.

2015 Experience

At year-end TPH expects to be over-spent in gross expenditures by \$1,002.0 thousand or 0.4 percent and under achieved in revenue by \$1,087.0 thousand or 0.6 percent resulting in a \$85.0 thousand net favorable variance or 0.1 percent below budget.

For the period ending June 30, 2015 the overall, year-to-date net expenditure variance was over-budget by \$186.7 thousand or 0.9 percent. TPH gross expenditure was above budget by \$166.6 thousand or 0.2 percent. In 2014, TPH implemented hiring strategies and improvements in the hiring process which reduced the time to fill vacant positions. Since January 2015, TPH has not experienced the normal turnover of staff which has led to an over spending in the Salaries and Benefits budget. Non-payroll has experienced under-spending mainly in General Contracted Services and Advertising / Health Promotion across various programs which has offset some of the salary overages. At year end, TPH expects to be over-spent by \$1,002.0 thousand gross and under-spent by \$85.0 thousand net.