

Toronto Public Health Operating Budget Request 2017

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PART I: EXECUTIVE SUMMARY

2017 Operating Budget Submission

The Toronto Public Health (TPH) 2017 Operating Budget Submission totals \$238,796.9 thousand gross / \$57,722.3 thousand net. This submission is \$6,044.3 thousand gross and \$1,200.5 thousand net below the 2016 Operating Budget. The net decrease of \$1,200.5 thousand from the 2016 Operating Budget is comprised primarily of base budget increases for the salaries and benefits, and the non-payroll economic factor increases of \$1,099.3 thousand net; reduction options of \$2,633.3 thousand net; and, new & enhanced services of \$333.5 thousand net.

Table 1
Toronto Public Health
2017 Operating Budget Submission

	2016 Budget	2017 Base Adj.	2017 Reduction Options	2017 New & Enhanced Services	2017 Submission	Change from 2016 Budget	
(\$000s)	\$	\$	\$	\$	\$	\$	%
GROSS EXP.	244,841.2	(1,682.8)	(5,695.3)	1,333.8	238,796.9	(6,044.3)	(2.5)
REVENUE	185,918.4	(2,782.1)	(3,062.0)	1,000.4	181,074.5	(4,843.8)	(2.6)
NET EXP.	58,922.8	1,099.3	(2,633.3)	333.5	57,722.3	(1,200.5)	(2.0)
Positions	1,863.38	(13.42)	(60.20)	22.50	1,812.26	(51.12)	(2.7)

On July 12, 2016 City Council directed an across the board budget reduction target of 2.6 percent net below the 2016 Approved Net Operating Budgets for all City Programs, Agencies, Toronto Community Housing Corporation, and Accountability Offices.

Toronto Public Health has reviewed its services and costs and where achievable absorbed the expected inflation increases and reduced expenses in the 2017 budget submission. Toronto Public Health is submitting a 2017 Operating Budget Submission of \$238,796.9 thousand gross and \$57,722.3 thousand net, a 2.0 percent net decrease from the 2016 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 \$23.2 million between 2004 and the 2017 Budget Submission 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 \$15.7 million. The opportunity to invest in and build public health programs and services in areas such as communicable disease control and healthy environments is foregone when available provincial funding is not maximized.

At its meeting of July 14, 2016, the Board of Health Budget Committee directed the Medical Officer of Health to submit to the City's budget process a 2017 Toronto Public Health Operating Budget request that:

- a. Includes the efficiencies identified in the presentation (July 14, 2016) from the Medical Officer of Health, and continues to explore opportunities to reduce costs through efficiencies which do not decrease the level of health services in Toronto;
- b. Maintains and enhances the level of service, and also identifies the impacts of a 2.6 percent reduction on the quality and quantity of public health services provided in Toronto;
- c. Includes the necessary funding for the following previously approved new and enhanced services: Year 3 of the Toronto Urban Health Fund and Year 5 of the Student Nutrition Program; and
- d. Identifies opportunities to reallocate savings in provincial 75 percent cost-shared funding to provincial cost-shared services which are not meeting the provincially mandated standards.

The following two enhancements that are included in the submission reallocate savings in provincial 75 percent cost-shared funding to provincial cost-shared services which are not meeting the provincially mandated standards:

- Immunization to Meet Legislated Standard - Public health units are required to annually assess and maintain records of the immunization status of every pupil attending school under the Immunization of School Pupils Act (ISPA).
- Food Safety and Safe Water Inspections – To meet Food and Water Safety Protocols in the OPHS. Public health units are required to maintain an inventory of all food premises, conduct an annual site specific category process for each food premises, conduct routine inspection of all fixed food premises and conduct inspection in response to complaints. The Safe Water Standard and Recreational Water Protocol require public health units to inspect public pools and spas at specific intervals annually.

RECOMMENDATIONS

The Acting Medical Officer of Health recommends that:

1. The Board of Health requests City Council approve the Toronto Public Health 2017 Operating Budget Request \$243,158.3 thousand gross / \$60,022.1 thousand net as summarized in Table 6, “Overview of 2017 Operating Budget Submission”;
2. The Board of Health requests City Council approve the list of base budget adjustments as summarized in Table 6, “Overview of 2017 Operating Budget Submission” of this report totaling a decrease of \$1,682.8 thousand gross and an increase of \$1,099.3 thousand net;
3. The Board of Health consider 2017 Reduction Options of \$5,695.3 thousand gross and \$2,633.3 thousand net as outlined in Attachment 2 – "Summary of Reduction Options" and Attachment 3 – "Summary of Confidential Reductions Options" to meet the City's 2.6 percent reduction target;
4. The Board of Health consider 2017 New and Enhanced Requests of \$1,333.8 thousand gross and \$333.5 thousand net as outlined in Table 6, “Overview of 2017 Operating Budget Submission”;
5. The Board of Health consider an increase of \$2,103.7 thousand gross and net for the Student Nutrition Program as outlined in Table 8, "Other New & Enhanced Services" and in the September 30, 2016 Board of Health report, "Student Nutrition Program: 2017 Operating Budget Submission and Program Update";
6. The Board of Health requests City Council approve the 2017 recommended user fee changes for Toronto Public Health identified in Table 7, "Food Handler Certification Training User Fees"; for inclusion in the Municipal Code Chapter 441; and
7. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2017 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 of School Pupils Act; Emergency Management and Civil Protection 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 (MOHLTC) 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, 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.

2017 Budget

As part of the 2017 budget process, the City Manager issued the following directions for development of the 2017 Operating Budget to all City Divisions, Agencies, Boards and Commissions (ABCs):

- 2017 Operating Budget Submission is 2.6 percent below the 2016 Approved Net Operating Budget resulting in a 2.6 percent reduction from the 2016 net budget.

The TPH 2017 Operating Budget Submission assumes full provincial cost sharing at 75 percent for eligible programs. The Board of Health Budget Committee at its meeting on July 14, 2016 directed the Medical Officer of Health (MOH) to submit a TPH 2017 Operating Budget that: 1) Includes the necessary funding for the following previously approved new and enhances services: Year 3 of the Toronto Urban Health Fund and Year 5 of the Student Nutrition Program; and 2) Identifies opportunities to reallocate savings in provincial 75 percent cost-shared funding to provincial cost-shared services which are not meeting the provincially mandated standards.

The 2017 budget request includes four new & enhanced cost shared services for \$1,333.8 thousand gross and \$333.5 thousand net increase.

It is important to note that TPH's budget requests for 2010-2016 for provincial cost sharing programs were below the provincial average in all but one year. Table 2 provides a comparison of TPH annual provincial budget growth 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%)	Average Provincial Growth	TPH Growth Over Previous Year	Provincial Revenue Received (\$ M)	Provincial Revenue Forgone: Cumulative (\$ M)
2010	Up to 3% growth over prior year's allocation	2.3%	0.5%	118.7	3.0
2011	Up to 3% growth over prior year's allocation	2.8%	2.2%	121.3	4.0
2012	Up to 3% growth over the prior year's allocation	1.5%	0.4%	121.7	7.3
2013	Up to 2% growth over prior year's allocation	2.0%	2.0%	124.1	7.5
2014	Up to 2% growth over prior year's allocation	2.0%	0.9%	125.3	9.0
2015	2.6% growth allocated by equity funding formula.	2.6%	1.3%	126.9	10.9
Est 2016	Est 2% growth allocated by equity funding formula.	Est 2.0%	0.6%	127.6	13.0

In 2015 the provincial government implemented a new equity funding formula for its 36 public health units which addresses population growth health needs and service costs. Toronto Public Health was identified as one of the eight public health units in Ontario that is under-funded. In 2015, TPH received a 2.6 percent base funding increase from the Province over the 2014 approved allocation. Going forward, any available 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 percent to reach an 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

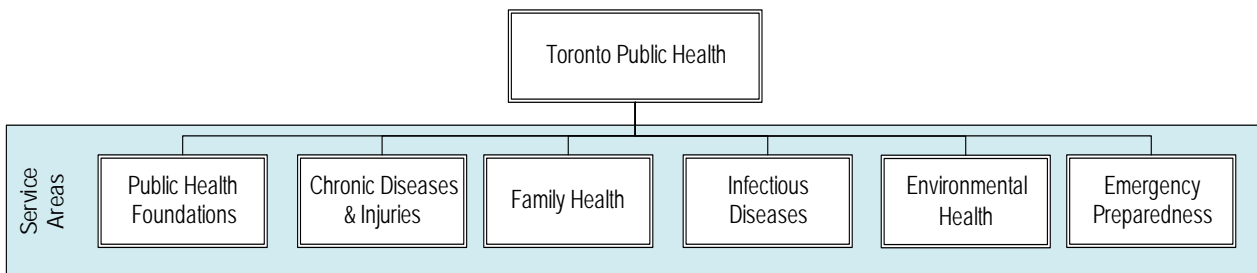
Foundational Principles

Accountability & Transparency	Community Engagement	Inclusion	Health Equity	Excellence
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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
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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, Meningococcal and Human Papillomavirus (HPV) vaccine to grade 7 students, 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 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 2017 Operating Budget process, the City continues to use a service-based and performance-focused planning and budgeting process. A key requirement for all divisions and ABCs was to prepare the 2017 Operating Budget based on their Program and Service areas using the City's Financial Planning and Reporting System (FPARS).

The Service areas for TPH represent the 6 Ontario Public Health Standards. 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 2016 Budget and the 2017 Submission.

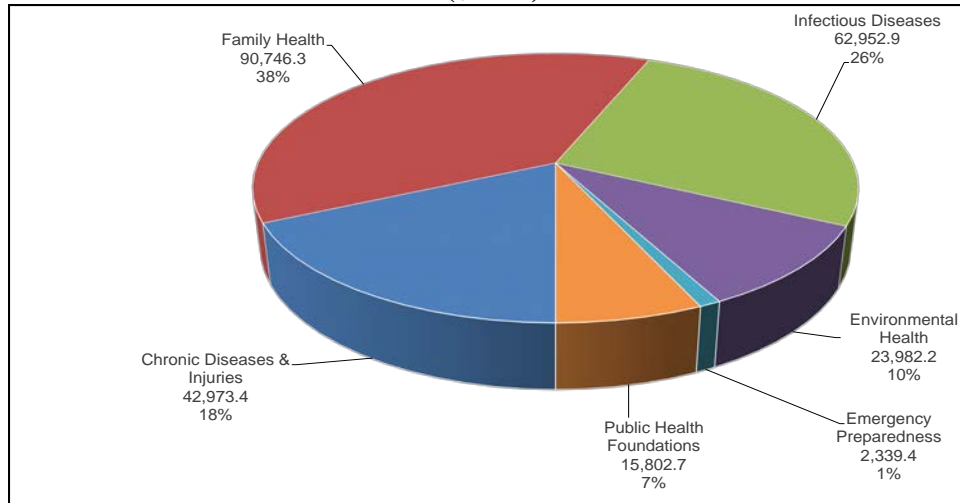
Table 3
Operating Budget Expenditure Allocation by Program

Toronto Public Health	2016 Budget (\$000s)		2017 Request (\$000s)	
	Gross	Net	Gross	Net
Chronic Diseases & Injuries	38,922.6	11,084.7	42,973.4	12,027.5
Family Health	87,032.4	16,294.3	90,746.3	19,657.1
Infectious Diseases	64,189.5	13,721.8	62,952.9	13,801.6
Environmental Health	24,313.3	5,484.2	23,982.2	5,497.4
Emergency Preparedness	3,150.8	773.8	2,339.4	575.8
Public Health Foundations	27,232.5	11,564.0	15,802.7	6,162.8
Total	244,841.2	58,922.8	238,796.9	57,722.3

In 2016, the definition and criteria of Foundational Standard service was reviewed and reassessed. Foundational activities and associated budgets for those activities that were program specific were reallocated to the five other program specific services. Activities that were cross/cutting across the division in the areas of surveillance, research and policy were assigned to the Foundational Standard. This change resulted in the reduction of \$11,244.9 thousand gross and \$5,191.6 thousand net from 2016 Council Approved Budget.

In Chart 1 2017 TPH Operating Budget Submission by Program Gross Expenditure, the percentage breakdown of budget for each Program is illustrated.

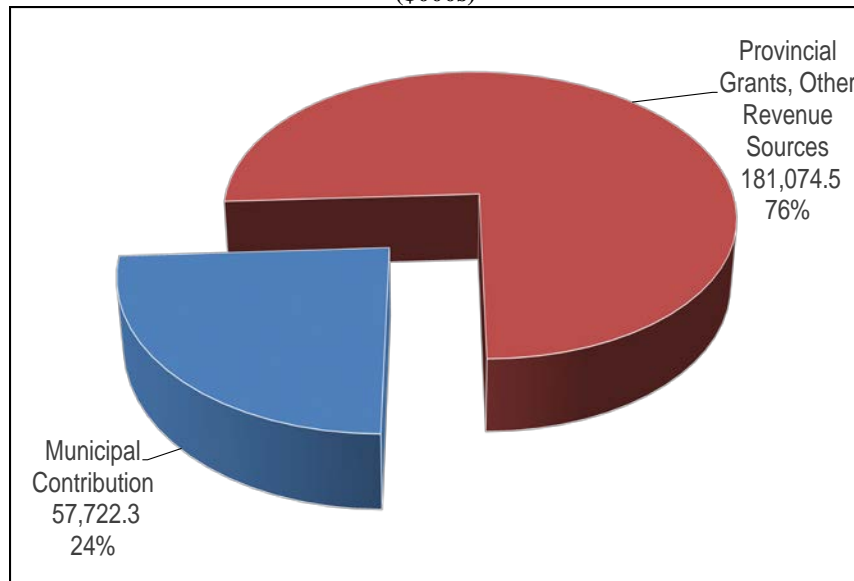
Chart 1
2017 TPH Operating Budget Submission by Program Gross Expenditure
(\$000s)



TPH Operating Budget by Funding Sources

The Province of Ontario provides funding for 73.1 percent of the TPH gross operating budget with 24.2 percent contributed from the City and the remaining 2.7 percent from user fees and other City Divisions. (See Chart 2)

Chart 2
Breakdown of TPH 2017 Operating Budget by Funding Source
(\$000s)

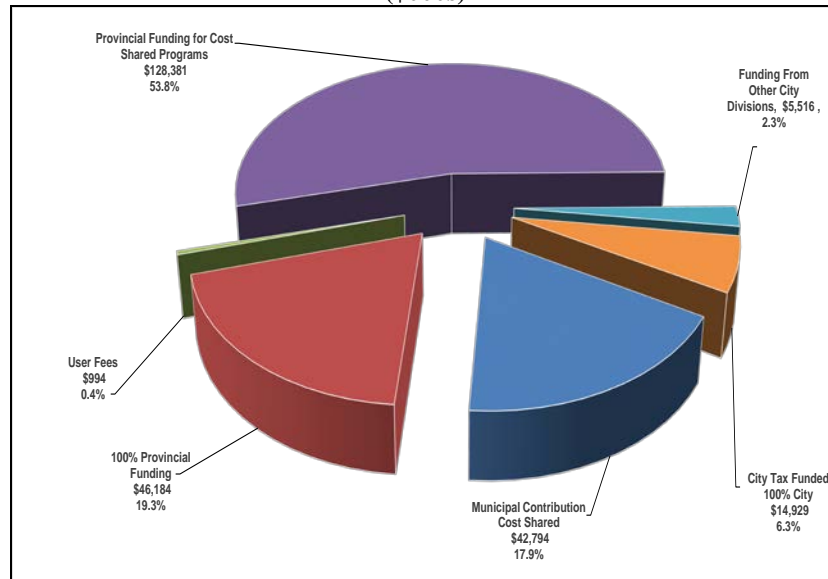


*Note: Difference is not exactly equal due to rounding

Chart 3 shows the breakdown of TPH 2017 Operating Budget by various funding sources.

From the 73.1 percent provincially funded programs, 53.8 percent are cost shared programs at 75:25; and 19.3 percent are 100 percent funded by the Province (See Chart 3).

Chart 3
Breakdown of TPH 2017 Operating Budget by Detailed Funding Source
 (\$000s)



Provincial Funding for Cost Shared Programs

The 2017 Operating Budget Submission for the provincial mandatory cost shared programs, including both the provincial share of 75 percent and the City's share of 25 percent is \$170,306.4 thousand gross / \$42,576.6 thousand net expenditures, which is an increase from the 2016 Operating Budget of \$136.5 thousand gross and \$34.2 thousand on net expenditures, mainly related to salaries and benefits increases, budget reduction options and new and enhanced proposals that are meant to reallocate savings in provincial 75 percent cost-shared funding to provincial cost-shared services which are not meeting the provincially mandated standards.

The provincial funding formula will continue at 75 percent in 2017. 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.

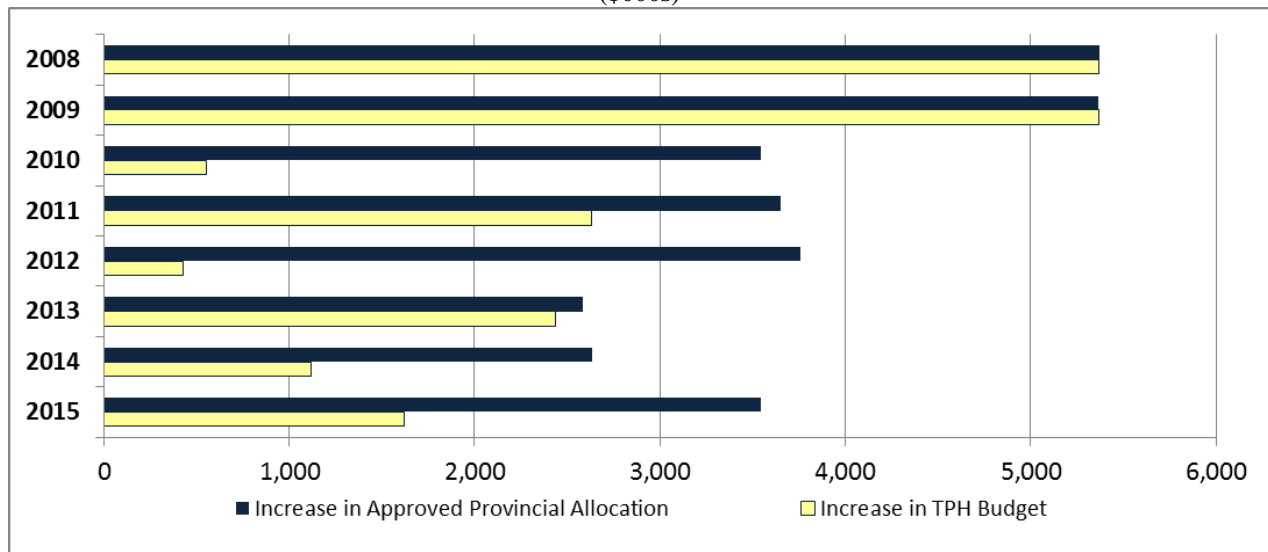
In 2015, the MOHLTC offered an increase of 2.6 percent over the 2014 approved funding level to TPH to meet the OPHS. The City of Toronto requested an increase of \$1,621.7 thousand or 1.29 percent from the 2014 allocation.

The MOHLTC has not provided confirmation of the 2016 funding allocation for cost shared mandatory programs. This funding approval is expected in the fall of 2016.

**Table 4
TPH Provincial Funding for 75 Percent Cost Shared Programs
2010-2017**

YEAR	PROVINCIAL ALLOCATION			TPH REQUEST			CUMULATIVE REVENUE FOREGONE
	APPROVED PROVINCIAL ALLOCATION	\$ INCREASE	% INCREASE	TPH REQUESTED BUDGET	\$ INCREASE	% INCREASE	
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	TBD	TBD	TBD	127,627,500	723,390	0.57%	0
2017 Sub	TBD	TBD	TBD	127,729,860	102,360	0.08%	0

**Chart 4
Comparison of TPH Requested Funding Increase and Eligible Provincial Allocation
for 75 Percent Cost Shared Programs 2008-2017 Submission
(\$000s)**



Since 2010 the cumulative provincial revenue foregone due to the City's financial constraints is \$15.7 million if the approved provincial allocation is maintained at 2 percent for 2016 and 2017 (See Table 4 and Chart 4). The opportunity to invest in and build public health programs and services in areas such as communicable disease control and healthy environments is foregone when available provincial funding is not maximized.

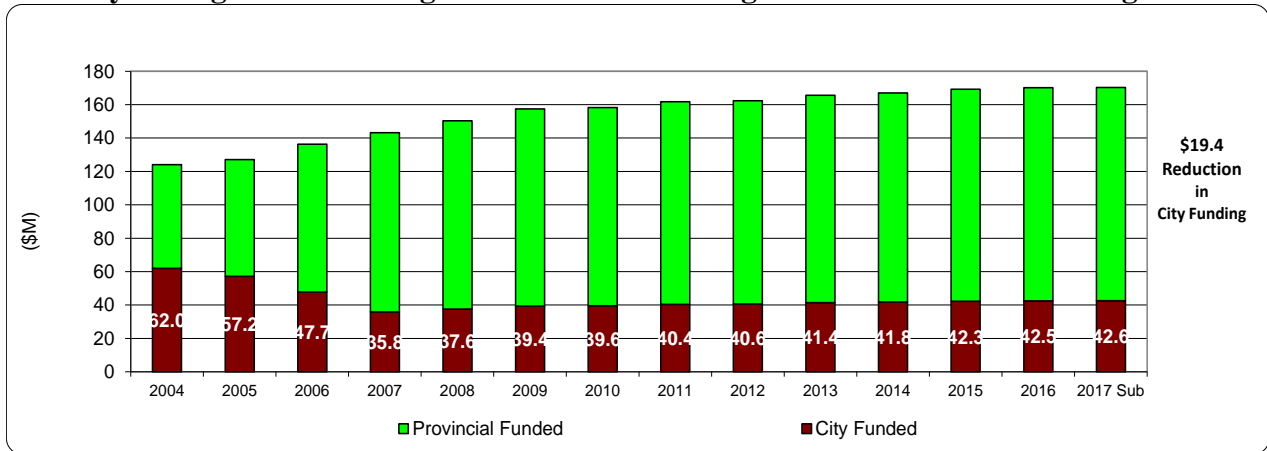
In 2004, Operation Health Protection was announced by the Ontario government to increase the provincial share of public health funding from 50 percent to 75 percent by 2007 as follows:

- 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 the 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 Percent 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 Chart 6 and Table 5 and 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 \$49.6 million in 2015.

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

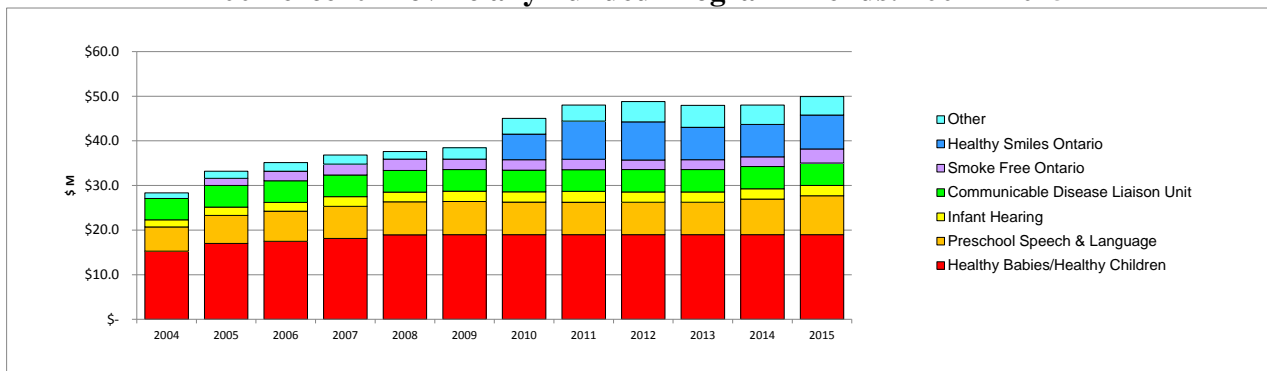


Table 5
100 Percent Provincially Funded Program Trends: 2010 – 2015 (in \$000s)

100% Funded Programs	2010	2011	2012	2013	2014	2015
Healthy Babies/Healthy Children	18,972.9	18,872.9	18,872.9	18,872.9	19,222.9	19,222.9
Preschool Speech & Language	7,303.4	7,271.4	7,271.4	7,271.4	7,960.5	8,730.7
Infant Hearing	2,305.9	2,430.9	2,305.9	2,305.9	2,305.9	2,305.9
Communicable Disease Liaison Unit	4,854.4	4,854.4	5,000.2	5,000.2	5,000.2	5,000.3
Smoke Free Ontario	2,327.4	2,328.3	2,162.1	2,202.1	2,162.1	3,168.1
Healthy Smiles Ontario	5,738.2	8,546.4	8,546.4	7,264.5	7,264.5	7,583.7
AIDS Hotline	520.0	520.0	520.0	520.0	565.0	1,034.0
Blind Low Vision	365.0	365.0	365.0	365.0	365.0	365.0
Diabetes Strategy	967.8	970.0	865.5	865.5	865.5	865.5
Haines Food Safety	330.0	330.0	330.0	330.0	330.0	330.0
Other	1,348.3	1,412.2	2,449.9	2,856.8	2,234.7	1,568.0
Total	45,033.3	47,901.5	48,689.4	47,854.3	48,276.4	50,174.2

Note:

- 2013 Budget for Healthy Smiles Ontario was reduced by \$1,281.9 thousand due to reversal of one time start-up cost.
- Preschool Speech and Language received new base funding of \$689.2 thousand for 2014 / 2015 Provincial Fiscal Year.

For 2015

- Smoke Free Ontario received additional base \$463.7 thousand for Tobacco Enforcement, new program Electronic Cigarettes Act \$210 thousand base and \$280 thousand for one time funding.
- AIDS Hotline received base funding increase of \$130.0 thousand and one time funding for E-Counselling for \$339.0 thousand.
- Healthy Communities Partnership listed under "Other" funding was discontinued. The program received \$566.4 thousand in 2014.
- Other includes the following programs: Chief Nursing Officer, Enhanced Safe Water, Infection Prevention and Control Nurse, Needle Exchange, Social Determinants of Health, Inspector Practicum, Methadone, (A)MOH additional compensation, and AIDS Bureau.

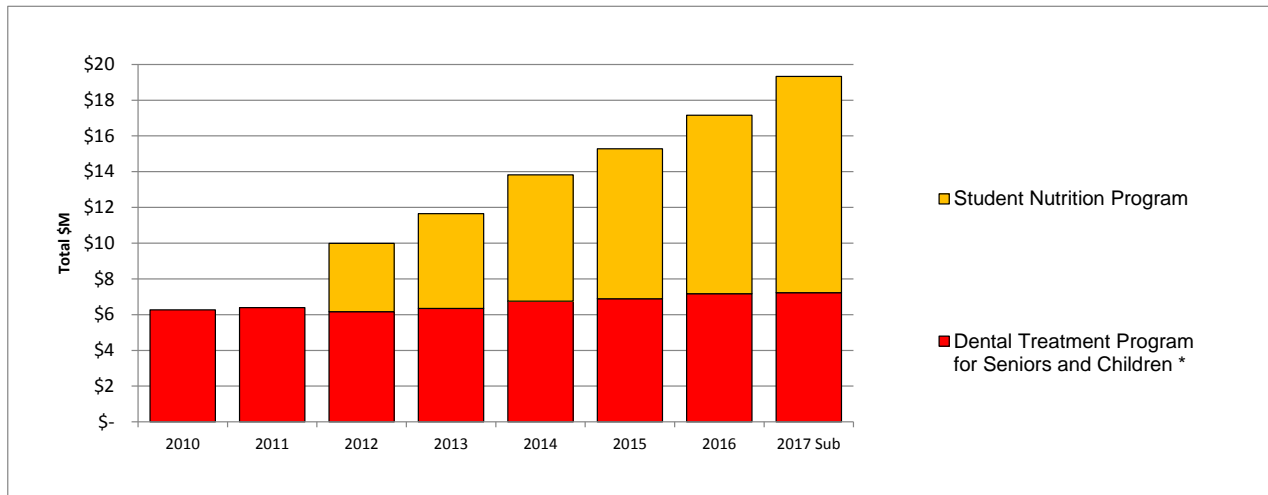
For 2016

- Ministry of Health Long Term Care has not provided confirmation of the 2016 funding allocation for a number of 100 percent funded programs with fiscal year end of December 31st.

100 Percent City Funded Programs

- Three programs offered by TPH are funded 100 percent by the city: Student Nutrition Program, Dental Treatment Program for seniors and children and the Dental Programs for Street Youth & Low Income Adults (See Chart 7).

Chart 7
100 Percent City Funded Program Trends: 2010 – 2017 Submission (Excl Reductions)



*includes Dental Street Youth & Low Income Adult

PART III: PROGRAM DETAILS

The 2017 TPH Operating Budget Submission is based on these six major programs. The breakdown of 2016 Budget and 2017 Submission for Services within each major program is outlined below. The 2016 Key Accomplishments section highlights significant achievements during the past year and the 2017 Service Deliverables highlights deliverables that the proposed Operating Budget will fund in 2017.

INFECTIOUS DISEASES (in \$000s)		Gross Budget	Net Budget
	2017 Rec	62,952.9	13,801.6
	2016	64,189.5	13,721.8
	Difference	(1,236.6)	79.7

2016 Key Accomplishments

Infectious Diseases Program:

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 all infectious diseases and reported infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
3. Investigated and provided follow up for over 13,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV.
4. Ensured treatment of 100 percent of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics).
5. Provided case management to 100 percent of Active TB cases for 6 -24 months required for cure.
6. Ensured that greater than 95 percent of Active TB cases completed adequate treatment according to the Canadian TB Standards.
7. Assessed and investigated reports for 100 percent of suspect TB cases.
8. Held over 52 community clinics to provide vaccines that are mandatory under the Immunization of School Pupils Act.
9. Provided immunization clinics in schools to grade 7 and 8 students in 420 schools to provide hepatitis B, meningococcal and Human Papilloma Virus vaccines.

2017 Service Deliverables

Infectious Diseases Program:

1. Ensure services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response.
2. Respond to approximately 41,000 cases and contacts of reportable/communicable diseases and to 350 outbreaks of communicable diseases.
3. Inspect 3,800 critical and semi-critical personal services settings (PSS) and 1,000 licensed child care facilities.
4. Investigate and provide follow up for over 13,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV.
5. Ensure treatment of 100 percent of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics).
6. Manage and treat 100 percent of all TB cases for the 6-24 months required for cure, to prevent further spread and development of drug resistance.
7. Ensure that greater than 95 percent of Active TB cases will complete adequate treatment according to the Canadian TB Standards.
8. Assess 100 percent of immunization records for 7 and 17 year old children.
9. Organize and deliver 1,000 immunization clinics (flu, school immunization, homeless shelters, and school-aged children who are under vaccinated).
10. Answer 50,000 phone calls at the Immunization Information Centre.

ENVIRONMENTAL HEALTH (in \$000s)		Gross Budget	Net Budget
	2017 Rec	23,982.2	5,497.4
	2016	24,313.3	5,484.2
	Difference	(331.1)	13.2

2016 Key Accomplishments

Food Safety

1. Inspected approximately 28,000 food premises (Note: There are approximately 17,600 food premises but some are inspected multiple times);
2. Responded to 100 percent 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;
3. Offered food safety training and certification to approximately 9,003 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement).

Safe Water

1. Completed 4519 recreational water facilities inspections; Issued 243 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.
2. No Boil Water or Drinking Water advisories issued; investigated and resolved 298 adverse water reports in total; responded to 298 microbiological adverse reports

Health Hazard Prevention and Management

1. Responded to 1284 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. Responded to 765 (100 percent) calls through On Call system to ensure a 24 hour availability to receive and respond to reports of potential health hazards
3. Responded to 1,500 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.
4. Provided hot weather information packages to hospitals, libraries and community centres for distribution to the public and over 800 Hot Weather education packages to the Cooling Centres
5. Adult mosquito surveillance - 43 mosquito traps set each week from June 6 to Sept 26th. Last year in 2015 we had 18 positive pools. Larviciding of CB - Total of 364,569 catch basin treatments were completed using Altoside pellets during 3 rounds of treatment and 4622 catch basins with Vectolex WSP
6. Larviciding of surface water sites 37 sites with a total of 192 treatments completed

Rabies Control

1. Investigated 2719 animal to human bite incidents
2. Provided post exposure prophylaxis to attending physicians (when requested) to protect 100 percent of 350 exposed individuals
3. Submitted 170 animal specimens for rabies testing when risk assessment indicates need

2017 Service Deliverables

Food Safety

1. Inspect 17617 food premises; Receive and respond within 24 hours to reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues.
2. Offer food safety training and certification to a minimum of 9000 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement).

Safe Water

1. Conduct systematic and routine assessment, surveillance, monitoring and reporting of drinking water and public beaches (11) and respond within 24 hours to reports of drinking water illnesses and public beach water illnesses; and inspect 1611 recreational facilities by completing 5,148 inspections (indoor pools inspected 4x per year and outdoor pools inspected 2x per year).
2. Provide ongoing education and promotion for the SwimSafe initiative
3. Receive and review Toronto Water monthly drinking water reports and respond to between 500-1,000 adverse water reports issued from Toronto Water.

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. Coordinate services and financial support for unit preparation for vulnerable clients including nursing assessments, health services referrals and other supports where deemed appropriate.
3. Visit high risk residential premises as an outreach initiative to protect vulnerable residents during periods of extended extreme heat/cold

Rabies Control

1. Investigate 100 percent animal to human bite incidents
2. Provide post exposure prophylaxis to attending physicians (when requested) to protect 100 percent of exposed individuals
3. Submit 100 percent animal specimens for rabies testing when risk assessment indicates need

EMERGENCY PREPAREDNESS (in \$000s)		Gross Budget	Net Budget
	2017 Rec	2,339.4	575.8
	2016	3,150.8	773.8
	Difference	(811.5)	(197.9)

2016 Key Accomplishments

1. Designed and implemented a full-scale functional exercise to test the TPH Mass Immunization Clinic Plan.
2. Coordinated the process of exercising and updating 90 (100 percent) Business Continuity Plans (BCP) for TPH.
3. Updated TPH Emergency Plan as well as Risk Specific Plans and Supporting Documents. Developed a Business Continuity Management strategy for TPH.
4. Assisted with the City's response to the Syrian refugee crisis.
5. Updated the TPH IMS Assignment list for non-union staff.
6. Setup a 24/7 emergency mass notification system for staff.

2017 Service Deliverables

1. Coordinate the process of updating 90 (100 percent) Business Continuity Plans (BCP) for TPH.
2. Provide IMS Functional training to approximately 200 non-union staff.
3. Update TPH Emergency Plan as well as Risk Specific Plans and Supporting Documents.
4. Respond to emergencies/incidents with public health impact as required.
5. Coordinate emergency preparedness work with City and external partners.

CHRONIC DISEASES AND INJURIES (in \$000s)		Gross Budget	Net Budget
	2017 Rec	42,973.4	12,027.5
	2016	38,922.6	11,084.7
	Difference	4,050.8	942.8

2016 Key Accomplishments

1. Provided Chronic Diseases & Injury Prevention (CDIP) Services to youth (to build positive health behaviours) using a youth engagement approach such that 25 percent of identified youth-serving agencies received a CDIP consultation
2. Provided nutrition consultation and support to 58 percent (417/717) of municipally funded Student Nutrition Programs in the 2015/2016 school year
3. Reached approximately 70 percent of priority schools as identified by the school boards with CDIP services
4. Reached 105 schools with 1982 peer leaders (19 per school) in elementary schools with Playground Activity Leaders in Schools (PALS). Fifty-two percent (52 percent) of participating schools were in their second year or more of participation.
5. Engaged 4216 adults in 117 walking promotion pedometer lending programs, promoted through libraries, workplaces, and community sites.
6. Conducted 2406 Display and Promotion inspections to inspect for compliance with Tobacco display and promotion legislation.
7. Achieved 97 percent compliance rate of tobacco vendors in compliance with youth access legislation at the last time of inspection.
8. Educated 1,100 older adults through 75 falls prevention presentations/events.
9. Implemented a public awareness campaign to promote Canada's Low-Risk Drinking Guidelines, reaching an estimated 750,000 individuals.
10. Provided training to 3066 student peer leaders to support school-wide promotion of mental health and substance misuse prevention and 98 percent trained reported an intent to use the information attained to engage in school-wide promotion of mental health and substance misuse prevention.
11. Reached an estimated 35,000 children, youth, and post-secondary students through the provision of Healthy Schools and Substance Misuse Prevention programs and services to educate and promote substance misuse prevention and mental health promotion.
12. Reached 3576 parents/caregivers through the delivery of parenting programs to build child/youth resilience and promote substance misuse prevention, and 98 percent of parents reached indicated intention to apply the information attained from the program.

2017 Service Deliverables

1. Reach 75 percent (206) priority elementary schools identified by the school boards with CDIP services (74,000 students).
2. Train 110 peer leaders from 33 agencies and the Youth Health Action Network; the peer leaders support 1,600 youth participants to reach 30,000 youth in their communities with CDIP messaging.
3. Provide Diabetes Prevention education programs to 1,450 participants.
4. Provide nutrition consultation and support to 55 percent of municipally funded Student Nutrition Programs in the 2016/17 school year.
5. Support 565 school communities to provide 33,746,000 meals/year to 179,500 children and youth, with municipal funding for student nutrition programs (Sept 2016 - June 2017 school year).
6. Conduct 100 percent of mandatory annual tobacco vendor Display and Promotion inspections, bi-annual Youth Access inspections, and annual secondary school inspections (SFAO).
7. Provide education and skill building training (Step Ahead) to 150 service providers from 30 agencies to build capacity in falls prevention for older adults.
8. 100 percent (815) of Toronto publicly funded schools receive Public Health Nurse liaison services.
9. Reach 25,000 children, youth, and post-secondary students with Healthy Schools and Substance Misuse Prevention services to promote substance misuse prevention and mental health promotion.

FAMILY HEALTH (in \$000s)		Gross Budget	Net Budget
	2017 Rec	90,746.3	19,657.1
	2016	87,032.4	16,294.3
	Difference	3,713.9	3,362.9

2016 Key Accomplishments

Family Health

1. Provided 22,000 education and counseling contacts to support breastfeeding initiation and sustainment
2. Provided group parenting education programs for 2,750 families
3. Provided Public Health Nurse (PHN) service to 649 new referrals, resulting in 6299 direct client interactions and 22 group sessions
4. Delivered 45,000 Healthy Babies Healthy Children (HBHC) parenting blended home visits (Public Health Nurse and Family Home Visitor), and PHNs supported 150 homeless or under-housed pregnant women through the Homeless At Risk Pregnant (HARP) program
5. Provided speech and language service to 7,500 children and screened 93 percent of infants for hearing
6. Expanded the use of technology (Pinterest, HF Blog, Twitter e-newsletter, WTP, online registration) to promote Child Health Development messages and services to reach a larger number of Toronto families.
7. Submitted the Special Needs Strategy Integrated Rehabilitation plan, including a proposal for enhanced funding for preschool rehabilitation services
8. Established Nurse Family Partnership program within HBHC program
9. Screened 220,000 children for oral health conditions in elementary schools for 2016.
10. Provided dental treatment to approximately 27,500 clients
11. Screened approximately 14,200 children and youth through the child care center and high school screening program for 2016 and of those, referral approximately 1,500 for treatment.

2017 Service Deliverables

1. Deliver 50,200 educational sessions to improve individuals and families knowledge to achieve healthy pregnancy, have the healthiest newborns possible and be prepared for parenthood
2. Deliver 8,500 individual interventions to families to sustain and optimize healthy pregnancy, support having the healthiest newborns possible and be prepared for parenthood
3. Deliver 5,100 educational sessions to improve families' knowledge in growth and development, positive parenting, healthy eating, and breastfeeding to enable children and parents to attain and sustain optimal health and development
4. Complete 62,300 screens (including hearing, developmental, communications, nutrition, postpartum depression and parenting screens) to identify children at risk for adverse/or decreased child development outcomes
5. Deliver approximately 105,500 individual interventions delivered to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development
6. Conduct approximately 220,000 dental screenings in elementary schools and conduct approximately 9,200 screenings in childcare centers.
7. Provide oral health assessments to 6,900 seniors in Long Term Care facilities and other Community Settings, and perform 2,800 professional denture cleanings.
8. Provide dental treatment to 8,500 seniors (65+) attending 19 TPH dental clinics; provide dental treatment to 15,000 children and youth (18 years of age and younger) through 24 TPH and HSO dental clinics.
9. Provide emergency dental services to 2,300 adults (18-64 years of age) eligible for social assistance through 24 TPH and HSO dental clinics to improve their oral and general health and thus enhance their job readiness.

PUBLIC HEALTH FOUNDATIONS (in \$000s)		Gross Budget	Net Budget
	2017 Rec	15,802.7	6,162.8
	2016	27,232.5	11,564.0
	Difference	(11,429.9)	(5,401.2)

*Note: Difference is not exactly equal due to rounding

2016 Key Accomplishments

1. Identified, analyzed related data, and reported a set of health indicators for seniors' health to help guide the development of a seniors' health strategy
2. Developed a plan with stakeholders to monitor premature and preventable deaths in the homeless population
3. Conducted ongoing surveillance for outbreak detection, chronic disease and reproductive health outcomes, related risk and protective factors, and health inequities
4. Completed evaluations of "One on One Mentoring", "Tobacco Cessation", "Food Innovation Lab" and "Mass Immunization Clinic Exercise"
5. Piloted TPH client satisfaction survey
6. Implemented a Performance Management training plan
7. Completed the Bronze Assessment for Excellence Toronto
8. Screened and/or reviewed 35 research projects through the TPH Research Ethics Review process
9. Prepared 12 staff reports submitted to the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto
10. Advanced 5 municipal policies: noise bylaw; road safety plan; cold weather plan; smoke-free housing; and transit fare equity
11. Responded to 1000 enquiries (phone and email) for ChemTRAC information and technical assistance (ChemTRAC is used to collect annual, from local businesses and institutions, on 25 potentially harmful priority substances in our environment)

2017 Service Deliverables

1. Monitor, assess and report premature and preventable deaths in the homeless population
2. Complete data analysis and reporting of approximately 2400 interviews conducted for the 2016 Rapid Risk Factor Surveillance System
3. Conduct ongoing surveillance for outbreak detection, chronic disease and reproductive health outcomes, related risk and protective factors, and health inequities
4. Implement a divisional client satisfaction program
5. Continue to build performance management capacity across TPH directorates/programs
6. Screen and/or review 35 research projects through the TPH Research Ethics Review process
7. Prepare 12 staff reports submitted to the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto
8. Advance 5 municipal policies to support healthy social, built and natural environments.
9. Compile information on the manufacture, use and release of 25 priority chemicals from 700 facilities in Toronto and make available to the public on the Internet
10. Respond to 1000 enquiries (phone and email) for ChemTRAC information and technical assistance (ChemTRAC is used to collect annual, from local businesses and institutions, on 25 potentially harmful priority substances in our environment)

PART IV: OPERATING BUDGET DETAILS

Table 6 categorizes the changes included in the TPH 2017 Operating Budget Submission in accordance with the City's budget guidelines.

Table 6
Toronto Public Health

Overview of the 2017 Operating Budget Submission						
	Summary of 2017 Operating Budget Submission					
	Approved Positions	Gross Expenditures	Revenues	Net	Net	Cumulative Net
(\$000s)		\$	\$	\$	%	%
2016 Council Appr. Operating Budget as at February 17, 2016	1,871.98	243,207.7	184,585.3	58,622.4		
City Budget Reduction	0.00	(100.0)	77.6	(177.6)		
In-year approvals and technical adjustments	(8.60)	1,733.4	1,255.4	478.0		
2016 Operating Budget	1,863.38	244,841.2	185,918.4	58,922.8		
Step, Progression Pay, COLA, Benefits Gapping	0.00	4,615.3	3,498.0	1,117.3	1.90	1.90
Salaries & Benefits Related to Capital Projects	(8.63)	(1,036.7)	(1,036.7)	0.0	0.00	1.90
Operating Impact of Capital Projects	3.00	0.0	0.0	0.0	0.00	1.90
Economic Factors - Non Payroll	0.00	362.0	45.9	316.0	0.54	2.43
IDC / IDR	(1.88)	(1,233.6)	(1,234.6)	1.1	0.00	2.43
Annualization, Reversal of 1 Time Requests & 100% Funded Budget Adjustments	(5.91)	(4,380.5)	(4,007.1)	(373.4)	(0.63)	1.80
User Fees	0.00	0.0	1.4	(1.4)	(0.00)	1.80
Revenue Adjustment	0.00	(9.3)	(49.0)	39.7	0.07	1.87
PART 1: 2017 Base Budget Request	1,849.96	243,158.3	183,136.2	60,022.1	1.87	1.87
Over (Under) 2016 Operating Budget	(13.42)	(1,682.8)	(2,782.1)	1,099.3	1.87	1.87
% Over (Under) 2016 Operating Budget	(0.72)	(0.7)	(1.5)	1.9	1.87	1.87
Efficiency Reductions	(38.20)	(3,306.8)	(2,358.4)	(948.4)	(1.61)	0.26
Minor Service Reductions	(3.00)	(279.6)	(209.7)	(69.9)	(0.12)	0.14
Major Service Reductions	(19.00)	(2,166.1)	(551.2)	(1,615.0)	(2.74)	(2.60)
User Fee Adjustments	0.00	57.2	57.2	0.0	0.00	(2.60)
2017 Reduction Options	(60.20)	(5,695.3)	(3,062.0)	(2,633.3)	(4.47)	(2.60)
PART 2: 2017 Submission Including Reduction Options	1,789.76	237,463.0	180,074.2	57,388.9	(2.60)	(2.60)
Toronto Urban Health Fund - Year 3	0.00	150.0	112.5	37.5	0.06	(2.54)
ISPA (Immunization of School Pupils Act)	15.00	773.3	580.0	193.3	0.33	(2.21)
Food Safety and Health Hazard Inspections	6.50	316.6	237.5	79.2	0.13	(2.09)
Rockcliffe-Smythe Community Health Officer	1.00	93.9	70.4	23.5	0.04	(2.05)
2017 New & Enhanced Total	22.50	1,333.8	1,000.4	333.5	0.57	(2.05)
PART 3: 2017 Submission Including New & Enhanced	1,812.26	238,796.9	181,074.5	57,722.3	(2.04)	(2.05)
Over (Under) 2016 Operating Budget	(51.12)	(6,044.3)	(4,843.8)	(1,200.5)	(2.04)	(2.05)
% Over (Under) 2016 Operating Budget	(2.74)	(2.5)	(2.6)	(2.0)	(2.04)	(2.05)

Budget Impact on Toronto Taxpayers

The Province of Ontario provides funding for 73.1 percent of the TPH gross operating budget with 24.2 percent contributed by the City and the remaining 2.7 percent from user fees and other levels of government or external partners. The cost sharing formula of 75:25 means that every \$4 of public health services requires only \$1 of investment by the City.

The table below shows the annual cost of public health services per Toronto resident since 2004. The shift in the provincial formula starting in 2005 from 50 percent to 75 percent funding for cost-shared programs has allowed the City to move significant property tax dollars from public health into other City programs. The 2017 Operating Budget Submission includes \$19.4 million less in municipal funding than in 2004. On average, the 2017 Operating Budget Submission would cost each Toronto resident \$22.20 in property taxes.

Chart 7
Municipal Costs per Person for Public Health Services

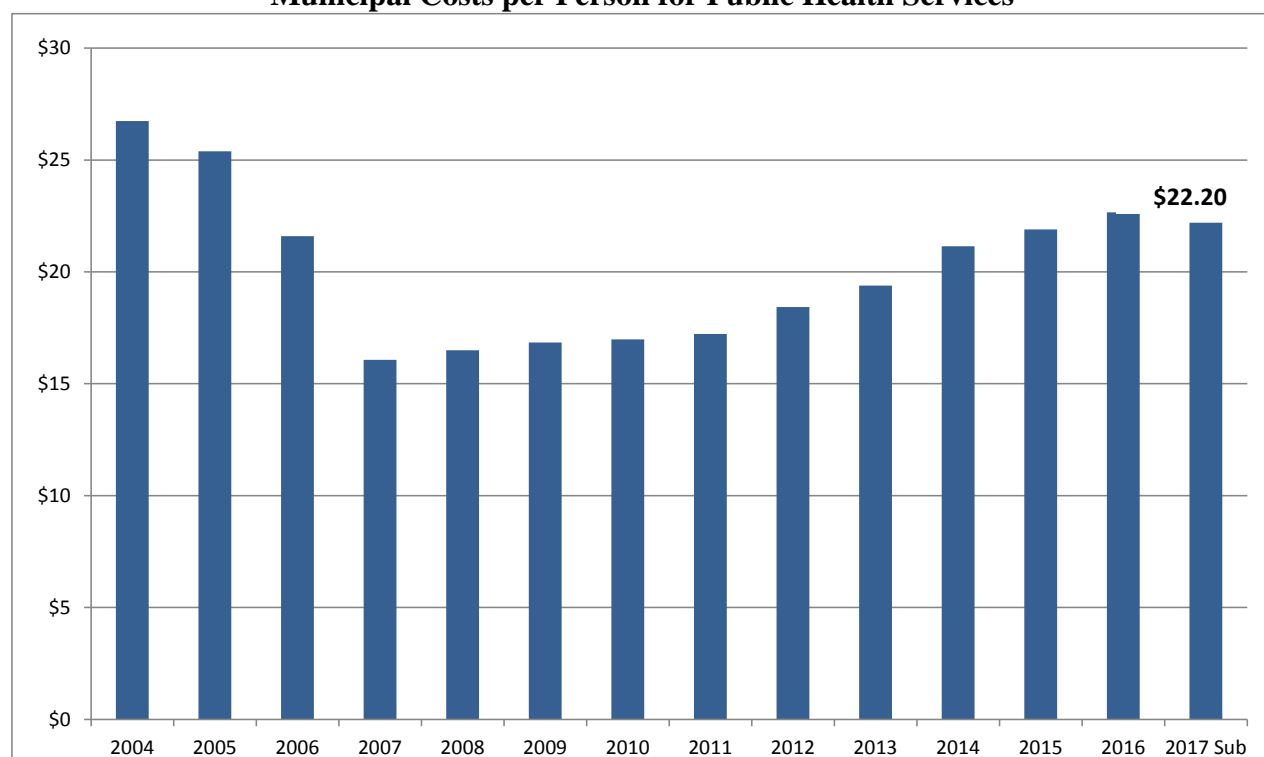


Table 6
Municipal Costs per Person for Public Health Services

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 Sub
26.74	25.38	21.59	16.07	16.50	16.85	16.99	17.22	18.43	19.39	21.15	21.90	22.66	22.20

The approved budget increases in 2016 is the result of the expansion of the City funded Student Nutrition Program base budget increases as well as COLA increases. The total net impact of these adjustments in 2016 was \$1,494.6 thousand, or a municipal property tax cost per resident of \$0.77

Section A: Base Budget

PART 1: Adjusted Base Budget

The adjusted base budget of \$243,158.3 thousand gross / \$60,022.1 thousand net, that is \$1,099.3 thousand above the 2016 net budget, includes:

Salary and Benefit Changes

- An increase of \$4,615.3 thousand gross and \$1,117.3 thousand net for 2017 COLA, progression pay, step, benefits and gapping.

Salaries and Benefits Related to Capital Projects

- Included in the TPH 2017 Capital Budget Submission 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 are included in the 2017 Operating Budget Submission per the City's Budget Guidelines.
- A decrease of \$1,036.7 thousand gross / \$0 net and 8.63 positions are included in this submission.

Operating Impacts of Capital

- Two of the capital projects that have been or are in the final stages of being completed have operating impacts from capital. These include Communicable Disease Control (CDC) Wireless and Healthy Environments (HE) inspections. There is an addition of 3.0 positions to support the cost of new systems and the required maintenance. This cost will be fully absorbed within the existing TPH operating budget using program efficiencies and service realignment.

Economic Factors – Non Payroll

- An increase of \$362.0 thousand gross and \$316.0 thousand net for inflationary increases in Student Nutrition Program, the Toronto Urban Health Fund, for Sexual Health Clinic Service Contracts and for the Dental Programs for Street Youth & Low Income Adults.

IDC / IDR

- A decrease of \$1,233.6 thousand gross and an increase of \$1.1 thousand net is due to the integration of the Provincial Dental Programs. The 100 percent funding provided by Toronto Employment and Social Services Division through an Interdepartmental Revenue for Ontario Works dental program was discontinued in March 2016. The net increase of \$1.1 thousand is due to inflation for services provided by other City departments.

Annualization, Reversal of One Time Requests and 100 Percent Funded Budget Adjustments

- Reversal of the in year 2016 COLA adjustment increase in the 2016 Submission for a decrease of \$1,922.6 thousand gross and \$482.2 thousand net.
- A decrease of \$2,457.9 thousand gross and \$0 net and 5.91 positions for reversal of various one time and base 100 percent provincially and externally funded programs.
- Reversal of one time revenue of \$109.0 thousand and a corresponding increase of \$109.0 thousand net for 2016 inflation for Student Nutrition Program.

User Fees

- All user fees for TPH programs have increased by 2.2 percent due to economic factors resulting in an increase in revenue of \$1.4 thousand.

Revenue Adjustment

- The VPD Universal Influenza Immunization Program (UIIP) Pharmacy Inspection Program which was previously funded by the Province at 100 percent, on a one time basis, will be cost shared at 75/25 effective January 2017 resulting in an increase of \$39.7 thousand net budget.

Section B: Reduction Options

The City Manager issued guidelines and directions for development of the 2017 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 2017 operating budget target of 2.6 percent below the Council Approved 2016 Net Operating Budget.

As directed by the City Manager in the 2017 Operating Budget directions and guidelines, TPH used the following strategies to achieve Council's budget target of -2.6 percent for the 2017 Budget process;

Continue to control expenditures through cost saving measures:

- line by line review of previous three year spending experience for further expenditure reductions

Explore all services for efficiency savings including opportunities from business process reengineering, streamlining, transformation and innovation to service delivery from:

- cross divisional collaboration
- service delivery rationalization and restructuring
- opportunities for alternative service delivery
- changes to procedures where there may be dependencies

Maximize user fee revenue by reviewing full cost recovery where applicable, review existing fines and permit fees and identify new fines and other user fees where appropriate.

A detailed list of budget reduction options are included in Attachment 2 and the confidential reduction options are listed in Attachment 3 – "Summary of Confidential Reductions Options".

Revenue Rate Change

In 2016, a detailed review was undertaken for the user fees charged for the Food Handler Certification Training program with the objective of setting the fees to recover the full cost of the service provided.

User fees associated with the Food Handler Certification Training are listed in the Municipal Code Chapter 441. All services for which TPH charges a fee directly benefit an individual and/or organizations and thus user fee rates are recommended to recover full costs and are subject to automatic inflationary increases each year.

Six services that are being currently offered were reviewed. Based on the results of the cost recovery review applied to the user fees structure, the fee for the in class training will not increase. User fees for the remaining five services are recommended to increase. The calculation of recommended user fees is based on all the costs associated with providing the services. The estimated overall increase in revenue from the recommended fee increase is \$57,200. TPH will recover the full cost of providing the Food Handlers Training and related services.

Table 7 lists the user fees with recommended increases in the rates to achieve full cost recovery of providing the service.

Table 7
Food Handler Certification Training User Fees

Service	Fee Basis	2017	2017
		Base Rate	Rec Fee
1. In Class Training	Full Cost Recovery	44.52	44.52
2. Examination, and issuing of food certificate	Full Cost Recovery	44.30	52.60
3. Administration and material to reissue certificate	Full Cost Recovery	11.38	20.00
4. Issuing TPH certificate for Accredited/Approved Food Handler Certificate	Full Cost Recovery	5.68	20.00
5. Cost of Material to produce the Food Handler Safety Manual	Full Cost Recovery	11.39	25.00
6. Cost of Material to produce the Food Handler Safety Manual plus S&H	Full Cost Recovery	28.43	35.00

Section C: New and Enhanced Services

The Board of Health Budget Committee directed the Medical Officer of Health to prepare a 2017 Operating Budget which identifies opportunities to reallocate savings in provincial 75 percent cost-shared funding to provincial cost-shared services which are not meeting the provincially mandated standards.

The 2017 budget request includes four New and Enhanced cost shared services for \$1,333.8 thousand gross and \$333.5 thousand net increase:

The following two proposals for New and Enhanced services are recommended by the Acting Medical Officer of Health;

- **Immunization to Meet Legislated Standards** – \$773.3 thousand gross and \$193.3 thousand net and 15.0 positions in 2017 and an additional \$426.7 thousand gross and \$106.7 thousand net in 2018.

Public health units are required to annually assess and maintain records of the immunization status of every pupil attending school under the Immunization of School Pupils Act (ISPA). They must be immunized against nine diseases (meningococcal, varicella, pertussis, measles, mumps, rubella, diphtheria, tetanus and polio). Fully implementing the ISPA (assessment through to suspension) protects the health of Toronto's children and ensures the City meets its accountability with the MOHLTC.

This change is being proposed because the Ministry increased requirements of the ISPA in 2013 (three new vaccines plus private schools) and implemented a new provincial data system to enter student vaccine information and assess compliance. This data system is more complex. Additionally, TPH is required under the OPHS to fully implement the ISPA. These changes will improve the health and safety of Ontario's school children and will help protect them from vaccine preventable diseases, reducing the risk of disease outbreaks.

Currently TPH annually reviews immunization records for one age cohort 7 or 17 year olds, of school children in publicly funded schools for the required diseases, working with families to bring these students up-to-date. With this additional funding TPH will work with an additional 90,000 families of students in public schools and 12,000 families of students in private school to fully implement the ISPA.

Further detail about the public health requirements for immunization are outlined in the Board of Health (BOH) report, "Protecting Toronto's School Children through Immunization".

- **Food Safety and Safe Water Inspections** – \$316.6 thousand gross and \$79.2 thousand net and 6.5 positions and an additional \$218.7 thousand gross and \$54.7 thousand net in 2018.

To ensure that the operating savings of \$316.6 thousand is reinvested into Healthy Environments (HE) programs to achieve provincially prescribed service levels.

The current inspection levels do not meet the minimum requirements of the OPHS and the protocols for Food Safety and Recreational Water. There are several factors that impact TPH's ability to meet these requirements: increasing number of higher risk category food premises, an increase in the number of special events, an increase in food safety complaints (demand calls), and increasing number of animal to human exposure reports.

Further detail about the public health requirements for Food Safety and Safe Water Inspections are outlined in the BOH report, "Reinvesting in Food Safety and Safe Water Inspections".

- **Toronto Urban Health Fund (TUHF) - Year 3** – \$150.0 thousand gross and \$37.5 thousand net – This proposal has been previously approved by Council for phased implementation. It addresses the increasing rates of HIV/STI 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 2017 budget enhancement TUHF projected targets are to fund 17 projects and train 173 Peer Leaders to reach 1,316 peers to deliver resiliency building activities to 6,225 children and youth. 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 percent/35 percent/30 percent for the three streams over the next two funding cycles.

The Board of Health has supported a five year plan with a budget enhancement of \$750.0 thousand gross for the program through annual increments of \$150.0 thousand gross per year to address HIV prevention, harm reduction and youth resiliency. This budget enhancement will address annual funding shortfalls while enabling TUHF to build capacity in two of the most vulnerable populations, namely youth living in Neighbourhood Improvement Areas and urban Indigenous populations.

- **Rockcliff-Smythe Community Health Officer (CHO)** – \$93.9 thousand gross and \$23.5 thousand net and 1.0 position – City Council at its meeting of July 12, 2016 requested TPH to add 1.0 FTE's Community Health Officer (CHO) position in the 2017 Operating Budget Submission to support the Rockcliffe-Smythe Community. A CHO would provide extensive supports to the Rockcliffe-Smythe Community to reduce health inequities and improve the overall health of the community through community engagement to identify health needs, develop appropriate services, develop sustainable partnerships, and identify and assist with development of healthy public policy.

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

The other New & Enhanced program includes year five of the six year funding plan for the City's Student Nutrition Program (SNP). This program was previously approved by City Council for phased implementation. 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)		\$	\$	\$
SNP Increase Financial Stability of Currently Funded Programs	0.00	1,145.3	0.00	1,145.3
SNP Increase - Expand to 48 New Schools	0.00	958.4	0.00	958.4
Total Student Nutrition Program	0.00	2,103.7	0.0	2,103.7
Total Other New & Enhanced Services	0.00	2,103.7	0.0	2,103.7

- **Student Nutrition Program – Year 5:** \$2,103.7 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 SNP funding partnership model with a view to fully phase-in the municipal share of the program within a three to five year horizon and to consider as part of the annual operating budget process, an annual increase to the City's investment in SNPs equal to the annual amount of food inflation reported by the Nutritious Food Basket survey.

A five year plan was developed and due to budgetary constraints in 2015 was reset to a six year plan in 2016.

The Board of Health report, "Student Nutrition Program: 2017 Operating Budget Submission and Program Update" includes a requests for program stabilization and service enhancements in line with year five of the six year plan. The report requests:

- 1) The Board of Health to endorse the request for an additional net increase of \$1,145,313 to the Toronto Public Health 2017 Operating Budget to be allocated to existing student nutrition programs to increase the City's investment rate to 18 percent of total program costs, providing a stronger funding base for existing programs.

- 2) The Board of Health to endorse the request for an additional net increase of \$958,407 to the Toronto Public Health 2017 Operating Budget to extend municipal funding to 48 student nutrition programs in publically funded schools which currently do not receive municipal funding.

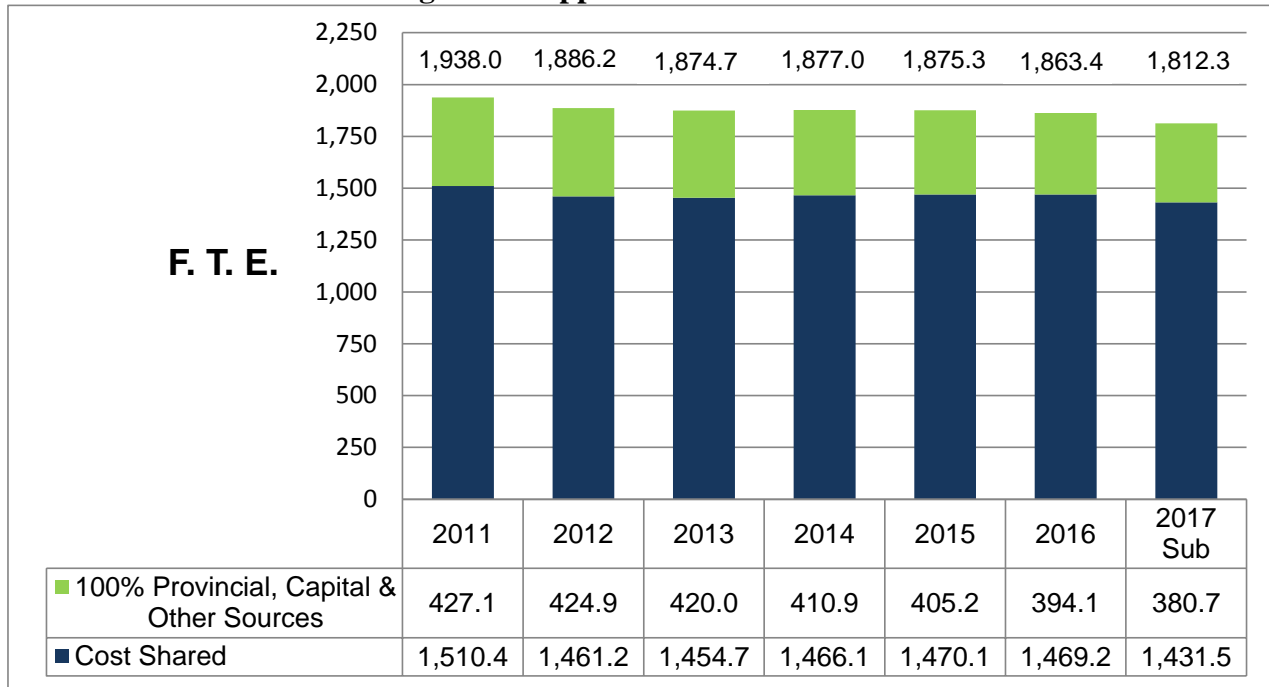
This service enhancement supports the City's Poverty Reduction Strategy and will provide stable, core government funding to programs which are currently operating without municipal funding, thereby enabling them to provide more complete breakfast meals to children and youth in higher need publically 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

Two of the capital projects that have been or are in the final stages of being completed have operating impacts from capital. These include Communicable Disease Control (CDC) Wireless and Healthy Environments (HE) inspections. There is an addition of 3.0 positions to support the cost of new systems and the required maintenance. This cost will be fully absorbed within the existing TPH operating budget using program efficiencies and service realignment.

Section F: Staffing Trends

Chart 8
Staffing Trend Approved Positions 2011-2017



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.

In 2017 TPH has submitted reduction proposals that results in a reduction of 60.20 positions to achieve the 2.6 percent reduction target. This is offset by an increase of 22.50 positions in new & enhanced services to maximize provincial revenue and improve compliance with OPHS. In addition, there is a reduction of 13.40 FTE due to base budget adjustments and operating impact of capital projects. The overall change in positions from 2016 to 2017 is a reduction of 51.1 FTEs.

Section G: 2016 Operating Budget Variance

Table 9
2016 Operating Budget Variance Review at June 30, 2016 (\$000s)

(In \$000s)	2015 Actuals	2016 Approved Budget	2016 Projected Actuals	2016 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
GROSS EXP.	252,182.5	242,689.9	235,959.9	(6,730.0)	(2.8)
REVENUES	195,295.0	183,767.0	177,449.6	(6,317.4)	(3.4)
NET EXP.	56,887.5	58,922.9	58,510.3	(412.6)	(0.7)
Approved Positions	TBD	1,866.98	1,738.0	(129.0)	(6.9)

* Based on the Second Quarter Operating Budget Variance Report.

2016 Experience

At year-end TPH expects to be under-spent in gross expenditures by \$6,730.0 thousand or 2.8 percent and under achieved in revenue by \$6,317.4 thousand or 3.4 percent resulting in a \$412.6 thousand net favorable variance or 0.7 percent below budget.

For the period ending June 30, 2016, the gross expenditures were under budget by \$2,753.1 thousand or 3.0 percent after the pending provincial budget adjustment of \$1,367.5 thousand in gross expenditures and revenue is adjusted in the budget. This variance was mainly the result of \$2,381.6 thousand or 3.0 percent under spending in salaries and benefits with the balance of \$371.5 thousand in non-payroll expenses. After the pending budget adjustment is included, revenue recovery was under budget \$2,435.3 thousand of 2.0 percent due to the underspending in gross expenditures.