

Toronto 2017 BUDGET



OPERATING BUDGET NOTES



Toronto Public Health

2017 OPERATING BUDGET OVERVIEW

Toronto Public Health (TPH) reduces health inequities and improves the health of the entire population by delivering services that meet community health needs, comply with Ontario Public Health Standards, and make wise use of human and financial resources.

2017 Operating Budget Highlights

The total cost to deliver these services to Toronto residents is \$242.518 million gross and \$58.682 million net as shown below:

(in \$000's)	2016 Budget	2017 Preliminary Budget	Change	
			\$	%
Gross Expenditures	244,078.5	242,517.7	(1,560.8)	(0.6%)
Revenues	185,155.7	183,835.9	(1,319.8)	(0.7%)
Net Expenditures	58,922.8	58,681.8	(241.0)	(0.4%)

Through base budget changes and operational efficiencies, the Program was able to partially offset \$1.433 million in operating budget pressures arising mainly from increases in staff salaries and benefits and inflationary increases for Student Nutrition Program to achieve a 0.4% reduction from the 2016 Approved Operating Budget.

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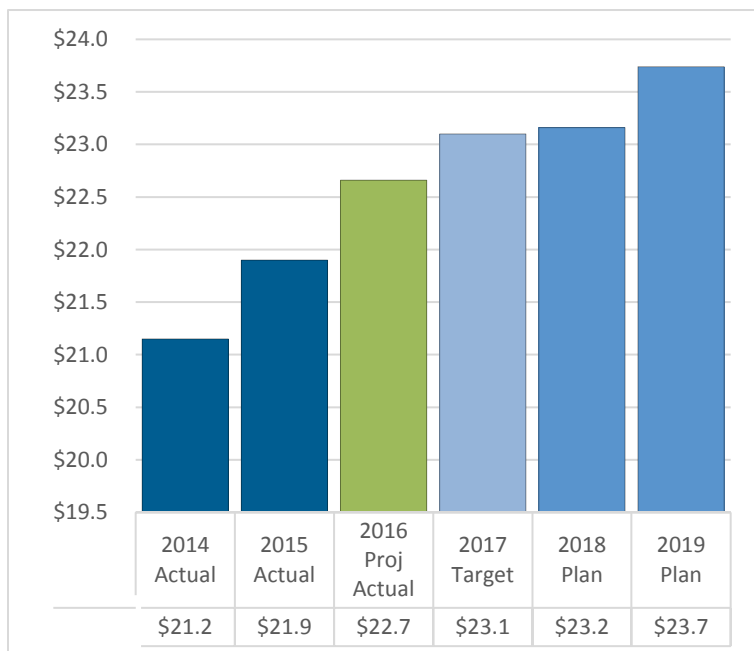
Fast Facts

- Toronto Public Health is one of 36 public health units funded by the Ministry of Health and Long Term Care (MOHLTC).
- The majority of the Public Health budget is cost-shared with the MOHLTC on a 75% provincial/25% municipal basis. Therefore, every \$1 of City funds invested in cost shared program is matched by \$3 of provincial funding for public health services for Torontonians.

Trends

- Over the past twelve years, the amount of funding for 100% provincially funded programs has increased by over 75% from \$28.3 million in 2004 to \$49.7 million in 2016. The increase is due to the addition of new programs like Smoke Free Ontario and Healthy Smiles Ontario.
- Beginning in 2005, the provincial contribution increased from 50% to 75% for various cost shared programs.
- With the City's increased investment in the 100% municipally funded Student Nutrition Program the municipal cost per person for Public Health has also gradually increased from \$21.9 in 2015 to \$22.7 in 2016 and is projected to increase in 2017, 2018 and 2019.

Municipal Cost per Person for Public Health Services



Key Service Deliverables for 2017

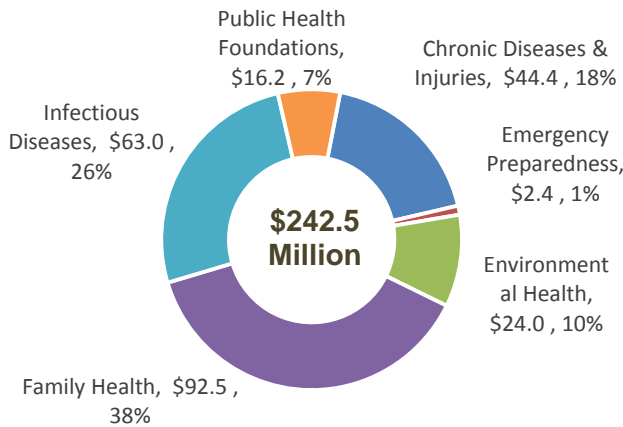
Toronto Public Health offers a diverse range of public health programs and services to Torontonians as per its legislated mandate.

The 2017 Preliminary Operating Budget will allow TPH to:

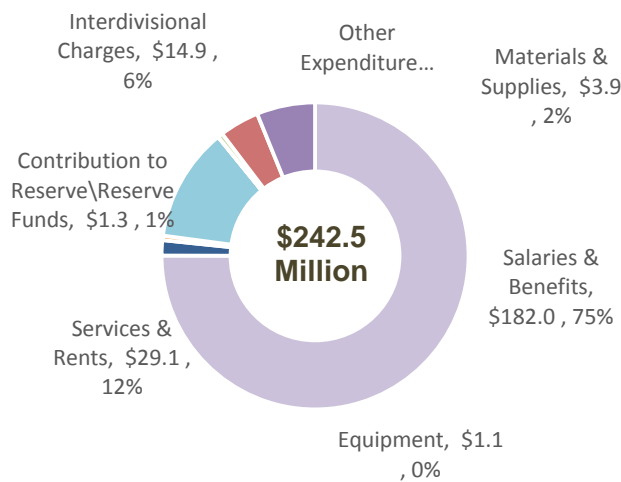
- Inspect 3,800 critical and semi-critical personal services settings (PSS) and 1,000 licensed child care facilities.
- Provide infection prevention and control liaison services to 20 hospital sites, 16 complex continuing care/rehab centers, 87 Long-Term Care Homes, 150 retirement homes, 2 correctional facilities, 4 major school boards and 65 shelters.
- Investigate and provide follow up for over 16,000 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV.
- Promote safety of food and beverages through inspection of over 17,000 food premises to ensure compliance with provincial Food Safety Standards.
- Provide education and skill building training to 150 service providers from 30 agencies to build capacity in fall prevention for older adults; reach 30,000 children, youth and post-secondary students to promote substance misuse prevention and mental health promotion.
- Provide 62,000 educational sessions on pregnancy, positive parenting, healthy eating and breastfeeding to support breastfeeding initiation and sustainment.
- Provide dental care to 19,322 children and youth, 4,684 adults and 8,500 seniors.

Where the money goes:

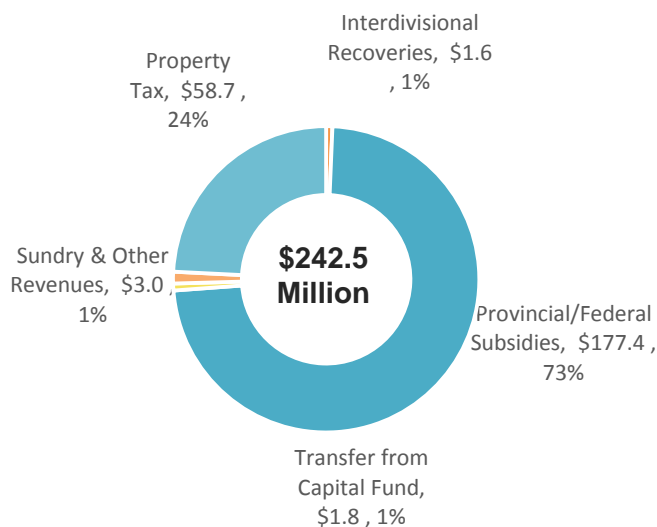
2017 Budget by Service



2017 Budget by Expenditure Category



Where the money comes from:



Our Key Issues & Priority Actions

- **Meeting health related demands** due to population growth continues to be a challenge for Toronto Public Health.
 - ✓ Continue to collaborate with Toronto Central Local Health Integration Network (TC LHIN) on Health System Reform and the implementation of a Toronto Indigenous Health Strategy.
 - ✓ Implement expansion of the Provincial Healthy Smiles Ontario program.
 - ✓ Continue the provision of Public Health Services for refugees and newcomers.
 - ✓ Participate and respond to provincial Healthy Babies Healthy Children review to promote health equalities.
 - ✓ Continue to improve access for eligible families such as extending Service hours for dental clinics.

2017 Operating Budget Highlights

- The 2017 Preliminary Operating Budget for Toronto Public Health of \$242.518 million in gross expenditures and \$58.682 million net provides funding for Chronic Diseases & Injuries, Emergency Preparedness, Environmental Health, Family Health, Infectious Diseases and Public Health Foundation services.
- This represents a decrease of 0.4% to the 2016 Approved Net Budget through measures taken based on the following:
 - Base expenditure reduction through line by line review savings (\$0.018 million).
 - Efficiency Savings from the partial completion of capital projects and other service efficiencies (\$0.537 million).
- As a result staff complement will decrease of 34.1 by 2016 to 2017

Actions for Consideration

Approval of the 2017 Preliminary Budget as presented in these notes requires that:

1. City Council approve the 2017 Preliminary Operating Budget for Toronto Public Health of \$242.518 million gross, \$58.682 million net for the following services:

<u>Service</u>	<u>Gross (\$000s)</u>	<u>Net (\$000s)</u>
Chronic Diseases & Injuries	44,441.8	12,330.7
Emergency Preparedness	2,359.0	577.6
Environmental Health	24,047.3	5,516.4
Family Health	92,487.0	20,128.2
Infectious Diseases	63,049.7	13,694.3
Public Health Foundations	16,132.9	6,434.5
Total Program Budget	<u>242,517.7</u>	<u>58,681.8</u>

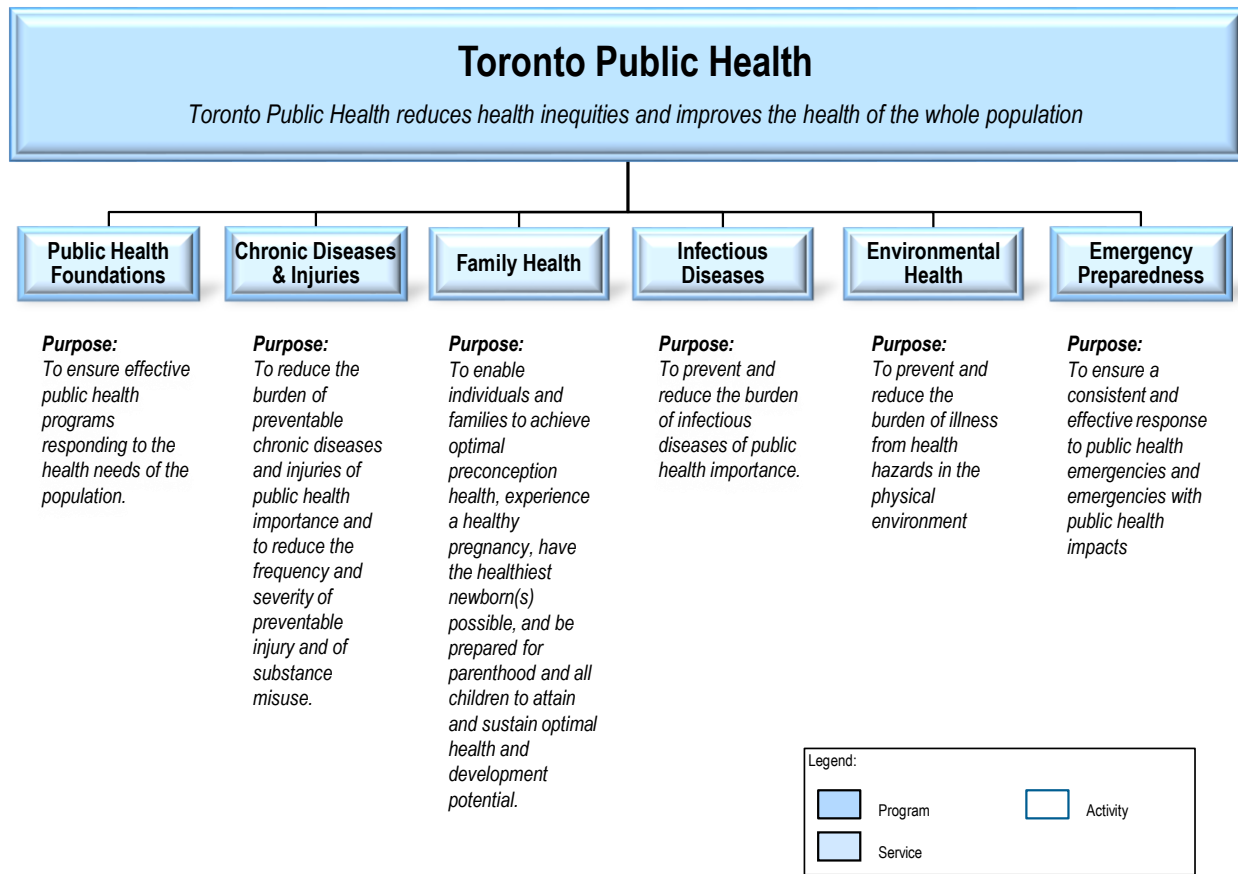
2. City Council approve the 2017 service levels for Toronto Public Health as outlined on pages 15, 20, 22, 26, 32 and 37 of this report, and associated staff complement of 1,830.5 positions.
3. City Council approve the 2017 other fee changes above the inflationary adjusted rate for Toronto Public Health identified in Appendix 7, for inclusion in the Municipal Code Chapter 441 "Fees and Charges".
4. City Council direct the information contained in Confidential Attachment 1, remain confidential until the outcome of City Council's decision has been communicated to Unions and affected staff.



Part 1:

2017-2019 Service Overview and Plan

Program Map



Service Customer

Public Health Foundations

- Residents (Children, Youth, Adults & Seniors)
- Employers
- Community Agencies & Organizations
- Educational Institutes

Indirect (Beneficial)

- Residents & Families
- City and Agency Staff
- Neighbourhoods

Infectious Diseases

- Individuals with known or suspected reportable infectious disease
- Individuals at-risk of reportable infectious disease
- Individuals at-risk for vaccine preventable disease
- Hospitals, Long-Term homes, Retirement Homes, Correction Facilities
- Community Partners

Chronic Diseases & Injuries

- Residents (Children, Youth, Adults & Seniors)
- Employers
- Community Agencies & Organizations
- Educational Institutes

Indirect (Beneficial)

- Residents & Families
- City and Agency Staff
- Neighbourhoods

Family Health

- Children ages 0 to 6
- Pregnant women
- Parents and Guardians
- Community Agencies & Organizations
- Caregivers
- Youth and adults in their childbearing years

Indirect (Beneficial)

- Residents & Families
- Partners of Pregnant women
- Neighbourhoods
- Health Care Providers

- Licensed Day Nursery Operators
- Funeral Home Operators
- Local Public Health Agencies (across Ontario)
- Toronto Police, Toronto Paramedic Services and Toronto Fire
- Youth and adults in their childbearing years
- Operators of Personal Services (tattoo parlours, barber shops/salons, acupuncturists, etc.)

Environmental Health

- Residents
- Food & Water consumers
- Health Hazard Violators
- Drinking and Recreational Water Operators
- Recreational Water Users

Indirect (Beneficial)

- General Public
- Neighbourhoods
- Health Care Providers

Indirect (Beneficial)

- General Public
- Youth
- Parents and Guardians
- Health Care Providers
- School Boards
- Ministry of Health & Long-Term Care
- Media

Emergency Preparedness

- Emergency Victims
- Residents
- Emergency Response Agencies
- Community Partners

Indirect (Beneficial)

- General Public
- TPH Staff
- Staff – City Divisions and Agencies
- Health Care Providers

Table 1
2017 Preliminary Operating Budget and Plan by Service

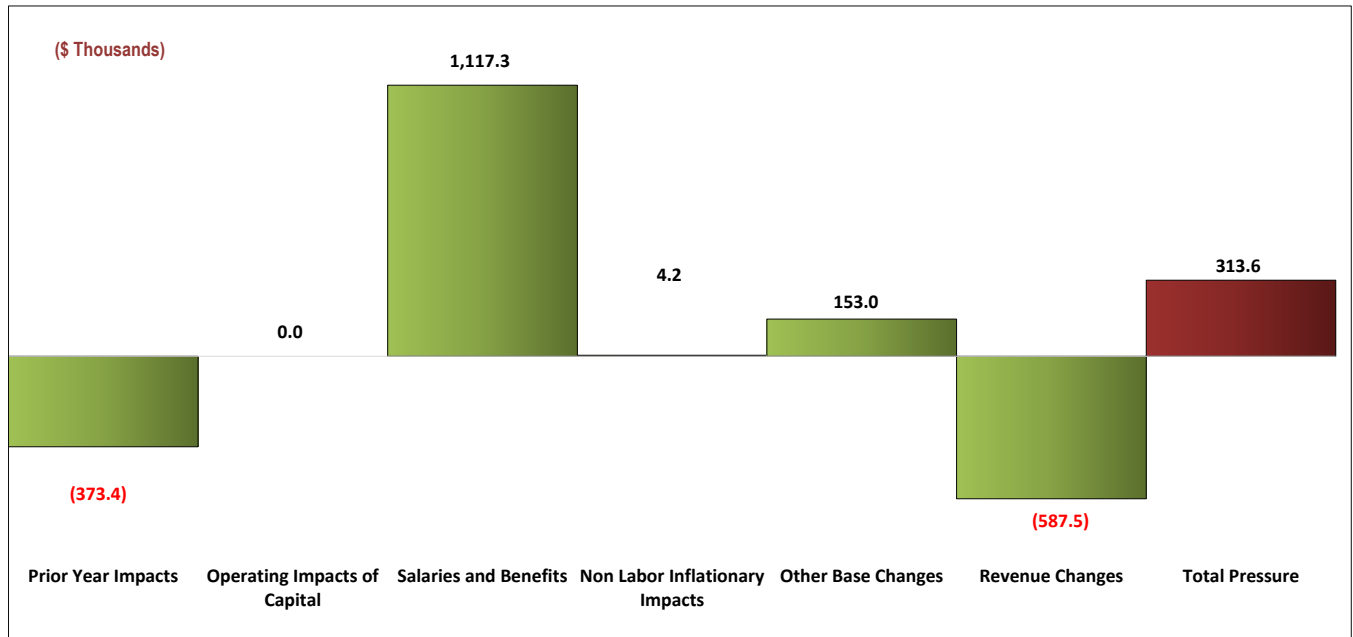
(In \$000s)	2016		2017 Preliminary Operating Budget			2017 Preliminary vs. 2016 Budget Change		Incremental Change			
	Budget	Projected Actual	Base	New/Enhanced	Total Budget			2018 Plan		2019 Plan	
By Service	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%
Chronic Diseases & Injuries											
Gross Expenditures	38,745.2	37,927.7	44,441.8		44,441.8	5,696.7	14.7%	951.1	2.1%	1,030.6	2.3%
Revenue	27,615.8	26,842.7	32,111.1		32,111.1	4,495.3	16.3%	599.8	1.9%	698.8	2.1%
Net Expenditures	11,129.4	11,085.0	12,330.7		12,330.7	1,201.3	10.8%	351.3	2.8%	331.8	2.6%
Emergency Preparedness											
Gross Expenditures	3,132.3	2,370.5	2,359.0		2,359.0	(773.3)	(24.7%)	44.7	1.9%	61.5	2.6%
Revenue	2,352.8	1,789.5	1,781.4		1,781.4	(571.5)	(24.3%)	22.1	1.2%	50.2	2.8%
Net Expenditures	779.5	581.0	577.6		577.6	(201.9)	(25.9%)	22.6	3.9%	11.3	1.9%
Environmental Health											
Gross Expenditures	24,187.8	23,704.8	24,047.3		24,047.3	(140.4)	(0.6%)	566.2	2.4%	591.6	2.4%
Revenue	18,662.0	17,895.1	18,530.9		18,530.9	(131.0)	(0.7%)	376.3	2.0%	534.6	2.8%
Net Expenditures	5,525.8	5,809.7	5,516.4		5,516.4	(9.4)	(0.2%)	189.9	3.4%	56.9	1.0%
Family Health											
Gross Expenditures	87,395.6	85,337.2	92,487.0		92,487.0	5,091.3	5.8%	1,972.2	2.1%	1,901.2	2.0%
Revenue	71,141.1	69,791.0	72,358.8		72,358.8	1,217.6	1.7%	1,316.6	1.8%	1,278.3	1.7%
Net Expenditures	16,254.5	15,546.2	20,128.2		20,128.2	3,873.7	23.8%	655.6	3.3%	623.0	3.0%
Infectious Diseases											
Gross Expenditures	64,365.3	61,632.4	63,049.7		63,049.7	(1,315.5)	(2.0%)	1,162.9	1.8%	804.9	1.3%
Revenue	50,507.5	48,316.8	49,355.4		49,355.4	(1,152.1)	(2.3%)	816.9	1.7%	539.9	1.1%
Net Expenditures	13,857.7	13,315.6	13,694.3		13,694.3	(163.4)	(1.2%)	345.9	2.5%	264.9	1.9%
Public Health Foundations											
Gross Expenditures	26,252.4	26,075.3	16,132.9		16,132.9	(10,119.5)	(38.5%)	478.8	3.0%	477.1	2.9%
Revenue	14,876.5	14,316.1	9,698.3		9,698.3	(5,178.2)	(34.8%)	278.7	2.9%	255.5	2.6%
Net Expenditures	11,375.9	11,759.2	6,434.5		6,434.5	(4,941.4)	(43.4%)	200.0	3.1%	221.6	3.3%
Total											
Gross Expenditures	244,078.5	149,340.1	242,517.7		242,517.7	(1,560.8)	(0.6%)	5,175.8	2.1%	4,866.8	2.0%
Revenue	185,155.7	116,318.3	183,835.9		183,835.9	(1,319.8)	(0.7%)	3,410.3	1.9%	3,357.3	1.8%
Total Net Expenditures	58,922.8	33,021.8	58,681.8		58,681.8	(241.0)	(0.4%)	1,765.5	3.0%	1,509.5	2.5%
Approved Positions	1,864.6		1,830.5		1,830.5	(34.1)	(1.8%)	(1.7)	(0.1%)	(2.0)	(0.1%)

The Toronto Public Health's 2017 Preliminary Operating Budget is \$242.518 million gross and \$58.682 million net, representing a 0.4% decrease to the 2016 Approved Net Operating Budget and below the reduction target as set out in the 2017 Operating Budget Directions approved by Council by \$1.291 million net or 2.2%.

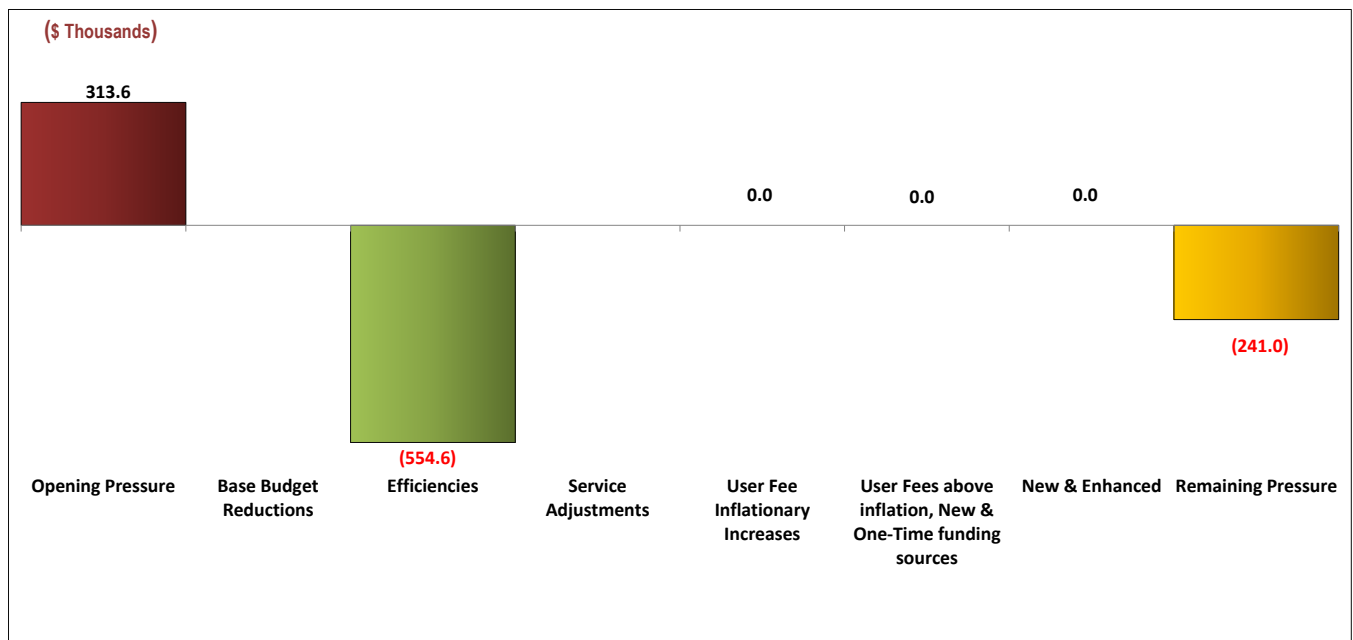
- Base pressures are due primarily to inflationary cost increases in salary and benefits and non-salary accounts including a 1.4% inflationary cost of food increase for the Student Nutrition Program.
- To help mitigate the above pressures, the Program was able to achieve expenditure savings from line-by-line review based on actual experience and service efficiency savings from the implementation of capital projects and streamlining business processes with minimal impact on service levels.
- Approval of the 2017 Preliminary Operating Budget will result in Toronto Public Health reducing its total staff complement by 34.1 positions from 1,864.6 to 1,830.5.
- The 2018 and 2019 Plan increases are attributable to salary and benefit increases.

The following graphs summarize the operating budget pressures for this Program and actions taken partially offset these pressures.

Key Costs



Actions to Achieve Budget Reduction Target



**Table 2
Key Cost Drivers**

(In \$000s)	2017 Base Operating Budget												Total	
	Chronic Diseases & Injuries		Emergency Preparedness		Environmental Health		Family Health		Infectious Diseases		Public Health Foundations			
	\$	Position	\$	Position	\$	Position	\$	Position	\$	Position	\$	Position	\$	Position
Gross Expenditure Changes														
Prior Year Impacts														
Reversal of one-time 2016 COLA Allocation	(72.1)		(7.7)		(54.2)		(143.9)		(118.2)		(82.2)		(478.3)	
Reversal of Reserve to fund SNP Inflation	36.0						36.0				37.0		108.9	
Annualized impact of Reduced Positions in 2016							(0.2)		(4.1)				(4.3)	
Operating Impacts of Capital														
Capital Adjustments		0.6		0.1		(1.4)		2.2		(7.0)		2.1		(3.5)
Salaries and Benefits														
COLA, Progression Pay, Step Increases and Realignments	222.1	(0.0)	17.8	0.0	169.5	0.0	346.5		316.1	0.0	45.4	(0.0)	1,117.4	
Economic Factors														
Corporate EC	2.4		0.3		1.8		4.0		4.2		1.4		14.2	
Divisional EC (Provincial Revenue, Lease Inflation)	(1.5)		(0.2)		(1.3)		(2.9)		(2.9)		(1.1)		(9.9)	
Other Base Changes														
Toronto Urban Health Fund Inflation Increase	4.1						2.1		2.1				8.3	
Student Nutrition Program: Increased Cost of Food (100% City)	46.2						46.2				47.6		139.9	
Sexual Health Clinics Inflation Increase									2.8				2.8	
Dental Street Youth & Low Income Adult Inflation (100% City)											1.0		1.0	
Other Adjustments (IDC/IDR, 100% Funded Programs)	(0.4)		0.4		(12.4)	(0.5)	3.2	(4.4)	9.2	(1.8)	1.0		1.0	(6.7)
Realignment of Services	1,245.0		(197.6)		46.6		4,232.1		(134.8)		(5,191.6)			
Total Gross Expenditure Changes	1,481.8	0.6	(187.0)	0.1	150.1	(1.8)	4,523.0	(2.3)	74.5	(8.7)	(5,141.5)	2.0	901.0	(10.2)
Revenue Changes														
User Fee			(1.3)		2.5				0.1				1.3	
VPD UHIP Pharmacy Inspections to Cost Shared									(39.7)				(39.7)	
Dental Revenue Change due to Provincial Upload	90.2		10.6		69.0		243.9		159.1		53.0		625.8	
Total Revenue Changes	90.2		9.3		71.5		243.9		119.5		53.0		587.4	
Net Expenditure Changes	1,391.6	0.6	(196.3)	0.1	78.6	(1.8)	4,279.1	(2.3)	(45.0)	(8.7)	(5,194.5)	2.0	313.6	(10.2)

Key cost drivers for Toronto Public Health are discussed below:

- **Prior Year Impacts:**
 - During the 2016 budget process, City Council approved one-time funding from the Social Housing Stabilization Reserve for Poverty Reduction Initiatives, including funding for inflationary cost of food increase for the Student Nutrition Program. The reversal of one-time reserve draw will create a pressure of \$0.109 million.
- **Salaries and Benefits**
 - The major cost driver impacting all services and driving the costs for TPH are the inflationary salary and benefits costs of \$1.117 million for COLA, step and progression payments.
- **Economic Factors:**
 - Inflationary increases are due to contractual lease agreements adding a net pressure of \$0.004 million.
- **Other Base Changes:**
 - Inflationary adjustments for Toronto Urban Health Foundation (1% cost of living allowance), Student Nutrition Program (1.4% inflationary increase for cost of food), Sexual Health Clinic and Dental Youth and Low Income Program will result in a pressure of \$0.153 million.
- **Revenue Changes:**
 - The revenue increase is mainly attributable to Provincial upload for dental revenue of \$0.626 million due to the integration of Provincial dental programs for children and youth. The Healthy Smiles Ontario Dental Program (HSO) has replaced 6 provincially funded dental programs and existing public health agencies' claims processing functions are being uploaded to the Province.

In order to approach the budget reduction target, the 2017 service changes for Toronto Public Health consists of base expenditure savings of \$0.018 million net and service efficiency savings of \$0.537 million net for a total of \$0.555 million net as detailed below.

**Table 3
Actions to Achieve Budget Reduction Target
2017 Preliminary Service Change Summary**

Description (\$000s)	Service Changes												Total Service Changes			Incremental Change				
	Chronic Diseases & Injuries		Emergency Preparedness		Environmental Health		Family Health		Infectious Diseases		Public Health Foundations		\$	\$	#	2018 Plan		2019 Plan		
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net				Net	Pos.	Net	Pos.	
Base Changes:																				
Base Expenditure Changes																				
Line by Line Review	(13.1)	(3.3)	(0.7)	(0.2)	(9.3)	(2.3)	(32.6)	(8.2)	(13.2)	(3.3)	(4.1)	(1.0)	(73.0)	(18.2)						
Base Expenditure Change	(13.1)	(3.3)	(0.7)	(0.2)	(9.3)	(2.3)	(32.6)	(8.2)	(13.2)	(3.3)	(4.1)	(1.0)	(73.0)	(18.2)						
Service Efficiencies																				
311 Call Support Services	(46.0)	(11.5)	(2.2)	(0.5)	(28.5)	(7.1)	(56.9)	(14.2)	(70.0)	(17.5)	(15.3)	(3.8)	(218.9)	(54.7)				(18.2)		
Operational and Support Efficiencies 1									(40.8)	(10.2)			(40.8)	(10.2)	(1.0)	(7.0)				
Operational and Support Efficiencies 2	(372.9)	(93.2)	(1.3)	(0.3)	(77.7)	(19.4)	(198.1)	(49.5)	(93.7)	(23.4)	(80.1)	(20.0)	(823.8)	(206.0)	(8.1)					
Operational and Support Efficiencies 3			(8.3)	(2.1)	(143.2)	(35.8)			(14.3)	(3.6)			(165.8)	(41.5)	(2.5)	(17.4)				
Operational and Support Efficiencies 4	(65.9)	(16.5)				(7.4)	(1.9)		(0.2)	(0.0)	(0.0)	(0.0)	(73.5)	(18.4)	(1.5)	(18.8)				
Operational and Support Efficiencies 5	(143.7)	(35.9)	(6.8)	(1.7)	(89.0)	(22.2)	(178.0)	(44.5)	(219.0)	(54.8)	(47.9)	(12.0)	(684.4)	(171.1)	(8.9)					
Operational and Support Efficiencies 6	(80.2)	(20.0)				(53.5)	(13.4)						(133.6)	(33.4)	(2.0)	(19.5)				
Facilities maintenance & Custodial Service Restructuring	(0.9)	(0.2)			(0.6)	(0.1)	(1.1)	(0.3)	(1.4)	(0.3)	(0.3)	(0.1)	(4.2)	(1.1)						
Sub-Total	(46.0)	(11.5)	(18.6)	(4.6)	(338.8)	(84.7)	(495.0)	(123.8)	(439.4)	(109.9)	(143.7)	(35.9)	(2,145.1)	(536.3)	(24.0)	(80.9)				
Revenue Adjustments																				
Price Change to Recover Full costs in FHL					57.2								57.2			(1.1)		(1.3)		
Sub-Total					57.2								57.2			(1.1)		(1.3)		
Total Changes	(59.0)	(14.8)	(19.3)	(4.8)	(290.9)	(87.0)	(527.6)	(131.9)	(452.6)	(113.2)	(147.8)	(37.0)	(2,160.8)	(554.5)	(24.0)	(82.0)			(1.3)	

Base Expenditure Changes (Savings of \$0.073 million gross & \$0.018 million net)

Line By Line Review

- Line-by-line expenditure review to align budget to actual experience will result in savings of \$0.018 million

Service Efficiencies (Savings of \$2.145 million gross & \$0.536 million net)

311 Call Support Service

- Savings of \$0.055 million net in 2017 and \$0.018 million net in 2018 will be realized through a reduction in interdivisional charges for call support services provided by 311 Toronto (2016 Budget of \$0.313 million gross, \$0.079 million net).
 - Past experience indicates that approximately 91% of public health related calls have to be transferred to the TPH call center due to personal health info privacy, health expertise and specific service fulfillment.
 - Commencing April 1, 2017, TPH will manage public health inquiries internally, utilizing their own call centre capabilities.
 - The 2017 Budget includes funding of \$0.030 million gross and net for Emergency after-hours service from 311 Toronto until 3rd party outsourcing can be identified and rolled out.

Operational and Support Efficiencies 1- 6 (\$2.145 million gross & \$0.536 million net):

- TPH has identified service efficiencies that will result in savings of \$2.145 million gross and \$0.536 million net and the deletion of 24 positions that will have no impact on 2017 service levels. Please refer to the Confidential Attachment 1 under separate cover.

Facilities Maintenance and Custodial Service Restructuring (\$0.004 million gross & \$0.001 million net).

- Savings of \$0.001 million will be realized from the standardization of Custodial Service Levels (Custodial Service Model) and the consolidation of contracts managed by Facilities Management.

Revenue Adjustments (Savings of \$0 million net).

Price Change to Recover Full Costs for Food Handler Training Program

- In accordance with Council approved User Fee Policy, inflationary factors that reflect service specific cost increases are applied to recover full cost of providing that service. In 2016, a detailed review was undertaken of the user fee charges for the Food Handler Certification Training Program.
- Consequently, the 2017 Operating Budget includes additional revenue of \$0.057 million to recover the full cost of providing Food Handler training and related services.

Table 5
2018 and 2019 Plan by Program

Description (\$000s)	2018 - Incremental Increase					2019 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	Position	Gross Expense	Revenue	Net Expense	% Change	Position
Known Impacts:										
Prior Year Impact										
Reversal of One-Time PHAC Strategy	(19.5)	(19.5)								
Annualized Impact of 2016 Adjustments	15.6		15.6			25.0		25.0		
Annualized Impact of 2017 Efficiency Savings	(323.9)	(241.9)	(82.1)	(0.1%)			1.3	(1.3)		
Operating Impact of Capital										
Capital Adjustments	442.3	442.3			(1.7)	(249.4)	(249.4)			(2.0)
Salaries and Benefits	4,906.7	3,475.7	1,431.0	2.4%		4,564.2	3,543.7	1,020.5	1.7%	
Other Base Changes (specify)										
Other Adjustments (IDC/IDR, 100% Funded Programs)	(276.8)	(311.0)	34.2			9.8	(4.0)	13.8		
Toronto Urban Health Fund Inflation	33.4	25.1	8.3			33.8	25.3	8.4		
Student Nutrition Program: Increased Cost of Food	367.1		367.1	0.6%		452.0		452.0	0.7%	
SH Clinics Service Contracts	30.0	22.5	7.5			30.3	22.7	7.6		
Dental Street Youth & Low Income Adult Inflation	1.0		1.0			1.0		1.0		
Revenue (specify)										
User Fees		17.2	(17.2)				17.6	(17.6)		
Sub-Total	5,175.8	3,410.4	1,765.4	3.0%	(1.7)	4,866.7	3,357.3	1,509.4	2.5%	(2.0)

Future year incremental costs are primarily attributable to the following:

Known Impacts:

- Annualized impacts resulting from efficiency savings and revenue changes result in additional savings of \$0.082 million in 2018 and \$0.001 million in 2019.
- Progression pay, step increments, COLA and associated benefit cost increases will require \$1.431 million in 2018 and \$1.021 million in 2019.
- Inflationary costs for Student Nutrition Program totals \$0.367 million and \$0.452 million in 2018 and 2019 respectively.



Part 2:

2017 Preliminary Operating Budget by Service

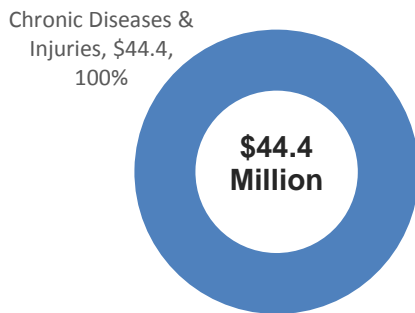
Chronic Diseases & Injuries



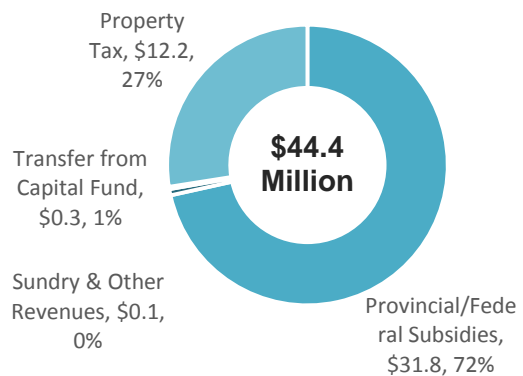
What We Do

- Promote behaviours that reduce the risk of chronic disease.
- Provide support to low income Torontonians to eat sufficient and nutritious food given income inadequacies.
- Deliver 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.

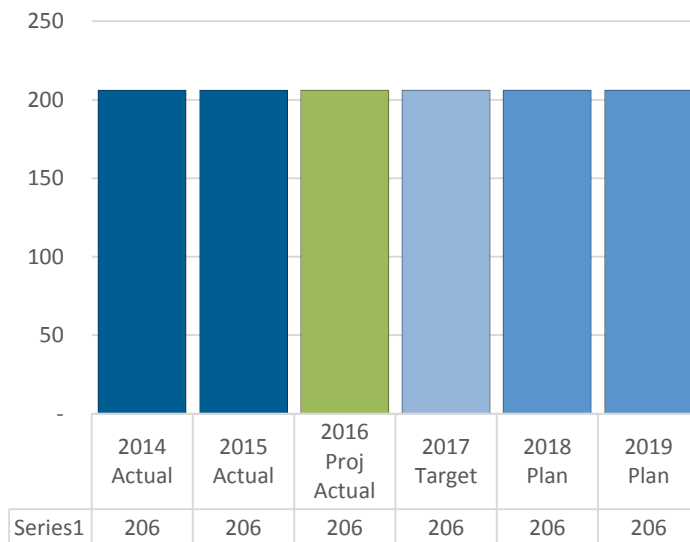
2017 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Number of Elementary/ Middle schools identified as priority by Toronto School Boards receiving CDIP services



- Schools are the ideal setting to reach children with chronic disease and injury prevention initiatives.
- Given the number of schools in Toronto and limited resources, TPH strives to reach 75% of priority elementary/middle schools identified by school boards.
- Chronic Disease & Injury Prevention (CDIP) is striving to increase the # of services within each school reached. More CDIP services in schools supports increased awareness of and adoption of healthy behaviours
- A PHN can effectively support 6-7 priority elementary schools. CDIP staff provide service on as needed basis in non-priority schools.

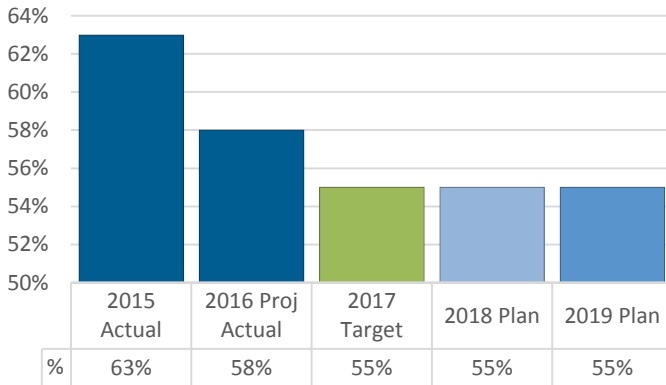
2017 Service Levels Chronic Disease & Injuries

Type	Sub-Type	Status	2014	2015	2016	2017 Preliminary
Assessment and Surveillance		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. -Complete Nutritious Food Basket measure and survey tool annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program	Service Level Reviewed and Discontinued	Complete Nutritious Food Basket measure and survey tool annually (Spring/Summer) to assess the cost and accessibility of nutritious food in Toronto.
		Approved	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Health Promotion and Policy Development	Priority elementary schools outreach	Approved	Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety). Reach 2000 peer leaders in 100 elementary schools participating in Playground Activity Leaders in Schools (PALS) programs, including 50% of participating schools in their second year or more of participation. Provide menu analysis, nutrition education, food skills/literacy training and community referral services to 60% of municipally funded Student Nutrition Programs. Train 600 Youth Leaders and 200 of their Adult Allies from youth-serving agencies in diverse communities in the areas of youth engagement, healthy eating, active living, tobacco use prevention, self-esteem and resiliency. Partner with at least 100 youth-serving agencies to reach over 15,000 youth through established projects such as the Youth Health Action Network, TPH Youth Grants, Be Your Best Self social media platforms). Engage and educate 24,800 people through Cancer Prevention/Screening interventions (including community presentations/displays to underscreened populations, agency training and support, peer leader training, specific promotion of mammograms in ethnic and community newspapers). Train 140 peer leaders in diabetes education; reach 3,000 people at risk of developing type 2 diabetes directly by trained peer leaders and reach 240,000 people at risk with awareness raising through social marketing. Refer workplaces participating in Health Options at Work to at least 50 TPH services.	-Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives. Reach 100 schools and 2000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS) w/ 40% of participating schools in their second year or more of participation. -Provide CDI Services to youth such that 20% of identified youth-serving agencies receive a CDI consultation, 10% of which will receive an additional CDI service, and 50% of which will reach a prioritized youth population. Train 100 peer leaders in diabetes prevention, screening and education; reach 2,000 people at risk of developing type 2 diabetes through trained peer leaders; screen 900 people who may be at risk of type 2 diabetes; work with 80 community agencies and workplaces on diabetes prevention activities. -Provide at least 85 TPH services to workplaces participating in Health Options at Work. Engage 6160 adults in 146 walking promotion pedometer lending programs through libraries, workplaces, & community sites. Achieve greater than 75% completion rate for tobacco inspections for Display and Promotion. Provide one school nurse liaison for each of the ~800 schools in Toronto (ratio: 1:30, provincial average is 1:15).	Approximately 200,000 students reached in 865 student nutrition programs (SNP Funded)	Reach 75% (206) priority elementary schools identified by the school board or approximately 74,000 students with Chronic Disease and Injury Prevention services (e.g. nutrition, physical activity promotion, injury prevention, sun safety and tobacco use prevention). Train 110 peer leaders from 33 agencies who support 1,600 youth to reach 30,000 youth in their communities with Chronic Disease and Injury Prevention messaging. Provide Diabetes Prevention education programs to 1,450 participants.
	Youth peer leader training/outreach	Approved	1. Maintained and fostered over 200 substance misuse prevention partnerships. 2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, a total of 800 peer leaders were trained from elementary, middle, secondary and post secondary institutions and the community to reach approximately 41,000 children and youth. 3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)	-Collaborate with 300 partners (including schools, libraries, community agencies, funded agencies, worksites, networks/coalitions, government and NGO stakeholders) to develop and deliver SHIP services and programs. -Deliver peer leader training to youth to enable them to effectively educate their peers in injury and substance misuse prevention. Provide training for approximately 700 peer leaders in schools, post-secondary institutions, community agencies and through community grant initiatives sponsored by the Toronto Urban Health Fund to reach 24,000 children and youth. -Reach 43,000 children and youth with substance misuse prevention programs and community led grant initiatives sponsored by the THUF -Reach an estimated 400,000 adults through a public awareness campaign to promote the Low-Risk Alcohol Drinking Guidelines	100% of approximately 815 Toronto Publicly Funded Schools offered Public Health Nurse liaison services	Reach 25,000 children, youth, and post-secondary students by to educate and promote substance misuse prevention and mental health promotion. 100% (815) of Toronto publicly funded schools received Public Health Nurse liaison services.
	Diabetes prevention education	Approved	1. Respond to all (100 %) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display & promotion bars & restaurants etc.) 2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (i.e. schools, community and recreation centres) 3. Maintain compliance checks of schools. 4. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. 5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending based on the frequency and severity of non-compliance.	-Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display & promotion bars & restaurants etc.) -Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (i.e. schools, community and recreation centres) -Maintain compliance checks of schools and high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. -Provide written notice, offence notice or summons for all (100%) documented infractions depending based on the frequency and severity of non-compliance.	Approximately 15,000 inspections done for tobacco enforcements (including compliance and complaints)	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Health Protection	Agency education for older adult fall prevention	Approved	1. Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2000 people (projection). 2. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2269 people 3. Worked with libraries to host parenting programs and youth programs focussed on substance misuse.	-Provide injury prevention education (including wheel safety and concussion prevention) to 3500 elementary-aged children. -Provide education and training to 475 health care providers and caregiver on falls prevention from 85 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years) (17% of agencies serving seniors in Toronto will send health care providers to be trained on Falls Prevention). -Educate 2,700 older adults through 75 falls prevention presentations / events.	Service Level Reviewed and Discontinued	Provide education and skill building training (Step Ahead) to 150 service providers from 30 agencies to build capacity in falls prevention for older adults.
	Student Nutrition Program	Approved	465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).	-Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs in the 2014/2015 school year.	Service Level Reviewed and Discontinued	Provide nutrition consultation and support to 55% of municipally funded Student Nutrition Programs in the 2016/17 school year. 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).
Partnership Funding	Drug Prevention Community Investment Program	Approved	Funded 26 community drug prevention projects.	-Fund 16 community drug prevention projects.	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
	Assessment and Surveillance	Approved	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.

- As part of annual service level inventory clean up, the 2016 Service Levels were reorganized or merged with other Service Levels to reflect a change of services provided but reported out incorrectly as "discontinued". This has been corrected for the 2017 Budget.
- Service Levels from prior years have been reorganized and new language, target changes and sub-types have been added for clarity and better reflection of high level view of services provided.
- The changes do not reflect the deletion of any services provided by TPH.

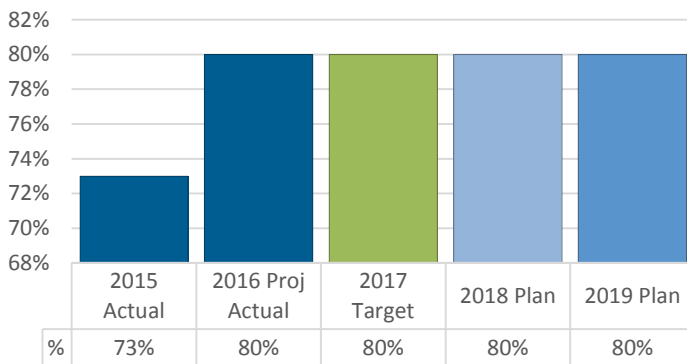
Service Performance Measures

% of Municipality funded Student Nutrition Programs (SNPs) receiving nutrition consultation and support in the school year



- In 2016/2017, TPH will strive to provide at least 55% of municipally funded SNPs with consultation and support from a TPH Registered Dietitian, to support sites in meeting nutrition quality requirements.
- With enhanced funding for SNP, the number of municipally funded programs will increase from 717 in 2015 to 764 in 2016; RD staffing level remains unchanged.
- TPH focuses efforts on program start-ups and those that have had challenges in meeting nutrition standards in the past.

% of Service Providers who receive Training from TPH



- The chart shows the percentage of service providers who receive training from TPH that indicate they have used falls prevention (Step Ahead) information for older adults with their clients in the 3-mnth follow-up survey.
- Service providers are educated on the basics of healthy aging as well as 10 progressive best practice exercises.
- Service providers actively demonstrate the skills acquired during the training to increase their confidence and intent to use.

Table 6
2017 Preliminary Service Budget by Activity

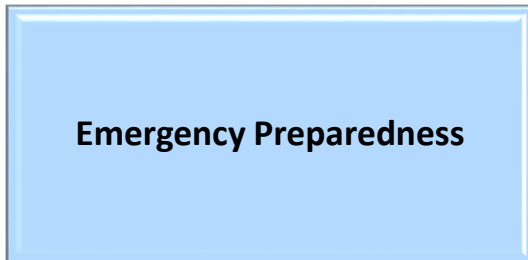
(\$000s)	2016	2017 Preliminary Operating Budget							Incremental Change					
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget	%	New/Enhanced	Prelim. Budget	2017 Prelim. Budget vs. 2016 Budget		2018 Plan		2019 Plan	
									\$	%	\$	%	\$	%
GROSS EXP.														
Chronic Diseases & Injuries	38,745.2	45,164.5	(722.6)	44,441.9	5,696.7	14.7%		44,441.9	5,696.7	14.7%	951.1	2.1%	1,030.6	2.3%
Total Gross Exp.	38,745.2	45,164.5	(722.6)	44,441.9	5,696.7	14.7%		44,441.9	5,696.7	14.7%	951.1	2.1%	1,030.6	2.2%
REVENUE														
Chronic Diseases & Injuries	27,615.8	32,653.1	(542.0)	32,111.1	4,495.4	16.3%		32,111.1	4,495.4	16.3%	599.8	1.9%	698.8	2.1%
Total Revenues	27,615.8	32,653.1	(542.0)	32,111.1	4,495.4	16.3%		32,111.1	4,495.4	16.3%	599.8	1.9%	698.8	2.1%
NET EXP.														
Chronic Diseases & Injuries	11,129.4	12,511.4	(180.6)	12,330.7	1,201.3	10.8%		12,330.7	1,201.3	10.8%	351.3	2.8%	331.8	2.6%
Total Net Exp.	11,129.4	12,511.4	(180.6)	12,330.7	1,201.3	10.8%		12,330.7	1,201.3	10.8%	351.3	2.8%	331.8	2.5%
Approved Positions	289.9	321.6	(8.3)	313.2	23.3	8.1%		313.2	23.3	8.1%	1.1	0.3%	0.6	0.2%

The **Chronic Disease and Injuries** service promotes behaviours that reduce the risk of chronic disease and provides support to low income Torontonians to eat sufficient and nutritious food given income inadequacies. This service primarily 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.

The Chronic Disease and Injuries service's 2017 Preliminary Operating Budget of \$44.442 million gross and \$12.331 million net is \$1.201 million or 10.8% over the 2016 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing increased cost of food for the Student Nutrition Program totaling \$0.046 million and the reversal of one-time funding from reserve used to fund this initiative in 2016, adding a pressure of \$0.036 million in 2017, and a realignment of expenditures between services with no net impact on the Program.
- In order to offset these pressures, the 2017 Preliminary Operating Budget includes savings of \$0.090 million from the provincial upload of the claims processing functions for dental programs and efficiency savings from various initiatives totaling \$0.015 million.

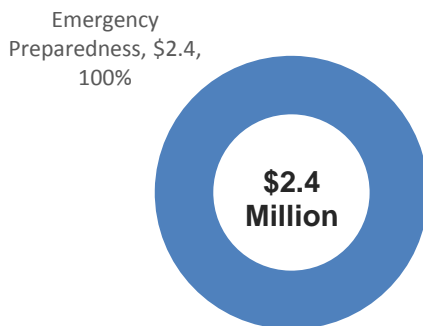
Emergency Preparedness



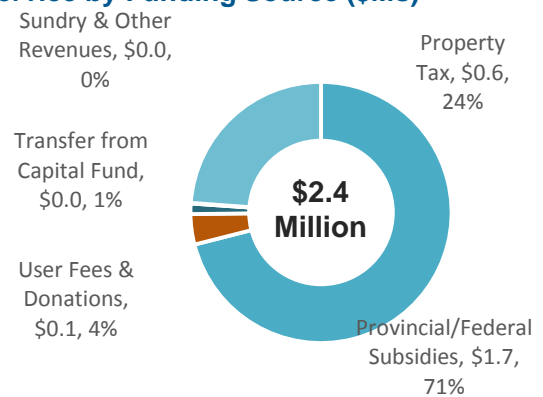
What We Do

- Aim to develop a culture of preparedness and ensure Toronto Public Health is prepared for a public health emergency.
- Develop and maintain 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.
- Conduct exercises and training courses on emergency preparedness, response and recovery including the Incident Management System (IMS).

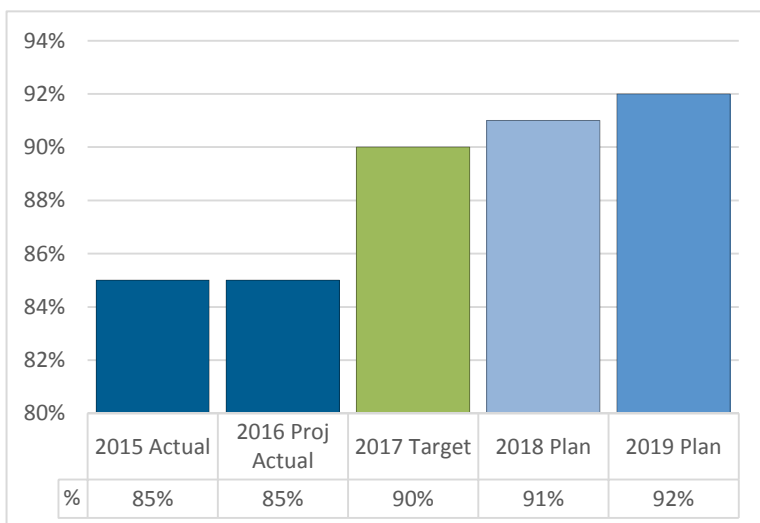
2017 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



% of non-union staff completed Incident Management System (IMS) instructor led training within the last 5 years



- The City of Toronto adopted the Incident Management System to organize and coordinate responses to emergencies across City Divisions.
- TPH assigns all non-union staff to a response function and provides one-day function-specific training for all.
- To maintain a state of preparedness a 95% completion rate is maintained.

2017 Service Levels Emergency Preparedness

Type	Sub-Type	Status	2014	2015	2016	2017 Recommended
Assessment and Surveillance		Approved		-Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations -Conduct surveillance of community emergency planning & preparedness	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.

- As part of annual service level inventory clean up, the 2016 Service Levels were reorganized or merged with other Service Levels to reflect a better view of services provided but reported out incorrectly as "discontinued". This has been corrected for the 2017 Budget.
- Service Levels from prior years have been reorganized and new language, target changes and sub-types have been added for clarity and better reflection of high level view of services provided.
- The changes do not reflect the deletion of any services provided by TPH.

Table 6

2017 Preliminary Service Budget by Activity

(\$000s)	2016		2017 Preliminary Operating Budget						Incremental Change					
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget		New/Enhanced	Prelim. Budget	2017 Prelim. Budget vs. 2016 Budget		2018 Plan		2019 Plan	
					\$	%			\$	%	\$	%	\$	%
GROSS EXP.														
Emergency Preparedness	3,132.3	2,378.4	(19.4)	2,359.0	(773.3)	(24.7%)		2,359.0	(773.3)	(24.7%)	44.7	1.9%	61.5	2.6%
Total Gross Exp.	3,132.3	2,378.4	(19.4)	2,359.0	(773.3)	(24.7%)		2,359.0	(773.3)	(24.7%)	44.7	1.9%	61.5	2.5%
REVENUE														
Emergency Preparedness	2,352.8	1,795.9	(14.5)	1,781.4	(571.5)	(24.3%)		1,781.4	(571.5)	(24.3%)	22.1	1.2%	50.2	2.8%
Total Revenues	2,352.8	1,795.9	(14.5)	1,781.4	(571.5)	(24.3%)		1,781.4	(571.5)	(24.3%)	22.1	1.2%	50.2	2.7%
NET EXP.														
Emergency Preparedness	779.5	582.5	(4.8)	577.6	(201.9)	(25.9%)		577.6	(201.9)	(25.9%)	22.6	3.9%	11.3	1.9%
Total Net Exp.	779.5	582.5	(4.8)	577.6	(201.9)	(25.9%)		577.6	(201.9)	(25.9%)	22.6	3.9%	11.3	1.9%
Approved Positions	25.3	19.8	(0.2)	19.6	(5.8)	(22.7%)		19.6	(5.8)	(22.7%)	(0.2)	-1.0%	0.1	0.5%

The **Emergency Preparedness** service aims to ensure TPH is prepared for a public health emergency as the successful resolution of an emergency depends on the readiness of an organization at the beginning of the crisis. This service develops and maintains emergency response plans and conducts exercises and training courses on emergency preparedness.

The Emergency Preparedness Service's 2017 Preliminary Operating Budget of \$2.359 million gross and \$0.578 million net is \$0.202 million or 25.9% under the 2016 Approved Net Budget.

- Base budget pressures arising from inflationary cost increases were offset by savings from the provincial upload of claims processing functions for dental program of \$0.011 million and service efficiencies of \$0.005 million and a realignment of expenditures between services.

Environmental Health

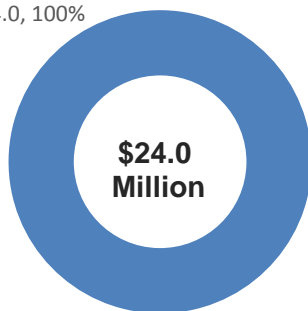


What We Do

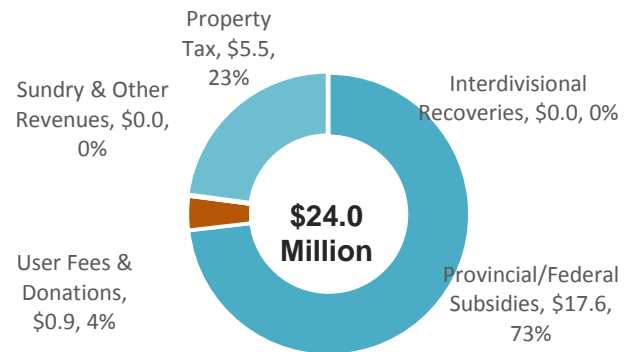
- Promote safety of food and beverages in restaurants and processing plants including inspection of over 17,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards.
- Provide education, training and certification on safe food preparation, handling and processing for food premise operators and food safety education for the general public.
- Monitor drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notify stakeholders in the event of adverse water conditions.

2017 Service Budget by Activity (\$Ms)

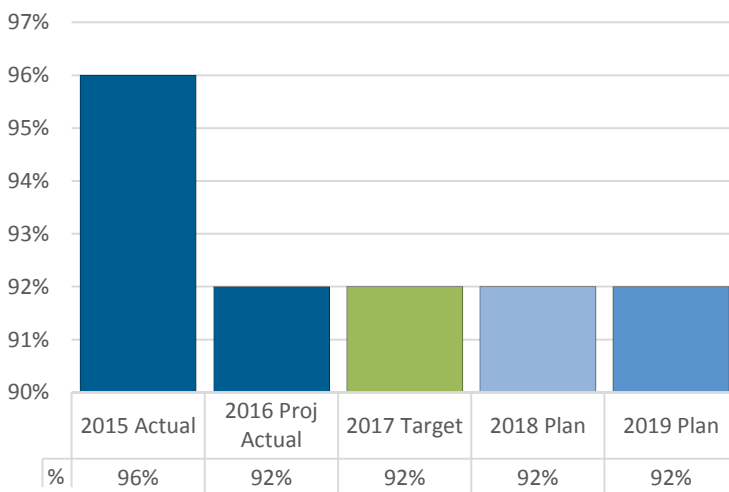
Environmental Health, \$24.0, 100%



Service by Funding Source (\$Ms)



% of High Risk food premises in compliance with Food Premises regulations



- The goal of the Food Safety program is to reduce the incidence of food-borne illness by activities including preventing the sale or distribution of food unfit for human consumption.
- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- 'High risk' is a designation set by the Province of Ontario. There are three categories 'High', 'Moderate', and 'Low'. Health Units are mandated to inspect 'High-risk' premises three times per year (once every 4 months) as they are more likely to contribute to food-borne illness. The compliance rates within high risk establishments are tracked to determine the need for any additional food safety strategy
- TPH has been able to exceed the industry standard of 90% compliance and the trend is expected to continue.

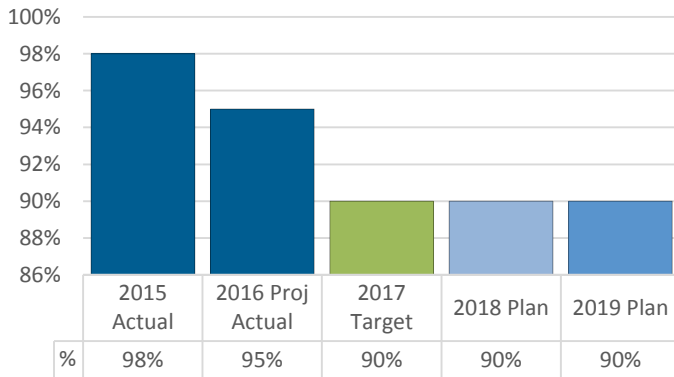
2017 Service Levels Environmental Health

Type	Sub-Type	Status	2014	2015	2016	2017 Preliminary
Assessment and Surveillance	Public swimming pools and spas assessment/surveillance	Approved	1. Receive up to 1,000 adverse water reports from Toronto Water annually, assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	- conduct systematic and routine assessment, surveillance, monitoring and reporting of Toronto's drinking water system and drinking water illnesses and their associated risk factors to respond and provide appropriate direction as required - monitor 11 (100%) public beaches and any reported water illnesses of public health importance, their associated risk factors, and emerging trends to respond and provide appropriate direction - conduct systematic and routine assessment, surveillance, monitoring and reporting of 1678 (100%) public recreational water facilities and take appropriate action - conduct systematic and routine analysis of surveillance data to inform program and policy development and service adjustments	Service Level Reviewed and Discontinued	Conduct systematic and routine assessment, surveillance, monitoring and reporting of 1734 (100%) public recreational water facilities at frequencies prescribed by the Ontario Public Health Standards and maintain an up-to-date public website on public swimming pool and spa inspection results.
Health Promotion and Policy Development		Approved	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revise Pool and SPA Operator informations. 3. Implement a process for disclosing inspection results for swimming pools and spas.	- maintain up-to-date public website on Toronto's beach water conditions and disclose public swimming pool and spa inspection results - provide information packages to pool and spa operators - respond to information requests on lead corrosion in Toronto's drinking water system, and private drinking-water systems	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Disease Prevention / Health Protection		Approved	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated. 2. All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. 3. Inspect all 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	- receive, assess and respond to all (100%) reported adverse drinking water events (>350/year) - monitor, sample, assess, analyze and report on 11 (100%) public beaches daily (June to September) - inspect 202 (100%) indoor Class A Pools and outdoor Class A pools 2 times/year or at least once every three months while in operation and take appropriate enforcement action(s) - inspect 861 (100%) indoor Class B pools and outdoor Class B pools 2 times/year or at least once every three months while in operation - inspect 61 (100%) public indoor and outdoor wading pools, splash pads and non-regulated facilities 2 times/year and at least once every 3 months while in operation - maintain 24/7 availability to receive and respond appropriately to safe water issues including adverse drinking water events, water-borne illness(es)/outbreak(s), weather events, power outage and recreational water	Approximately 1000 Pools inspected annually	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Assessment and Surveillance		Approved	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	- conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations - conduct surveillance of community environmental health status	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Health Promotion and Policy Development	Home food safety outreach	Approved	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	- offer food safety training and certification to 9,000 food handlers working in licensed food premises - conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents	Service Level Reviewed and Discontinued	Conduct outreach at 10 community markets serving vulnerable clients with home food safety resources.
Disease Prevention / Health Protection	Food premises inspection	Approved	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected all 17,617 (approximately) food premises. 3. Conduct 16,626 Inspections of the 5,542 High Risk premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 Risk Assessments.	- report in accordance with HPPA and regulations and respond to reports of suspected food-borne illness within 24 hours - inspect 100% (approx. 17,617) food premises - conduct 16,626 (100%) inspections of 5,542 High Risk premises (each inspected once every four months) - conduct 15,800 (95%) food premise risk assessments	Service Level Reviewed and Discontinued	Inspect all high risk food premises (3778) at least 2 times per year. Inspect all moderate risk food premises (7923) at least once per year. Complete 3000 re-inspections or achieve a compliance rate of 90% or higher.
Health Promotion and Policy Development		Approved	1. Provide Hot Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities	- provide information to increase public awareness of health hazard risk factors including indoor (legionella) and outdoor (smog) air quality, extreme weather (flooding), climate change (hot weather), radiation exposure (radon, tanning beds) - provide hot weather protection packages to 720 (100% of high risk) landlords of rooming/boarding houses/retirement homes/nursing homes - inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health including 289 high risk rooming/boarding houses during an extended Extreme Heat event and monitor 1636 industrial/commercial sites for identified hazardous priority chemicals and their use and release	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Disease Prevention / Health Protection	Health hazard response	Approved	1. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.	- maintain 24/7 availability to receive, respond and manage alleged health hazards reports within 24 hours or by the next business day including 11 heat critical events, >1300 bed bug and extreme cleanouts, > 2750 mould/indoor air quality concerns, >210 FOI requests regarding historical land use and environmental contamination, management of 6 long term environmental issues and conduct 6 disease cluster investigations - implement a local vector-borne management strategy including weekly monitoring, testing and reporting of 43 mosquito traps in the City (June 2-September 23) for mosquito species and WNV virus infection, larviciding 120,000 catch basins and 29 open bodied surface waters, investigating and taking appropriate action on >100 stagnant water complaints, conduct tick dragging activities for active Lyme disease cases - maintain systems to support timely and comprehensive communication with relevant health care and other community partners about health hazard risks including heat alerts and extreme heat alerts (May 15-September 30th), smog alerts, incidence of West Nile Virus activity	Approximately 350,500 mosquitoes catch basis treated with larvacide	Maintain 24/7 availability to receive, respond and manage alleged health hazards reports within 24 hours or by the next business day. Implement a local vector-borne management strategy including weekly monitoring, testing and reporting of 43 mosquito traps in the City (June to September) for mosquito species and West Nile Virus infection, larviciding catch basins across the City and open bodied surface waters as required. Respond to 100% of reported complaints/requests for bed bugs and provide co-ordination/financial support for unit preparation for vulnerable clients (where deemed appropriate), nursing assessments, health services referrals and other supports.
	West Nile prevention					
	Bed bug response					

- As part of annual service level inventory clean up, the 2016 Service Levels were reorganized or merged with other Service Levels to reflect a better view of services provided but reported out incorrectly as "discontinued". This has been corrected for the 2017 Budget.
- Service Levels from prior years have been reorganized and new language, target changes and sub-types have been added for clarity and better reflection of high level view of services provided.
- The changes do not reflect the deletion of any services provided by TPH.

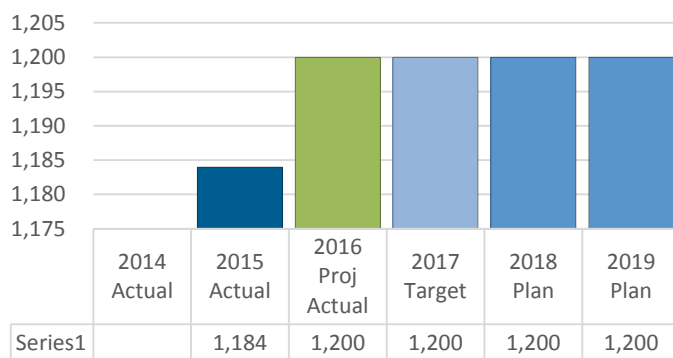
Service Performance Measures

% of Public Pools and Spas with only Minor or no Infraction



- Waterborne illnesses can be spread through unsatisfactory recreational water facilities.
- There are some infractions that require immediate closure of these facilities and the others must be corrected within a given time frame.
- The goal is to ensure that no less than 85% of the public pools/spas inspections have no infractions or minor infractions only as per Provincial Accountability Agreement.

Number of Health Hazard Complaints Investigated



- The number of hazard complaints is expected to remain stable at the 2016 levels.
- All the complaints received are investigated but response time can be affected by resources. Priority will be given to complaints relating to a potential health hazard.
- Numbers reflect Health Hazard complaints only (does not include Rabies prevention or Bed Bug complaints).

Table 6
2017 Preliminary Service Budget by Activity

(\$000s)	2016		2017 Preliminary Operating Budget						Incremental Change					
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget		New/Enhanced	Prelim. Budget	2017 Prelim. Budget vs. 2016 Budget		2018 Plan		2019 Plan	
					\$	%			\$	%	\$	%	\$	%
GROSS EXP.														
Environmental Health	24,187.8	24,338.4	(291.0)	24,047.3	(140.4)	(0.6%)		24,047.3	(140.4)	(0.6%)	566.2	2.4%	591.6	2.4%
Total Gross Exp.	24,187.8	24,338.4	(291.0)	24,047.3	(140.4)	(0.6%)		24,047.3	(140.4)	(0.6%)	566.2	2.4%	591.6	2.3%
REVENUE														
Environmental Health	18,662.0	18,734.9	(204.0)	18,530.9	(131.0)	(0.7%)		18,530.9	(131.0)	(0.7%)	376.3	2.0%	534.6	2.8%
Total Revenues	18,662.0	18,734.9	(204.0)	18,530.9	(131.0)	(0.7%)		18,530.9	(131.0)	(0.7%)	376.3	2.0%	534.6	2.7%
NET EXP.														
Environmental Health	5,525.8	5,603.4	(87.1)	5,516.4	(9.4)	(0.2%)		5,516.4	(9.4)	(0.2%)	189.9	3.4%	56.9	1.0%
Total Net Exp.	5,525.8	5,603.4	(87.1)	5,516.4	(9.4)	(0.2%)		5,516.4	(9.4)	(0.2%)	189.9	3.4%	56.9	1.0%
Approved Positions	198.5	198.9	(4.3)	194.5	(3.9)	(2.0%)		194.5	(3.9)	(2.0%)	(0.6)	-0.3%	0.9	0.4%

The **Environmental Health** service promotes safety of food and beverages through inspection of over 17,000 food premises to ensure compliance with provincial Food Safety Standards and monitors drinking water and recreational water quality to ensure compliance with provincial standards. Other 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.

The Environmental Health Service's 2017 Preliminary Operating Budget of \$24.047 million gross and \$5.516 million net is \$0.009 million or 0.2% under the 2016 Approved Net Budget.

- Base budget pressures arising from inflationary cost increases and a realignment of expenditures between services have been offset by provincial upload of claims processing functions for dental programs of \$0.069 million and efficiency savings from various initiatives totaling \$0.087 million net.

Family Health

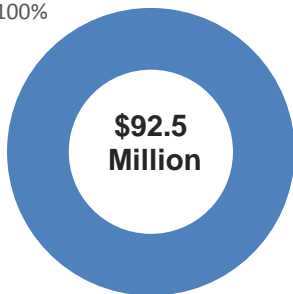
What We Do



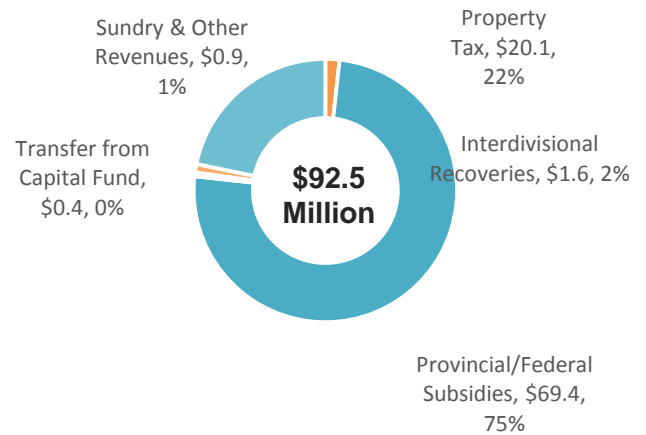
- Promote and support healthy behaviours and environments for people in their childbearing years, pregnant women, their partners and their youth by providing education and outreach on reproductive health.
- Focus on enhancing birth outcomes, promoting readiness to parent, supporting positive and effective parenting especially in high-risk families, and enhancing the cognitive, communicative and development of all children.
- Support proper oral health by providing screening, preventive and basic dental treatment through specific dental and oral health programs.

2017 Service Budget by Activity (\$Ms)

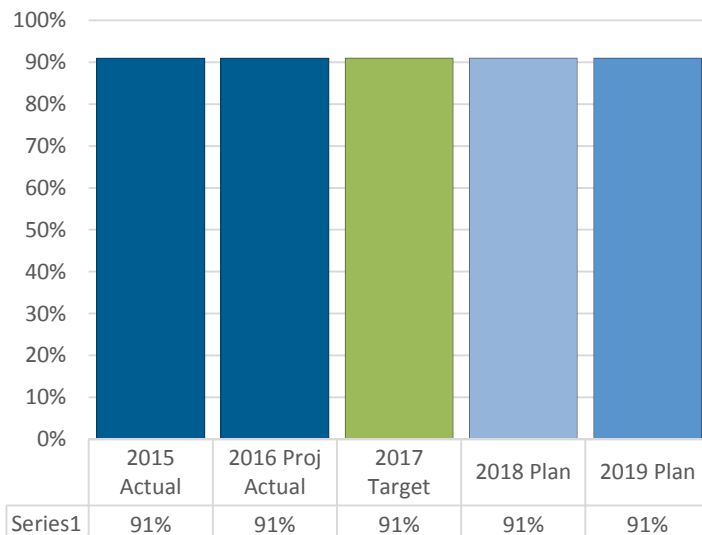
Family Health,
\$92.5, 100%



Service by Funding Source (\$Ms)



% of JK-Grade 8 students enrolled in Public Schools receiving Dental Screening



- The number of children screened by dental staff in elementary schools is expected to remain stable at the 2016 levels as the number of schools is not expected to increase.

2017 Service Levels Family Health

Type	Sub-Type	Status	2014	2015	2016	2017 Preliminary
Assessment and Surveillance	Public swimming pools and spas assessment/surveillance	Approved	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	- conduct systematic and routine assessment, surveillance, monitoring and reporting of Toronto's drinking water system and drinking water illnesses and their associated risk factors to respond and provide appropriate direction as required - monitor 11 (100%) public beaches and any reported water illnesses of public health importance, their associated risk factors, and emerging trends to respond and provide appropriate direction - conduct systematic and routine assessment, surveillance, monitoring and reporting of 1678 (100%) public recreational water facilities and take appropriate action - conduct systematic and routine analysis of surveillance data to inform program and policy development and service adjustment(s) - maintain up-to-date public website on Toronto's beach water conditions and disclose public swimming pool and spa inspection results - provide information packages to pool and spa operators - respond to information requests on lead corrosion in Toronto's drinking water system, and private drinking-water systems	Service Level Reviewed and Discontinued	Conduct systematic and routine assessment, surveillance, monitoring and reporting of 1734 (100%) public recreational water facilities at frequencies prescribed by the Ontario Public Health Standards and maintain an up-to-date public website on public swimming pool and spa inspection results.
Health Promotion and Policy Development		Approved	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revise Pool and SPA Operator informations. 3. Implement a process for disclosing inspection results for swimming pools and spas.	- receive, assess and respond to all (100%) reported adverse drinking water events (<350/year) - monitor, sample, assess, analyze and report on 11 (100%) public beaches daily (June to September) - inspect 202 (100%) indoor Class A Pools and outdoor Class A pools 2 times/year or at least once every three months while in operation and take appropriate enforcement action(s) - inspect 861 (100%) indoor Class B pools and outdoor Class B pools 2 times/year or at least once every three months while in operation - inspect 61 (100%) public indoor and outdoor wading pools, splash pads and non-regulated facilities 2 times/year and at least once every 3 months while in operation - maintain 24/7 availability to receive and respond appropriately to safe water issues including adverse drinking water events, water-borne illness(es)/outbreak(s), weather events, power outage and recreational water	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Disease Prevention / Health Protection		Approved	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated. 2. All 11 public beaches monitored daily (from June to September); with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. 3. Inspect all 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	- receive, assess and respond to all (100%) reported adverse drinking water events (<350/year) - monitor, sample, assess, analyze and report on 11 (100%) public beaches daily (June to September) - inspect 202 (100%) indoor Class A Pools and outdoor Class A pools 2 times/year or at least once every three months while in operation and take appropriate enforcement action(s) - inspect 861 (100%) indoor Class B pools and outdoor Class B pools 2 times/year or at least once every three months while in operation - inspect 61 (100%) public indoor and outdoor wading pools, splash pads and non-regulated facilities 2 times/year and at least once every 3 months while in operation - maintain 24/7 availability to receive and respond appropriately to safe water issues including adverse drinking water events, water-borne illness(es)/outbreak(s), weather events, power outage and recreational water	Approximately 1000 Pools inspected annually	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Assessment and Surveillance		Approved	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	-conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations -conduct surveillance of community environmental health status	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
		Approved		-conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations -conduct surveillance of community environmental health status	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Health Promotion and Policy Development	Home food safety outreach	Approved	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	-offer food safety training and certification to 9,000 food handlers working in licensed food premises -conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents	Service Level Reviewed and Discontinued	Conduct outreach at 10 community markets serving vulnerable clients with home food safety resources.
Disease Prevention / Health Protection	Food premises inspection	Approved	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected all 17,617 (approximately) food premises. 3. Conduct 16,626 Inspections of the 5,542 High Risk premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 Risk Assessments.	- report in accordance with HPPA and regulations and respond to reports of suspected food-borne illness within 24 hours - inspect 100% (approx. 17,617) food premises - conduct 16,626 (100%) inspections of 5,542 High Risk premises (each inspected once every four months) - conduct 15,800 (95%) food premise risk assessments	Service Level Reviewed and Discontinued	Inspect all high risk food premises (3778) at least 2 times per year. Inspect all moderate risk food premises (7923) at least once per year. Complete 3000 re-inspections or achieve a compliance rate of 90% or higher.
Assessment and Surveillance		Approved	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, access and analysis of Early Development Index (EDI) data and collaboration with Public Health Ontario on identification and collection of child health indicators	-conduct systematic routine assessment, surveillance, monitoring and reporting to inform program and policy development, access and analysis of Early Development Index (EDI) data -collaborate with Public Health Ontario to identify and collect of child health indicators	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
		Approved	Ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	-maintain ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Health Promotion and Policy Development	Child health educational sessions Child health individual interventions	Approved	Promotion and support of breastfeeding initiation and duration through hospital liaison with 12 birth hospitals, provision of individual counselling to 25,000 women through telephone counselling, home visits and clinics. Establish sustainability plan for Baby Friendly Initiative (BFI) designation (through Breastfeeding Committee of Canada), Provision of culturally appropriate nutrition education to 2,500 families through Peer Nutrition Program and group parenting education to 2,750 parents. Develop physician outreach strategy to advance early identification screening and referral.	-promote and support of breastfeeding initiation and duration through hospital liaison with 12 (100%) birth hospitals -provide individual counselling to 25,000 women through telephone counselling, home visits and clinics -develop mid point infant feeding data plan for BFI -provide culturally-appropriate nutrition education to 1,000 families through Peer Nutrition Program and group parenting education to 2,750 parents. -continue to develop physician outreach strategy to advance early identification screening and referral	Approximately 22,000 Breastfeeding Interactions/Interventions provided to women (includes, visits, telephone counselling, partnership breastfeeding clinics, TPH clinics and support groups) 20,000 TCS, 8200 Clinic visits, 500 at breastfeeding support groups)	Deliver 5085 educational sessions delivered 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. Deliver 105,635 of individual interventions delivered to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development (including home visits).
	Reproductive health educational sessions Reproductive health individual interventions	Approved	Transition group prenatal education program to upgraded web page and prenatal e-learning module with first year target of 750 women participants, provide group nutrition education to 2,500 prenatal women at 39 Canada Prenatal Nutrition Program sites, provide 750 at risk prenatal women with individual nutrition counselling, develop and implement preconception health promotion strategy	-deliver online prenatal program to 2,000 women -provide group nutrition education to 2,200 prenatal women at 37 Canada Prenatal Nutrition Program sites -provide individual nutrition counselling to 750 at risk prenatal women	Approximately 1900 high-risk prenatal women provided with assessment, counselling, education and referral (700 HBHC, 150 HARP, 200 CPNP individual, 800 HBP)	Deliver 50,201 educational sessions delivered to improve individuals and families knowledge to achieve healthy pregnancy, have the healthiest newborns possible and be prepared for parenthood. Deliver 8,495 individual interventions delivered to families to sustain and optimize healthy pregnancy, support having the healthiest newborns possible and be prepared for parenthood.
Disease Prevention	Child health screening	Approved	Implement provincial changes to Healthy Babies Healthy Children program; including introduction of new postpartum screening too and work with 12 birth hospitals to increase screening rate to 85% of all newborns. Provide 35,000 home visits to high risk families.	-implement provincial changes to Healthy Babies Healthy Children program -work with 12 (100%) birthing hospitals to increase received screening rate to 80% of all newborns -provide 40,795 home visits to high risk families	80% of approximately 31,500 Newborns screened for healthy babies, healthy children (HBHC) program	62,372 screens completed (including hearing, developmental, communications, nutrition, postpartum depression and parenting screens) to identify children at risk for adverse/or decreased child development outcomes.

Type	Sub-Type	Status	2014	2015	2016	2017 Preliminary
Health Protection		Approved	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Dental Treatment for Children and Youth - Healthy Smiles Ontario (HSO)		Approved	Based on current staffing levels, project 10,300 enrolment in HSO, 10069 claims from private dentists and 2163 claims for City dental clinic (3 percent increase)	-Based on current staffing levels, project 10,300 enrolment in HSO, 16,000 claims from private dentists and 1500 claims for City dental clinic (3 percent increase	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Dental Treatment for Eligible Clients	Senior, children & youth dental treatment Emergency dental treatment Mobile Dental Clinic	Approved	Based on current staffing levels, project 3% increase in dental services; 13,390 seniors and caregivers in long-term care homes and treatment to 7,373. Treated 7,762 children and youth; and 623 perinatal clients.	-Based on current staffing levels, project 3% increase in dental services; 15,000 seniors and caregivers in long-term care homes and treatment to 7800. Treated 19,000 children and youth; and 400 perinatal clients.	Approximately 33,000 clients receiving dental treatment in all TPH clinics (including children, seniors and adults)	Provide dental treatment to 8,500 seniors (65+) and 15,000 children and youth (18 years of age and younger). Provide emergency dental services to 2,300 adults (18-64 years of age) eligible for social assistance to improve their oral and general health and thus enhance their job readiness. Improve the oral health of 1,150 street-involved clients who will receive dental care on the Mobile Dental Clinic. Homelessness is a major barrier to dental care.
Toronto Preschool Speech and Language System		Approved	Coordinate delivery of speech and language intervention services to 8,000 pre-school children, including 4,500 new referrals through 340 community service delivery sites. Achieve average age of referral at 24 months and reduce average waitlist times to 3 months. Train 500 care providers on early identification and speech therapy support. Screen 38,000 (95%) of newborns born in Toronto hospitals for hearing loss and provide counselling, referral and support to 125 families who have an infant or child with a diagnosed hearing or vision loss. Complete the review of the TPSLS service delivery model.	-coordinate delivery of speech and language intervention services to 8,000 pre-school children -offer parent orientation session to 100% of the parents -accept 4,500 new referrals and service through 340 community service delivery sites -screen 38,000 (95%) newborns born in Toronto hospitals for hearing loss -provide counselling, referral and support to 100-155 families who have an infant or child with a diagnosed hearing or vision loss	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Partnership Funding	Investing in Families	Approved	Partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance and deliver 35 Let's Talk support groups.	-partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 500 families who receive social assistance -deliver 20 Let's Talk support groups	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Disease Prevention	Reproductive health screening	Approved	Provide through the Healthy Babies Healthy Children Program: Implement provincial changes to program including roll out of new screening tool, increase outreach to physicians regarding prenatal screening to increase prenatal screening by 50% over 2012 levels (1,500 women), provide assessment, counselling education and referral to 500 high risk prenatal women, deliver Homeless At Risk Pregnant (HARP) program to 100 clients.	-deliver Healthy Babies Healthy Children Program including implementing provincial program changes, increasing outreach to physicians regarding prenatal screening, providing assessment, counselling, education and referral to 1,614 high risk prenatal women -deliver Homeless At Risk Pregnant (HARP) program to 125 clients	Service Level Reviewed and Discontinued	1664 screens completed to identify individuals and families at risk for adverse birth outcomes in pregnancy.

- As part of annual service level inventory clean up, the 2016 Service Levels were reorganized or merged with other Service Levels to reflect a better view of services provided but reported out incorrectly as "discontinued". This has been corrected for the 2017 Budget.
- Service Levels from prior years have been reorganized and new language, target changes and sub-types have been added for clarity and better reflection of high level view of services provided.
- The changes do not reflect the deletion of any services provided by TPH.

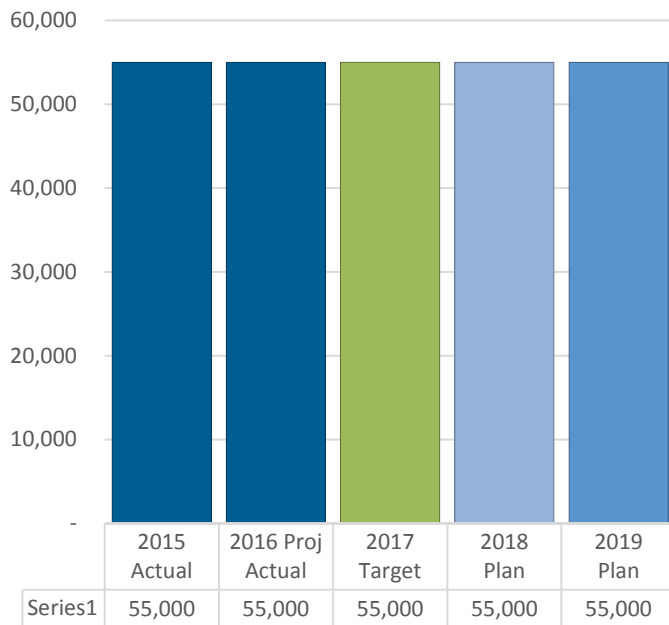
Service Performance Measures

Number of low income Children < 17 years of age receiving Dental Care



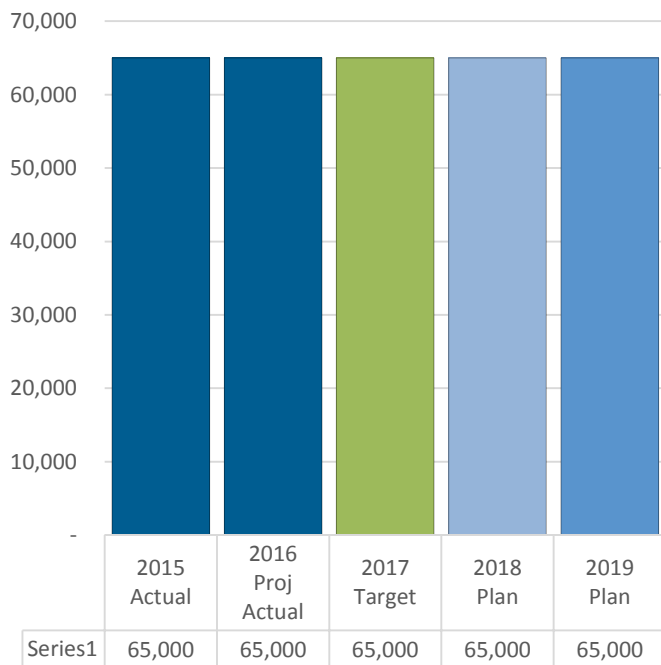
- The chart shows the number of children 17 years or younger from low income families receiving dental care in TPH operated dental clinics.
- Poor oral health affects general health, self-esteem, social interaction, academic performance and quality of life.
- Disadvantaged populations carry the burden of disease concentration.
- Children 17 years of age and younger from low income families report improved oral health after receiving dental treatment in TPH dental clinics

Number of Educational Sessions Delivered



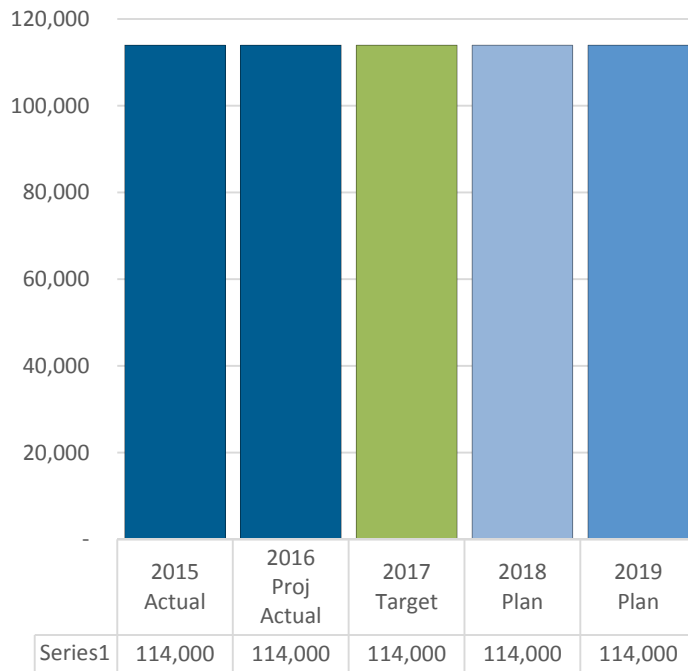
- The chart shows the number of educational sessions delivered to improve families' knowledge in healthy pregnancy, growth and development, positive parenting, healthy eating and breastfeeding to enable and sustain optimal health and development.
- 48,895 online prenatal education sessions
- 1,307 prenatal education sessions at Canada Prenatal Nutrition Programs (CPNP)
- 4,850 parenting sessions
- 46 education sessions to support preschool speech and language
- Provincial Accountability Agreements:
 - Baby Friendly Initiative (BFI)

Number of Screens Completed



- The chart shows number of screens completed to identify individuals at risk for adverse birth outcomes and/ or to identify children a risk for adverse/ or decreased child development.
- 736 women screened in for Healthy Babies Healthy Children (HBHC)
- 928 women screened in for Healthiest Babies Possible (HBP)
- 37,777 hearing screens
- 2,446 Early ID screens
- 595 NutriSTEP screens
- 22,035 postpartum and parenting screens for HBHC
- 114 Screens for postpartum depression

Number of Interventions delivered to families



- This chart shows number of interventions delivered to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development.
- 4,630 individual interventions with high risk pregnant women in HBHC.
- 3,712 individual visits in HBP with high risk pregnant women
- 136 high risk women identified at CPNP
- 42,179 individual services to high risk children to support speech, language, blind low vision and hearing impaired
- 40,975 individual services to high risk families in HBHC
- 20,185 interactions/interventions to support breastfeeding
- 1,766 individual interactions with parents to support healthy growth and development
- 230 nutritional counselling interactions
- Provincial Accountability Agreements:
 - MCYS-HBHC provide HV
 - Baby Friendly Initiative (BFI)

**Table 6
2017 Preliminary Service Budget by Activity**

(\$000s)	2016		2017 Preliminary Operating Budget							Incremental Change					
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget	% Change	New/Enhanced	Prelim. Budget	2017 Prelim. Budget vs. 2016 Budget		2018 Plan		2019 Plan		
									\$	%	\$	%	\$	%	
GROSS EXP.															
Family Health	87,395.6	93,014.7	(527.7)	92,487.0	5,091.3	5.8%		92,487.0	5,091.3	5.8%	1,972.2	2.1%	1,901.2	2.0%	
Total Gross Exp.	87,395.6	93,014.7	(527.7)	92,487.0	5,091.3	5.8%		92,487.0	5,091.3	5.8%	1,972.2	2.1%	1,901.2	2.0%	
REVENUE															
Family Health	71,141.1	72,754.5	(395.8)	72,358.8	1,217.7	1.7%		72,358.8	1,217.7	1.7%	1,316.6	1.8%	1,278.3	1.7%	
Total Revenues	71,141.1	72,754.5	(395.8)	72,358.8	1,217.7	1.7%		72,358.8	1,217.7	1.7%	1,316.6	1.8%	1,278.3	1.7%	
NET EXP.															
Family Health	16,254.5	20,260.1	(131.9)	20,128.2	3,873.7	23.8%		20,128.2	3,873.7	23.8%	655.6	3.3%	623.0	3.0%	
Total Net Exp.	16,254.5	20,260.1	(131.9)	20,128.2	3,873.7	23.8%		20,128.2	3,873.7	23.8%	655.6	3.3%	623.0	2.9%	
Approved Positions	650.8	714.8	(5.1)	709.7	58.9	9.0%		709.7	58.9	9.0%	0.8	0.1%	(0.0)	(0.0%)	

The **Family Health** service promotes and supports healthy behaviours and environments for people in their childbearing years, pregnant women, their partners and infants and children. The Service also supports proper oral health. This service primarily:

- Provides education, counselling and population health promotion related to reproductive and child health matters from public health professionals; and

- Provides screening of school aged children, preventive dental services; dental treatment for children under the provincial Healthy Smiles Ontario (HSO) program; basic dental treatment for low income children / youth not eligible for HSO and adults enrolled in public health programs / Ontario Works / Ontario Disabilities Support Program / Interim Federal Health program and low-income seniors; and dental services for seniors in collective living centers.

The Family Health's 2017 Preliminary Operating Budget of \$92.487 million gross and \$20.128 million net is \$3.874 million or 23.8% over the 2016 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing inflationary cost of food increases for the Student Nutrition Program totaling \$0.046 million, reversal of one-time reserve funding used to fund this Program in 2016 of \$0.036, and a realignment of expenditures between services with no net impact on the Program.
- In order to partially offset these pressures, the 2017 Preliminary Operating Budget includes provincial upload of claims processing functions for dental programs totaling \$0.244 million and efficiency savings from various initiatives of \$0.132 million.

Infectious Diseases

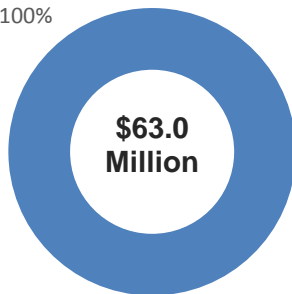


What We Do

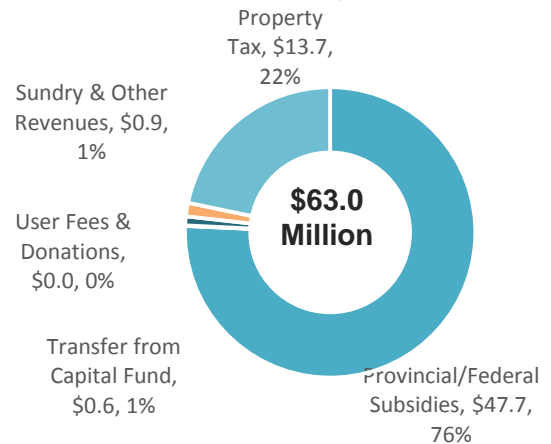
- Provide services that reduce the occurrence and transmission of infectious diseases through public education, surveillance, case and contact management, immunization and outbreak response

2017 Service Budget by Activity (\$Ms)

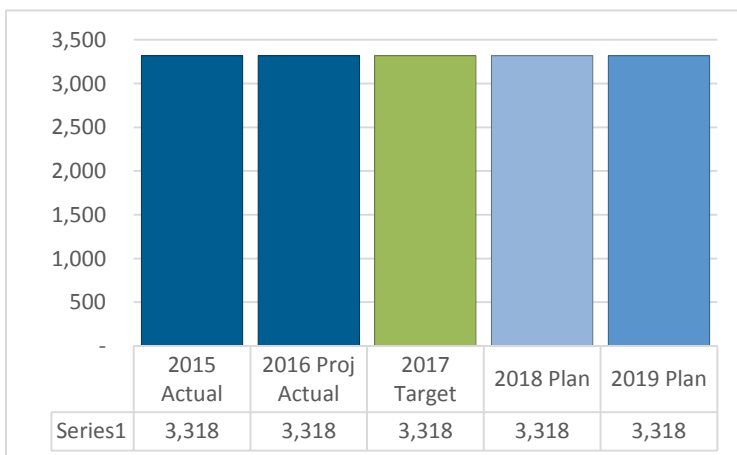
Infectious Diseases,
\$63.0, 100%



Service by Funding Source (\$Ms)



Number of known critical and semi-critical Personal Services Setting Premises inspected annually



- Personal service settings (PSS) premises are inspected to reduce the risk of transmission of blood borne and other types of infection for both clients and workers during the delivery of personal services.
- TPH strives to inspect 100% of all critical and semi-critical PSS every year as per the Ministry of Health and Long Term Care (MOHLTC) Accountability Agreement Target.
- The Program has consistently achieved 99% inspection rates (some inspections initiated in December of one year. cannot

2017 Service Levels Infectious Diseases

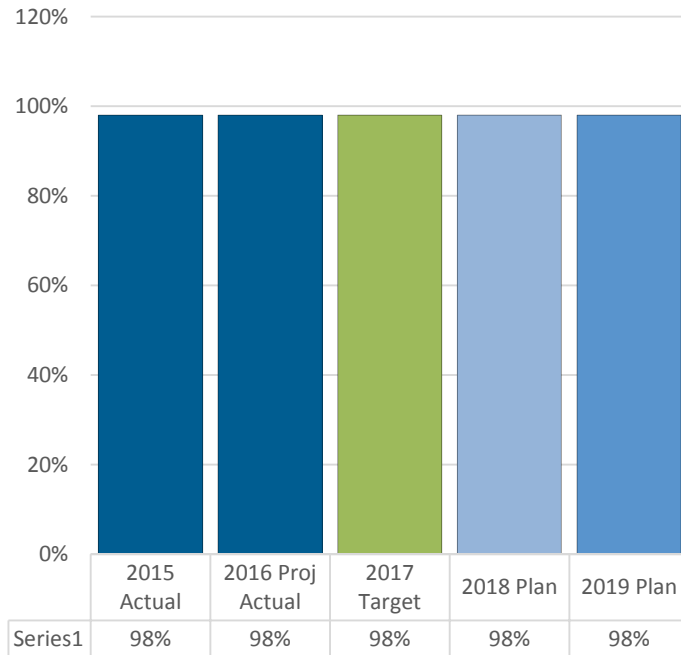
Type	Sub-Type	Status	2014	2015	2016	2017 Preliminary
Assessment and Surveillance	Suspect confirmed infectious diseases investigation/management	Approved	1. Receive, assess and review 89,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	-Receive, assess and review 76,000 (100%) notifications of infectious diseases received annually. -Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	Approximately 77,000 notifications of infectious diseases received, assessed and reviewed annually	Investigate and manage 100% (41,000) of reported suspect/confirmed cases and contacts of infectious diseases. Work with 87 (100%) long-term care homes and 150 (100%) retirement homes to develop their infectious disease surveillance systems.
		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	-conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment(s) - Liaise with Canadian Food Inspection Agency, neighbouring health units, Ministry of Municipal and Agricultural Affairs and Ministry of Natural Resources to keep informed about potential rabies threats - Report surveillance information and rabies post exposure prophylaxis administration to the MOHLTC within designated timelines	Approximately 2,500 animal bite reports responded to	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
		Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. -Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.		
	Tuberculosis identification	Approved	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. -Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	100% (~280) of new TB cases provided comprehensive case management services	Track and follow up on 100% of identified clusters involving Toronto residents to identify local transmission of TB and to identify secondary cases.
Health Promotion and Policy Development	Infection prevention & control liaison services	Approved	1. Provide annual education for all 87 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes, 1,065 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters. ; 4. Work with 87 Long-Term Care Homes and 150 retirement homes to develop their infectious disease surveillance systems.	-Host an annual education event for all 87 (100%) Long-Term Care Homes. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. -Sit on infection prevention and control committees of 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes. -Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes, 1,065 (100%) licensed child care centers, 4 (100%) correctional facilities, 4 (100%) school boards and 65 (100%) shelters. -Work with 87 (100%) Long-Term Care Homes and 150 (100%) retirement homes to develop their infectious disease surveillance systems.	Approximately 77,000 notifications of infectious diseases received, assessed and reviewed annually	Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 (100%) hospital sites, 16 (100%) complex continuing care / rehab sites and 87 (100%) long-term care homes, 150 (100%) retirement homes, 1000 (100%) licensed child care centers, 2 (100%) correctional facilities, 4 (100%) major school boards and 65 (100%) shelters.
		Approved	1. Develop and distribute Rabies resource materials for seniors and youths	- develop and distribute rabies resource materials for seniors and youths to supplement national and provincial communication strategies	Approximately 2,500 animal bite reports responded to	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Harm reduction & education	AIDS/Sexual Health Hotline	Approved	1. & 2. Partnered with approximately 40 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline as a result of the training sessions. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups. 4. 40,000 community clients reached through sexual health promotion.; 5. 25,600 Ontario callers assisted through the AIDS and Sexual Health InfoLine.; 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.	-Partner with approximately 42 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. -Reach 40,000 community clients reached through sexual health promotion activities. -Assist 25,600 Ontario callers through the AIDS and Sexual Health InfoLine.; -Provide 360 high risk opiate users with Naloxone, resulting in 25 administrations. -Distribute 3,900,000 male condoms and 37,600 female condoms. Distribute 900,000 units of lubricant	Approximately 55,000 client visits to TPH sexual health clinics annually	Partner with 45 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS; 300 training sessions will be offered. Assist 33,000 Ontario callers through the AIDS and Sexual Health Info Line.
		Approved	1. 24/7 availability. Respond to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 15 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 30 Early Aberrant reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARs alerts requiring follow up by communicable disease programs.	-Maintain 24/7 availability. Respond to approximately 34,000 cases (100%) of reportable, communicable diseases. -Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,900 health care providers and institutions. -Approximately 10 surveillance alerts issued by TPH annually to approximately 7,000 physicians. Approximately 30 Early Aberrant reporting System (EARS) alerts followed up by TPH epidemiology team, with approximately 8-10 EARS alerts requiring follow up by communicable disease programs.	Approximately 77,000 notifications of infectious diseases received, assessed and reviewed annually	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Disease Prevention	Tuberculosis Education	Approved	4. Inspected 3,000 critical and semi-critical personal services settings. Responded to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 300 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required.; 7. Maintain daily outbreak list, distributed to over 350 recipients daily.	-Inspect 3,000 (100%) critical and semi-critical personal services settings. Respond to all infection prevention and control complaints in settings where services are provided by regulated health professionals. -Investigate and manage approximately 300 disease outbreaks annually. -Complete policy and procedures for all 76 (100%) reportable diseases and reviewed every 5 years at a minimum and more frequently when required -Maintain daily outbreak list, distribute to over 460 recipients daily.		
		Approved	TB education sessions provided to approximately 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; Provide PHN liaison to work directly with 4 TB Clinics, 4 Correctional Facilities and designated homeless shelters to collaboratively work on TB prevention and control.	-Provide TB education presentations and develop educational resources for populations at risk for developing TB, health care professionals and community agencies including for approximately 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; -Hold a minimum of 30 education sessions for agencies offering services to homeless/under housed persons. -Provide PHN liaison services at each of 4 (100%) TB Clinics and 3 (100%) Correctional Facilities located in Toronto in order to work collaboratively to prevent and control TB.	Approximately 280 new TB new cases provided comprehensive case management services	Provide TB education sessions and develop educational resources for populations at risk for developing TB including: 600 newcomers. Provide TB education to 300 Health Care providers focusing on reporting requirements, TB screening, optimal treatment of active TB clients and latent TB infection clients. Provide TB educational sessions to 200 people who are homeless/under housed and 400 homeless Service Providers.
	Approved	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 90 reports of adverse events 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 87 Long-Term Care Homes to ensure influenza immunization of residents and staff.	-Conduct periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH as related to the changes in the ISPA -Support public information and increase knowledge through periodic media releases and response to media inquiries. -Provide education and inform to 2000 Health Care Providers that store publicly funded vaccine (incl. pharmacies) regarding Vaccine Storage and Handling practices -Send immunization promotional materials reflecting the changes to the immunization schedule to Day Nursery operators and to the parents of children enrolled in Day Nurseries	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	

Type	Sub-Type	Status	2014	2015	2016	2017 Preliminary
Health Protection	Personal service settings inspections	Approved	1. Inspected over 3,000 critical and semi-critical personal services settings.; 2. Conducted one annual infection prevention and control inspection in all 1,065 licensed child care facilities. ; 3. Maintain TPH PSS inspection disclosure website.	-Inspect over 90% of 3,000 critical and semi-critical personal services settings.; -Conduct one annual infection prevention and control inspection in all 1,065 licensed child care facilities. ; -Maintain TPH PSS inspection disclosure website.	Service Level Reviewed and Discontinued	Inspect 3,600 critical and semi-critical personal services settings.
	Vaccine storage inspection	Approved	1. Inspect 1,450 physician offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Received and responded to 90 reports of adverse events.	-Inspect 2000 Health Care Providers offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. -Respond to 100% reported adverse events	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Inspect 2000 fridges in health care premises (including physicians' offices, pharmacies, hospitals, community health centres, long term care facilities etc.) to ensure that all publicly-funded vaccines are properly refrigerated, safe and effective.
Disease Prevention / Health Protection	Animal bite response	Approved	1. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 2. Liaised with CFIA as required with respect to animal to animal bites. 3. Rabies Contingency Plan in place. Liaise with GTA health units when surveillance reveals an increase in animal rabies. 4. Issued routine notifications on the requirements of reporting and where to obtain further information.	- maintain 24/7 availability to receive and respond to 100% (avg 2300/year) animal bites to humans, submit 100% (avg 50/year) specimens, and deliver 100% (avg. >350/year) post exposure prophylaxis - communicate with partners re: reporting obligations for suspected rabies exposures and where to obtain further information	Approximately 2,500 animal bite reports responded to	Respond to 100% (2,500) of animal bite reports.
	Sexual Health Clinics	Approved	1. Over 60,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 13,000 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.&6. Over 60,000 client visits.	-Accommodate 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks . -Track and investigate over 13,000 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV . -Provide Provincially funded medication for treatment for reportable STI treatment to all (100%)requesting community physicians. -Send 150 anonymous e-cards from inSPOT website and host 700 site visitors	Approximately 55,000 client visits to TPH sexual health clinics annually	Serve 60,000 clients at sexual health clinics.
	Tuberculosis treatment & follow up	Approved	1..4.&6. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.&6. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.&6. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection. 7. 85% of eligible clients placed on direct observed therapy (DOT); 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards.; 9. Place eligible clients on video-DOT.	-Investigate 100% of suspect TB cases and provide comprehensive TB case management for 100% of active TB cases (approximately 280 new cases annually) until treatment completion (approximately 6 months to 2 years). Greater than 95% of active TB cases will annually complete appropriate and adequate treatment according to the Canadian TB Standards. A minimum of 85% of eligible clients will be placed on directly observed therapy (DOT). -Provide follow-up of approximately 2,000 persons/year identified as contacts of active TB cases. -Assess and follow-up approximately 1,200 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. -Provide free TB medications to 100% of clients with active TB disease (approximately 280 per year) and 100% of clients with latent TB infection who are referred for TB preventative treatment by their community health care provider (approximately 1200 clients per year).	Approximately 280 new TB new cases provided comprehensive case management services	Greater than 95% of Active TB cases will complete adequate treatment according to the Canadian TB Standards. Provide follow-up for 1500 Torontonians identified as contacts of infectious TB cases to identify secondary cases early and identify individuals who have been infected with TB in order to offer preventative medications. Assess and follow up on 1,200 newcomers to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada.
Partnership Funding	Toronto Urban Health Fund	Approved	Funded 39 AIDS prevention projects.	-With 1.9 million dollars, fund 48 community organizations (AIDS and substance abuse programs) and assist 32 agencies with evaluation skills.	Approximately 55,000 client visits to TPH sexual health clinics annually	Fund 30 community organizations to prevent transmission of HIV and assist 30 agencies with evaluation skills.
Health Promotion and Policy Development		Approved	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 90 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 87 Long-Term Care Homes to ensure influenza immunization of residents and staff.	-Conduct periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH as related to the changes in the ISPA -Support public information and increase knowledge through periodic media releases and response to media inquiries. -Provide education and information to 2000 Health Care Providers that store publicly funded vaccine (incl. pharmacies) regarding Vaccine Storage and Handling practices -Send immunization promotional materials reflecting the changes to the immunization schedule to Day Nursery operators and to the parents of children enrolled in Day Nurseries	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.
Disease Prevention	Immunization clinics Immunization information centre	Approved	1. Provided approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	-Provide approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; -Provide approximately 10,000 vaccination for the seasonal flu program -Organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. -Outbreak contingency plan in place. Utilize outbreak response policy and procedure to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Organize and deliver 1,000 immunization clinics (flu, school immunization, homeless shelters, and school-aged children who are under vaccinated). Answer 50,000 phone calls at the Immunization Information Centre.

- As part of annual service level inventory clean up, the 2016 Service Levels were reorganized or merged with other Service Levels to reflect a better view of services provided but reported out incorrectly as "discontinued". This has been corrected for the 2017 Budget.
- Service Levels from prior years have been reorganized and new language, target changes and sub-types have been added for clarity and better reflection of high level view of services provided.
- The changes do not reflect the deletion of any services provided by TPH.

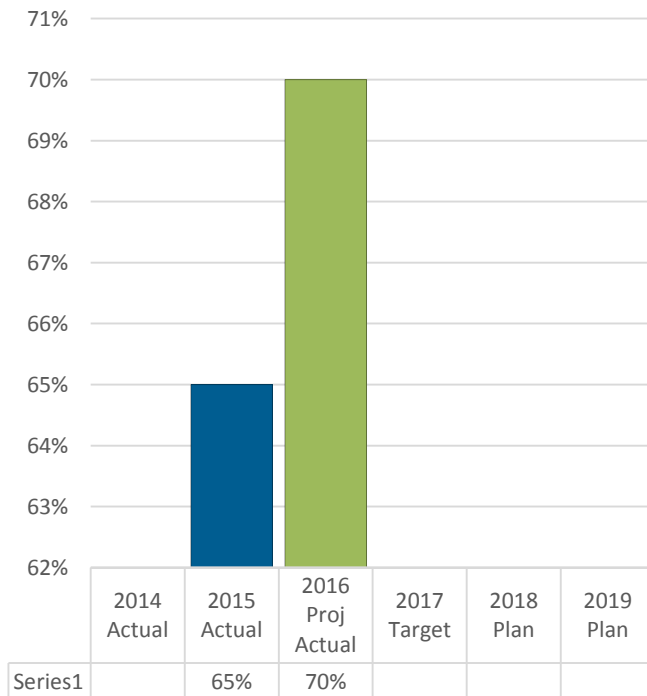
Service Performance Measures

Percentage of all TB cases Managed and Treated



- This chart shows percentage of all TB cases managed and treated for the 6-24 months required for cure, to prevent further spread and development of drug resistance.
- Program will aim for 100%, however in a small number of cases TB Specialists decide to shorten the TB treatment and monitor the client due to other health conditions.

Percentage of confirmed gonorrhea cases who received treatment



- The chart shows percentage of confirmed gonorrhea cases who received treatment, to reduce the spread of drug resistance.
- TPH works with the treating physician to ensure that cases of gonorrhea receive the appropriate treatment to prevent further cases of antibiotic resistant gonorrhea
- A new Accountability Agreement indicator was introduced by the MOHLTC in 2016. This indicator is the proportion of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines. Targets have not yet been communicated by the MOHLTC.
- The target for 2017-2019 is pending. MOHLTC confirmation is required.

Table 6
2017 Preliminary Service Budget by Activity

(\$000s)	2016	2017 Preliminary Operating Budget							Incremental Change					
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget		New/Enhanced	Prelim. Budget	2017 Prelim. Budget vs. 2016 Budget		2018 Plan		2019 Plan	
					\$	%			\$	%	\$	%	\$	%
GROSS EXP.														
Infectious Diseases	64,365.3	63,502.4	(452.7)	63,049.7	(1,315.5)	(2.0%)		63,049.7	(1,315.5)	(2.0%)	1,162.9	1.8%	804.9	1.3%
Total Gross Exp.	64,365.3	63,502.4	(452.7)	63,049.7	(1,315.5)	(2.0%)		63,049.7	(1,315.5)	(2.0%)	1,162.9	1.8%	804.9	1.2%
REVENUE														
Infectious Diseases	50,507.5	49,695.0	(339.5)	49,355.4	(1,152.1)	(2.3%)		49,355.4	(1,152.1)	(2.3%)	816.9	1.7%	539.9	1.1%
Total Revenues	50,507.5	49,695.0	(339.5)	49,355.4	(1,152.1)	(2.3%)		49,355.4	(1,152.1)	(2.3%)	816.9	1.7%	539.9	1.1%
NET EXP.														
Infectious Diseases	13,857.7	13,807.5	(113.2)	13,694.3	(163.4)	(1.2%)		13,694.3	(163.4)	(1.2%)	345.9	2.5%	264.9	1.9%
Total Net Exp.	13,857.7	13,807.5	(113.2)	13,694.3	(163.4)	(1.2%)		13,694.3	(163.4)	(1.2%)	345.9	2.5%	264.9	1.9%
Approved Positions	509.9	506.7	(4.3)	502.4	(7.6)	(1.5%)		502.4	(7.6)	(1.5%)	(2.6)	-0.5%	(4.0)	(0.8%)

The **Infectious Diseases** service 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.

The Infectious Diseases Service's 2017 Preliminary Operating Budget of \$63.050 million gross and \$13.694 million net is \$0.163 million or 1.2% under the 2016 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service has been specifically impacted with the added pressure of \$0.040 million from the conversion of 100% one-time provincially funded Vaccine Preventable Disease (VPD) Universal Influenza Implementation Program to cost shared (72/25) program effective January, 2017.
- In order to offset these pressures, the 2017 Preliminary Operating Budget includes savings of \$0.159 million from the provincial upload of claims processing functions for dental programs and efficiency savings from various initiatives totaling \$0.113 million net.

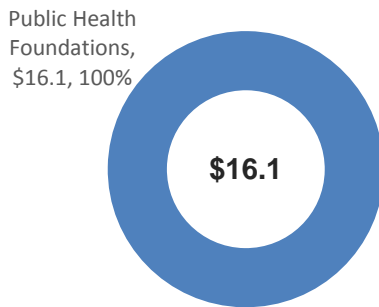
Public Health Foundations

What We Do

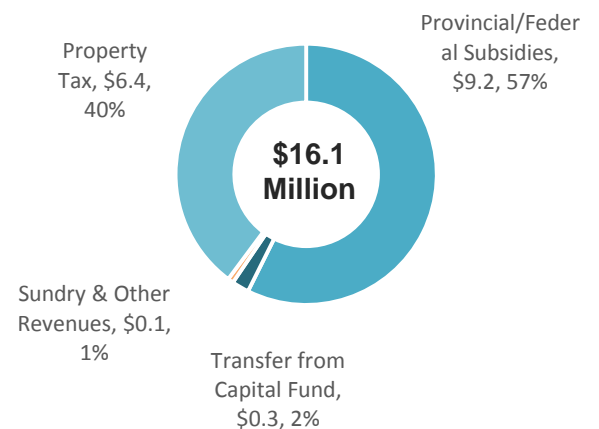


- Provides the population health assessment, surveillance, research and knowledge exchange, and program evaluation to inform public health programs, Board of Health decision making and stakeholder relations, and provincial reporting.

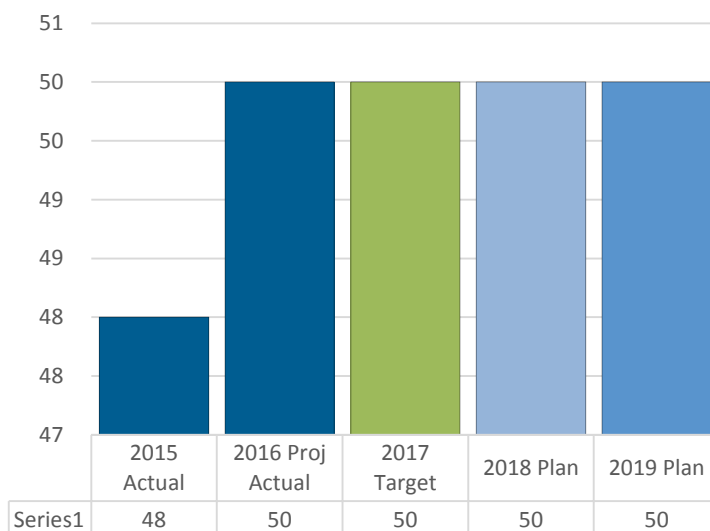
2017 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Number of Surveillance Indicators Assessed Updated & Reported



- Indicator data are generally analyzed by time, geography and subpopulations to identify trends and inequities.
- Indicators are updated and monitored regularly by epidemiology staff who facilitate knowledge translation and integration into service design and policy development

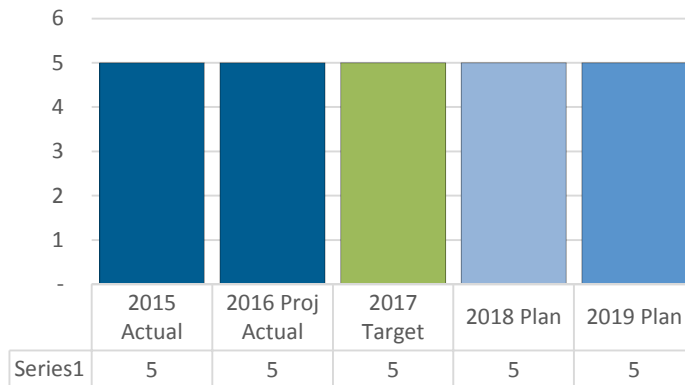
2017 Service Levels Public Health Foundations

Type	Sub-Type	Status	2014	2015	2016	2017 Preliminary
Population Health Assessment	Surveillance indicators	Approved		New in 2016	Approximately 48 surveillance indicators monitored and posted on web	Assess, update and report data for 50 surveillance indicators that monitor the health of Toronto's population. Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations. Conduct surveillance of community emergency planning & preparedness.

- Service Levels from prior years have been reorganized and new language, target changes and sub-types have been added for clarity and better reflection of high level view of services provided.

Service Performance Measures

Number of Municipal Policies advanced by category (healthy social, build and natural environment)



- TPH will undertake research and engage, collaborate, and consult with City Divisions and other stakeholders to advance five municipal policies to ensure that they support healthy social, built and natural environments.

Table 6
2017 Preliminary Service Budget by Activity

(\$000s)	2016		2017 Preliminary Operating Budget						Incremental Change					
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget	% Change	New/Enhanced	Prelim. Budget	2017 Prelim. Budget vs. 2016 Budget		2018 Plan		2019 Plan	
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%
GROSS EXP.														
Public Health Foundations	26,252.4	16,280.7	(147.8)	16,132.9	(10,119.5)	(38.5%)		16,132.9	(10,119.5)	(38.5%)	478.8	3.0%	477.1	2.9%
Total Gross Exp.	26,252.4	16,280.7	(147.8)	16,132.9	(10,119.5)	(38.5%)		16,132.9	(10,119.5)	(38.5%)	478.8	3.0%	477.1	2.8%
REVENUE														
Public Health Foundations	14,876.5	9,809.2	(110.9)	9,698.3	(5,178.2)	(34.8%)		9,698.3	(5,178.2)	(34.8%)	278.7	2.9%	255.5	2.6%
Total Revenues	14,876.5	9,809.2	(110.9)	9,698.3	(5,178.2)	(34.8%)		9,698.3	(5,178.2)	(34.8%)	278.7	2.9%	255.5	2.5%
NET EXP.														
Public Health Foundations	11,375.9	6,471.5	(37.0)	6,434.5	(4,941.4)	(43.4%)		6,434.5	(4,941.4)	(43.4%)	200.0	3.1%	221.6	3.3%
Total Net Exp.	11,375.9	6,471.5	(37.0)	6,434.5	(4,941.4)	(43.4%)		6,434.5	(4,941.4)	(43.4%)	200.0	3.1%	221.6	3.2%
Approved Positions	190.1	92.7	(1.6)	91.1	(99.1)	(52.1%)		91.1	(99.1)	(52.1%)	(0.1)	-0.1%	0.5	0.5%

The **Public Health Foundations** service 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.

The Public Health Foundations Service's 2017 Preliminary Operating Budget of \$16.133 million gross and \$6.435 million net is \$4.941 million or 43.4% under the 2016 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing inflationary cost of food increases for the Student Nutrition Program totaling \$0.048 million and reversal of one-time funding from reserve to fund this Program in 2016 of \$0.037 million, which have been more than offset by a realignment of expenditures between services, provincial upload of claims processing functions for dental programs totaling \$0.053 million and efficiency savings from various initiatives of \$0.038 million.



Part 3:

Issues for Discussion

Issues Impacting the 2017 Budget

Budget Reduction Target

- At its meeting on July 12, 2016, the "2017 Budget Process: Budget Directions and Schedule" staff report (EX16.37) was submitted for consideration and adopted by City Council regarding the establishment of the 2017 Budget Process and the scheduling of the review and approval of the Tax and Rate Supported 2017 Operating Budget and 2017-2026 Capital Budget and Plan for the City of Toronto. (<http://www.toronto.ca/legdocs/mmis/2016/ex/bgrd/backgroundfile-94519.pdf>)
- City Council adopted an across the board budget reduction target of -2.6% net below the 2016 Approved Net Operating Budgets for all City Programs and Agencies utilizing strategies including but not limited to controlling expenditures through cost saving measures, and exploring all services for efficiency savings including opportunities from business process reengineering, streamlining, transformation and innovation to service delivery.
- The Toronto Public Health's 2017 Preliminary Operating Budget is \$242.517 million gross and \$58.682 million net, representing a 0.4% decrease from the 2016 Approved Net Operating Budget. This reduction is \$1.291 million or 2.2% away from the reduction target of -2.6%, as set out in the 2017 Operating Budget Directions approved by Council for all City Programs, Agencies and Accountability Offices.
- TPH applied the following strategies to move towards Council directed budget target:
 - Savings of \$0.073 million gross and \$0.018 million net were identified through line by line review of the budget for non-labour expenditures reduced based on actual experience.
 - Service efficiency savings from the partial completion of capital projects and streamlining business processes result in savings of \$2.145 million gross and \$0.536 million net with minimal impact on service levels.
- In order to meet City Council's budget reduction target of -2.6%, the Program submitted further service adjustments, as noted in the table below, which would provide savings of \$2.249 million gross and \$1.250 million net and would bring the 2017 Budget to \$240.269 million gross, \$57.431 million net or -2.5% below the 2016 Approved Net Operating Budget.

Service Adjustment Description (\$000s)	2017 Impact				Net Incremental Impact			
	Gross	Revenue	Net	Positions	2018 Plan		2019 Plan	
					Net	Positions	Net	Positions
Not Included								
Vector Borne Disease Program Reduction	(52.0)	(39.0)	(13.0)					
Dietitian Support for Healthiest Babies Possible Program	(44.0)	(33.0)	(11.0)		(11.3)			
Health Promotion Efficiencies	(96.7)	(72.5)	(24.2)		(25.2)			
Management Rationalization & Restructuring	(470.5)	(352.9)	(117.6)		(27.5)			
Vulnerable Adult and Seniors Program Reorganization	(430.3)	(322.7)	(107.6)		(93.0)			
Sexual Health Clinics Reorganization	(211.3)	(178.5)	(32.8)		(54.3)			
Student Nutrition Program Reduction	(737.3)		(737.3)					
Municipal Dental Program Reorganization	(206.9)		(206.9)					
Total Service Adjustments (Not Included)	(2,248.9)	(998.5)	(1,250.3)	(22.0)	(211.5)			

- *Vector Borne Disease Program Reduction (\$0.052 million gross & \$0.013 million net):* Savings of \$0.013 million net will be realized by reducing of one (1) round of city catchbasin larvaciding from 4 to 3 to reflect actual larvaciding frequency, contracting out mosquito trapping, and reducing of the number of mosquito testing traps used for surveillance across the City.

- *Dietitian Support for Healthiest Babies Possible Program (\$0.044 million gross & \$0.011 million net):* Healthiest Babies Possible program reorganization will provide savings of \$0.011 million net.
 - *Health Promotion Efficiencies (\$0.097 million gross & \$0.024 million net):* Health Promotion restructuring will result in savings of \$0.024 million net.
 - *Management Rationalization and Restructuring (\$0.471 million gross & \$0.118 million net):* A program review of TPH's management structure identified opportunities to restructure and realign staff resources that will result in savings of \$0.118 million net.
 - *Vulnerable Adults and Seniors Program (\$0.430 million gross & \$0.108 million net):* Savings of \$0.108 million will be realized through restructuring of its vulnerable adults and seniors programs.
 - *Sexual Health Clinics Reorganization (\$0.211 million gross & \$0.033 million net):* Savings of \$0.033 million net will be realized through a reorganization of Sexual Health Clinics.
 - *Student Nutrition Program Reduction (\$0.737 million gross and net):* Reduction of 44 student nutrition programs impacting 13,279 children and youth accessing those programs in 2016 will result in savings of \$0.737 million.
 - *Municipal Dental Program Reorganization (\$0.207 million gross & \$0.207 million net):* The reorganization of the program will result in savings of \$0.207 million.
- The above listed service adjustments are not included in the 2017 Preliminary Budget for Toronto Public Health, however, they are included for Council's consideration as part of the list of Service Adjustments to be distributed for Budget Committee's consideration in the 2017 Budget process.

Toronto Public Health 2017 Operating Budget Request

- City Council at its meeting on July 12, 2016 considered the report EX16.37: "2017 Budget Process – Budget Directions" and scheduled all Agencies to submit their respective final Board-approved 2017 Operating Budget and 2017 – 2026 Capital Budget and Plan requests no later than October 1, 2016.
- In the same meeting City Council adopted 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.
- The Board of Health (BOH) Budget Committee at its meeting of September 26, 2016, received the 2017 Operating Budget submission from TPH and referred it back for more information and consideration at its next meeting of October 21, 2016.
- The BOH Budget Committee received the revised 2017 Operating Budget Request on October 21, 2016, and recommended the 2017 request to the BOH for consideration at its meeting of October 31, 2016.
- The BOH at its meeting of October 31, 2016 considered (HL15.7) "Toronto Public Health 2017 Operating Budget Request" and recommended TPH's 2017 Operating Budget Request of \$243.482 million gross and \$61.015 million net, which is \$2.092 million or 3.5% above the 2016 Approved Net Budget to the Budget Committee for its consideration during the 2017 Budget process.
<http://www.toronto.ca/legdocs/mmis/2016/hl/bgnd/backgroundfile-97624.pdf>
- The BOH recommended budget includes funding for 5 new and enhanced priorities totaling \$3.020 million gross and \$2.333 million net.
- The 2017 Preliminary Operating Budget for TPH of \$58.682 million net is consistent with BOH recommended base budget. No funding for the new and enhanced priorities have been included in the 2017 Preliminary Operating Budget being presented by the City Manager and CFO as identified in the table below:

Description (\$000s)	BOH Recommended			2017 Preliminary Operating Budget			Comments
	Position Change	Gross Exp.	Net Expense	Position Change	Gross Exp.	Net Expense	
	#	\$	\$	#	\$	\$	
2016 Approved Budget	1,872.1	243,207.7	58,622.4	1,872.1	243,207.7	58,622.4	
In Year Adjustments	(8.60)	1,633.4	300.4	(7.51)	870.8	300.4	Additional in-year adjustments including, reduction of discretionary expenses, reduction of Provincial revenue, COLA adjustments for a total reduction of \$0.763 million.
2016 Adjusted Approved Budget	1,863.49	244,841.1	58,922.8	1,864.58	244,078.5	58,922.8	
Base Changes:							
Base Expenditure Changes							
<i>Prior Year Impacts</i>		(2,062.0)	(373.4)		(2,589.5)	(373.4)	Additional in-year adjustments
<i>Changes to 100% Funded Programs due to announced funding</i>	(5.9)	(2,318.6)		(5.3)	(922.1)		Additional in-year adjustments
<i>Impact of Capital Changes</i>	(5.6)	(1,036.7)		(3.5)	(852.2)		IDCIS Capital Project received funding from the Province for a 2017 Incremental Impact of \$184.5
<i>COLA, Progression Pay, Step Increase, Benefits, Gapping and Starting Salary Adjustment</i>		4,615.3	1,117.3		4,615.3	1,117.3	
<i>Economic Factors - Non Payroll</i>		17.0	4.2		17.0	4.2	
<i>IDC / IDR</i>	(1.9)	(1,233.6)	1.1	(1.4)	(762.5)	1.1	Reversal of in-year adjustments for IDC/IDR entries
<i>Other Base Changes</i>							
<i>Toronto Urban Health Fund Inflation Increase</i>		33.1	8.3		33.1	8.3	
<i>Student Nutrition Program: Increased Cost of Food (100% City)</i>		139.9	139.9		139.9	139.9	
<i>Sexual Health Clinics Inflation Increase</i>		11.2	2.8		11.2	2.8	
<i>Dental Street Youth & Low Income Adult Inflation (100% City)</i>		1.0	1.0		1.0	1.0	
<i>Healthy Apartment Neighbourhoods</i>					918.6		Received funding from the federal government for PHAC Healthy Apartment Neighbourhoods for a 5 year project. It was approved in 2016 - HL 14.12
Base Revenue Changes							
<i>User Fees</i>			(1.4)			(1.4)	
<i>Dental Revenue due to Provincial upload</i>			(530.4)			(625.8)	\$0.095 million net swapped with line by line review reductions.
<i>VPD UIIP Pharmacy Inspections to Cost Shared</i>		(9.3)	39.7		(9.3)	39.7	
Base Savings							
Sub-Total	(13.4)	(1,842.7)	409.0	(10.2)	600.5	313.7	
2016 Preliminary Base Budget	1,850.1	242,998.4	59,331.8	1,854.4	244,679.0	59,236.5	
Service Changes:							
Service Efficiencies							
<i>Line by Line Review</i>		(447.5)	(113.6)		(73.0)	(18.2)	Swapped with Dental Revenue changes and additional savings.
<i>311 IDC - Value-Based Reduction</i>		(218.9)	(54.7)		(218.9)	(54.7)	Reduced 311 IDC total to effective date of April 2017 from January 2017. Offset is the line by line review.
<i>Operational and Support Efficiencies 1</i>	(1.0)	(40.8)	(10.2)	(1.0)	(40.8)	(10.2)	
<i>Operational and Support Efficiencies 2</i>	(8.1)	(823.8)	(206.0)	(8.1)	(823.8)	(206.0)	
<i>Operational and Support Efficiencies 3</i>	(2.5)	(165.8)	(41.5)	(2.5)	(165.8)	(41.5)	
<i>Operational and Support Efficiencies 4</i>	(1.5)	(73.6)	(18.5)	(1.5)	(73.6)	(18.5)	
<i>Operational and Support Efficiencies 5</i>	(8.9)	(684.5)	(171.1)	(8.9)	(684.5)	(171.1)	
<i>Operational and Support Efficiencies 6</i>	(2.0)	(133.6)	(33.4)	(2.0)	(133.6)	(33.4)	
<i>Fuel Price Reduction</i>		(0.2)	(0.0)		(0.2)	(0.0)	
<i>Facilities Reduction</i>		(4.3)	(1.1)		(4.3)	(1.1)	
	(24.0)	(2,592.9)	(650.0)	(24.0)	(2,218.4)	(554.7)	
Revenue Adjustments							
<i>Price Change to Recover Full costs in FHL</i>		57.2			57.2		
2017 Preliminary Budget	1,826.1	240,462.7	58,681.8	1,830.4	242,517.8	58,681.8	
Change over 2016 Budget			-0.4%			-0.4%	
New/ Enhanced:							
Staff Initiated							
<i>Toronto Urban Health Fund - Year 3</i>		150.0	37.5				
<i>Immunization of School Pupils Act (ISPA)</i>	11.0	600.0	150.0				
<i>Health Hazard and Food Safety Inspections</i>	2.5	165.8	41.5				
Sub-Total	13.5	915.8	228.9				
BOH Recommended before SNP enhancements	1,839.6	241,378.5	58,910.7				
Change over 2016 Budget			-0.02%				
New/ Enhanced:							
<i>Student Nutrition Program (SNP) - Strengthen Current Program</i>		1,145.3	1,145.3				
<i>SNP Program - Expansion</i>		958.4	958.4				
Sub-Total		2,103.7	2,103.7				
Sub-Total New/ Enhanced	13.5	3,019.5	2,332.7				
BOH Recommended 2017 Budget including SNP	1,839.6	243,482.2	61,014.5	1,830.4	242,517.8	58,681.8	
Change over 2016 Budget			3.5%			-0.4%	Not included in the 2017 Preliminary Budget. Available for Budget Committee's consideration.

Student Nutrition Program

- The original 5-year (2012-2017) phased-implementation plan to gradually increase municipal investment to Student Nutrition Program to achieve a municipal investment target of 20% by 2017 was reset and extended by one year to conclude in 2018 during the 2015 budget process.
- On September 26, 2016, BOH Budget Committee considered the report titled "*Student Nutrition Program: 2017 Budget Request and Program Update*" which provided an update of the municipal enhancements to SNP during the first three years of the revised 6-Year Plan (2013-2015) and the proposed increases in 2016-2018 to achieve the municipal investment target of 20% by 2018. Link: <http://www.toronto.ca/legdocs/mmis/2016/hu/bgrd/backgroundfile-96162.pdf>
- On October 31, 2016, the Board of Health referred the report HL 15.7, "Toronto Public Health 2017 Operating Budget Request" to the 2017 Budget process and in so doing recommended:
 - A base budget Increase of \$0.140 million gross and net to reflect the cost of food inflation at 1.4% based on Nutrition basket.
 - An increase of \$2.104 million gross and net reflecting year 5 funding for expansion and stabilization of the Student Nutrition Program in Toronto.
- Following the reset 6-year expansion plan for SNP, the City's investment rate in Student Nutrition Program has increased from 9.0% in 2012 to 15.5% in 2016 bringing the total Student Nutrition Program budget to \$9.992 million.
 - An addition of \$2.243 million in 2017 would increase the City's contribution to \$12.236 million or 18%.
 - A further 2018 investment of \$2.831 million, would bring the City's investment to \$15.067 million or 20%.
 - Student nutrition programs also raise funds from third party contributions, including parental contributions, local fundraising, and corporate donations.

Table 1: Summary of Proposed 2017 and 2018 Increased Municipal Investment in Student Nutrition Program

Budget Year (School Year)	Proposed Requests	Projected Net Increase	Projected TOTAL Net Increase	Projected New Annual Base Operating Budget	Projected Overall Program Budgets of local SNPs (if fully implemented and fully funded)
2017 (2017/18)	Cost of food increase at 1.4%	\$139,893	\$2,243,613	\$12,235,979	\$67,977,663
	Increase investment rate for existing programs to 18% of current program costs	\$1,145,313			
	Extend funding at an 18% investment rate to 48 additional programs	\$958,407			
2018 (2018/19)	Cost of food increase at 3% historical average	\$367,079	\$2,831,090	\$15,067,069	\$75,335,347
	Increase investment rate for existing programs to 20% of current program costs	\$1,396,413			
	Extend funding at a 20% investment rate to 48 additional programs	\$1,067,597			
Total			\$5,074,703 (estimated)		

- The 2017 requested increase \$2.244 million will fund for the following:
 - An inflationary 1.4% increase over 2016 totalling \$0.140 million provides funding for the cost of food adjustment for existing programs.
 - An increase of \$1.145 million to be allocated to existing student nutrition programs to increase the City's investment rate from 15.5% in 2016 to 18% in 2017 of total program costs or \$0.21 per elementary student per morning meal each school day, providing a stronger funding base for existing programs.
 - An expansion component for 2017 of \$0.958 million will extend municipal funding for 48 more student nutrition programs in publicly funded schools which currently do not receive municipal funding, reaching approximately 15,492 additional students.
- The 2017 Preliminary Operating Budget for Toronto Public Health includes funding for inflationary cost of food of \$0.140 million but does not include funding for stabilization (\$1.145 million) or expansion (\$0.958 million) of the Student Nutrition Program.

Student Nutrition Program (SNP) Governance

- Currently, Student Nutrition Toronto (SNT), is a collaborative partnership which oversees provincially and municipally funded student nutrition programs in Toronto.
 - Partner members include Toronto Public Health, Toronto District School Board, Toronto Catholic School Board, Conseil Scolaire Viamonde, Toronto Foundation for Student Success (TFSS), the Angel Foundation for Learning (AFL) and two community members including FoodShare Toronto, while the second is currently vacant.
 - Its mandate includes approving municipal and provincial allocations to student nutrition programs in Toronto, ensuring quality and accountability of funded programs and strategic planning for program growth and sustainability.
- On October 26, 2015, the Board of Health considered a report HL7.1 "*Student Nutrition Program Update*" that described the process undertaken by this partnership to review its governance model and highlighted key findings aimed at building capacity to support future program growth. The key findings in the report are discussed below: <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL7.1>
 - A review of the Student Nutrition Toronto Governance Model was conducted in 2014 to address the emerging needs as a result of significant growth of Student Nutrition Program and the Board of Health at its meeting of October 26, 2015.
 - In 2014, Student Nutrition Toronto retained an independent consultant to complete a governance review and recommend an oversight model which would better accommodate future program growth, include enhanced capacities in accountability, efficiency, quality assurance, and fundraising and build on the strengths of the existing governance model.
 - The consultant identified that the current "informal partnership" structure of Student Nutrition Toronto makes it difficult to manage the current scale of program operations and future growth of the program. The current model has multiple accountability lines that result in communication and oversight challenges.
- On February 17, 2016, the City Council requested the Medical Officer of Health to report back to the Budget Committee on the financial implications of the Student Nutrition Program's Governance review in time for the 2017 Budget process.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.EX12.2>
- On May 3-5, 2016, City Council directed the City Manager to assist the Medical Officer of Health in his ongoing collaboration with the Partners for Student Nutrition to develop a new governance model for Student Nutrition Toronto that builds upon the existing strengths of growth in the program, builds capacity in the

program for improved fundraising and provides greater community engagement. Additionally, Council requested the City Manager to report on the result of these efforts to the July 12, 2016 meeting of City Council in advance of the 2017 funding agreements.

- At its meeting on July 12-15, 2016 Toronto City Council adopted item CC20.3, "*Report from the City Manager on Student Nutrition Program: Governance Update*" which provided an update on the City's progress towards the development of a renewed governance structure for Student Nutrition Toronto (SNT), the collaborative partnership which oversees government funded student nutrition programs operating in Toronto.
- In the same meeting, City Council directed the City Manager to continue to assist the Medical Officer of Health in the ongoing collaboration with the Partners for Student Nutrition to develop a new governance model for Student Nutrition Toronto, and request the Medical Officer of Health to report on the outcome to the December 5, 2016 meeting of the Board of Health and the City Manager to report on the outcome to the December 13, 2016 meeting of City Council.
- Recently, Ministry of Children and Youth Services contracted Deloitte Inc. to conduct an independent review of Ontario's Student Nutrition Program.
 - The consultant did not recommend a large systemic or transformational change, recognizing that programs are well-delivered at the ground level. However, it was recommended that the Ministry consider focusing future investments on program sustainability rather than further expansion.
 - Recommendations from the consultant focused on key opportunities within the current model such as supporting sector collaboration, refining the resource allocation model, and improving data management.
- In the coming months, the Ministry will establish its three year work plan to bring greater efficiency, sustainability and innovation to the province-wide program. Simultaneously, the City Manager and the Medical Officer of Health will continue to work with the student nutrition partners to develop an agreed upon enhanced governance model for SNT and will report back to City Council on December 13, 2016.

Toronto Urban Health Fund (Year 3)

- The Toronto Urban Health Fund (TUHF) provides grant funding for projects which address HIV Prevention, Harm Reduction and Youth Resiliency. The funding is cost-shared (75/25) with the Province.
- In 2014, a funding shortfall of \$0.850 million was identified to address projects with funding request renewals and projects in the youth resiliency stream.
 - TPH identified a disparity in funding for the youth resiliency stream when compared to the HIV prevention and harm reduction streams.
 - The proportion of funding between HIV Prevention, Harm Reduction and Youth Resiliency is currently at 34%/40%/26% respectively.
 - The 5-year plan is aiming for a distribution of 35%/35%/30% across the 3 streams.
- As part of the 2015 budget process, \$0.150 million gross, \$0.038 million net funding was approved for the TUHF program, which represented Year-1 of a 5-year plan to increase the program's budget by \$0.750 million gross.
- The 2017 funding for an additional \$0.150 million gross and \$0.038 million net will continue to address 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 Indigenous populations and those residing in Neighborhood Improvement Areas.
- With the increased funding, TUHF projects 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 2017 Preliminary Operating Budget for Toronto Public Health does not include additional funding for Toronto Urban Health Fund – Year 3. Please refer to the next section for more information.

Issues Referred to the 2017 Operating Budget Process

New & Enhanced Not Included in the 2017 Preliminary Operating Budget

- Toronto Public Health submitted new and enhanced service priorities as noted in the table below, which requires additional funding of \$3.020 million gross and \$2.333 million net and 13.5 new positions, bringing the BOH Recommended Budget 3.5% further away from the target.

New / Enhanced Service Description (\$000s)	2017 Impact				Net Incremental Impact			
	Gross	Revenue	Net	Positions	2018 Plan		2019 Plan	
					Net	Positions	Net	Positions
<i>Not Included</i>								
Referred to the Budget Process								
Student Nutrition Program - Strengthen Current Program	1,145.3		1,145.3		1,396.4			
Student Nutrition Program - Expansion	958.4		958.4		1,067.6			
Toronto Urban Health Fund - Year 3	150.0	112.5	37.5		150.0		150.0	
ISPA (Immunization of School Pupils Act)	600.0	450.0	150.0	11.0	150.0	3.0	30.7	
Health Hazard and Food Safety Inspections	165.8	124.4	41.5	2.5	22.4			
Total New/Enhanced Services (Not Included)	3,019.5	562.5	2,332.7	13.5	2,786.4	3.0	180.7	

- *Student Nutrition Strengthen Current Program – (\$1.145 million gross & \$1.145 million net):*

This enhanced service request will be directed to currently-funded student nutrition programs, resulting in programs having a greater ability to increase the purchase of nutritious food.

- This service enhancement builds upon the municipal funding plan approved by the Board of Health in 2012 to gradually increase the municipal investment contribution rate each year between 2013 and 2018, reaching 18% in 2017 and 20% by 2018.

- *Student Nutrition Program Expansion – (\$0.958 million gross & \$0.958 million net):*

- This service enhancement will enable 48 publically funded schools in higher need areas to reach an additional 15,492 children and youth. These schools currently received funds from other sources, including the provincial government, their local community and corporate/private sectors towards the operation of their student nutrition programs.

- *Toronto Urban Health Fund (TUHF) Budget Enhancement – Year 3 (\$0.150 million gross and \$0.038 million net)*

- In 2014, TUHF proposed a five year plan with a budget enhancement of \$750,000 for the program through annual increments of \$150,000 per year over five years starting in 2015 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.
- The first and second increments of \$150,000 were approved in 2015 and 2016. The third increment of \$150,000 will continue to enhance the 2017 TUHF funding envelope, alleviate increasing funding pressures, and support TUHF in meeting its strategic objectives.
- The enhancement will contribute to strengthening local community response in the youth and Indigenous sectors to address HIV incidence rates and illicit substance use rates. Organizations will

also increase their capacity to secure and leverage TPH, City of Toronto and external project funding sources.

- *Immunization of School Pupils Act (ISPA) – (\$0.600 million gross & \$0.150 million net)*
 - 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 9 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 Ministry of Health and Long-Term Care.
 - TPH is currently not meeting the minimum provincial requirements under OPHA and ISPA. This change is being proposed because the Ministry increased requirements of the ISPA in 2013 (3 new vaccines plus private schools) and implemented a new provincial data system to enter student vaccine information and assess compliance. 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.
 - To be fully compliant with the legislation and protect children TPH must review and assess immunization status for all students. If students do not meet the requirements they can be suspended from school.
 - Funding of \$0.600 million gross and \$0.150 million net will allow for 11 additional staffing resources including 8 Support Assistant and 1 Supervisor Call Centre positions to work with these students, respond to parent and health care provider inquiries to ensure compliance with the ISPA, and enter this data into the provincial immunization system. An additional 6 Registered Practical Nurses will provide evening and weekend clinics to immunize high school students who did not receive the vaccines, particularly those who require meningococcal vaccine (Menactra), which is only available through TPH.
- *Health Hazard and Food Safety Inspections – (\$0.165 million gross & 0.042 million net).*
 - All Public Health Units across the province are required to meet requirements prescribed by the Ontario Public Health Standards. The Program Standards for Food Safety and Safe Water requires TPH to conduct inspection of all food premises and recreational water facilities in accordance with specific protocols at set frequencies. Achievement of the requirements are tied to cost-shared funding and Accountability Agreements signed between the Boards of Health and the MOHLTC.
 - The current inspection levels do not meet the service levels required by the MOHLTC's Food Safety Protocol and Recreational Water Protocol. This increased demand comes from a number of sources: food premises changing their menus requiring more inspections as they serve higher risk foods, changes to the Ministry of Health and Long Term Care (MOHLTC) risk categorization process, an increase in the number of special events, and an increase in demand calls to address compliance issues or to investigate increased complaints and animal to human exposure reports.
 - The new service funding request of \$0.079 million net and an additional 6 Public Health Inspector positions and 0.5 Support Assistant B position will allow TPH to achieve provincially mandated inspection targets for the Food Safety and Safe Water Programs.
- The above listed new and enhanced service priorities are not included in the 2017 Preliminary Budget for Toronto Public Health, however, they are included for Council's consideration as part of the list of new and enhanced requests referred to the Budget process to be distributed for Budget Committee's consideration in the 2017 Budget process.



Appendices

Appendix 1

2016 Service Performance

Key Service Accomplishments

In 2016, Toronto Public Health accomplished the following:

Infectious Diseases

- ✓ Responded to approximately 40,500 cases and contracts of reportable/communicable diseases (e.g. Meningitis, Tuberculosis (TB), Salmonella) and 350 outbreaks of communicable diseases.
- ✓ Investigated and provided follow up for over 16,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV.
- ✓ Delivered 1,350 immunization clinics; provided 88,000 doses of vaccines.

Environmental Health

- ✓ Conducted approx. 27,026 food premise inspections. Inspected 90% (9,938) of High Risk food premises (3x per year), 91% (14,363) medium risk (2x per year), and 60% (2,725) low risk food premises (1x per year), as per the provincial Food Safety Protocol.
- ✓ Inspected 1,748 recreational facilities by completing 4,550 inspections (inspected 3,809 (86%) indoor pools/spas (4 x year), 661 (69.9%) outdoor pools/spas (2 x year) and 80 (47.9%) non-regulated recreational water facilities (1 x year).
- ✓ Treated 369,191 catch basins with larvicide for West Nile Virus Prevention.

Emergency Preparedness

- ✓ Designed & implemented a full-scale emergency exercise to test TPH's Mass Immunization Clinic Plan.

Chronic Diseases & Injuries

- ✓ Provided 207 elementary/middle schools identified as priority by Toronto school boards with Chronic Disease & Injury Prevention services.
- ✓ Achieved 98% compliance rate of tobacco vendors through Tobacco Enforcement as per the Smoke Free Ontario Act.

Family Health

- ✓ Provided dental care to 18,760 children 17 years & younger from low income families and treated 11,050 seniors (65+) in the City's dental program.
- ✓ Delivered 130,000 individual interventions to children and families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development.

Public Health Foundations

- ✓ TPH in partnership with Toronto Central LHIN supported the development of the Toronto Indigenous Health Strategy.

Appendix 2

2017 Preliminary Operating Budget by Expenditure Category

Program Summary by Expenditure Category

Category of Expense (\$000's)	2014	2015	2016	2016	2017	2017 Change		Plan	
	Actual	Actual	Budget	Projected	Preliminary	from 2016		2018	2019
	\$	\$	\$	Actual *	Budget	\$	%	\$	\$
Salaries and Benefits	174,990.3	179,796.5	182,496.2	176,448.4	181,977.5	(518.7)	(0.3%)	187,012.0	191,439.3
Materials and Supplies	3,825.5	3,637.2	4,122.9	4,085.1	3,906.5	(216.4)	(5.2%)	3,906.5	3,906.5
Equipment	1,050.8	1,009.1	1,081.6	988.3	1,141.0	59.3	5.5%	1,141.0	1,141.0
Services & Rents	35,838.9	40,737.7	29,487.3	28,585.1	29,126.6	(360.7)	(1.2%)	29,233.1	29,750.2
Contributions to Capital							-		
Contributions to Reserve/Res Funds	1,431.7	1,487.5	1,289.4	1,289.4	1,289.4	(0.0)	(0.0%)	1,289.4	1,289.4
Other Expenditures	7,249.4	8,551.8	10,148.4	10,188.4	10,156.4	8.0	0.1%	10,156.4	10,156.4
Interdivisional Charges	16,564.0	16,969.6	15,452.6	15,463.0	14,920.2	(532.4)	(3.4%)	14,955.0	14,877.6
Total Gross Expenditures	240,950.6	252,189.4	244,078.5	237,047.8	242,517.6	(1,561.0)	(0.6%)	247,693.5	252,560.4
Interdivisional Recoveries	9,372.7	10,480.0	2,395.7	2,395.7	1,621.9	(773.7)	(32.3%)	1,621.9	1,621.9
Provincial Subsidies	171,168.6	178,376.7	176,766.0	170,927.4	176,171.1	(594.9)	(0.3%)	179,055.4	182,570.1
Federal Subsidies	337.6	367.1	422.1	422.1	1,270.3	848.2	200.9%	1,250.8	1,250.8
Other Subsidies							-		
User Fees & Donations	1,030.5	1,112.7	1,006.1	1,006.1	990.9	(15.2)	(1.5%)	1,012.4	1,034.5
Transfers from Capital Fund	2,861.0	3,104.8	2,671.9	2,306.0	1,770.8	(901.1)	(33.7%)	2,287.0	2,100.0
Contribution from Reserve/Reserve Funds	135.7	168.5	109.0	109.0		(109.0)	(100.0%)		
Sundry Revenues	1,384.5	1,685.3	1,784.9	1,784.9	2,010.8	225.8	12.7%	2,018.7	2,026.3
Total Revenues	186,290.6	195,295.0	185,155.7	178,951.2	183,835.9	(1,319.8)	(0.7%)	187,246.3	190,603.6
Total Net Expenditures	54,660.0	56,894.4	58,922.8	58,096.5	58,681.7	(241.2)	(0.4%)	60,447.2	61,956.8
Approved Positions	1,755.5	1,769.4	1,864.6	1,756.0	1,830.5	(34.1)	(1.8%)	1,828.8	1,826.8

* Based on the 2016 9-month Operating Variance Report

Year-end projection results in a net favourable variance due to higher vacancies resulting in under-achieved revenues. Actions such as strategic hiring practices and on-going monitoring are being done to ensure that vacancies are filled and the service levels are maintained.

For additional information regarding the 2016 Q3 operating variances and year-end projections, please refer to the attached link for the report entitled "Operating Variance Report for the Nine-Month Period Ended September 30, 2016" considered by City Council at its meeting on December 13, 2016.

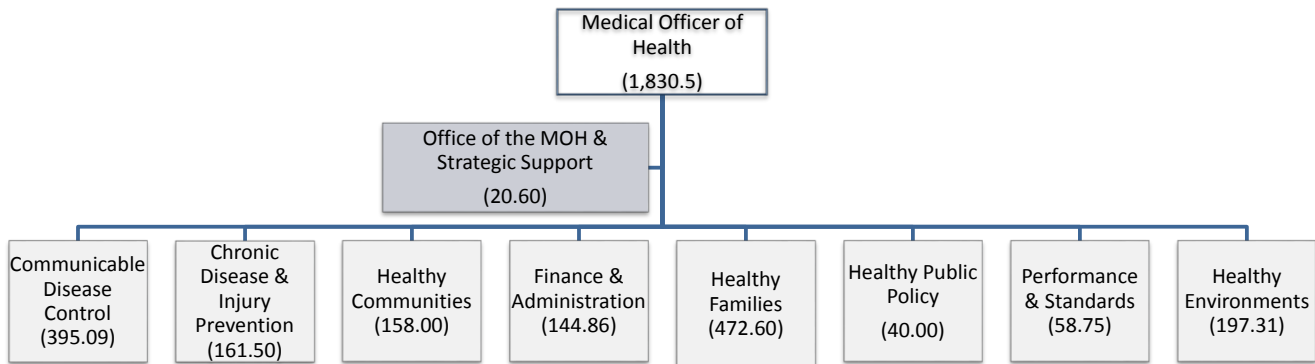
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.BU26.4>

Impact of 2016 Operating Variance on the 2017 Preliminary Operating Budget

- The under expenditures in salaries and benefits will have no impact on the 2017 Preliminary Operating Budget as vacant positions are expected to be filled by the end of 2016.

Appendix 3

2017 Organization Chart



2017 Total Complement

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Permanent	1.0	241.8	2.0	1,547.7	1,792.5
Temporary		2.5		35.5	38.0
Total	1.0	244.3	2.0	1,583.2	1,830.5

Appendix 4

Summary of 2017 Service Changes

2017 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster Program - Toronto Public Health	Adjustments				2018 Plan Net Change	2019 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
2017 Preliminary Base Budget Before Service Changes:			244,605.8	185,387.7	59,218.1	1,854.41	1,847.6	1,510.8
11059		311 Call Support Services reduction						
51	0	Description:						
		<p>Past experience indicates that approximately 81% of TPH calls received by 311 Toronto are transferred to the TPH Health Connection due to personal health info privacy, health expertise and specific service fulfillment. Commencing April 1, 2017, TPH will manage public health inquiries internally, utilizing their own call centre capabilities. Consequently the interdivisional charges from 311 Toronto for call support services provided will be reduced resulting in savings of \$0.055 million. 311 Toronto will continue to provide Emergency after-hours service.</p>						
		Service Level Impact:						
		There is no impact on to service level as a result of this change.						
		Service: Chronic Diseases & Injuries						
		Preliminary Service Changes	(46.0)	(34.5)	(11.5)	0.00	(3.8)	0.0
		Service: Emergency Preparedness						
		Preliminary Service Changes	(2.2)	(1.6)	(0.5)	0.00	(0.2)	0.0
		Service: Environmental Health						
		Preliminary Service Changes	(28.5)	(21.3)	(7.1)	0.00	(2.4)	0.0
		Service: Family Health						
		Preliminary Service Changes	(56.9)	(42.7)	(14.2)	0.00	(4.7)	0.0
		Service: Infectious Diseases						
		Preliminary Service Changes	(70.0)	(52.5)	(17.5)	0.00	(5.8)	0.0
		Service: Public Health Foundations						
		Preliminary Service Changes	(15.3)	(11.5)	(3.8)	0.00	(1.3)	0.0
		Total Preliminary Service Changes:	(218.9)	(164.1)	(54.7)	0.00	(18.2)	0.0

2017 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster Program - Toronto Public Health	Adjustments				2018 Plan Net Change	2019 Plan Net Change	
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions			
11075		Price Changes to Recover Full Costs in FHL							
52	0	Description:							
<p>Cost recovery review related to the Food Handler Certification Training resulted in an overall fee increase totaling \$0.057 million, which will cover the full cost of providing the Food Handlers Training and related services. The Food Handler Certification Program (FHCP) is a full cost recovery program. Over the past 8 years this program has not been able to cover all costs associated with the program and has relied on cost-shared programs to pay for revenue shortfalls. By the new fee structure, TPH will achieve full cost recovery for the FHCP, which is in accordance with Council approved User Fee Policy.</p> <p>Service Level Impact:</p> <p>There is no service level impact as a result of this change.</p> <p>Service: Environmental Health</p>									
		Preliminary Service Changes	57.2	57.2	0.0	0.00	(1.1)	(1.3)	
		Total Preliminary Service Changes:	57.2	57.2	0.0	0.00	(1.1)	(1.3)	
11101		Operational and Support Efficiencies 1							
51	0	Description:							
<p>The 2017 Preliminary Operating Budget includes operational and support efficiency savings of \$0.041 million gross and \$0.010 million net. Please refer to the Confidential Attachment 1 under separate cover.</p> <p>Service Level Impact:</p> <p>The current service level will be maintained.</p> <p>Service: Environmental Health</p>									
		Preliminary Service Changes	0.0	0.0	0.0	(0.25)	0.0	0.0	
		Service: Infectious Diseases							
		Preliminary Service Changes	(40.8)	(30.6)	(10.2)	(0.75)	(7.0)	0.0	
		Total Preliminary Service Changes:	(40.8)	(30.6)	(10.2)	(1.00)	(7.0)	0.0	

2017 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster Program - Toronto Public Health	Adjustments				2018 Plan Net Change	2019 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
11102		Operational and Support Efficiencies 2						
51	0	Description:						
<p>The 2017 Preliminary Operating Budget includes operational and support efficiency savings of \$0.824 million gross and \$0.206 million net. Please refer to the Confidential Attachment 1 under separate cover.</p> <p>Service Level Impact: Current level of services will be maintained.</p> <p>Service: Chronic Diseases & Injuries Preliminary Service Changes (372.9) (279.6) (93.2) (4.00) 0.0 0.0</p> <p>Service: Emergency Preparedness Preliminary Service Changes (1.3) (1.0) (0.3) 0.00 0.0 0.0</p> <p>Service: Environmental Health Preliminary Service Changes (77.7) (58.2) (19.4) (0.70) 0.0 0.0</p> <p>Service: Family Health Preliminary Service Changes (198.1) (148.6) (49.5) (1.84) 0.0 0.0</p> <p>Service: Infectious Diseases Preliminary Service Changes (93.7) (70.3) (23.4) (0.60) 0.0 0.0</p> <p>Service: Public Health Foundations Preliminary Service Changes (80.1) (60.1) (20.0) (0.94) 0.0 0.0</p> <p>Total Preliminary Service Changes: (823.8) (617.9) (206.0) (8.08) 0.0 0.0</p>								
11103		Operational and Support Efficiencies 3						
51	0	Description:						

2017 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID	Agencies - Cluster		Adjustments				2018 Plan Net Change	2019 Plan Net Change
Category			Priority	Program - Toronto Public Health	Gross Expenditure	Revenue		
<p>The 2017 Preliminary Budget includes operational and support efficiency savings of \$0.166 million gross and \$0.124 million net. Please refer to the Confidential Attachment 1 under separate cover.</p> <p>Service Level Impact:</p> <p>There is no impact to the service level.</p> <p>Service: Emergency Preparedness</p> <p style="padding-left: 20px;">Preliminary Service Changes</p> <p style="text-align: right;">(8.3) (6.2) (2.1) (0.13) (0.9) 0.0</p> <p>Service: Environmental Health</p> <p style="padding-left: 20px;">Preliminary Service Changes</p> <p style="text-align: right;">(143.2) (107.4) (35.8) (2.22) (16.6) 0.0</p> <p>Service: Infectious Diseases</p> <p style="padding-left: 20px;">Preliminary Service Changes</p> <p style="text-align: right;">(14.3) (10.8) (3.6) (0.15) 0.0 0.0</p> <p style="text-align: right;">Total Preliminary Service Changes:</p> <p style="text-align: right;">(165.8) (124.4) (41.5) (2.50) (17.4) 0.0</p>								

11104	Operational and Support Efficiencies 4
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51	0	Description:
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The 2017 Preliminary Operating Budget includes operational and support efficiency savings of \$0.074 million gross and \$0.018 million. Please refer to the Confidential Attachment 1 under separate cover.

Service Level Impact:

There will be no negative impact on the service level.

Service: Chronic Diseases & Injuries

Preliminary Service Changes

(65.9) (49.4) (16.5) (1.35) (16.9) 0.0

Service: Emergency Preparedness

Preliminary Service Changes

(0.0) (0.0) (0.0) 0.00 0.0 0.0

Service: Environmental Health

2017 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID	Agencies - Cluster		Adjustments				2018 Plan Net Change	2019 Plan Net Change
Category			Priority	Gross Expenditure	Revenue	Net		
	Program - Toronto Public Health							
		Preliminary Service Changes	(0.1)	(0.0)	(0.0)	0.00	0.0	0.0
		Service: Family Health						
		Preliminary Service Changes	(7.4)	(5.6)	(1.9)	(0.15)	(1.9)	(0.0)
		Service: Infectious Diseases						
		Preliminary Service Changes	(0.1)	(0.1)	(0.0)	0.00	0.0	0.0
		Service: Public Health Foundations						
		Preliminary Service Changes	(0.0)	(0.0)	(0.0)	0.00	0.0	0.0
		Total Preliminary Service Changes:	(73.6)	(55.2)	(18.4)	(1.50)	(18.8)	0.0

11106	Operational and Support Efficiencies 5
51	0

Description:

The 2017 Preliminary Operating Budget includes operational and support efficiency savings of \$0.684 million gross and \$0.171 million net. Please refer to the Confidential Attachment 1 under separate cover.

Service Level Impact:

There will be no impact on the service level.

Service: Chronic Diseases & Injuries

Preliminary Service Changes	(143.7)	(107.8)	(35.9)	(1.79)	(0.0)	(0.0)
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Service: Emergency Preparedness

Preliminary Service Changes	(6.8)	(5.1)	(1.7)	(0.11)	0.0	0.0
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Service: Environmental Health

Preliminary Service Changes	(89.0)	(66.7)	(22.2)	(1.15)	(0.0)	(0.0)
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Service: Family Health

Preliminary Service Changes	(178.0)	(133.5)	(44.5)	(2.34)	0.0	(0.0)
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2017 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster	Adjustments				2018 Plan Net Change	2019 Plan Net Change
Category	Priority		Program - Toronto Public Health	Gross Expenditure	Revenue	Net		
		Service: Infectious Diseases						
		Preliminary Service Changes	(219.0)	(164.3)	(54.8)	(2.80)	(0.0)	0.0
		Service: Public Health Foundations						
		Preliminary Service Changes	(47.9)	(35.9)	(12.0)	(0.68)	0.0	(0.0)
		Total Preliminary Service Changes:	(684.5)	(513.4)	(171.1)	(8.87)	(0.0)	0.0

11109	Operational and Support Efficiencies 6							
51	0	Description:						
<p>The 2017 Preliminary Operating Budget includes operational and support efficiency savings of \$0.133 million gross and \$0.033 million net. Please refer to the Confidential Attachment 1 under separate cover.</p> <p>Service Level Impact:</p> <p>These services are available from alternate agencies in the City.</p>								
		Service: Chronic Diseases & Injuries						
		Preliminary Service Changes	(80.2)	(60.1)	(20.0)	(1.20)	(11.7)	0.0
		Service: Family Health						
		Preliminary Service Changes	(53.5)	(40.1)	(13.4)	(0.80)	(7.8)	0.0
		Total Preliminary Service Changes:	(133.6)	(100.2)	(33.4)	(2.00)	(19.5)	0.0

11235	Facilities maintenance and custodial services reduction							
51	0	Description:						
<p>Savings of \$0.002 million will be realized from the standardization of Custodial Service Levels (Custodial Service Model) and the consolidation of contracts managed by Facilities Management.</p> <p>Service Level Impact:</p> <p>There is no service level impact as a result of this change.</p>								

2017 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID	Agencies - Cluster		Adjustments				2018 Plan Net Change	2019 Plan Net Change
Category	Priority	Program - Toronto Public Health	Gross Expenditure	Revenue	Net	Approved Positions		
		Service: Chronic Diseases & Injuries						
		Preliminary Service Changes	(0.9)	(0.7)	(0.2)	0.00	0.0	0.0
		Service: Emergency Preparedness						
		Preliminary Service Changes	(0.0)	(0.0)	(0.0)	0.00	0.0	0.0
		Service: Environmental Health						
		Preliminary Service Changes	(0.6)	(0.4)	(0.1)	0.00	0.0	0.0
		Service: Family Health						
		Preliminary Service Changes	(1.1)	(0.8)	(0.3)	0.00	0.0	0.0
		Service: Infectious Diseases						
		Preliminary Service Changes	(1.4)	(1.0)	(0.3)	0.00	0.0	0.0
		Service: Public Health Foundations						
		Preliminary Service Changes	(0.3)	(0.2)	(0.1)	0.00	0.0	0.0
		Total Preliminary Service Changes:	(4.3)	(3.2)	(1.1)	0.00	0.0	0.0
Summary:								
		Total Preliminary Service Changes	(2,088.0)	(1,551.7)	(536.3)	(23.95)	(82.1)	(1.3)
		Total Preliminary Base Budget:	242,517.7	183,835.9	58,681.8	1,830.46	1,765.5	1,509.5

Appendix 6

Inflows/Outflows to/from Reserves & Reserve Funds

Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund	Projected Balance as of	Withdrawals (-) / Contributions (+)		
			2017	2018	2019
		\$	\$	\$	\$
Projected Beginning Balance		180.3	180.3	237.5	294.7
Vehicle Reserve - Public Health	XQ1101				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			57.2	57.2	57.2
Total Reserve / Reserve Fund Draws / Contributions		180.3	237.5	294.7	351.9
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		180.3	237.5	294.7	351.9

* Based on 9-month 2016 Reserve Fund Variance Report

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2016	Withdrawals (-) / Contributions (+)		
			2017	2018	2019
		\$	\$	\$	\$
Projected Beginning Balance		19,645.5	19,645.5	20,111.1	20,576.7
Insurance Reserve Fund	XR1010				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			465.6	465.6	465.6
Total Reserve / Reserve Fund Draws / Contributions		19,645.5	20,111.1	20,576.7	21,042.3
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		19,645.5	20,111.1	20,576.7	21,042.3

* Based on 9-month 2016 Reserve Fund Variance Report

Appendix 7a

User Fees Adjusted for Inflation and Other

Rate Description	Service	Fee Category	Fee Basis	2016	2017			2018	2019
				Approved Rate	Inflationary Adjustment	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
Inspecting properties, conducting file search and issuing reports	Healthy Environments	Full Cost Recovery	Per Request	\$167.29	\$3.35	\$0.00	\$170.64	\$174.36	\$178.16
Inspecting premises, conducting file search and issuing a report	Healthy Environments	Full Cost Recovery	Per Application	\$167.29	\$3.35	\$0.00	\$170.64	\$174.36	\$178.16
Processing a license application, includes inspection and providing report	Healthy Environments	Full Cost Recovery	Per Request	\$167.29	\$3.35	\$0.00	\$170.64	\$174.36	\$178.16
Inspecting a mobile cart for license purposes	Healthy Environments	Full Cost Recovery	Per Request	\$167.29	\$3.35	\$0.00	\$170.64	\$174.36	\$178.16
Covers the cost of food handler training	Healthy Environments	Full Cost Recovery	Per Person	\$43.65	\$0.87	\$0.00	\$44.52	\$45.49	\$46.48
Covers the cost of examination testing and issuing of food handler certificate	Healthy Environments	Full Cost Recovery	Per Certification	\$43.43	\$0.87	\$8.30	\$52.60	\$53.75	\$54.93
Covers the cost of issuing a TPH certificate	Healthy Environments	Full Cost Recovery	Per Request	\$5.57	\$0.11	\$14.32	\$20.00	\$20.43	\$20.88
To cover the cost of material to produce the Food Handler Safety Manual	Healthy Environments	Full Cost Recovery	Per Request	\$11.17	\$0.22	\$13.61	\$25.00	\$25.55	\$26.11
Covers the cost of processing the wallet card with a photo	Healthy Environments	Full Cost Recovery	Per Request	\$5.57	\$0.11	\$0.00	\$5.68	\$5.80	\$5.93
To cover the cost of reviewing and accrediting programs	Healthy Environments	Full Cost Recovery	Per Request	\$1,013.89	\$20.28	\$0.00	\$1,034.17	\$1,056.71	\$1,079.75
Cost for PHI to review documentation and clerk to prepare letter of approval.	Communicable Disease	Full Cost Recovery	Per Request	\$27.87	\$0.56	\$0.00	\$28.43	\$29.05	\$29.68
Cost for PHI to review documentation and clerk to prepare letter of approval.	Communicable Disease	Full Cost Recovery	Per Request	\$27.87	\$0.56	\$0.00	\$28.43	\$29.05	\$29.68
Assessment Report/Remediation Plan Review fee	Marijuana Grow Operation Enforcement	Full Cost Recovery	Report/Plan Review	\$568.02	\$11.36	\$0.00	\$579.38	\$592.01	\$604.92
Marijuana Grow Operations	Marijuana Grow Operation Enforcement	Full Cost Recovery	Per Request	\$284.00	\$5.68	\$0.00	\$289.68	\$296.00	\$302.45
Inspection and Enforcement Fee	Marijuana Grow Operation Enforcement	Full Cost Recovery	Per Property	\$568.02	\$11.36	\$0.00	\$579.38	\$592.01	\$604.92
Court/Tribunal Attendance Fee	Marijuana Grow Operation Enforcement	Full Cost Recovery	Per Property	\$568.02	\$11.36	\$0.00	\$579.38	\$592.01	\$604.92
lodging house licence in the former municipality of Etobicoke	Healthy Environments	Full Cost Recovery	Per Application	\$440.54	\$8.81	\$0.00	\$449.35	\$459.15	\$469.16
houses seek a renewal of the Lodging House Licence in the former municipality of Etobicoke	Healthy Environments	Full Cost Recovery	Per Application	\$252.06	\$5.04	\$0.00	\$257.10	\$262.70	\$268.43
Covers the cost of administration and materials to reissue certificate	Healthy Environments	Full Cost Recovery	Per Request	\$11.17	\$0.22	\$8.61	\$20.00	\$20.44	\$20.89
To cover the cost of material to produce the Food Handler Safety manual plus S&H	Healthy Environments	Full Cost Recovery	Per Request	\$27.87	\$0.56	\$6.57	\$35.00	\$35.76	\$36.54
Food safety review and certification program	Healthy Environments	Full Cost Recovery	Per Request	\$800.44	\$16.01	\$0.00	\$816.45	\$834.25	\$852.44