



Toronto Public Health Operating Budget Submission 2017



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PART I: EXECUTIVE SUMMARY

2017 Operating Budget Submission

The Toronto Public Health (TPH) 2017 Operating Budget Submission totals \$239,554.2 thousand gross / \$58,444.6 thousand net. This submission is \$5,287.0 thousand gross and \$478.2 thousand net below the 2016 Operating Budget. The net decrease of \$478.2 thousand from the 2016 Operating Budget is comprised of base budget increases for the salaries and benefits, and the non-payroll economic factors of \$1,099.3 thousand net; Board of Health (BOH) Budget Committee recommended reduction options of \$587.0 thousand net; BOH Budget Committee recommended new & enhanced services of \$187.5 thousand net; new and enhanced services for consideration of \$85.1 thousand net and other reduction options for consideration of \$1,263.2 thousand net.

Table 1a							
Toronto Public Health							
2017 Operating Budget Recommended							
	2016 Budget	2017 Base Adj.	2017 Rec Reduction Options	2017 New & Enhanced Services	2017 Recommended Budget*	Change from 2016 Budget	
(\$000s)	\$	\$	\$	\$	\$	\$	%
GROSS EXP.	244,841.2	(1,682.8)	(1,803.9)	750.0	242,104.4	(2,736.7)	(1.1)
REVENUE	185,918.4	(2,782.1)	(1,216.9)	562.5	182,481.8	(3,436.6)	(1.8)
NET EXP.	58,922.8	1,099.3	(587.0)	187.5	59,622.6	699.8	1.2
Positions	1,863.4	(13.4)	(11.6)	11.0	1,849.4	(14.0)	(0.8)

*endorsed by BOH BC on September 26, 2016

Table 1b						
Toronto Public Health						
2017 Operating Budget For Consideration						
	2017 Recommended Budget	2017 Reductions to be Considered	2017 New & Enhanced to be Considered	2017 Budget Submission	Change from 2016 Budget	
(\$000s)	\$	\$		\$	\$	%
GROSS EXP.	242,104.4	(2,890.8)	340.5	239,554.2	(5,287.0)	(2.2)
REVENUE	182,481.8	(1,627.7)	255.4	181,109.5	(4,808.8)	(2.6)
NET EXP.	59,622.6	(1,263.2)	85.1	58,444.6	(478.2)	(0.8)
Positions	1,849.4	(43.6)	7.5	1,813.3	(50.1)	(2.7)

On July 12, 2016 City Council directed an across the board budget reduction target of 2.6 percent net below the 2016 Approved Net Operating Budgets for all City Programs, Agencies, Toronto Community Housing Corporation, and Accountability Offices. This budget reduction target of 2.6 percent or \$1,532.0 thousand net is in addition to reductions required to absorb \$1,099.3 thousand net or a 1.9 percent increase in the TPH base budget primarily for negotiated salaries and benefits.

At completion of the 2016 operating budget process, Council directed the City Manager to identify further unallocated budget reductions to the City's budget for which TPH was allocated \$177.6 thousand net, or 0.3% of its initial 2016 Council Approved Budget. These additional budget reductions were identified and applied against the 2016 Operating Budget. When combined with the net 2017 budget submission reduction of 0.8 percent, this results in a total reduction of \$655.8 thousand net or 1.1 percent in the TPH Operating Budget.

The TPH 2017 Recommended Operating Budget of \$242,101.4 thousand gross and \$59,622.6 thousand net includes reduction options and new and enhanced services that were endorsed by the BOH Budget Committee at its meeting on September 26, 2016. Additional reduction options to move towards the City's 2.6 percent target are included in the TPH Submission for the Board's consideration as well as further new and enhanced services to address minimum mandatory Ontario Public Health Standard (OPHS) requirements and to satisfy a request from Council.

Public health services as outlined in the OPHS include 100 percent provincial funded programs and 75 percent provincial cost shared mandated programs. Every \$1 of city funds invested in cost shared programs is matched by \$3 of provincial funding. While this allows TPH to leverage \$1 of city investments in cost shared programs into \$4 of public health service, this also means any \$1 reduction in city funding results in a total \$4 financial and related service reduction due to the loss of \$3 in provincial funding. Therefore, meeting the City's net reduction targets results in significantly (4x) higher service reductions in TPH if cost-shared programs are used to achieve these net City savings.

Toronto Public Health manages two fully City funded programs on behalf of Council – the Student Nutrition Program and the City's dental program for low-income children, youth and seniors who are not eligible for dental care from any other government funded program, such as the Healthy Smiles Ontario program for children and youth up to and including 17 years of age. Neither of these 100 percent City funded programs falls within the OPHS for service delivery through a local public health unit.

The City's funding contribution to the TPH Operating Budget for cost shared public health services and programs has declined by \$19.4 million since 2004 as the Province increased its share for cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007.

The Province has recognized the increasing need for public health services for many years and has offered its 75 percent share of funding to enhance and add public health services if the City approves its 25 percent share of the funding. However, since 2010 the cumulative provincial revenue foregone is \$15.7 million due to the City's financial constraints. The opportunity to add the resources required to enhance public health programs and services for the growing vulnerable and high needs residents of Toronto in mandatory core public health services such as communicable disease control, healthy environments and family health is foregone when available and approved provincial funding is not accepted.

In 2015, the Ontario Ministry of Health and Long Term Care implemented a growing new equity funding formula for the 36 public health units to address increasing population growth, growing health needs and local equity gaps for residents with higher needs. Toronto Public Health was identified by the Province as one of eight public health units in 2015 and one of ten public health units in 2016 that are under-funded.

In 2015 and 2016, the Province approved increases of 2.6 percent and 1.3 percent respectively in cost shared funding for TPH. Since the City approved an increase of only 1.3 percent in 2015 and 0.6 percent in 2016 for its 25 percent share of the funding, the TPH base budget for mandatory public health services continues to be lower than required to fund the resources required to address population growth, health needs and increasing equity gaps in the city. For 2016, the surplus of approved provincial funding which cannot be accepted is \$772.8 thousand.

The Province's equity funding formula has identified the total funding gap for TPH is currently 8.1 percent. Only if the City provides its 25 percent share of the cost shared funding, can TPH accept the full funding offered by the Province to close the gap in resources required to provide needed public health services.

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

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

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HU7.1>

At its meeting of September 26, 2016 the BOH Budget Committee considered a report titled TPH 2017 Operating Budget Request and made the following decisions:

1. Referred the report to the Acting Medical Officer of Health with the request that she, at a Board of Health Budget Committee meeting to be scheduled for October 2016, submit a 2017 Operating Budget Request for Toronto Public Health incorporating the following:
 - a. The following efficiencies identified in Attachment 2 to the report (September 12, 2016) from the Acting Medical Officer of Health:
 - Student Nutrition Inflation - cost of food reduction
 - line by line non-payroll spending review
 - 311 Inter Divisional Charge value-based reduction
 - b. The following new and enhanced services:
 - funding for Immunization to meet legislated standard adjusted for a two-year phase-in, in two equal parts
 - Toronto Urban Health Fund - Year 3
 - c. Price changes to recover full costs in the Food Handler Certification Program
 - d. No reduction to the Vector Borne Disease Program nor the Student Nutrition Program

2. Requested the Acting Medical Officer of Health to report further to the October 2016 meeting on:
 - a. Food Safety and Safe Water Inspections
 - b. Rockcliff-Smythe Community Health Officer
 - c. Student Nutrition Program - Year 5
 - d. What has been done to date on obtaining corporate sponsorship and future plans for obtaining corporate sponsorship for the Student Nutrition Program
3. Confirmed its instructions in closed session requesting the Acting Medical Officer of Health to report further to the October 2016 meeting.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HU8.1>

RECOMMENDATIONS

The Acting Medical Officer of Health recommends that:

1. The Board of Health request City Council approve the Toronto Public Health 2017 Operating Budget Request of \$242,104.4 thousand gross / \$59,622.6 thousand net as summarized in Table 4, “Overview of 2017 Operating Budget Submission”;
2. The Board of Health request City Council approve the list of base budget adjustments as summarized in Table 4, “Overview of 2017 Operating Budget Submission” of this report totaling a decrease of \$1,682.8 thousand gross and an increase of \$1,099.3 thousand net;
3. The Board of Health request City Council approve the 2017 Reduction Options of \$1,803.9 thousand gross and \$587.0 thousand net which includes efficiency savings of \$1,861.1 thousand gross and \$587.0 thousand net and revenue changes of \$57.2 thousand gross and zero net, as outlined in Attachment 2 – "Summary of Recommended Reduction Options" and Attachment 3 – "Summary of Recommended Confidential Reduction Options" to meet the City's 2.6 percent reduction target;
4. The Board of Health request City Council approve the 2017 New and Enhanced Requests of \$750.0 thousand gross and \$187.5 thousand net as outlined in Table 4, “Overview of 2017 Operating Budget Submission”;
5. The Board of Health request City Council approve the 2017 recommended user fee changes for Toronto Public Health identified in Table 6, "Food Handler Certification Training User Fees"; for inclusion in the Municipal Code Chapter 441;
6. The Board of Health consider the 2017 Reduction Options of \$2,890.8 thousand gross and \$1,263.2 thousand net as outlined in Attachment 4 – "Summary of Confidential Reduction Options to be Considered" to meet the City's 2.6 percent reduction target;
7. The Board of Health consider the 2017 New and Enhanced Requests of \$340.5 thousand gross and \$85.1 thousand net as outlined in Table 4, “Overview of 2017 Operating Budget Submission”;
8. The Board of Health consider an increase of \$2,103.7 thousand gross and net for the Student Nutrition Program as outlined in Table 7, "Other New & Enhanced Services" and in the report, "Student Nutrition Program: 2017 Operating Budget Request and Program Update"; and
9. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2017 budget process.

PART II: TORONTO PUBLIC HEALTH OVERVIEW

Legislation

The provincial Health Protection and Promotion Act (HPPA) provides the legislative mandate for boards of health.

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

Ontario Public Health Standards

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

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

Organizational Standards

There are 44 Ontario Public Health Organizational Standards requirements that establish the management, operational and governance requirements for all boards of health and public health units in Ontario. Boards of health are accountable for implementing the requirements, which are integral to the OPHS. The Organizational Standards are designed to promote organizational excellence, establish the foundation for effective and efficient program and service delivery, and contribute to performance, accountability and sustainability.

Accountability Agreements

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

The City of Toronto Board of Health approved the 2011-2013 Accountability Agreement in October 2011, and it was signed by all parties in November 2011.

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

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

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

2017 Budget

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

This budget reduction target of 2.6 percent or \$1,532.0 thousand net for TPH is in addition to the reductions required to absorb \$1,099.3 thousand net or a 1.9 percent increase in the TPH base budget primarily for negotiated salaries and benefits. Therefore, a total reduction of 4.5 percent from the TPH 2016 Operating Budget would be required to meet the City's reduction target.

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

- a. Includes the efficiencies identified in the presentation (July 14, 2016) from the Medical Officer of Health, and continues to explore opportunities to reduce costs through efficiencies which do not decrease the level of health services in Toronto;
- b. Maintains and enhances the level of service, and also identifies the impacts of a 2.6 percent reduction on the quality and quantity of public health services provided in Toronto;
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 - c. Student Nutrition Program - Year 5
 - d. What has been done to date on obtaining corporate sponsorship and future plans for obtaining corporate sponsorship for the Student Nutrition Program
 3. Confirmed its instructions in closed session requesting the Acting Medical Officer of Health to report further to the October 2016 meeting.

The TPH 2017 Recommended Operating Budget included in this submission reflects the decisions made by the Board of Health Budget Committee at its meeting in September. Further reductions to move towards the City's target as well as new and enhanced service options for the Board's consideration are also included in this submission.

In 2015, the MOHLTC implemented a new equity funding formula for the 36 public health units to address increasing population growth, growing health needs and local equity gaps for residents with higher needs. Toronto Public Health was identified by the Province as one of eight public health units in 2015 and one of ten public health units in 2016 that are under-funded.

In 2015 and 2016, the Province approved increases of 2.6 percent and 1.3 percent respectively in cost shared funding for TPH. Since the City approved an increase of only 1.3 percent in 2015 and 0.6 percent in 2016 for its 25 percent share of the funding, the TPH base budget for mandatory public health services continues to be lower than required to fund the resources required to address population growth and increasing equity gaps in the city. For 2016, the surplus approved provincial funding is \$772.8 thousand which cannot be accepted.

The Province's equity funding formula has identified the total funding gap for TPH is currently 8.1 percent. Only if the City provides its 25 percent share of the cost shared funding can TPH accept the full funding offered by the Province to close the gap in resources required to provide needed public health services.

TPH Strategic Plan 2015-2019

Mission Statement

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

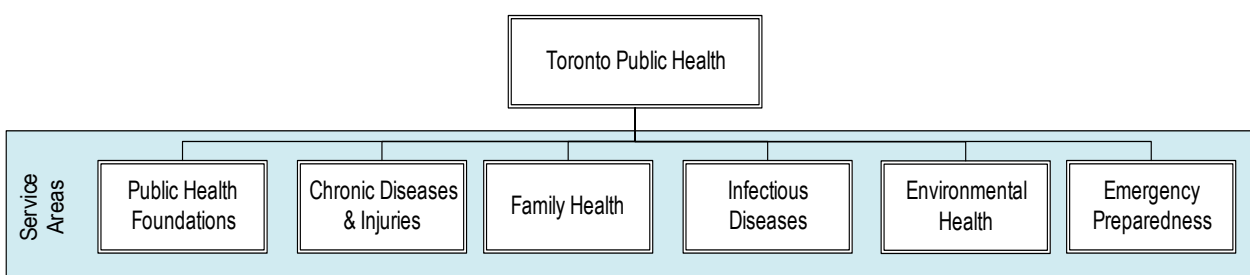
Foundational Principles

Accountability & Transparency	Community Engagement	Inclusion	Health Equity	Excellence
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Priority Directions

Serve the public health needs of Toronto's diverse communities.	Champion healthy public policy	Anticipate and respond to emerging public health threats	Lead innovation in public health practice	Be a healthy workplace
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TPH Program Map



Service Overviews

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. Major activities include:

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

Environmental Health (EH) Service promotes safety of food and beverages through inspection of over 17,000 food premises (including grocery stores, day cares, hospitals, long-term care facilities and restaurants) in the City of Toronto to ensure compliance with provincial Food Safety Standards. Other EH services include education, training and certification on safe food preparation, handling and processing for food premise operators as well food safety education for the general public. EH monitors drinking water and recreational water quality (beaches) and inspects spas, pools to ensure compliance with provincial standards, and takes action in the event of adverse water quality conditions. Some of the other services and programs provided by EH include responses to extreme weather, West Nile virus, rabies and Lyme disease, supporting vulnerable residents through the Bed Bug Control Initiative and assessing concerns related to impacts of pollution or contamination on a particular site.

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

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

Chronic Diseases and Injuries Service promotes behaviours that reduce the risk of chronic disease and prevent injuries among children, youth, adults and seniors in community, school and workplace settings. This program delivers promotion and prevention campaigns and services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse Prevention. Emphasis is on working with low income Torontonians and communities facing the greatest health disparities related to chronic diseases and injuries.

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

The program also supports proper oral health by providing screening of school aged children, preventive dental services; 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.

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

TPH Operating Budget by Service

For the 2017 Operating Budget process, the City continues to use a service-based and performance-focused planning and budgeting process. A key requirement for all divisions and ABCs was to prepare the 2017 Operating Budget based on their Program and Service areas using the City's Financial Planning and Reporting System (FPARS).

The Service areas for TPH represent the six Ontario Public Health Standards. The operating budget that funds the six TPH Services is outlined below in Table 2 - Operating Budget Expenditure Allocation by Service, which compares budgeted expenditures between the 2016 Budget and the 2017 Submission.

Table 2
Operating Budget Expenditure Allocation by Service

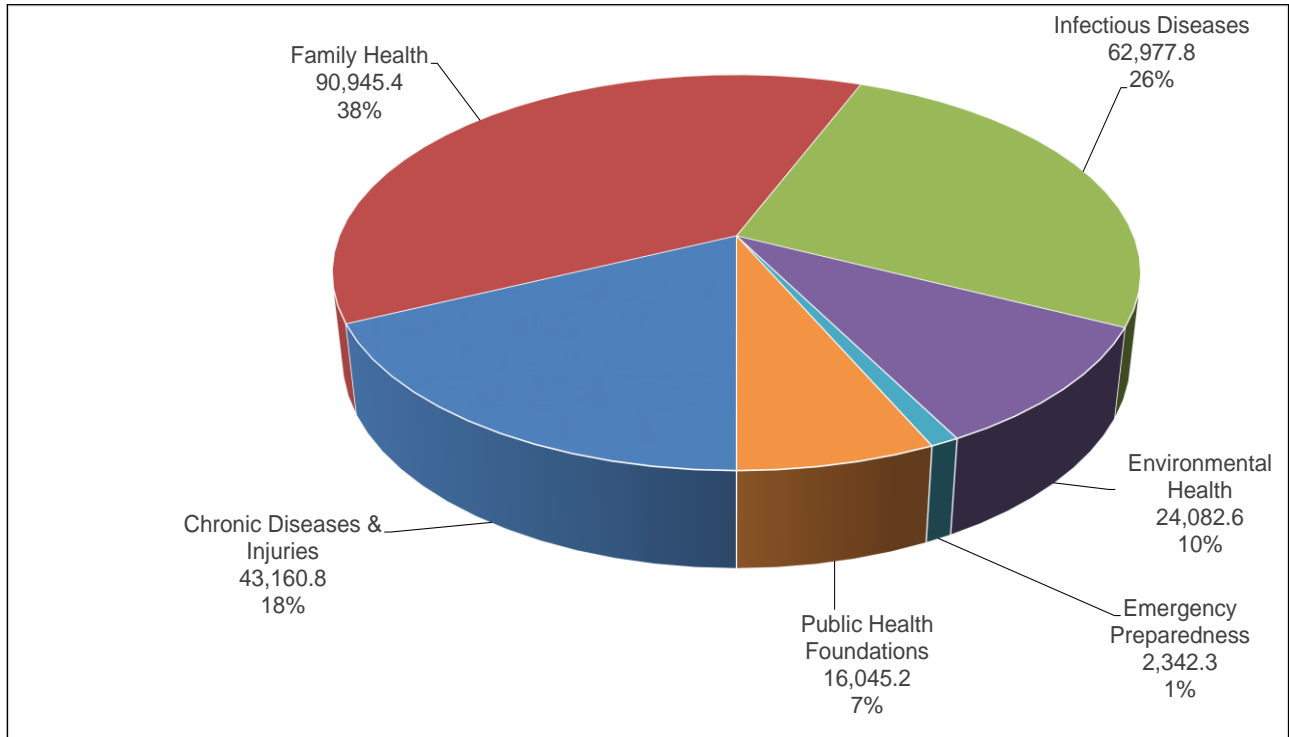
Toronto Public Health	2016 Budget (\$000s)		2017 Request (\$000s)	
	Gross	Net	Gross	Net
Chronic Diseases & Injuries	38,897.1	11,078.3	43,160.8	12,256.9
Family Health	86,990.4	16,283.8	90,945.4	19,889.4
Infectious Diseases	64,189.5	13,721.8	62,977.8	13,787.8
Environmental Health	24,391.4	5,503.7	24,082.6	5,522.5
Emergency Preparedness	3,155.3	774.9	2,342.3	576.6
Public Health Foundations	27,217.5	11,560.2	16,045.2	6,411.5
Total	244,841.2	58,922.8	239,554.2	58,444.6

In preparation for the 2017 Operating Budget Submission, the definition and criteria of the Public Health Foundations service area was reviewed and reassessed. Foundational activities and associated budgets for those activities that were service specific were reallocated to the five other services. Activities that were cross/cutting across the division in the areas of surveillance, research and policy were assigned to the Public Health Foundations Service. This change from the 2016 Approved Operating Budget allocation among the TPH Services results in a total reallocation from Public Health Foundations to the other Services of \$11,244.9 thousand gross and \$5,191.6 thousand net.

Below, in Chart 1 - 2017 TPH Operating Budget Submission by Service Gross Expenditure, the budget allocation by gross dollar value and percentage for each Service is illustrated.

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

Total: \$239,554.2 thousand



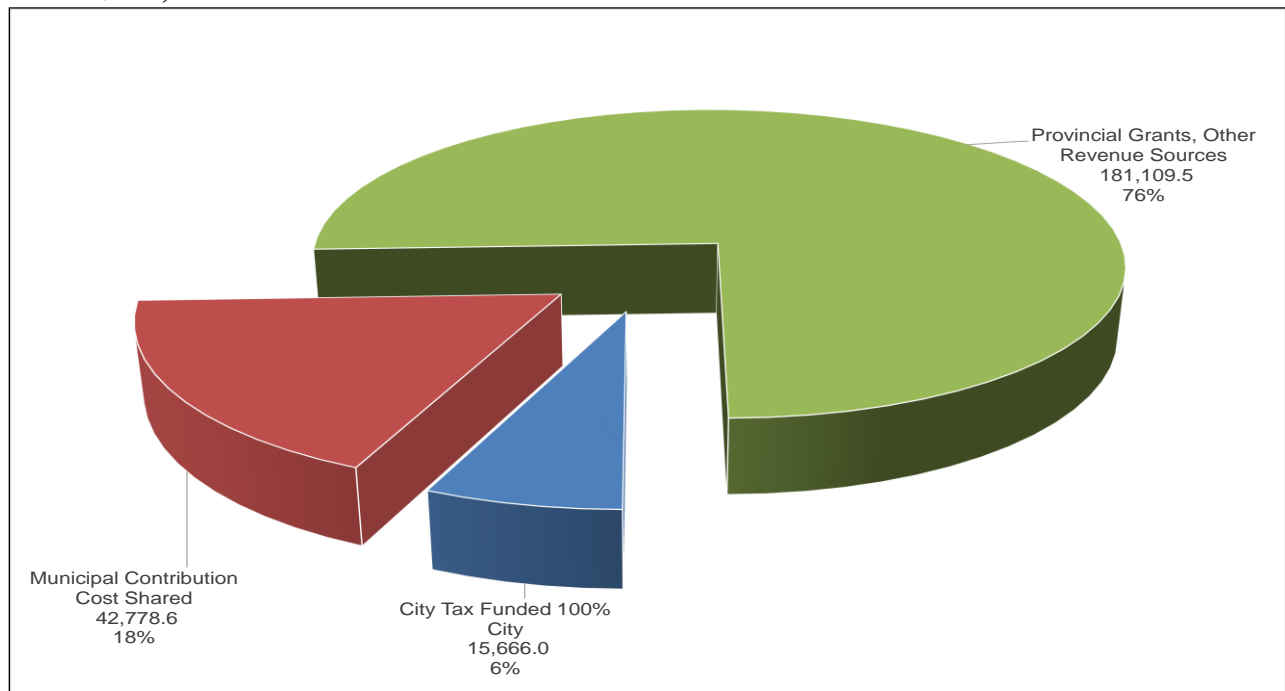
TPH Operating Budget by Funding Sources

The TPH 2017 Operating Budget Submission includes both recommended adjustments and options for the Board's consideration. The Province of Ontario funds 73 percent of this budget including both 100 percent service funding (19 percent) and 75 percent service funding (54 percent). The City funds 24 percent of the TPH operating budget including 18 percent for its 25 percent cost shared portion of mandated public health services and 6 percent of total funding for the two 100 percent fully City funded programs that TPH manages on Council's behalf. User fees and other sources fund the remaining 3 percent.

These funding sources are illustrated below in Chart 2, Breakdown of TPH 2017 Operating Budget Submission by Funding Source.

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

Total: \$239,554.2 thousand



Provincial Funding for Cost Shared Programs

The 2017 Operating Budget Submission for the provincial mandatory cost shared programs, including both the provincial share of 75 percent and the City's share of 25 percent is \$171,114.3 thousand gross / \$42,778.6 thousand net expenditures, which is an increase from the 2016 Operating Budget of \$60.5 thousand gross and \$15.1 thousand on net expenditures. This net increase in the Submission which essentially flat-lines cost shared services consists of negotiated salary and benefit increases, budget reduction options that are recommended, budget reduction options for the Board's consideration and new and enhanced proposals that would reallocate

savings in provincial 75 percent cost-shared funding to provincial cost-shared services which are not meeting provincially mandated standards.

The City's funding contribution to the TPH Operating Budget for cost shared public health services and programs has declined by \$19.4 million since 2004 as the Province increased its share for cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007.

Every \$1 of city funds invested in cost shared programs is matched by \$3 of provincial funding. While this allows TPH to leverage \$1 of city investments in cost shared programs into \$4 of public health service, this also means any \$1 reduction in city funding results in a total \$4 reduction in services due to the related loss of \$3 in provincial funding. Therefore, meeting the City's net reduction target of 2.6 percent results in significantly (4x) higher service reductions in TPH if cost-shared programs are used to achieve these net City savings.

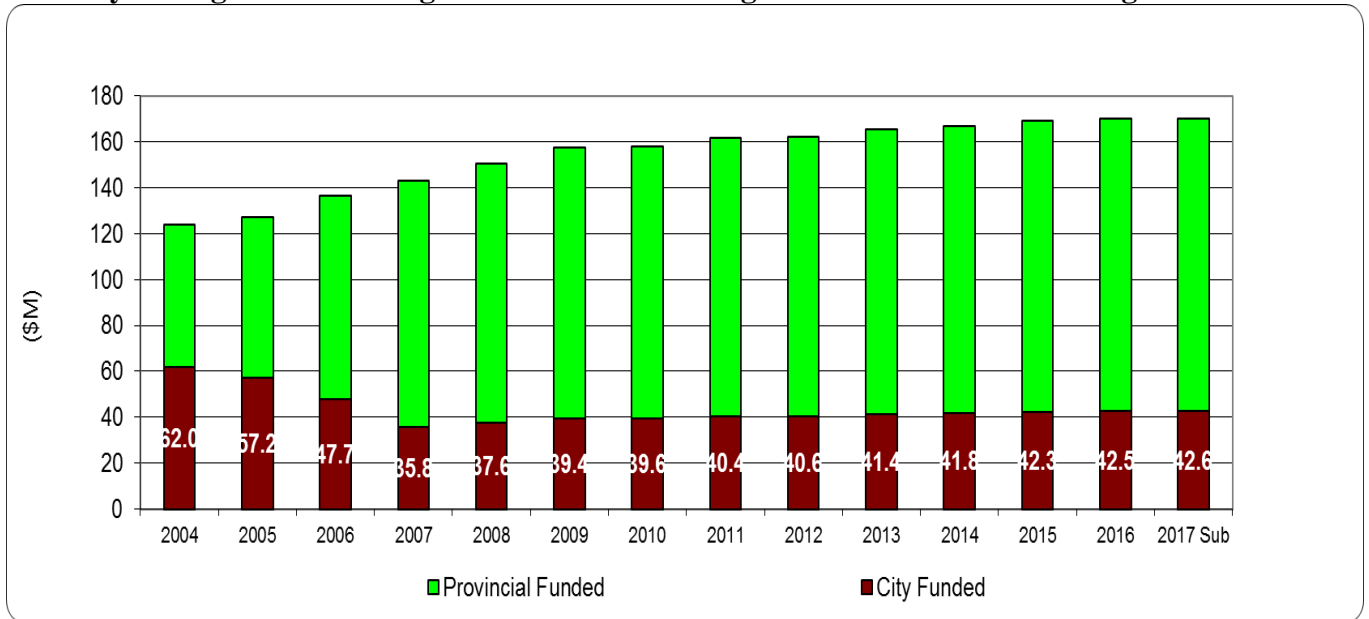
The Province has recognized the increasing need for public health services for many years and has offered its 75 percent share of funding to enhance and add public health services if the City approves its 25 percent share of the funding. However, since 2010 the cumulative provincial revenue foregone is \$15.7 million due to the City's financial constraints. The opportunity is lost to add the resources required to enhance public health programs and services for the growing vulnerable and high needs residents of Toronto in mandatory core public health services such as communicable disease control, healthy environments and family health when available and approved provincial funding is not accepted by the City.

In 2015, the Ontario Ministry of Health and Long Term Care implemented a new equity funding formula for the 36 public health units to address increasing population growth, growing health needs and local equity gaps for residents with higher needs. Toronto Public Health was identified by the Province as one of eight public health units in 2015 and one of ten public health units in 2016 that are under-funded.

In 2015 and 2016, the Province approved increases of 2.6 percent and 1.3 percent respectively in cost shared funding for TPH. Since the City approved an increase of only 1.3 percent in 2015 and 0.6 percent in 2016 for its 25 percent share of the funding, the TPH base budget for mandatory public health services continues to be lower than required to fund the resources needed to address population growth, health needs and increasing equity gaps in the city. For 2016, the surplus of approved provincial funding which cannot be accepted is \$772.8 thousand.

The Province's equity funding formula has identified the total funding gap for TPH is currently 8.1 percent. Only if the City provides its 25 percent share of cost shared funding, can TPH accept the full funding approved and offered by the Province to close the gap in resources required to provide needed public health services.

Chart 3
City Savings Due to Change in Provincial Funding Ratio for Cost Shared Programs



Since 2004 the City’s contribution to the TPH Budget declined as the Province increased its funding of cost shared mandatory programs from 50 percent in 2004 to 75 percent in 2007. The City’s contribution towards funding the TPH cost shared operating budget since 2004 is illustrated in Chart 3 above.

100 Percent Provincially Funded Programs

Several programs offered by TPH are funded 100 percent by the Province including Healthy Babies/Healthy Children, Healthy Smiles Ontario dental program, Preschool Speech and Language, Infant Hearing, Smoke-Free Ontario and Communicable Disease Liaison Unit as outlined below in Chart 4 and Table 3; over the past nine years the amount of 100 percent provincial funding has increased by over 75 percent from \$28.3 million in 2004 to \$49.7 million in 2016.

Chart 4
100 Percent Provincially Funded Program Trends: 2004 – 2016

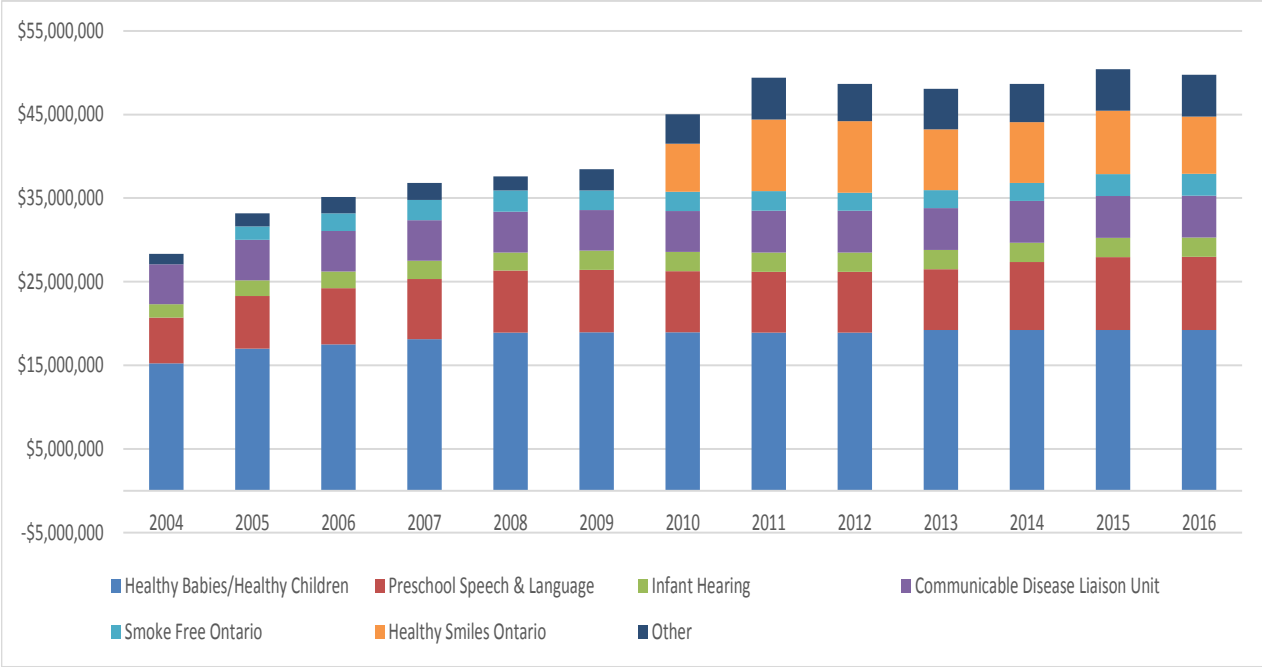


Table 3
100 Percent Provincially Funded Program Trends: 2012 – 2016 (\$000s)*

100% Funded Programs	2012	2013	2014	2015	2016
Healthy Babies/Healthy Children	\$18,922.9	\$19,222.9	\$19,222.9	\$19,222.9	\$19,222.9
Preschool Speech & Language	\$7,271.4	\$7,271.4	\$8,136.5	\$8,730.7	\$8,753.7
Infant Hearing	\$2,305.9	\$2,305.9	\$2,305.9	\$2,305.9	\$2,305.9
Communicable Disease Liaison Unit	\$5,000.2	\$5,000.2	\$5,000.2	\$5,000.3	\$5,000.3
Smoke Free Ontario	\$2,162.1	\$2,162.1	\$2,162.1	\$2,625.8	\$2,625.8
Healthy Smiles Ontario	\$8,546.4	\$7,264.5	\$7,264.5	\$7,583.7	\$6,825.5
Other	\$4,430.4	\$4,862.6	\$4,547.0	\$4,964.3	\$5,008.6
Total	\$48,639.4	\$48,089.6	\$48,639.2	\$50,433.7	\$49,742.8

***Note:**

- The 2012 Budget for Healthy Smiles Ontario includes one-time start-up costs of \$1,281.9 thousand.
- Preschool Speech and Language received new base funding of \$689.2 thousand for 2014 /

2015 Provincial Fiscal Year.

- Other includes the following programs: Chief Nursing Officer, Enhanced Safe Water, Infection Prevention and Control Nurse, Needle Exchange, Social Determinants of Health Nurses, Diabetes Prevention, one time request for Vaccine Refrigerator, PH Inspector Practicum, Methadone, (A)MOH additional compensation, and AIDS Bureau.

For 2015

- Smoke Free Ontario received additional base \$463.7 thousand for Tobacco Enforcement, new program Electronic Cigarettes Act \$210 thousand base and \$280 thousand for one time funding.
- AIDS Hotline received base funding increase of \$130.0 thousand and one time funding for E-Counselling for \$339.0 thousand.
- Healthy Communities Partnership listed under "Other" funding was discontinued. The program received \$566.4 thousand in 2014.

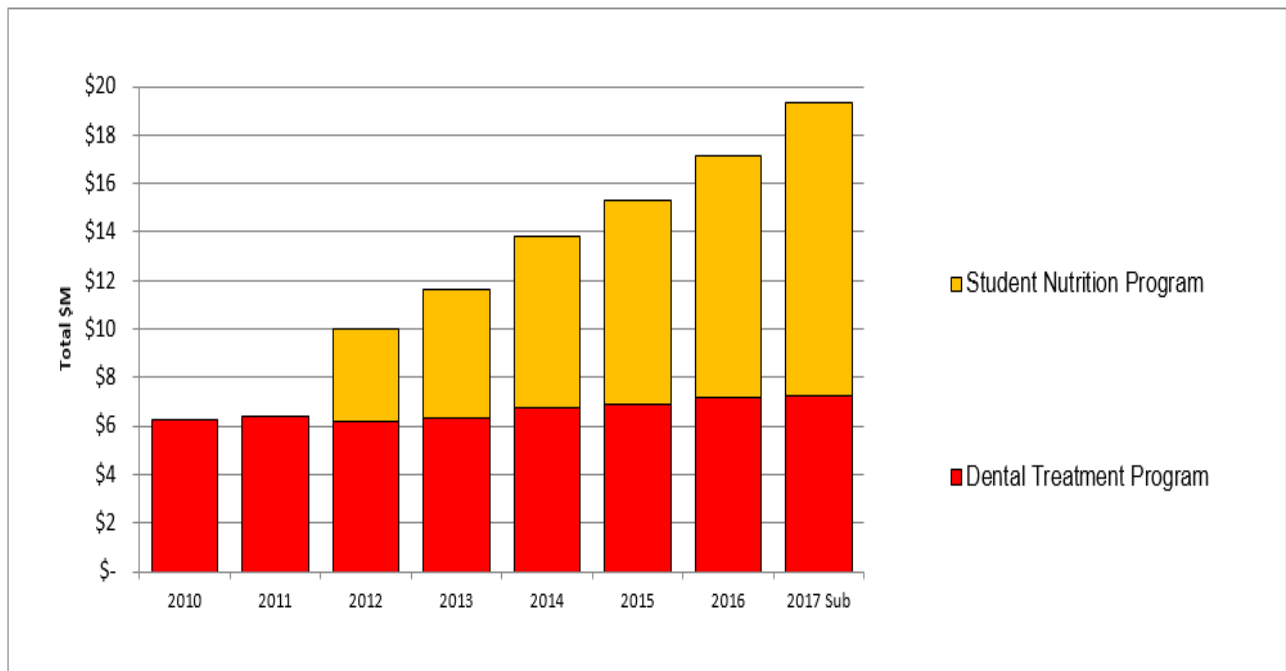
For 2016

- 2016 base funding for Healthy Smiles Ontario (HSO) has been reduced by \$758.2 thousand due to:
 - Reallocation from Mandatory cost shared dental program to 100% funding of \$1,591.3 thousand;
 - Provincial transfer of budget for private dentist fee for services to the 3rd party administrator of \$3,245.6 thousand; and
 - Increase in base funding of \$896.1 thousand.
- Diabetes Prevention program has changed from a one-time funded program to a base funded program.

100 Percent City Funded Programs

Toronto Public Health manages two fully City funded programs on behalf of Council – the Student Nutrition Program and the City’s dental treatment program for low-income children, youth, adults and seniors who are not eligible for dental care from any other government funded program, such as the Healthy Smiles Ontario program for children and youth up to and including 17 years of age. Neither of these City funded programs falls within the provincial standards for service delivery through a public health unit.

Chart 5
100 Percent City Funded Program Trends: 2010 – 2017 Submission



PART III: PROGRAM DETAILS

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

INFECTIOUS DISEASES (in \$000s)		Gross Budget	Net Budget
	2017 Rec	62,977.8	13,787.8
	2016	64,189.5	13,721.8
	Difference	(1,211.7)	66.0

2016 Key Accomplishments

1. Provided 24/7 availability to respond to reports of infectious diseases requiring an immediate public health response
2. Responded to approximately 40,500 cases and contracts of reportable/communicable diseases (e.g. Meningitis, Tuberculosis (TB), Salmonella) and to 350 outbreaks of communicable diseases
3. Investigated and provided follow up for over 16,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV
4. Ensured treatment of 100 percent of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics)
5. Provided case management to 100 percent of Active TB cases for 6 -24 months required for cure.
6. Ensured that greater than 95 percent of Active TB cases completed adequate treatment according to the Canadian TB Standards
7. Inspected 3,669 critical and semi-critical Personal Service Settings (PSS) and 882 licensed child care facilities
8. Conducted 1,000 immunization clinics; Provided 85,000 doses of vaccines
9. Held over 50 community clinics to provide vaccines that are mandatory under the Immunization of School Pupils Act
10. Provided immunization clinics in schools to grade 7 and 8 students in 420 schools to provide hepatitis B, meningococcal and Human Papilloma Virus vaccines

2017 Service Deliverables

1. Ensure services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response
2. Respond to approximately 40,500 cases and contacts of reportable/communicable diseases and to 350 outbreaks of communicable diseases
3. Inspect 3,800 critical and semi-critical Personal Services Settings (PSS) and 1,000 licensed child care facilities
4. Investigate and provide follow up for over 16,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV
5. Ensure treatment of 100 percent of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics)
6. Manage and treat 100 percent of all TB cases for the 6-24 months required for cure, to prevent further spread and development of drug resistance
7. Ensure that greater than 95 percent of Active TB cases will complete adequate treatment according to the Canadian Tuberculosis Standards
8. Assess 100 percent of immunization records for 7 and 17 year old children
9. Organize and deliver 1,000 immunization clinics (flu, school immunization, homeless shelters, and school-aged children who are under vaccinated)
10. Answer 50,000 phone calls at the Immunization Information Centre

ENVIRONMENTAL HEALTH (in \$000s)		Gross Budget	Net Budget
	2017 Rec	24,082.6	5,522.5
	2016	24,391.4	5,503.7
	Difference	(308.7)	18.8

*Note: Difference is not exactly equal due to rounding

2016 Key Accomplishments

Food Safety

1. Conducted approximately 28,000 food premises inspections (Note: There are approximately 17,000 food premises but some are inspected multiple times)
2. Inspected 95% of High Risk food premises (3 x per year), 81.3% medium risk (2 x per year), and 60% low risk food premises (1 x per year), as per the Food Safety Protocol.
3. Responded to 100 percent of reports (approximately 8,500) of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues within 24 hours
4. Offered food safety training and certification to approximately 9,003 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement)

Safe Water

1. Completed 4,519 recreational water facilities inspections; issued 243 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard
2. No Boil Water or Drinking Water advisories issued; investigated and resolved 298 adverse water reports in total; responded to 298 microbiological adverse reports

Health Hazard Prevention and Management

1. Responded to 1,284 complaints alleging a health hazard within 24 hours or by the next business day and took action to eliminate or reduce the effect of health hazards for the 2.8 million residents of Toronto
2. Responded to 765 (100 percent) calls through On Call system to ensure a 24 hour availability to receive and respond to reports of potential health hazards
3. Responded to 1,500 bed-bug related complaints/requests for service which involved block inspections, co-ordination of unit preparation for vulnerable clients, comprehensive nursing assessments, health services referrals and other supports
4. Provided hot weather information packages to hospitals, libraries and community centres for distribution to the public and over 800 Hot Weather education packages to the Cooling Centres
5. Adult mosquito surveillance - 43 mosquito traps set each week from June 6 to Sept 26th. Last year in 2015 we had 18 positive pools. Larviciding of catchbasins - Total of 364,569 catch basin treatments were completed using Altoside pellets during 3 rounds of treatment and 4622 catch basins with Vectolex WSP
6. Larviciding of 37 surface water sites with a total of 192 treatments completed

Rabies Control

1. Investigated 2,719 animal to human bite incidents
2. Provided post exposure prophylaxis to attending physicians (when requested) to protect 100 percent of 350 exposed individuals
3. Submitted 170 animal specimens for rabies testing when risk assessment indicated need

2017 Service Deliverables

Food Safety

1. Conduct 25,727 food premises inspections and respond within 24 hours to 8,500 reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues
2. Offer food safety training and certification to a minimum of 9,000 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement)

Safe Water

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

Health Hazard Prevention and Management

1. Respond to all complaints alleging a health hazard within 24 hours or by the next business day and take action to eliminate or reduce the effect of health hazards for the 2.8 million residents of Toronto
2. Respond to 1,500 bed bug-related complaints/requests for services
3. Participate in review of cooling centres as part of the City's Hot Weather Response Plan

Rabies Control

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

EMERGENCY PREPAREDNESS (in \$000s)		Gross Budget	Net Budget
	2017 Rec	2,342.3	576.6
	2016	3,155.3	774.9
	Difference	(813.0)	(198.3)

2016 Key Accomplishments

1. Designed and implemented a full-scale emergency exercise to test the TPH Mass Immunization Clinic Plan
2. Coordinated the process of exercising and updating 89 (100 percent) Business Continuity Plans (BCP) for TPH
3. Updated TPH Emergency Plan as well as Risk Specific Plans and Supporting Documents.
4. Assisted with the City's response to the Syrian refugee crisis
5. Updated the TPH IMS Assignment list for non-union staff
6. Set up a 24/7 emergency mass notification system for staff

2017 Service Deliverables

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

CHRONIC DISEASES AND INJURIES (in \$000s)		Gross Budget	Net Budget
	2017 Rec	43,160.8	12,256.9
	2016	38,897.1	11,078.3
	Difference	4,263.7	1,178.5

*Note: Difference is not exactly equal due to rounding

2016 Key Accomplishments

1. Provided Chronic Disease and Injury Prevention (CDIP) Services to youth (to build positive health behaviours) using a youth engagement approach such that 40 percent of 500 identified youth-serving agencies received a CDIP consultation
2. Provided nutrition consultation and support to 58 percent (417/717) of municipally funded Student Nutrition Programs in the 2015/2016 school year
3. Provided elementary/middle schools identified as priority by Toronto school boards with CDIP services (e.g. nutrition, physical activity, injury prevention, obesity prevention)
4. Reached 105 schools with 1,982 peer leaders (19 per school) in elementary schools with Playground Activity Leaders in Schools (PALS). Fifty-two percent (52 percent) of participating schools were in their second year or more of participation.
5. Engaged 4,216 adults in 117 walking promotion pedometer lending programs, promoted through libraries, workplaces, and community sites
6. Achieved 97 percent compliance rate of tobacco vendors in compliance with Smoke –Free Ontario Act (SFOA) legislation at the time of last inspection
7. Educated 1,100 older adults through 75 falls prevention presentations/events.
8. Implemented a public awareness campaign to promote Canada's Low-Risk Drinking Guidelines, reaching an estimated 750,000 individuals
9. Provided training to 3,066 student peer leaders to support school-wide promotion of mental health and substance misuse prevention; 98 percent trained reported an intent to use the information attained to engage in school-wide promotion of mental health and substance misuse prevention
10. Reached an estimated 30,000 children, youth, and post-secondary students through the provision of Healthy Schools and Substance Misuse Prevention programs and services to educate and promote substance misuse prevention and mental health promotion.
11. Reached 3,576 parents/caregivers through the delivery of parenting programs to build child/youth resilience and promote substance misuse prevention; 98 percent of parents reached indicated intention to apply the information attained from the program
12. 98 percent (n=797) of Toronto publically funded schools received Public Health Nurse liaison services

2017 Service Deliverables

1. Train 110 peer leaders from 33 agencies and the Youth Health Action Network; the peer leaders support 1,600 youth participants to reach 30,000 youth in their communities with CDIP messaging
2. Provide nutrition consultation and support to 55 percent of municipally funded Student Nutrition Programs in the 2016/17 school year
3. Reach 75 percent of priority elementary schools with CDIP services to promote healthy behaviours, and create social and physical environments which support the prevention of chronic diseases and injuries
4. Provide Diabetes Prevention education programs to 1,450 participants
5. Support 613 school communities to provide 36,673,724 meals/year to 195,073 children and youth, with municipal funding for student nutrition programs (Sept 2016 - June 2017 school year)
6. Provide education and skill building training (Step Ahead) to 150 service providers from 30 agencies to build capacity in falls prevention for older adults
7. Conduct 100 percent of mandatory annual tobacco vendor Display and Promotion inspections, bi-annual Youth Access inspections, and annual secondary school inspections (SFOA)
8. 100 percent (815) of Toronto publicly funded schools receive Public Health Nurse liaison services
9. Reach 30,000 children, youth, and post-secondary students with Healthy Schools and Substance Misuse Prevention services to promote substance misuse prevention and mental health promotion
10. Reach 3,138 parents/caregivers with Healthy Schools and Substance Misuse Prevention parenting programs to promote child/youth resiliency and substance misuse prevention

FAMILY HEALTH (in \$000s)		Gross Budget	Net Budget
	2017 Rec	90,945.4	19,889.4
	2016	86,990.4	16,283.8
	Difference	3,955.0	3,605.6

2016 Key Accomplishments

1. Provided 61,664 educational sessions on pregnancy, growth & development, positive parenting, healthy eating and breastfeeding
2. Delivered 130,359 individual interventions to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development
3. Completed 72,096 screens including: hearing, developmental, communications, nutrition, prenatal, postpartum depression, parenting to identify individuals at risk for adverse birth outcome and/or identify children at risk for adverse or decreased child development
4. Conducted approximately 220,000 dental screenings in elementary schools, and approximately 16,000 dental screenings in childcare centers and high schools.
5. Provided oral health assessments to approximately 12,000 seniors in LTC and other community settings, and perform 3,600 professional denture cleanings.
6. Provided dental care to 18,760 children and youth (18 years of age and younger) from low income families, and to 4,548 adults (18-64 years of age) eligible for social assistance and 11,050 seniors (65+).

2017 Service Deliverables

1. Deliver 62,000 educational sessions on pregnancy, growth & development, positive parenting, healthy eating and breastfeeding
2. Deliver 131,000 individual interventions to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development
3. Complete 73,000 screens including: hearing, developmental, communications, nutrition, prenatal, postpartum depression, parenting to identify individuals at risk for adverse birth outcome and/or identify children at risk for adverse or decreased child development
4. Conduct approximately 220,000 dental screenings in elementary schools, and approximately 16,500 dental screenings in childcare centers and high schools.
5. Provide oral health assessments to approximately 12,000 seniors in LTC and other community settings, and perform 3,600 professional denture cleanings.
6. Provide dental care to 19,322 children and youth (18 years of age and younger) from low income families, 4,684 adults (18-64 years of age) eligible for social assistance and to 8,500 seniors (65+).

PUBLIC HEALTH FOUNDATIONS (in \$000s)		Gross Budget	Net Budget
	2017 Rec	16,045.2	6,411.5
	2016	27,217.5	11,560.2
	Difference	(11,172.3)	(5,148.8)

*Note: Difference is not exactly equal due to rounding

2016 Key Accomplishments

1. Identified, analyzed related data, and reported a set of health indicators for seniors' health to help guide the development of a seniors' health strategy
2. Developed a plan with stakeholders to monitor premature and preventable deaths in the homeless population
3. Conducted ongoing surveillance for outbreak detection, chronic disease and reproductive health outcomes, related risk and protective factors, and health inequities
4. Completed evaluations of "One on One Mentoring", "Tobacco Cessation", "Food Innovation Lab" and "Mass Immunization Clinic Exercise"
5. Piloted TPH client satisfaction survey
6. Implemented a Performance Management training plan
7. Completed the Bronze Assessment for Excellence Toronto
8. Screened and/or reviewed 35 research projects through the TPH Research Ethics Review process
9. Prepared 12 staff reports submitted to the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto
10. Advanced 5 municipal policies: noise bylaw; road safety plan; cold weather plan; smoke-free housing; and transit fare equity
11. Responded to 1,100 enquiries (phone and email) for ChemTRAC information and technical assistance (ChemTRAC is used to collect annual information from local businesses and institutions, on 25 potentially harmful priority substances in our environment)

2017 Service Deliverables

1. Monitor, assess and report premature and preventable deaths in the homeless population
2. Complete data analysis and reporting of approximately 2,400 interviews conducted for the 2016 Rapid Risk Factor Surveillance System
3. Conduct ongoing surveillance for outbreak detection, chronic disease and reproductive health outcomes, related risk and protective factors, and health inequities
4. Implement a divisional client satisfaction program
5. Continue to build performance management capacity across TPH directorates/programs
6. Screen and/or review 35 research projects through the TPH Research Ethics Review process
7. Prepare 12 staff reports submitted to the Board of Health highlighting a range of health issues and making recommendations for action to improve health in Toronto
8. Advance 5 municipal policies to support healthy social, built and natural environments.
9. Compile information on the manufacture, use and release of 25 priority chemicals from 700 facilities in Toronto and make available to the public on the Internet
10. Respond to 1000 enquiries (phone and email) for ChemTRAC information and technical assistance (ChemTRAC is used to collect annual, from local businesses and institutions, on 25 potentially harmful priority substances in our environment)
11. Monitor, assess and report premature and preventable deaths in the homeless population

PART IV: OPERATING BUDGET DETAILS

Table 4 categorizes the changes included in the TPH 2017 Operating Budget Submission in accordance with the City's budget guidelines.

Table 4
Toronto Public Health

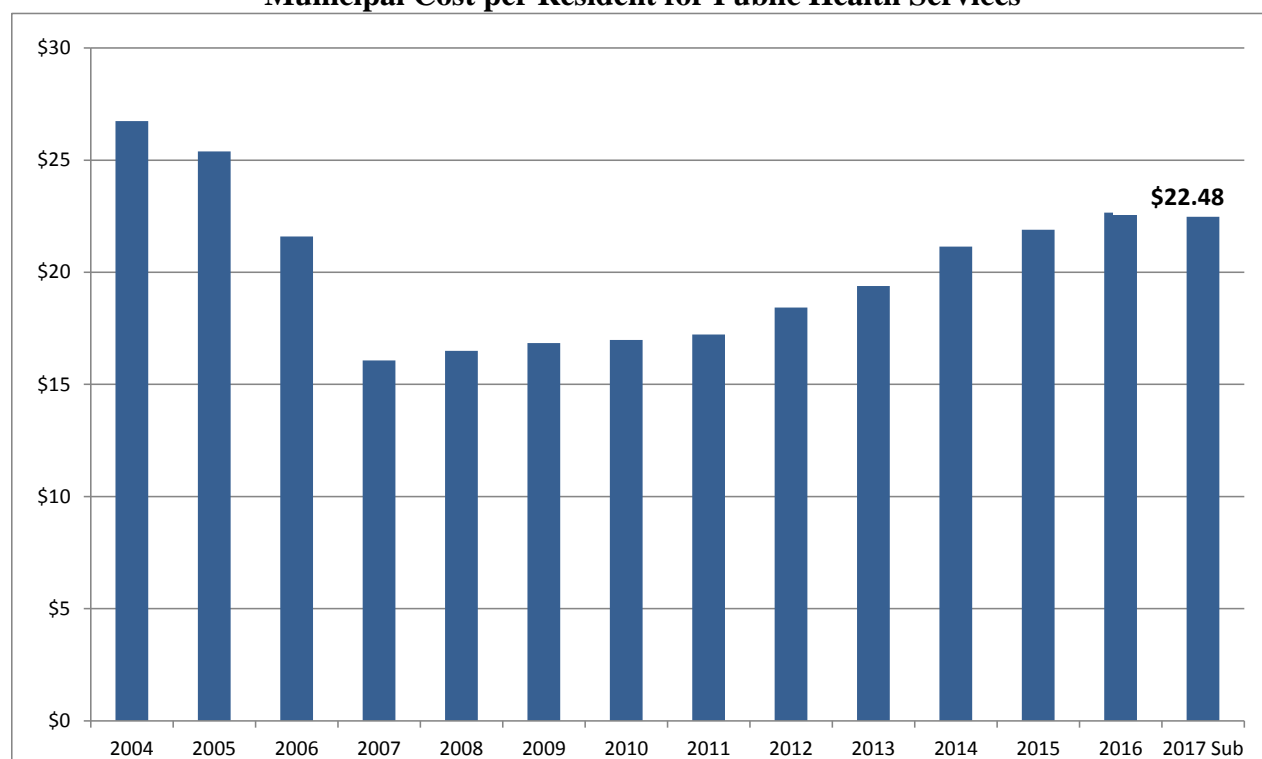
Overview of the 2017 Operating Budget Submission						
	Summary of 2017 Operating Submission					
	Approved Positions	Gross Expenditures	Revenues	Net	Net	Cumulative Net
(\$000s)		\$	\$	\$	%	%
2016 Council Appr. Operating Budget as at February 17, 2016	1,872.0	243,207.7	184,585.3	58,622.4		
City Budget Reduction	0.0	(100.0)	77.6	(177.6)		
In-year approvals and technical adjustments	(8.6)	1,733.4	1,255.4	478.0		
2016 Operating Budget	1,863.4	244,841.2	185,918.4	58,922.8		
Step, Progression Pay, COLA, Benefits Capping	0.0	4,615.3	3,498.0	1,117.3	1.90	1.90
Salaries & Benefits Related to Capital Projects	(8.6)	(1,036.7)	(1,036.7)	0.0	0.00	1.90
Operating Impact of Capital Projects	3.0	0.0	0.0	0.0	0.00	1.90
Economic Factors - Non Payroll	0.0	362.0	45.9	316.0	0.54	2.43
IDC/ IDR	(1.9)	(1,233.6)	(1,234.6)	1.1	0.00	2.43
Annualization, Reversal of 1 Time Requests & 100% Funded Budget Adjustments	(5.9)	(4,380.5)	(4,007.1)	(373.4)	-0.63	1.80
User Fees	0.0	0.0	1.4	(1.4)	-0.00	1.80
Revenue Adjustment	0.0	(9.3)	(49.0)	39.7	0.07	1.87
PART 1: 2017 Base Budget Request	1,850.0	243,158.3	183,136.2	60,022.1	1.87	1.87
Over (Under) 2016 Operating Budget	(13.4)	(1,682.8)	(2,782.1)	1,099.3	1.87	1.87
% Over (Under) 2016 Operating Budget	(0.7)	(0.7)	(1.5)	1.9	1.87	1.87
Efficiency Reductions	(11.6)	(1,861.1)	(1,274.1)	(587.0)	-1.00	0.87
Revenue Change	0.0	57.2	57.2	0.0	0.00	0.87
2017 Reductions Recommended	(11.6)	(1,803.9)	(1,216.9)	(587.0)	-1.00	0.87
PART 2: 2017 Recommended Budget Including Reduction Options	1,838.4	241,354.4	181,919.3	59,435.1	0.87	0.87
Toronto Urban Health Fund - Year 3	0.0	150.0	112.5	37.5	0.06	0.93
Immunization to Meet Legislated Standards	11.0	600.0	450.0	150.0	0.25	1.19
Sub-Total 2017 Recommended New & Enhanced Total	11.0	750.0	562.5	187.5	0.31	1.18
PART 3: 2017 Recommended Operating Budget	1,849.4	242,104.4	182,481.8	59,622.6	1.18	1.18
Over (Under) 2016 Operating Budget	(14.0)	(2,736.7)	(3,436.6)	699.8	1.18	1.18
% Over (Under) 2016 Operating Budget	(0.8)	(1.1)	(1.8)	1.2	1.18	1.18
Efficiency Reductions	(26.6)	(1,445.7)	(1,084.3)	(361.4)	-0.61	0.56
Minor Service Reductions	(3.0)	(227.6)	(170.7)	(56.9)	-0.10	0.47
Major Service Reductions	(14.0)	(1,217.6)	(372.7)	(844.9)	-1.43	-0.97
2017 Reduction Options to be Considered	(43.6)	(2,890.8)	(1,627.7)	(1,263.2)	-2.14	-0.97
PART 4: 2017 Submission Including Reduction Options to be Considered	1,805.8	239,213.6	180,854.1	58,359.5	-0.97	-0.97
Over (Under) 2016 Operating Budget	(57.6)	(5,627.6)	(5,064.2)	(563.3)	-0.97	-0.97
% Over (Under) 2016 Operating Budget	(3.1)	(2.3)	(2.7)	(1.0)	-0.97	-0.97
Food Safety and Health Hazard Inspections	6.5	316.6	237.5	79.2	0.13	-0.84
Rockcliffe-Smythe Community Health Officer	1.0	23.9	17.9	6.0	0.03	-0.81
2017 New & Enhanced to be Considered	7.5	340.5	255.4	85.1	0.15	-0.81
PART 5: 2017 Submission Including New & Enhanced and Reduction Options to be Considered	1,813.3	239,554.2	181,109.5	58,444.6	-0.81	-0.81
Over (Under) 2016 Operating Budget	(50.1)	(5,287.0)	(4,808.8)	(478.2)	-0.81	-0.81
% Over (Under) 2016 Operating Budget	(2.7)	-2.16	-2.59	-0.81	-0.81	-0.81

Budget Impact on Toronto Taxpayers

The Province of Ontario provides funding for 72.9 percent of the TPH gross operating budget with 24.4 percent contributed by the City and the remaining 2.7 percent from user fees and other levels of government or external partners. The cost sharing formula of 75:25 means that every \$4 of mandated public health services requires only \$1 of investment by the City.

The table below shows the annual cost of public health services per Toronto resident since 2004. The shift in the provincial formula starting in 2005 from 50 percent to 75 percent funding for cost-shared programs has allowed the City to move significant property tax dollars from public health into other City programs. The 2017 Operating Budget Submission includes \$19.4 million less in municipal funding than in 2004. On average, the 2017 Operating Budget Submission would cost each Toronto resident \$22.48 in property taxes.

**Chart 6
Municipal Cost per Resident for Public Health Services**



**Table 6
Municipal Costs per Person for Public Health Services**

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 Sub
26.74	25.38	21.59	16.07	16.50	16.85	16.99	17.22	18.43	19.39	21.15	21.90	22.66	22.48

The approved budget increase in 2016 is the result of the expansion of the 100 percent City funded Student Nutrition Program as well as COLA increases. The total net impact of these adjustments in 2016 was \$1,995.3 thousand, or a municipal property tax cost per resident of \$0.76.

Section A: Base Budget

PART 1: Adjusted Base Budget

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

Salary and Benefit Changes

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

Salaries and Benefits Related to Capital Projects

- Included in the TPH 2017 Capital Budget Submission are Information Technology projects that require staff resources. The salaries and benefits of staff supporting these Capital Projects are fully recoverable from capital budget debt and are included in the 2017 Operating Budget Submission per the City's Budget Guidelines.
- A decrease of \$1,036.7 thousand gross / \$0 net and 8.63 positions are included in this submission due to reduced temporary staff resource requirements in the 2017 Capital Budget.

Operating Impacts of Capital

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

Economic Factors – Non Payroll

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

IDC / IDR

- A decrease of \$1,233.6 thousand gross and an increase of \$1.1 thousand net is due to the integration of the Provincial Dental Programs. The 100 percent provincial funding for the Ontario Works dental program that was previously transferred via Interdepartmental Revenue from Toronto Employment and Social Services Division was discontinued in

March 2016. The net increase of \$1.1 thousand is due to inflation for services provided by other City departments.

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

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

User Fees

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

Revenue Adjustment

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

Section B: Reduction Options

The City Manager issued guidelines and directions for development of the 2017 Operating Budget to all City Programs as well as Agencies, Boards and Commissions (ABCs). Included in these directions was the expectation that all City Programs and ABCs achieve the 2017 operating budget target of 2.6 percent below the Council Approved 2016 Net Operating Budget.

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

Continue to control expenditures through cost saving measures:

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

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

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

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

The TPH reduction options are included in the following three attachments: Attachment 2 – Summary of Recommended Reduction Options; Attachment 3 – Summary of Recommended Confidential Reduction Options; and Attachment 4 – Summary of Confidential Reduction Options to be Considered.

Revenue Rate Change

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

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

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

Table 6 lists the user fees with recommended increases in the rates to achieve full cost recovery of providing the service.

Table 6
Food Handler Certification Training User Fees

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

Section C: New and Enhanced Services

At its meeting on July 14, 2016 the Board of Health Budget Committee directed the Medical Officer of Health to prepare a 2017 Operating Budget which identifies opportunities to reallocate savings in provincial 75 percent cost-shared funding to provincial cost-shared services which are not meeting the provincially mandated standards.

The 2017 budget submission includes four New and Enhanced cost shared services for \$1,090.5 thousand gross and \$272.6 thousand net increase.

At its meeting on September 26, 2016 the BOH Budget Committee requested the Acting MOH to incorporate the following two budget enhancements in the TPH 2017 Operating Budget Request. The 2017 budget for these enhancements is \$750.0 thousand gross and \$187.5 thousand net.

Immunization to Meet Legislated Standards – \$600.0 thousand gross and \$150.0 thousand net and 11.0 positions in 2017.

The annualized impact of this enhancement in 2018 would be an additional budget request of \$421.8 thousand gross and \$105.4 thousand net.

In order to meet the new and existing requirements of the Immunization of School Pupils Act (ISPA), a total of 15 new positions is required. The Board of Health Budget Committee at its meeting on September 26, 2016 requested the funding request for delivery of the Immunization School Assessment Program be adjusted to meet the legislated standard over a two-year phase-in period. During the 2018 Operating Budget process, TPH will include a request for an additional 4.0 positions with funding of \$178.2 thousand gross and \$44.6 thousand net with an annualized impact in 2019 of \$123.0 thousand gross and \$30.7 thousand 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 (or have a valid exemption for) nine diseases (meningococcal, varicella, pertussis, measles, mumps, rubella, diphtheria, tetanus and polio).

This change is being proposed because the Ministry increased requirements of the ISPA in 2013 (three new vaccines plus private schools) and implemented a new, more complex provincial information system to enter student vaccine information and assess compliance.

Toronto Public Health is required under the OPHS to fully implement the ISPA (assessment through to suspension if necessary). Currently TPH is only able to annually review immunization records for one age cohort (either 7 or 17-year-old school children) in publicly funded schools, working with families to bring these students up-to-date. With this additional funding TPH will work with an additional 90,000 families of students in public schools and 12,000 families of students in private school to fully implement the ISPA. 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.

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

Toronto Urban Health Fund (TUHF) - Year 3 – \$150.0 thousand gross and \$37.5 thousand net

This proposal has been previously approved by Council for phased implementation. It addresses the increasing rates of HIV/STI and high risk sexual and substance misuse behaviours among vulnerable youth living in underserved regions of the City, specifically targeting Indigenous populations and those residing in Neighbourhood Improvement Areas. The enhancement will work to strengthen the youth sector's response in building individual and community capacity and resiliency.

With the 2017 budget enhancement TUHF projected targets are to fund 17 projects and train 173 Peer Leaders to reach 1,316 peers to deliver resiliency building activities to 6,225 children and youth. New funding levels for the youth resiliency stream will align it with the HIV and harm reduction streams, with the program aiming for a distribution of 35 percent/35 percent/30 percent for the three streams over the next two funding cycles.

The Board of Health has supported a five year plan (2015-2019) with a budget enhancement of \$750.0 thousand gross for the program through annual increments of \$150.0 thousand gross per year to address HIV prevention, harm reduction and youth resiliency. This budget enhancement will address annual funding shortfalls while enabling TUHF to build capacity in two of the most vulnerable populations, namely youth living in Neighbourhood Improvement Areas and urban Indigenous populations.

At its meeting on September 26, 2016 the BOH Budget Committee requested the Acting MOH to report further on the following two new and enhanced cost-shared services:

- 1. Food Safety and Safe Water Inspections** – \$316.6 thousand gross / \$79.2 thousand net and 6.5 positions in 2017 and an additional \$218.7 thousand gross and \$54.7 thousand net in 2018.

This proposal reinvests operating savings of \$316.6 thousand into Healthy Environments (HE) programs to achieve provincially prescribed service levels.

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

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

- 2. Rockcliffe-Smythe Community Health Officer (CHO)** – \$23.9 thousand gross / \$6.0 thousand net and 1.0 position in 2017 and an additional \$70.0 thousand gross and \$17.5 thousand net in 2018.

City Council at its meeting of July 12, 2016 requested TPH to include funding for a Community Health Officer (CHO) to support the Rockcliffe-Smythe Community in the 2017 Operating Budget Submission.

While the request for one FTE is included in the 2017 operating budget request, TPH currently provides a community health officer to the Rockcliffe-Smythe community. The focus of their work, in part, is on identifying community issues related to the 731 Runnymede Road shelter and reducing health inequities through community engagement, assessment and development. Additional demands for support from CHOs within the community can be managed within the current staff complement.

Further detail about TPH Community Health Officer resources in this community is outlined in the BOH report, "Community Health Officer Services in the Rockcliffe-Smythe Community".

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

The other New & Enhanced program includes year five of the six year funding plan for the City's Student Nutrition Program (SNP). This program was previously approved by City Council for phased implementation. This is outlined in Table 7 followed by a brief description of the proposal.

Table 7
Toronto Public Health

Other New & Enhanced Services				
	Approved Positions	Gross Expenditures	Revenues	Net
(\$000s)		\$	\$	\$
SNP Increase Financial Stability of Currently Funded Programs	0.00	1,145.3	0.00	1,145.3
SNP Increase - Expand to 48 New Schools	0.00	958.4	0.00	958.4
Total Student Nutrition Program	0.00	2,103.7	0.0	2,103.7
Total Other New & Enhanced Services	0.00	2,103.7	0.0	2,103.7

Student Nutrition Program – Year 5: \$2,103.7 thousand gross and net:

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

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

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

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

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

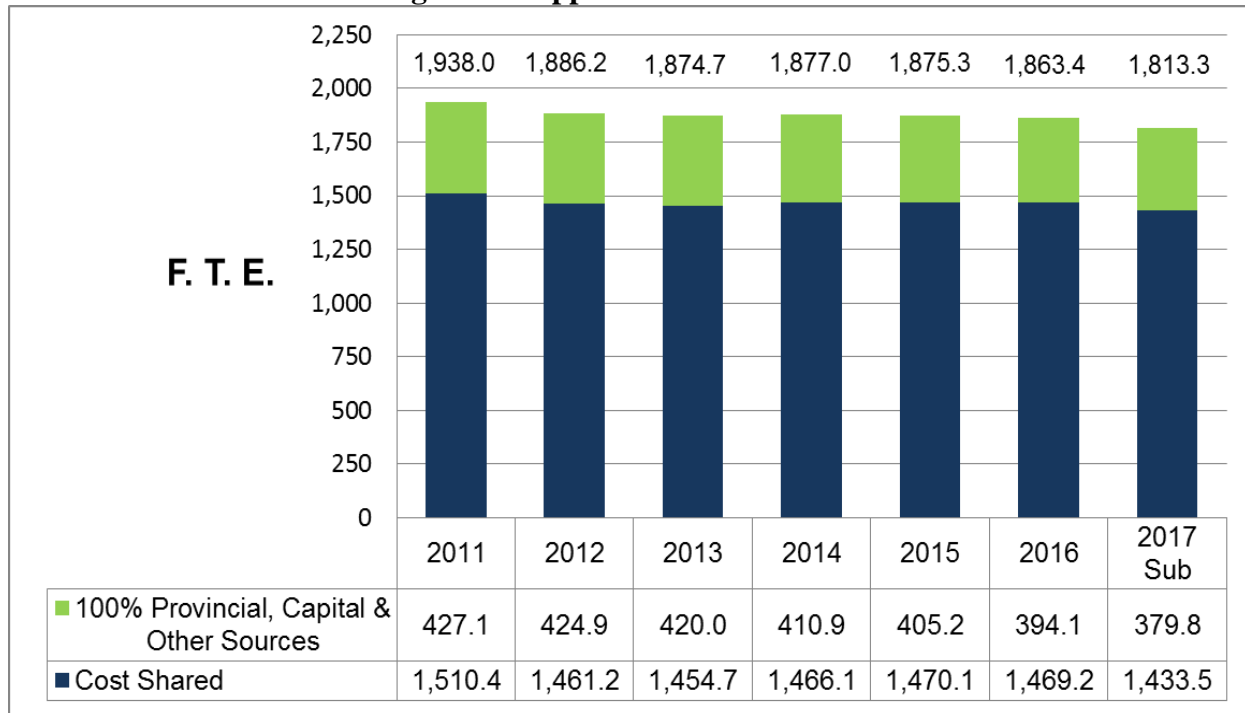
This service enhancement supports the City's Poverty Reduction Strategy and will provide stable, core government funding to programs which are currently operating without municipal funding, thereby enabling them to provide more complete breakfast meals to children and youth in higher need publically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

Section E: Impact of Capital Projects on Future Operating Budgets

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

Section F: Staffing Trends

Chart 6
Staffing Trend Approved Positions 2011-2017



Toronto Public Health approved positions have remained relatively stable over the past five years with the exception of 2012 when 51.8 FTE's were reduced in order to achieve a 10 percent reduction from the 2011 budget.

In 2017 TPH has submitted reduction proposals that result in a reduction of 55.2 positions to move towards achieving the 2.6 percent reduction target. This is offset by an increase of 18.5 positions in new & enhanced services to improve compliance with OPHS. In addition, there is a reduction of 13.4 FTE due to base budget adjustments and operating impact of capital projects. The overall change in positions from 2016 to 2017 is a reduction of 50.1 FTEs.

Section G: 2016 Operating Budget Variance

Table 8
2016 Operating Budget Variance Review at June 30, 2016 (\$000s)

(In \$000s)	2015 Actuals	2016 Approved Budget	2016 Projected Actuals	2016 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
GROSS EXP.	252,182.5	242,689.9	235,959.5	(6,730.4)	(2.8)
REVENUES	195,295.0	183,767.0	177,449.6	(6,317.4)	(3.4)
NET EXP.	56,887.5	58,922.9	58,509.9	(413.0)	(0.7)
Approved Positions	1,769.4	1,866.98	1,738.0	(129.0)	(6.9)

* Based on the Second Quarter Operating Budget Variance Report.

2016 Experience

At year-end TPH expects to be under-spent in gross expenditures by \$6,730.0 thousand or 2.8 percent and under achieved in revenue by \$6,317.4 thousand or 3.4 percent resulting in a \$413.0 thousand net favorable variance or 0.7 percent below budget.

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