



Toronto Public Health Operating Budget Request 2018



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PART I: EXECUTIVE SUMMARY

2018 Operating Budget Submission

This report outlines the Toronto Public Health (TPH) 2018 Operating Budget Submission for consideration by the Board of Health. The TPH 2018 Operating Budget Submission totals \$248,413.1 thousand gross / \$61,081.8 thousand net. This submission is \$1,646.1 thousand gross and \$254.9 thousand net above the 2017 Operating Budget.

The net increase of \$254.9 thousand from the 2017 Operating Budget is comprised of base budget increases for the salaries and benefits, and the non-payroll economic factors of \$189.4 thousand net; reduction options of \$189.4 thousand net for consideration by BOH; and BOH Budget Committee recommended new & enhanced services of \$254.9 thousand net.

	2017 Budget	2018 Base Adj.	2018 Reduction Options for Consideration	2018 New & Enhanced Services	2018 Submission	Change from 2017 Budget	
(\$000s)	\$	\$	\$	\$	\$	\$	%
GROSS EXP.	246,767.0	1,371.0	(744.3)	1,019.4	248,413.1	1,646.1	0.7
REVENUE	185,940.1	1,181.6	(554.9)	764.6	187,331.3	1,391.2	0.7
NET EXP.	60,826.9	189.4	(189.4)	254.9	61,081.8	254.9	0.4
Positions	1,855.86	6.85	(4.86)	9.00	1,866.85	10.99	0.6

On May 24, 2017 City Council directed that the 2018 budget equal the 2017 Approved Net Operating Budgets for all City Programs, Agencies, Toronto Community Housing Corporation, and Accountability Offices. This budget reduction target of 0 percent requires TPH to absorb \$189.4 thousand net or a 0.3 percent increase in the TPH base budget primarily for negotiated salaries and benefits.

The TPH 2018 Operating Budget submission reflects the decision made by BOH Budget Committee in July 2017. Reduction options to move towards the City's zero percent target are included in the TPH Submission for the Board's consideration as well as further new and enhanced services to address Ontario Public Health Standard requirements and to satisfy a request from Council.

Public health services as outlined in the Ontario Public Health Standards 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 provincial standards for service delivery through a public health unit.

The City’s funding contribution to the TPH Operating Budget for cost shared public health services and programs has declined by \$19.3 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 areas 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 new equity funding formula for its 36 public health units to address increasing population growth 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 is 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 \$1,217.1 thousand. For 2017, the expected amount that will be returned to the Province based on estimated 1% growth in provincial funding will be \$1,783.6 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.

The TPH 2017 Operating Budget including in-year budget adjustments is \$246,767.0 thousand gross and \$60,826.9 thousand net. The confirmation of 2017 Provincial grant for cost shared programs is expected to be received in the 2017 Q3.

At its meeting of June 12, 2017 BOH referred a recommendation from the 2017 Toronto Urban Health Fund Review Panel to the City's Budget Committee for consideration during the 2018 Operating Budget process to increase the annual Toronto Urban Health Fund funding by 15 percent for the next funding cycle.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL20.9>

At its meeting of July 13, 2017, the Board of Health Budget Committee directed the Medical Officer of Health to submit to the City's budget process a 2018 Toronto Public Health Operating Budget request that:

1) Requested the Medical Officer of Health to submit to the Board of Health Budget Committee a 2018 Toronto Public Health Operating Budget Request which will include necessary funding for the two previously approved new and enhanced services: Year 4 of Toronto Urban Health Fund and Year 6 of the Student Nutrition Program; and include necessary funding for the second phase of enhancement for implementation of Immunization of Schools Pupils Act (ISPA).

2) Requested the Medical Officer of Health to report to the September 20, 2017 Board of Health Budget Committee meeting, a further analysis, including a health equity analysis, of staff efficiencies/cuts proposed to achieve 0% and non-payroll spending.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HU12.1>

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health request City Council approve the Toronto Public Health 2018 Operating Budget Request of \$248,413.1 thousand gross / \$61,081.8 thousand net and an increase of 11 positions, as summarized in Table 4, “Overview of 2018 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 2018 Operating Budget Submission” of this report totaling an increase of \$1,371.0 thousand gross and \$189.4 thousand net and an increase of 6.9 positions;
3. The Board of Health consider the 2018 Reduction Options of \$744.3 thousand gross and \$189.4 thousand net and 4.9 positions, which includes efficiency savings of \$719.3 thousand gross and \$183.1 thousand net and minor service changes of \$25.0 thousand gross and \$6.2 thousand net, as outlined in Attachment 2 – "Summary of Reduction Options" and Attachment 3 – "Summary of Confidential Reduction Options" to meet the City's zero percent reduction target;
4. The Board of Health request City Council approve the 2018 New and Enhanced Requests of \$1,019.4 thousand gross and \$254.9 thousand net and an increase of 9 positions, as outlined in Table 4, “Overview of 2018 Operating Budget Submission”;
5. The Board of Health request City Council approve an increase of \$2,749.0 thousand gross and net for the Student Nutrition Program as outlined in Table 6, "Other New & Enhanced Services”;
6. The Board of Health forward this report to the City's Budget Committee for its consideration during the 2018 budget process.

PART II: TORONTO PUBLIC HEALTH OVERVIEW

Legislation

The provincial Health Protection and Promotion Act (HPPA) provides the legislative mandate for boards of health¹.

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

Ontario Public Health Standards

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

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

Organizational Standards

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

Accountability Agreements

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

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

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

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

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

2018 Budget

On May 24, 2017 City Council directed that the 2018 budget equal the 2017 Approved Net Operating Budgets for all City Programs, Agencies, Toronto Community Housing Corporation, and Accountability Offices.

A total reduction of \$189.4 thousand net or 0.31 percent from the TPH 2017 Operating Budget would be required to achieve the City's reduction target of 0 percent. This will not account for any new and enhances services added to the TPH 2018 Operating Budget.

In order to achieve City Council's budget reduction target and as directed by BOH Budget Committee, TPH explored opportunities for program efficiencies, cost containment and savings which do not decrease the quality of health services provided by TPH.

This budget reduction target of zero percent requires TPH to absorb \$189.4 thousand net or a 0.3 percent increase in the TPH base budget primarily for negotiated salaries and benefits.

City Council Direction from 2017 Budget

The 2017 Approved Operating Budget included the following recommendations:

1. City Council request the Medical Officer of Health, in consultation with the Executive Director, Social Development, Finance and Administration, the Director, Office of Emergency Management and the General Manager, Employment and Social Services, to conduct a review of the summer cooling centers in time for the 2018 Budget process.
2. City Council request the Medical Officer of Health to conduct a review of the operating budget and staffing in preparation for the 2018 Operating Budget process to identify opportunities for additional savings and to assess organization design for appropriate management span of control in Toronto Public Health.
3. City Council direct the Medical Officer of Health to work with the Affordable Housing Office and Shelter, Support and Housing Administration to explore:
 - a. harm reduction housing strategies and models in the affordable, social, and private market housing sector for people with mental health and/or substance use issues;
 - b. how the City could work with the federal and provincial governments to support the development of new housing stock for people with mental health and/or substance use issues;
 - c. strategies, including determining the City's role, to address the issue of

discrimination against people with mental health and/or substance use issues in the private market sector, including alternatives to eviction;

- d. strategies to increase transitional housing for homeless pregnant and parenting women and people affected by violence.

TPH has taken the following actions on these recommendations:

The review of the summer cooling centres is currently underway, although there have been challenges due to the relatively cooler summer temperatures to date. A report back to the Board of Health is planned for November 2017.

TPH is finalizing the scope of work for the organization review including management span of control. The time line for completion of the review will be six months from the vendor selection. The RFQ will be issued in September 2017.

TPH has worked with Shelter, Support and Housing Administration (SSHA) division to develop a harm reduction framework for shelters and this is being implemented by SSHA. TPH is also working with the DCM Cluster A and City housing providers on the recommendation 3- b, c and d above.

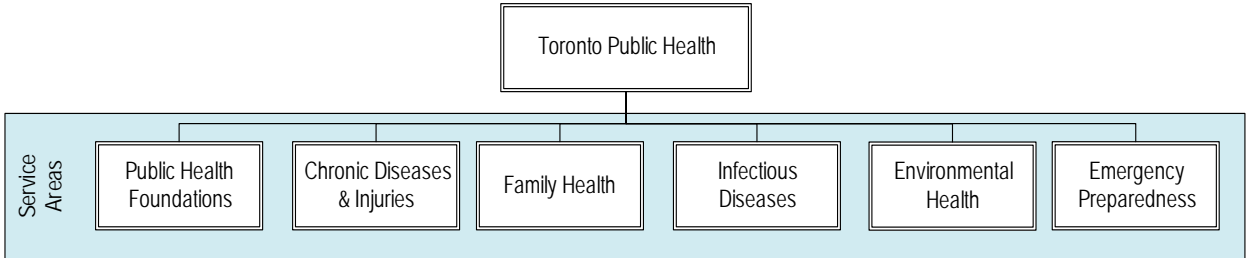
TPH Strategic Plan 2015-2019

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

Foundational Principles				
Accountability & Transparency	Community Engagement	Inclusion	Health Equity	Excellence

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

TPH Program Map



Service Overviews

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

- The Vaccine Preventable Diseases (VPD) program annually assesses immunization records for students enrolled in Toronto schools. The program offers Hepatitis B, Human Papilloma Virus (HPV) and Meningococcal vaccines 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 and e-counselling for the province of Ontario in multiple languages.
- Fourteen Sexual Health (SH) clinics (including contracted and partnership 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 individuals diagnosed with TB and their families, providing case management, contact follow-up including large scale screenings, directly observed therapy, education and counselling. The program provides follow-up for newcomers referred by immigration and ensures free access to TB medications for both active and latent TB treatment.
- 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 manage outbreaks in long-term care homes, retirement homes, shelters and child care centers as well as other community settings. The program is responsible for investigating blood borne exposures to emergency service worker and implementing the Mandatory Blood Testing Act (MBTA). The program also conducts 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, analyses, and reports on communicable disease trends in Toronto.

Environmental Health (EH) Program promotes safety of food and beverages in restaurants and processing plants including inspection of over 18,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards. Other EH services include education, training and certification on safe food preparation, handling and processing for food premise operators as well food safety education for the general public. EH monitors drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and takes action in the event of adverse water quality conditions. Some of the other services and

programs provided by EH include responses to extreme weather, West Nile virus, rabies and Lyme disease, supporting vulnerable residents through the Bed Bug Control Initiative and assessing concerns related to impacts of pollution or contamination on a particular site.

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

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

Chronic Disease and Injury Prevention Program provides services that create environments and support 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 health promotion and prevention 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 building the capacity of community agencies, and vulnerable persons facing the greatest health disparities related to chronic diseases and injuries.

Family Health Program promotes and supports healthy behaviours and environments for: people in their reproductive years, pregnant women, their partners, infants and children.

Programs and services focus on:

- improving birth outcomes
- supporting postpartum adjustment; including infant attachment and perinatal mental health
- promoting breastfeeding
- enhancing readiness to parent
- supporting positive and effective parenting
- enhancing the physical cognitive, communicative and psycho-social development of children
- preschool speech, hearing and vision services
- improving the nutritional status of pregnant women, infants, children and families

The program also supports proper oral health by providing screening of school aged children, preventive dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment (CINOT) and Ontario Works, and dental services for seniors in collective living centers.

Public Health Foundations (PHF) provides population health assessment, surveillance, research and knowledge exchange, and program evaluation activities to inform public health programs,

TPH Operating Budget by Service

For the 2018 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 2018 Operating Budget based on their Program and Service areas using the City's Financial Planning and Reporting System (FPARS).

The Service areas for TPH represent the 6 Ontario Public Health Standards. The operating budget that funds the six TPH Services is outlined below in Table 2 - Operating Budget Expenditure Allocation by Service, which compares budgeted expenditures between the 2017 Budget and the 2018 Submission.

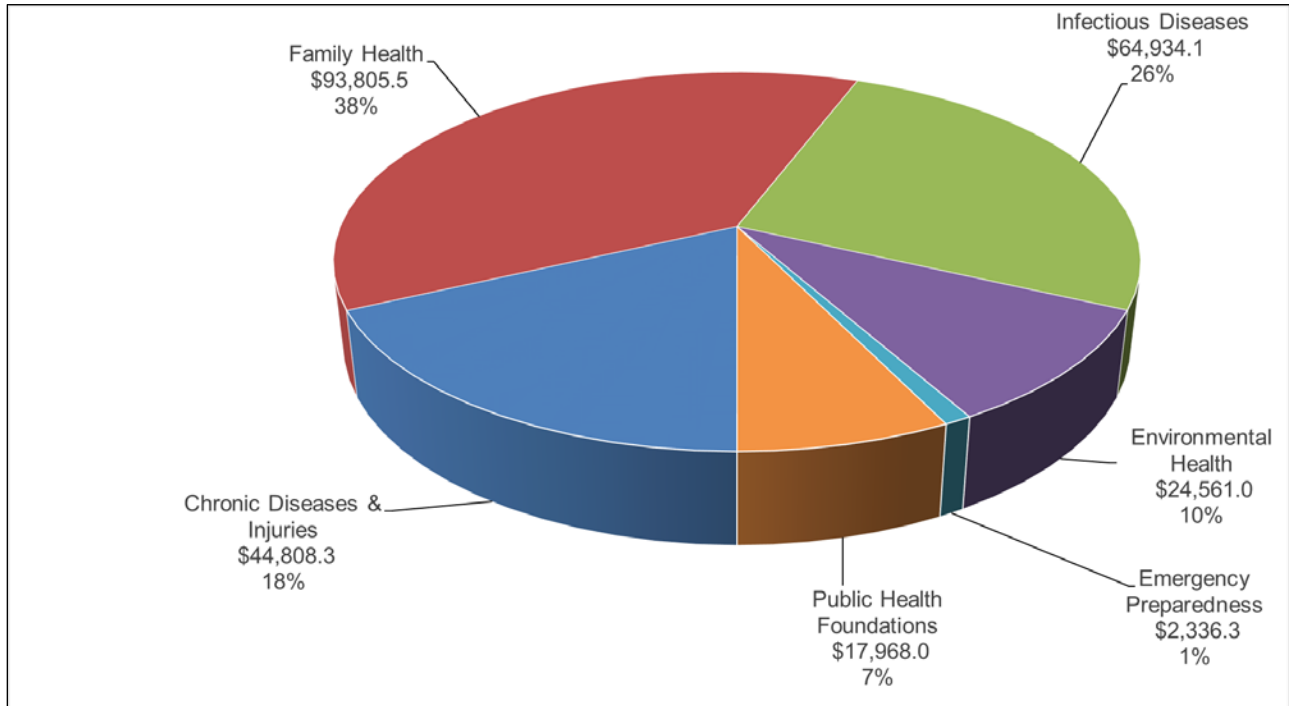
Table 2
Operating Budget Expenditure Allocation by Service

Toronto Public Health	2017 Budget (\$000s)		2018 Request (\$000s)	
	Gross	Net	Gross	Net
Chronic Diseases & Injuries	44,715.3	12,985.1	44,808.3	13,021.6
Family Health	93,920.7	20,716.7	93,805.5	20,660.0
Infectious Diseases	63,994.3	13,876.6	64,934.1	14,111.9
Environmental Health	24,342.8	5,562.5	24,561.0	5,581.3
Emergency Preparedness	2,376.5	580.5	2,336.3	572.9
Public Health Foundations	17,417.5	7,105.5	17,968.0	7,134.1
Total	246,767.0	60,826.9	248,413.1	61,081.8

Below, in Chart 1 - 2018 TPH Operating Budget Submission by Service Gross Expenditure, the budget allocation by gross dollar value and percentage for each Service is illustrated.

Chart 1
2018 TPH Operating Budget Submission by Service Gross Expenditure
(\$000s)

Total: \$248,413.1 thousand



*Note: Difference is not exactly equal due to rounding

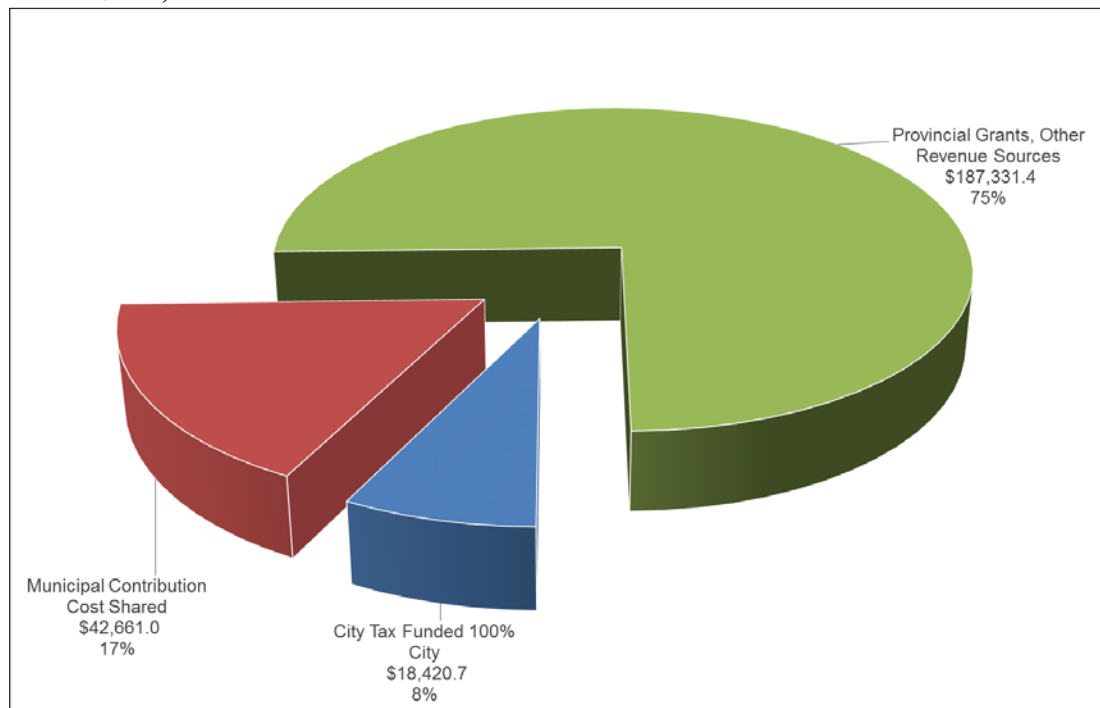
TPH Operating Budget by Funding Sources

The TPH 2018 Operating Budget Submission includes both recommended adjustments and options for the Board's consideration. The Province of Ontario funds 72 percent of this budget including both 100 percent service funding (20 percent) and 75 percent service funding (52 percent). The City funds 25 percent of the TPH operating budget including 17 percent for its 25 percent cost shared portion of mandated public health services and 8 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 2018 Operating Budget Submission by Funding Source.

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

Total: \$248,413.1 thousand



Provincial Funding for Cost Shared Programs

The 2018 Operating Budget Submission for the provincial mandatory cost shared programs, including both the provincial share of 75 percent and the City's share of 25 percent is \$170,644.3 thousand gross / \$42,661.1 thousand net expenditures, which is an increase from the 2017 Operating Budget of \$1,045.4 thousand gross and \$277.1 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 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 \$19.3 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.

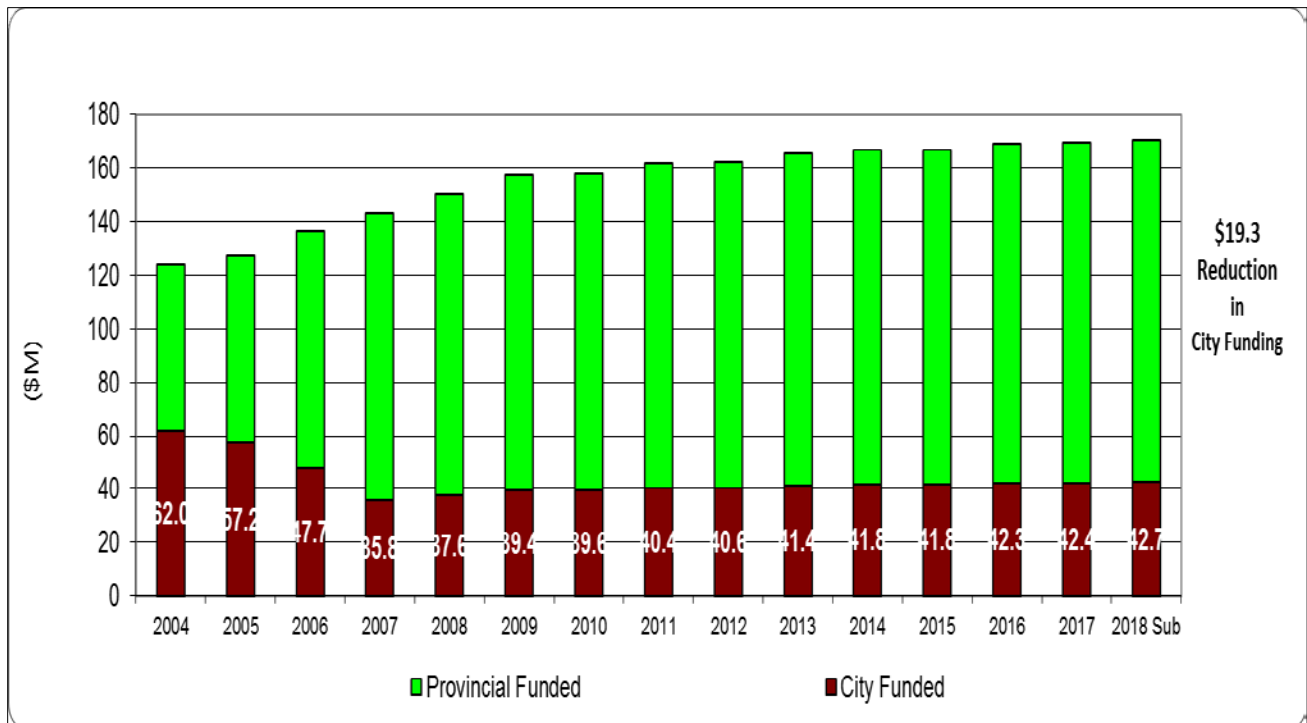
The Province has recognized the increasing need for public health services for many years and has offered its 75 percent share of funding to enhance and add public health services if the City approves its 25 percent share of the funding. However, since 2010 the cumulative provincial revenue foregone 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 areas 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 its 36 public health units to address increasing population growth 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 is 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 in future years as it attempts to close the gap in resources required for Toronto 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, and Communicable Disease Liaison Unit as outlined below in Chart 4 and Table 3; over the past fourteen years the amount of 100 percent provincial funding has increased by over 76 percent from \$28.3 million in 2004 to \$51.5 million estimate for 2018.

Chart 4
100 Percent Provincially Funded Program Trends: 2013 – 2018 Est.

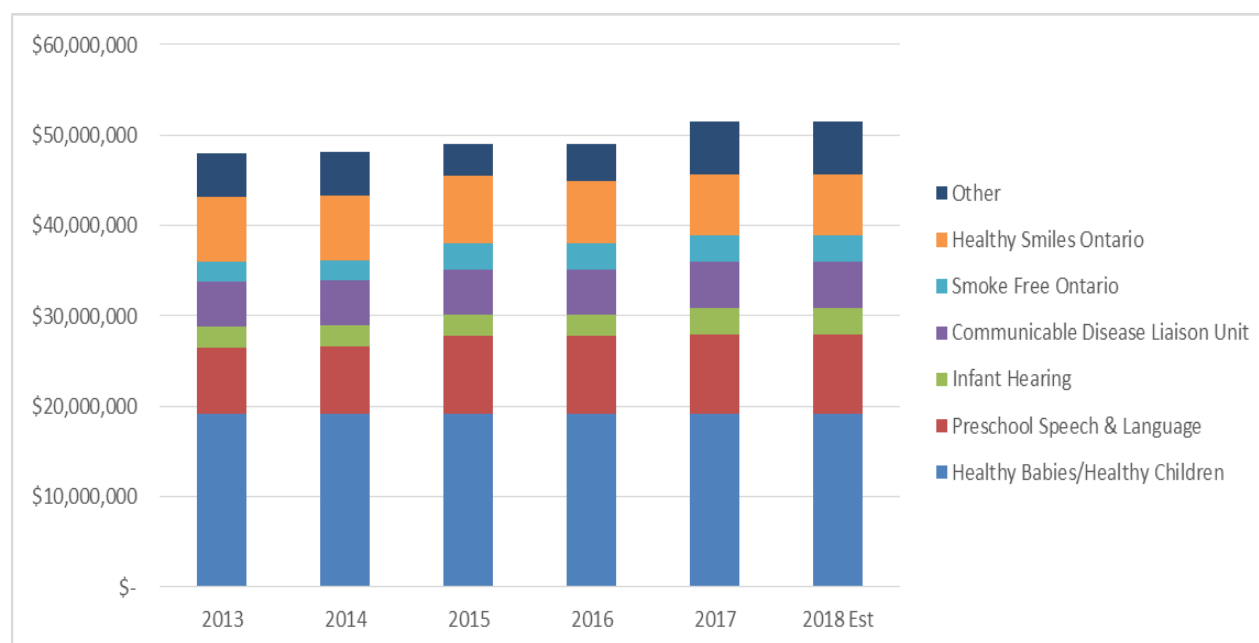


Table 3
100 Percent Provincially Funded Program Trends: 2013 – 2018 Est (\$000s)*

TOTAL (Base)	2013	2014	2015	2016	2017	2018 Est
Healthy Babies/Healthy Children	\$ 19,222,925	\$ 19,222,925	\$ 19,222,925	\$ 19,222,925	\$ 19,222,925	\$ 19,222,925
Preschool Speech & Language	\$ 7,271,372	\$ 7,416,327	\$ 8,609,511	\$ 8,609,713	\$ 8,753,686	\$ 8,753,686
Infant Hearing	\$ 2,305,945	\$ 2,305,945	\$ 2,305,945	\$ 2,305,945	\$ 2,971,756	\$ 2,971,756
Communicable Disease Liaison Unit	\$ 5,000,238	\$ 5,000,238	\$ 5,000,300	\$ 5,000,300	\$ 5,000,300	\$ 5,000,300
Smoke Free Ontario	\$ 2,162,100	\$ 2,162,100	\$ 2,835,800	\$ 2,905,800	\$ 2,905,800	\$ 2,905,800
Healthy Smiles Ontario	\$ 7,264,463	\$ 7,264,463	\$ 7,583,700	\$ 6,825,500	\$ 6,825,500	\$ 6,825,500
Other	\$ 4,722,322	\$ 4,704,086	\$ 3,460,228	\$ 4,121,128	\$ 5,868,453	\$ 5,868,453
TOTAL (Base)	\$ 47,949,365	\$ 48,076,084	\$ 49,018,409	\$ 48,991,311	\$ 51,548,420	\$ 51,548,420

***Note:**

- Preschool Speech and Language received new base funding of \$689.2 thousand for 2014 / 2015 Provincial Fiscal Year.
- Other Includes Supervised Injection Site (new 2017), Harm Reduction (new 2017), Haines, Needle Exchange, Safe Water, Chief Nursing Officer, Pharmacists Integration,
- Electronic Cigarette Act launched in 2015 and programs that have been discontinued in 2014: Infection Prevention & Control Week, Sexually Transmitted Infections Week, World TB Day and SIECCAN

For 2015

- Smoke Free Ontario received additional base \$463.7 thousand for Tobacco Enforcement, new program Electronic Cigarettes Act \$210.0 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.

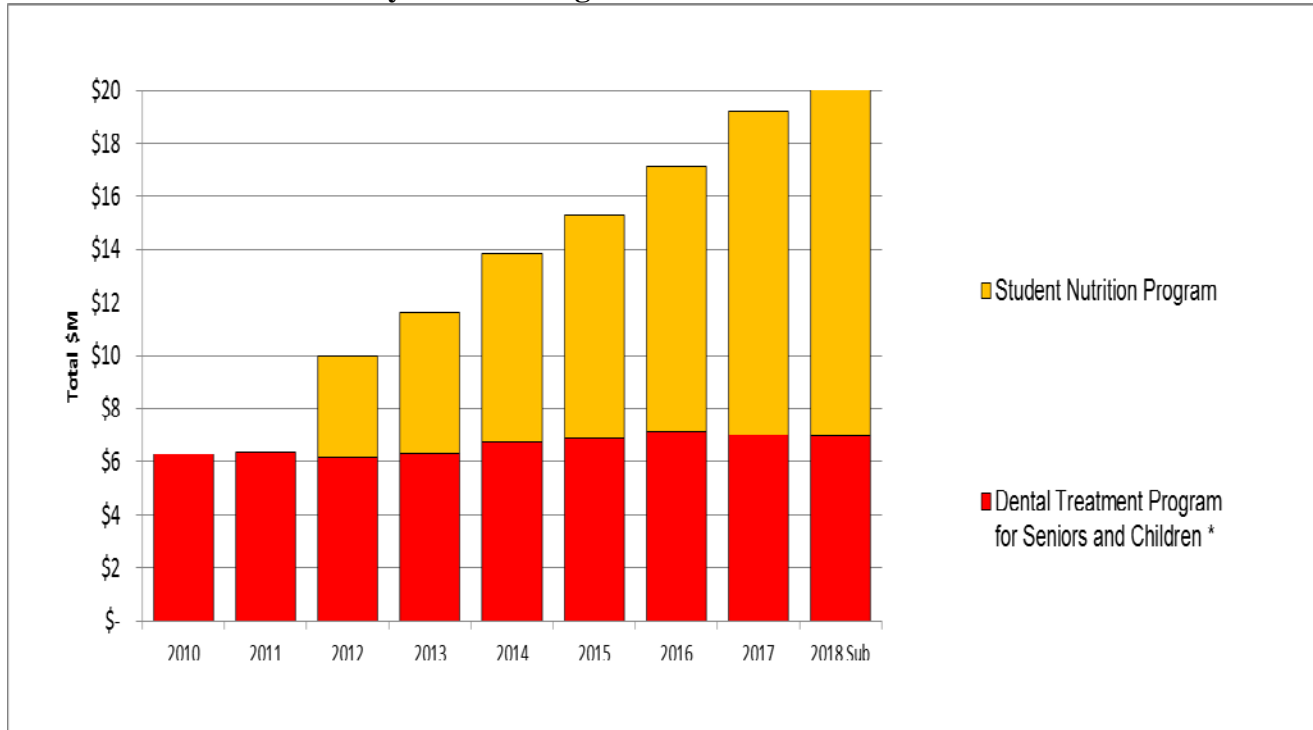
For 2017

- Infant Hearing Program (IHP) received a funding increase of \$665.8 thousand in 2017/18.
- Launched Supervised Injection Site with base funding of \$1,081.0 thousand
- Launched Harm Reduction with base funding of \$450.0 thousand

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 – 2018 Submission



PART III: PROGRAM DETAILS

The 2018 TPH Recommended Operating Budget Submission is based on these six major programs. The breakdown of 2017 Budget and 2018 Submission for Services within each major service is outlined below. The 2017 Key Accomplishments section highlights significant achievements during the past year and the 2018 Service Deliverables highlights deliverables that the proposed Operating Budget will fund in 2018.

INFECTIOUS DISEASES (in \$000s)		Gross Budget	Net Budget
	2018 Rec	64,934.1	14,111.9
	2017	63,994.3	13,876.6
	Difference	939.8	235.3

2017 Key Accomplishments

Infectious Diseases Program:

1. Ensured services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response.
2. Responded to approximately 41,000 cases and contacts of reportable/communicable diseases 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% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics).
5. Provided case management for 100% of all TB cases for the 6-24 months required for cure, to prevent further spread and development of drug resistance.
6. Ensured that greater than 95% of active TB cases will complete adequate treatment according to the Canadian TB Standards.
7. Assessed and investigated reports for 100% of suspect TB cases.
8. Held 54 community clinics to provide vaccines that are mandatory under the Immunization of School Pupils Act.
9. Provided immunization clinics in schools to grade 7 and 8 students in 426 schools to provide hepatitis B, meningococcal and Human Papilloma Virus vaccines.
10. Completed assessment under the Immunization of School Pupils Act of 87,000 grades 2, 3, 10, 11 and 12 students in public schools resulting in a compliance rate of over 95%.

2018 Service Deliverables

Infectious Disease Prevention and Control

1. Ensure services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response.
2. Respond to approximately 41,000 cases and contacts of reportable/communicable diseases and to 350 outbreaks of communicable diseases.

3. Inspect 3,800 critical and semi-critical personal services settings (PSS) and 1,000 licensed child care facilities.
4. Investigate and provide follow up for over 16,000 confirmed cases of chlamydia, gonorrhea, syphilis and HIV.
5. Ensure treatment of 100% of reportable sexually transmitted infections through TPH sexual health clinics (including partnership and contracted clinics).
6. Provide case management for 100% 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% of Active TB cases will complete adequate treatment according to the Canadian TB Standards.
8. Assess 100% of immunization records for grades 2, 3, 4, 10, 11 and 12 students.
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
	2018 Rec	24,561.0	5,581.3
	2017	24,342.8	5,562.5
	Difference	218.2	18.8

2017 Key Accomplishments

Food Safety

1. Completed approximately 28,100 inspections of food premises
2. Responded to 100% of reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues within 24 hours;
3. Offered food safety training and certification to approximately 8,149 food handlers working in licensed food premises (Municipal Code Chapter 545 requirement).

Safe Water

1. Completed 4519 recreational water facilities inspections; Issued 243 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.
2. No Boil Water or Drinking Water advisories issued; investigated and resolved 267 adverse water reports in total; responded to 267 microbiological adverse reports

Health Hazard Prevention and Management

1. Responded to 1398 complaints alleging a health hazard within 24 hours or by the next business day and took action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto.
2. Responded to 865 (100%) calls through On Call system to ensure a 24 hour availability to receive and respond to reports of potential health hazards
3. Responded to 1,369 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 2016 we had 38 positive pools. Larvaciding of CB - Total of 351570 catch basin treatments were completed using Altoside pellets during 3 rounds of treatment and 2147 catch basins with Vectolex WSP
6. 225 surface water site visits were completed resulting in a total of 107 larviciding treatments

Rabies Prevention & Control

1. Investigated 2679 animal to human bite incidents

2. Provided post exposure prophylaxis to attending physicians (when requested) to administer to 288 individuals
3. Submitted 35 animal specimens for rabies testing when risk assessment indicates need

2018 Service Deliverables

Food Safety

1. Inspect 16,227 food premises; Receive and respond within 24 hours to reports of suspected and confirmed food-borne illnesses or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues.
2. Offer food safety training and certification to a minimum of 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 inspect 1,611 recreational facilities by completing 5,148 inspections (indoor pools inspected 4x per year and outdoor pools inspected 2x per year).
2. Provide ongoing education and promotion of SwimSafe initiative
3. Receive and review Toronto Water monthly drinking water reports and respond to between 300-500 adverse water reports issued from Toronto Water.

Health Hazard Prevention and Management

1. Respond to all complaints alleging a health hazard within 24 hours or by the next business day and take action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto
2. Coordinate services and financial support for unit preparation for vulnerable clients including nursing assessments, health services referrals and other supports where deemed appropriate.
3. Visit high risk residential premises as an outreach initiative to protect vulnerable residents during periods of extended extreme heat/cold

Rabies Prevention & Control

1. Investigate 100% animal to human bite incidents (1049 YTD)
2. Provide post exposure prophylaxis to attending physicians (when requested) to protect 100% of exposed individuals (141 YTD)
3. Submit 100% animal specimens for rabies testing when risk assessment indicates need (23 YTD)

EMERGENCY PREPAREDNESS (in \$000s)		Gross Budget	Net Budget
	2018 Rec	2,336.3	572.9
	2017	2,376.5	580.5
	Difference	(40.2)	(7.6)

2017 Key Accomplishments

1. Coordinated the process of updating and exercising 84 (100%) Business Continuity Plans (BCP) for TPH..
2. Provided IMS instructor-led training to approximately 75 non-union staff, updated e-modules to facilitate IMS training/orientation for all staff to comply with OPHS requirements.
3. Updated/reviewed TPH Emergency Plan, BCP Functional Component, Divisional Operations Centre & Communications Functional Component, CBRNE Plan, and EMCT protocol for TPH, as well as Risk Specific Plans and other Supporting Documents.
4. Responded to emergencies/incidents with public health impact such as Measles; Seaton House iGAS; and Toronto Island Flooding.
5. Coordinated emergency preparedness work with City and external partners.
6. Developed a Risk Management Strategy and related resources for TPH.
7. Tested ERMS mass notification system; addressed data integrity issues in ESP.
8. Updated TPH IMS assignment list for TPH non-union staff.
9. Completed EPP updates/changes to Mass Immunization Clinic plan based on EpicTO evaluation report.

2018 Service Deliverables

1. Respond to emergencies/incidents with public health impact as required (e.g. anticipated to support North American Indigenous Games and Invictus Games in summer 2017; others as they arise).
2. Update TPH Emergency Plan, Risk Specific Plans and Supporting Documents, including the IMS assignment list for non-union staff, and TPH specific Hazard Identification and Risk Assessment matrix.
3. Coordinate the process of updating and exercising 84 (100%) Business Continuity Plans for TPH.
4. Coordinate and deliver emergency management training for all TPH staff (e.g. IMS; ERM; BCP) through a variety of methods.
5. Coordinate implementation of Risk Management Strategy for TPH and develop tools/resources as necessary;
6. Coordinate submission of the Risk Management report to the MOHLTC as per new Accountability Framework Requirements.
7. Coordinate emergency preparedness work with City and external partners

CHRONIC DISEASES AND INJURIES (in \$000s)		Gross Budget	Net Budget
	2018 Rec	44,808.3	13,021.6
	2017	44,715.3	12,985.1
	Difference	93.1	36.5

*Note: Difference is not exactly equal due to rounding

2017 Key Accomplishments

1. Reached 68% (185/271) of higher needs elementary/middle schools, as indicated by the Toronto school boards, with CDIP services.
2. Trained 110 Peer Leaders (34 YHAN, 64 IYE and 12 YELL) from 32 agencies, the Youth Health Action Network and YELL; the peer leaders supported 1,400 youth participants to directly reach 10,000 youth in their communities with CDIP messaging.
3. Provided Diabetes Prevention education programs to 1,450 participants.
4. Provided nutrition consultation and support to 55% of municipally funded Student Nutrition Programs in the 2016/17 school year.
5. Supported 563 school communities to provide 34,588,616 meals/year to 183,982 children and youth, with municipal funding for student nutrition programs (Sept 2016 – June 2017 school year).
6. Conducted 100% of mandatory: annual tobacco vendor Display and Promotion inspections, bi-annual Youth Access inspections, and annual secondary school inspections (SFOA).
7. Trained 100 agency staff in Step Ahead (Falls Prevention for Older Adults) utilizing the Step Ahead E-learning module.
8. Reached 93% (755/812) of Toronto Publicly funded schools with Public Health Nurse Liaison services.
9. Reached 25,338 children, youth, and post-secondary students with Healthy Schools and Substance Misuse Prevention services to promote substance misuse prevention and mental health promotion.

2018 Service Deliverables

1. Conduct 100% of mandatory annual tobacco vendor Display and Promotion inspections, bi-annual Youth Access inspections, and annual secondary school inspections (SFOA).
2. Provide Chronic Disease and Injury Prevention services in NIA and emerging neighbourhoods.
3. Reach 75% (206) of higher needs elementary/middle schools, as indicated by the Toronto school boards, with CDIP services (74,000 students).
4. Train 1,500 Peer Leaders (between YHAN, IYE and YELL) from 35 agencies; the peer leaders will directly reach 10,000 youth in their communities with CDIP messaging.
5. Provide Diabetes Prevention education programs to 3,600 participants.
6. *Provide nutrition consultation and support to 55% of municipally funded Student Nutrition Programs in the 2017/18 school year.*
7. Support 600 school communities to provide 37,183,580 meals/year to 197,785 children and youth, with municipal funding for student nutrition programs (Sept 2017 - June 2018 school year).
8. Provide CDIP services to agencies to build and sustain healthy social and physical environments that support the public to eat healthy, be physically active and take part in other health and wellbeing activities.
9. Reach 100% (n=812) of Toronto Publicly funded schools with Public Health Nurse Liaison services.
10. Reach 25,000 children, youth, and post-secondary students with Healthy Schools and Substance Misuse Prevention services to promote substance misuse prevention and mental health promotion.

FAMILY HEALTH (in \$000s)		Gross Budget	Net Budget
	2018 Rec	93,805.5	20,660.0
	2017	93,920.7	20,716.7
	Difference	(115.2)	(56.7)

2017 Key Accomplishments

Family Health

1. Delivered 65,000 educational sessions to improve families' knowledge in healthy pregnancy, growth and development, positive parenting, healthy eating, and breastfeeding to enable children and parents to attain and sustain optimal health and development.
2. Completed 68,000 screens (including hearing, developmental, communications, nutrition, prenatal, postpartum depression and parenting screens) to identify individuals at risk for adverse birth outcomes and/or to identify children at risk for adverse/or decreased child development outcomes.
3. Delivered 144,000 individual interventions to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development (including home visits)
4. Increased access and equity by expanding the use of technology (Pinterest, HF Blog, Twitter e-newsletter, WTP, online registration) to promote CHD messages and services to reach a larger number of Toronto families.
5. Screened 224,500 children for oral health conditions in elementary schools for 2016.
6. Provided dental treatment to approximately 30,000 clients
7. Screened approximately 18,450 children and youth, approximately 2,300 of whom were referred for dental treatment
8. Provided oral health assessments to 11,200 seniors in Long Term Care facilities and professionally cleaned approximately 3,600 dentures.
9. Provided dental care to 750 or more clients, connected with 25 or more agencies (Mobile Dental Clinic (MDC))
10. Conducted 350 visual assessments in child care settings; contacted approximately 850 agencies, attended 150 health fairs/community events, delivered 550 oral health workshops and provided oral health information to approximately 16,000 clients attending workshops and events (health fairs, information booth). (Community Oral Health Outreach Workers)

2018 Service Deliverables

1. Deliver 65,000 educational sessions to improve families' knowledge in healthy pregnancy, growth and development, positive parenting, healthy eating, and breastfeeding to enable children and parents to attain and sustain optimal health and development.
2. Complete 68,000 screens (including hearing, developmental, communications, nutrition, prenatal, postpartum depression and parenting screens) to identify individuals at risk for adverse birth outcomes and/or to identify children at risk for adverse/or decreased child development outcomes.
3. Deliver 144,000 individual interventions to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development (including home visits)
4. Expand perinatal mental health services and 18 month well baby visit uptake.
5. Expand the range of preschool rehabilitation services pending approval of funding application.
6. Integration of the Child Friendly Policy Framework across City Divisions.
7. Conduct approximately 224,500 dental screenings in elementary schools, and approximately 16,000 dental screenings in childcare centers and high schools.
8. Provide oral health assessments to approximately 11,200 seniors in LTC, and perform 3,600 professional denture cleanings.
9. Provide dental care to approximately 17,000 children and youth (18 years of age and younger) from low income families, and to approximately 4,000 adults (18-64 years of age) eligible for social assistance.
10. Provide dental treatment to approximately 9,400 seniors (65+) attending 18 TPH dental clinics.

PUBLIC HEALTH FOUNDATIONS (in \$000s)		Gross Budget	Net Budget
	2018 Rec	17,968.0	7,134.1
	2017	17,417.5	7,105.5
	Difference	550.5	28.5

*Note: Difference is not exactly equal due to rounding

2017 Key Accomplishments

1. Collected, assessed, monitored and reported on data for deaths in the homeless population
2. Collected, assessed, monitored and reported on data for drug overdose events
3. Completed data analysis and reporting of approximately 2400 interviews conducted for the 2016 Rapid Risk Factor Surveillance System
4. Conducted ongoing surveillance for chronic disease and reproductive health outcomes, related risk and protective factors, health inequities and outbreak detection
5. Produced and released report on Healthy Aging
6. Screened and/or reviewed 35 research projects through the TPH Research Ethics Review process
7. Prepared 13 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. Advanced 10 municipal policies to support healthy social, built and natural environments
9. Compiled 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. Responded to 1000 enquiries (phone and email) for ChemTRAC information and technical issues

2018 Service Deliverables

1. Collect, assess, monitor and report data for deaths in the homeless population
2. Collect, assess, monitor and report data for drug overdose events
3. Complete data analysis and reporting of approximately 1800 interviews conducted for the 2017 Rapid Risk Factor Surveillance System
4. Conduct ongoing surveillance and population health assessment for chronic disease and reproductive health outcomes, related risk and protective factors, health inequities and outbreak detection
5. 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
6. Advance 10 municipal policies to support healthy social, built and natural environments
7. Screen and/or review 35 research projects through the TPH Research Ethics Review process
8. 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
9. Respond to 1000 enquiries (phone and email) for ChemTRAC information and technical issues

PART IV: OPERATING BUDGET DETAILS

Table 4 categorizes the changes included in the TPH 2018 Operating Budget Submission in accordance with the City's budget guidelines.

Table 4
Toronto Public Health

Overview of the 2018 Operating Budget Submission						
	Summary of 2018 Operating Budget Submission					
	Approved Positions	Gross Expenditures	Revenues	Net	Net	Cumulative Net
(\$000s)		\$	\$	\$	%	%
2017 Council Appr. Operating Budget as at February 15, 2017	1,837.96	245,071.4	184,274.5	60,796.9		
In-year approvals and technical adjustments	17.78	1,695.7	1,665.7	30.0		
2017 Operating Budget	1,855.74	246,767.0	185,940.1	60,826.9		
Step, Progression Pay, COLA, Benefits Gapping	(3.00)	469.9	400.0	69.8	0.11	0.11
Salaries & Benefits Related to Capital Projects	9.85	639.7	639.7	0.0	0.00	0.11
Economic Factors - Non Payroll	0.00	114.6	85.2	29.4	0.05	0.16
IDC / IDR	0.00	20.6	14.6	6.1	0.01	0.17
Annualization, Reversal of 1 Time Requests, Base Changes & 100% Funded Budget Adjustments	0.00	112.0	21.5	90.5	0.15	0.32
User Fees	0.00	14.2	20.6	(6.4)	(0.01)	0.31
PART 1: 2018 Base Budget Request	1,862.59	248,138.0	187,121.7	61,016.3	0.31	0.31
Over (Under) 2017 Operating Budget	6.85	1,371.0	1,181.6	189.4	0.31	0.31
% Over (Under) 2017 Operating Budget	0.37	0.6	0.6	0.31	0.31	0.31
Efficiency Reductions	(4.86)	(719.3)	(536.2)	(183.1)	(0.30)	0.01
Minor Service Reductions	0.00	(25.0)	(18.8)	(6.3)	(0.01)	(0.00)
2018 Reduction Options for Consideration	(4.86)	(744.3)	(554.9)	(189.4)	(0.31)	(0.00)
PART 2: 2018 Submission Including Reduction Options	1,857.73	247,393.7	186,566.8	60,826.9	(0.00)	(0.00)
ISPA (Immunization of School Pupils Act)	9.00	530.3	397.7	132.6	0.22	0.22
Toronto Urban Health Fund - Year 4	0.00	150.0	112.5	37.5	0.06	0.28
Toronto Urban Health Fund 15% Budget Enhancement	0.00	339.1	254.3	84.8	0.14	0.42
2018 New & Enhanced Total	9.00	1,019.4	764.6	254.9	0.42	0.42
PART 3: 2018 Submission Including New & Enhanced	1,866.73	248,413.1	187,331.3	61,081.8	0.42	0.42
Over (Under) 2017 Operating Budget	10.99	1,646.1	1,391.2	254.9	0.42	0.42
% Over (Under) 2017 Operating Budget	0.59	0.7	0.7	0.4	0.42	0.42
SNP Increase - Expand to 20 New Public Schools	0.00	442.8	0.0	442.8	0.73	1.15
SNP Increase - Financial Stability of Currently Funded Program	0.00	1,681.4	0.0	1,681.4	2.76	3.91
SNP Increase - Expand to Independent Schools	0.00	624.8	0.0	624.8	1.03	4.94
Total Other Corporate Initiatives	0.00	2,749.0	0.0	2,749.0	4.52	4.94
PART 4: 2018 Including Corporate Initiatives	1,866.73	251,162.0	187,331.3	63,830.7	4.94	4.94
Over (Under) 2017 Operating Budget	10.99	4,395.0	1,391.2	3,003.8	4.94	4.94
% Over (Under) 2017 Operating Budget	0.59	1.78	0.75	4.94	4.94	4.94

Budget Impact on Toronto Taxpayers

The Province of Ontario provides funding for 72.0 percent of the TPH gross operating budget with 24.6 percent contributed by the City and the remaining 3.4 percent from user fees and other levels of government or external partners. The cost sharing formula of 75:25 means that every \$4 of public health services requires only \$1 of investment by the City.

The table below shows the annual cost of public health services per Toronto resident since 2004. The shift in the provincial formula starting in 2005 from 50 percent to 75 percent funding for cost-shared programs has allowed the City to move significant property tax dollars from public health into other City programs. The 2018 Operating Budget Submission includes \$23.3 million less in municipal funding than in 2004. On average, the 2018 Operating Budget Submission would cost each Toronto resident \$24.55 in property taxes.

Chart 7
Municipal Cost per Resident for Public Health Services

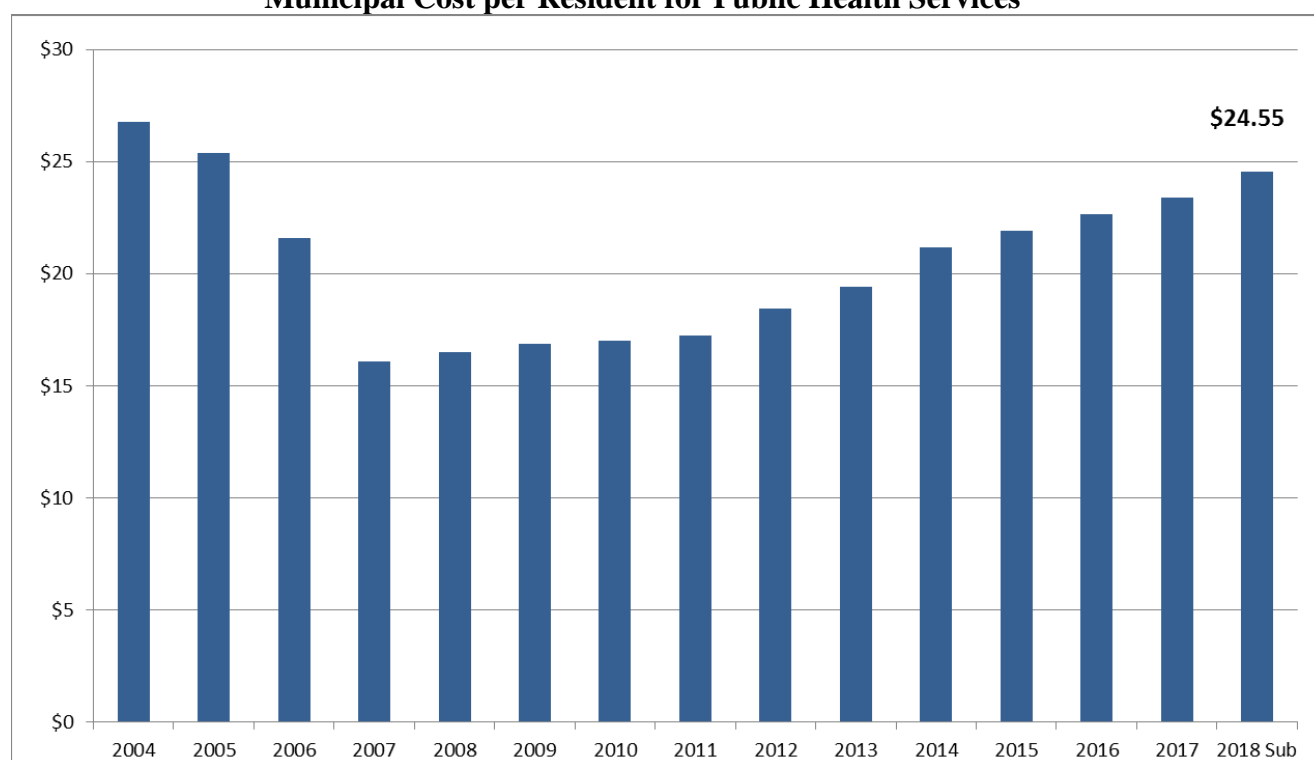


Table 5
Municipal Costs per Person for Public Health Services

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 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	23.39	24.55

The approved budget increase in 2017 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 2017 was \$1,925.9 thousand, or a municipal property tax cost per resident of \$0.73.

Section A: Base Budget

PART 1: Adjusted Base Budget

The adjusted base budget of \$248,138.0 thousand gross / \$61,016.2 thousand net, that is \$189.4 thousand above the 2017 net budget, includes:

Salary and Benefit Changes

- An increase of \$469.9 thousand gross and \$69.8 thousand net for 2018 COLA, progression pay, step, benefits and gapping. Management COLA has been budgeted corporately and not part of the TPH budget submission.

Salaries and Benefits Related to Capital Projects

- Included in the TPH 2018 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.
- An increase of \$639.7 thousand gross / \$0 net and 9.85 positions are included in this submission due to increased temporary staff resource requirements in the 2018 Capital Budget.

Economic Factors – Non Payroll

- An increase of \$114.6 thousand gross and \$29.4 thousand net for inflationary increases in the Toronto Urban Health Fund, Sexual Health Clinic Service Contracts Leases and for the Dental Program for Street Youth & Low Income Adults.

IDC / IDR

- An increase of \$20.6 thousand gross and \$6.1 thousand net is due to inflationary increases for services provided by other City departments.

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

- Annualization of 2017 new & enhanced projects for an increase of \$365.1 thousand gross and \$91.3 thousand net;
- Reversal of one time revenue of \$33.4 thousand and a corresponding increase of \$33.4 thousand net for One-on-One Mentoring. 2017 funding was approved for only one year.
- Base Increase of Vehicle Reserve Fund offset by revenue from insurance and fleet for \$50.0 thousand gross and a decrease of \$9.5 thousand net
- A decrease of \$206.5 thousand gross and \$0 net and for various 100 percent provincial and externally funded programs.
- A decrease of 96.6 thousand gross and 24.2 thousand net is included in the submission for annualization of 2017 Operating Impact of Capital reductions.

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 \$6.4 thousand.

Section B: Reduction Options

The City Manager issued guidelines and directions for development of the 2018 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 2018 operating budget target of 0 percent compared to the Council Approved 2017 Net Operating Budget.

In order to achieve City Council's budget reduction target and as directed by BOH Budget Committee, TPH explored opportunities for program efficiencies, cost containment and savings which do not decrease the quality of health services provided by TPH.

A total reduction of \$189.4 thousand net or 0.31 percent from the TPH 2017 Operating Budget would be required to achieve the City's reduction target of 0 percent. This will not account for any new and enhances services added to the TPH 2018 Operating Budget.

The TPH reduction options are included in the following two attachments: Attachment 2 – Summary of Recommended Reduction Options; Attachment 3 – Summary of Recommended Confidential Reduction Options.

Section C: New and Enhanced Services

At its meeting on July 13, 2017 the Board of Health Budget Committee directed the Medical Officer of Health to prepare a 2018 Operating Budget submission that includes three New and Enhanced cost shared services for \$1,019.4 thousand gross and \$254.9 thousand net increase.

Immunization to Meet Legislated Standards – \$530.3 thousand gross and \$132.6 thousand net and 9.0 positions in 2018. The annualized impact of this enhancement in 2019 would be an additional budget request of \$261.9 thousand gross and \$65.5 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 nine diseases (meningococcal, varicella, pertussis, measles, mumps, rubella, diphtheria, tetanus and polio). Fully implementing the ISPA (assessment through to suspension) protects the health of Toronto's children and ensures the City meets its accountability with the MOHLTC.

This change is being proposed because the Ministry increased requirements of the ISPA in 2013 (adding 3 new diseases comprising 9 additional vaccine doses and the addition of private schools for ISPA assessment) and implemented a new, more complex provincial data system, Panorama, to enter student vaccine information and assess compliance.

In 2017 the Ministry passed legislation to make it mandatory for health care providers who administer vaccines to report this to TPH without a direct electronic means. Additionally, TPH is required under the OPHS to fully implement the ISPA. These changes will improve the health and safety of Ontario's school children and will help protect them from Vaccine Preventable Diseases (VPD), reducing the risk of disease outbreaks.

With this enhancement, TPH will be assessing immunization records for all students in all schools every year. Toronto Public Health will work with an additional 70,000 school aged children who are not up to date.

Toronto Urban Health Fund (TUHF) - Year 4 – \$150.0 thousand gross and \$37.5 thousand net

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

TUHF has also identified significant funding gaps for organizations that are servicing urban Indigenous populations. With the budget enhancements received in 2015, TUHF has slowly increased the number of Indigenous organizations that received funding from none in 2015, to three in 2016 and four in 2017. Indigenous peoples continue to experience poorer health and socio-economic conditions than the general population. National epidemiological data also suggest that Indigenous peoples are over-represented in the HIV epidemic and are being infected with HIV at a younger age than other Canadians.

The Board of Health has supported a five year plan with a budget enhancement of \$750.0 thousand gross for the program through annual increments of \$150.0 thousand gross per year to

address HIV prevention, harm reduction and youth resiliency. This budget enhancement will address annual funding shortfalls while enabling TUHF to build capacity in two of the most vulnerable populations, namely youth living in Neighbourhood Improvement Areas and urban Indigenous populations.

Toronto Urban Health Fund 15% Budget Enhancement – \$339.1 thousand gross and \$84.7 thousand net

The challenge to meet community requests for funding continues and in the most recently completed funding allocation process that concluded in May 2017, the Toronto Urban Health Fund (TUHF) could not fund 17 projects due to a funding shortfall of \$900,219. As a result the 2017 TUHF Review Panel recommended the BOH increase the annual TUHF funding by 15% (\$524,028) for the next funding cycle with a particular focus on prioritizing funding for the African Caribbean Black communities. TPH has already increased inflation and year 4 of the 5 year phased increase. This left an additional requirement of \$339.1 gross and \$84.7 net to meet the 15% increase.

Funding needs to be enhanced in order to sustain community response in the African, Caribbean Black communities in the city's west region to addressing HIV infection and substance use. HIV rates among Black youth and women continue to represent a high proportion of cases Toronto.

The enhancement will contribute to strengthening local community response to address HIV incidence rates and illicit substance use rates within the Black community. Organizations will also increase their capacity to secure and leverage TPH, City of Toronto and external project funding sources. Racialized youth and newcomers and will enhance their capacity and will be engaged through employment and capacity to address HIV prevention.

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

The other New & Enhanced program includes year six 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 6 followed by a brief description of the proposal. A separate report on the 2018 budget request for the Student Nutrition Program provides more details about this enhancement.

Table 6
Toronto Public Health

Other New & Enhanced Services				
	Approved Positions	Gross Expenditures	Revenues	Net
(\$000s)		\$	\$	\$
SNP Increase - Expand to 20 New Public Schools	0.00	442.8	0.00	442.8
SNP Increase Financial Stability of Currently Funded Program	0.00	1,681.4	0.00	1,681.4
SNP Increase - Expand to Independent Schools	0.00	624.8	0.00	624.8
Total Other New & Enhanced Services	0.00	2,749.0	0.0	2,749.0

Student Nutrition Program – Year 5: \$2,749.0 thousand gross and net:

City Council at its meeting of July 11-13, 2012 requested the MOH to report to the BOH, 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 report, "Student Nutrition Program: 2018 Operating Budget Submission and Program Update" includes requests for program stabilization and service enhancements in line with year six of the six-year plan. Recommendations in the report include:

- 1) The Board of Health adopt the request for a net increase of \$1,681,365 included in the Toronto Public Health 2018 Operating Budget Request to be allocated to existing student nutrition programs towards the cost of nutritious food to increase the City's investment rate to 20% of total program costs from 17% in 2017, providing a stronger funding base for existing programs;
- 2) The Board of Health adopt the request for an additional net increase of \$442,773 included in the Toronto Public Health 2018 Operating Budget Request to extend municipal funding towards the cost of nutritious food to up to 20 student nutrition programs which are currently operating in public schools without municipal funding; and

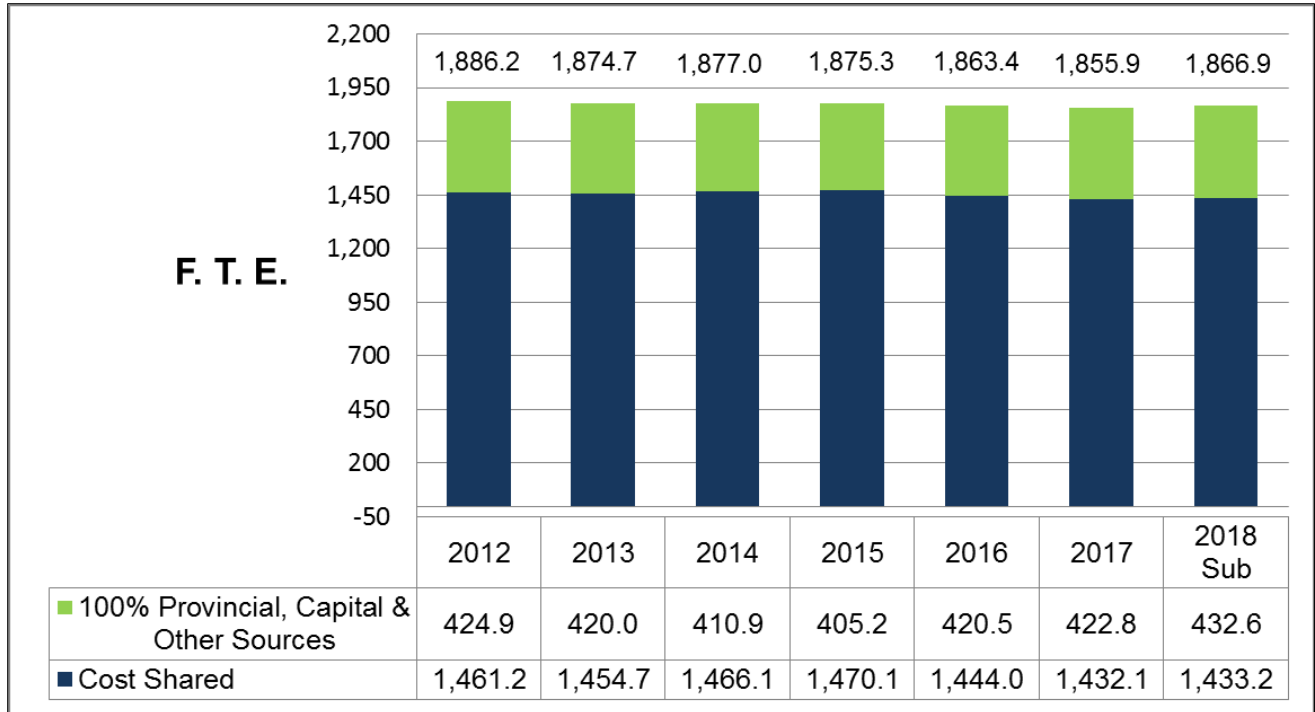
3) The Board of Health adopt the request for an additional net increase of \$624,824 included in the Toronto Public Health 2018 Operating Budget Request to gradually extend municipal funding towards the cost of nutritious food to student nutrition programs in independent schools serving higher needs communities, which meet program eligibility criteria, including \$40,000 to support community capacity building and municipal oversight of program grants.

Section E: Impact of Capital Projects on Future Operating Budgets

Two of the Capital projects that were completed in 2017 have operating impacts from Capital. These include Communicable Disease Control (CDC) Wireless and Healthy Environments Mobile Inspection Projects. The operating impact to support the cost of the new system and the required maintenance was fully absorbed within the existing TPH operating budget using program efficiencies and service realignment.

Section F: Staffing Trends

Chart 8
Staffing Trend Approved Positions 2012-2018



TPH approved positions have remained relatively stable over the past five years with the exception of 2012 when 58.25 FTE's were reduced in order to achieve a 10 percent reduction from the 2011 budget and 2017 with a reduction of 26.95 positions to meet the 2.6 percent reduction target.

In 2018 TPH has submitted reduction proposals that results in a reduction of 4.86 positions to achieve the zero percent reduction target. This is offset by an increase of 9.0 positons in new & enhanced services to maximize provincial revenue and improve compliance with OPHS. In addition, there is an increase of 6.85 FTE due to capital delivery and technical adjustments. The overall change in positions from 2017 to 2018 is an increase of 10.99 FTEs.

Section G: 2017 Operating Budget Variance

Table 7

2017 Operating Budget Variance Review at June 30, 2017 (\$000s)

(In \$000s)	2016 Actuals	2017 Approved Budget	2017 Projected Actuals	2017 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
GROSS EXP.	244,078.5	245,312.1	241,431.8	(3,880.3)	(1.6)
REVENUES	185,155.7	184,485.2	181,097.8	(3,387.4)	(1.8)
NET EXP.	58,922.8	60,826.9	60,334.0	(492.9)	(0.8)
Approved Positions	1,714.0	1,839.36	1,750.0	(89.4)	(4.9)

* Based on the Second Quarter Operating Budget Variance Report.

2017 Experience

At year-end TPH expects to be under-spent in gross expenditures by \$3,880.3 thousand or 1.6 percent and under achieved in revenue by \$3,387.4 thousand or 1.8 percent resulting in a \$492.9 thousand net favorable variance or 0.8 percent below budget.

For the period ending June 30, 2017, the total gross expenditure variance was under budget by \$2,219.9 thousand or 2.1 percent. This was the result of under spending of \$1,967.0 thousand in Salaries and Benefits and under spending of \$252.9 thousand in non-payroll. The gross under spending was: \$727.6 thousand in cost shared and City funded programs and \$1,492.2 thousand in 100 percent funded programs. Revenue was under budget by \$1,835.6 thousand or 2.2 percent corresponding to the under spending in provincially funded and Capital funded programs.