

## ATTACHMENT 1:

### TORONTO PUBLIC HEALTH SERVICE ACCOMPLISHMENTS, DELIVERABLES AND PERFORMANCE MEASURES

As part of the City of Toronto's 2019 budget process, Toronto Public Health submitted its mission statement, program map, 2018 key accomplishments targets, 2019 service deliverables and 2019 performance measures.

#### MISSION STATEMENT

Toronto Public Health reduces health inequities and improves the health of the whole population.

#### PROGRAM MAP



#### 2018 KEY ACCOMPLISHMENTS

Toronto Public Health's 2018 key accomplishments targets in addressing its 2015-19 Strategic Plan priority directions are as follows:

**Priority Direction 1:** Serve the public health needs of Toronto's diverse communities

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. Inspected approximately 3,800 critical and semi-critical personal services settings (PSS) and 1,000 licensed child care facilities.
4. Provided Diabetes Prevention education programs to 3,600 participants at higher risk of developing Type 2 diabetes.
5. Screened 224,500 children for oral health conditions in elementary schools.

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6. Supported 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).
7. Increased reach to the number of higher needs elementary/middle schools, as indicated by the Toronto school boards, reached with Chronic Disease and Injury Prevention services to 72% or 195 out of 271 schools which represents 70,500 students (2017 - 68%, 185 out of 271 schools).

### **Priority Direction 2: Champion healthy public policy**

1. Provided Tuberculosis education to 200 health care providers focusing on reporting requirements, Tuberculosis screening, optimal treatment of clients with active Tuberculosis or latent Tuberculosis infection.
2. Partnered with 47 community agencies to deliver harm reduction supplies.
3. Funded 30 community organizations to prevent transmission of HIV and assisted 30 agencies with evaluation skills.
4. Endorsement of the Child Friendly Policy Framework by Toronto Child and Family Network.
5. Provided infection prevention and control liaison services to 20 hospital sites, 16 complex continuing care/rehab sites, 88 Long-Term Care Homes, 2 Reactivation Care Centers (altered level of care facilities created by the LHINs), 150 retirement homes, 2 correctional facilities, 4 school boards, 65 shelters and 1,000 licensed child care centers.
6. Collaborated with Ministry of Children, Community and Social Services and Better Outcomes Registry and Network (BORN) in engaging with Toronto birthing hospitals on BORN and Integrated Services for Children Information System integration which, when fully implemented, will reap multiple service enhancements and efficiencies for Toronto families: such as enhancing the way key maternal child screening information moves between hospital and public health care providers to help facilitate care and transitions from hospital to community.

### **Priority Direction 3: Anticipate and response to emerging public health threats**

1. Reached 13,618 children, youth, and post-secondary students with Healthy Schools and Substance Misuse Prevention services to promote substance misuse prevention and mental health promotion.
2. Responded to the opioid overdose crisis including
  - o Provided 2,776 high risk opiate users with Naloxone, resulting in 315 administrations to reverse drug overdoses (August 2017 to August 2018)
  - o Distributed naloxone to 35 community agencies, hospital emergency rooms/acute care centres and Toronto Police Service.

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- Operated Supervised Injection services and provided services to 21,175 clients (August 2017 to August 2018).
- 3. Presented reports on emerging public health issues and municipal policies to support healthy social, built and natural environments including
  - [A Public Health Approach to Drug Policy](#)
  - [Health and Safety Impacts for REimagining Yonge \(Sheppard to Finch\)](#)
  - [Report from the Medical Officer of Health on Deaths of People Experiencing Homelessness - 2017 Review](#)
- 4. Coordinated emergency preparedness work with City and external partners, including participating in emergency exercises and City-wide committees and working groups.

### **Priority Direction 4:** Lead innovation in public health practice

1. Completed phase one of a Comprehensive Health Status Report.
2. Provided nutrition consultation and support to 55% of municipally funded Student Nutrition Programs in the 2017/18 school year.
3. Served approximately 1,100 clients via the Mobile Dental Bus, connecting with a minimum of 25 agencies.
4. Report to the public, via the internet, the manufacture, use and release of 25 priority chemicals from 700 facilities in Toronto.
5. Rolled out an Infection Prevention and Control Guidance Document for shelters and temporary shelter settings.
6. Ensured that 85% of Tuberculosis cases eligible for Directly Observed Therapy (DOT) are placed on DOT and provided 23,000 DOT visits to individuals with active Tuberculosis to ensure treatment is complete.
7. Invested in an Electronic Medical Records system in support of individual who use Public Health's harm reduction programs and sexual health clinics.

## 2019 SERVICE DELIVERABLES

Toronto Public Health's planned 2019 service deliverables to address its 2015-19 Strategic Plan priority directions include the following:

### **Priority Direction 1:** Serve the public health needs of Toronto's diverse communities

1. Work with City, community and institutional partners to continue to expedite implementation of recommendations in the Toronto Overdose Action Plan.
2. Monitor and evaluate ongoing supervised injection services, naloxone distribution efforts, and overdose training to address the ongoing opioid crisis.
3. Collaborate with external agencies to create social and physical environments to support health and to engage priority populations in support of a Healthy City of

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all.

4. Use information from research and other jurisdictions to identify policy and program options that can be used to create positive social and physical conditions that improve health.

### **Priority Direction 2:** Champion healthy public policy

1. Identify strategic partnerships to improve/increase physical activity levels, healthy eating, reduce smoking and the heavy use of alcohol for the prevention of chronic diseases, substance misuse and avoidable injuries.
2. Implement best practices to expand reach of Family Health services, including expansion of Nurse Family Partnership, positive health communication campaigns, and collaborate on preterm research project.
3. Collaborate on a pilot project with the Ontario HIV Treatment Network (OHTN) to link patients to HIV care and promote treatment as prevention.
4. Integrate the Child Friendly Policy Framework across City Divisions to support more integral consideration of policy and program impacts on child health.

### **Priority Direction 3:** Anticipate and response to emerging public health threats

1. Collaborate with City divisions to ensure effective coordination and implementation of municipal actions related to legalization of non-medical cannabis.
2. Use evidence to identify policy options that will create positive social and physical conditions that improve long term health outcomes.
3. Build new and strengthen existing academic and community partnerships through funding and in-kind resources, including implementing formal mechanisms to work with academic partners, to leverage reach of policy, research, and advocacy initiatives.

### **Priority Direction 4:** Lead innovation in public health practice

1. Develop online presentations to support the roll-out of the new Infection Prevention and Control (IPAC) Guidance Document for shelters and temporary shelter settings to meet the demand for IPAC education and policies and procedures for outbreak response in shelters.
2. Identify and work with strategic partnerships that have a significant impact on improving social determinants of health, preventing chronic diseases, and reducing substance misuse and preventable injuries.
3. Work with the province and stakeholders on the seamless integration of electronic health records to enable health care provider reporting.

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## **2019 PERFORMANCE MEASURES**

### **Public Health Foundations**

1. Number # of surveillance indicators assessed, updated and reported to monitor the health of Toronto's population
2. Number # of municipal policies advanced by category (healthy social, built and natural environments)
3. Number of facilities in Toronto from which information on the manufacture, use and release of 25 priority chemicals is compiled

### **Chronic Diseases & Injuries**

1. Percentage (%) / Number (#) of higher needs elementary/middle schools, as indicated by Toronto school boards, receiving Chronic Disease & Injury Prevention services
2. Percentage (%) / Number (#) of municipally funded Student Nutrition programs receiving nutrition consultation and support in the school year
3. Percentage (%) of peer leaders trained on mental health and substance misuse prevention that report an intent to apply the information attained to engage in school-wide promotion of mental health and substance misuse prevention
4. Percentage (%) of parents / caregivers reached through the delivery of child/youth resilience and substance misuse prevention parenting programs that report an intent to use the information attained

### **Family Health**

1. Number (#) of educational sessions delivered 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. Number (#) of screens completed (including hearing, developmental, communications, nutrition, prenatal, perinatal 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. Number (#) of individual interventions delivered to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development (including home visits)
4. Number (#) / Percentage (%) of JK- grade 8 students enrolled in public schools who receive a dental screening
5. Number (#) of children 17 years of age and younger from low income families who receive dental care through Toronto Public Health dental clinics

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## **Infectious Diseases**

1. Percentage (%) / Number (#) of known Critical and Semi-critical Personal Services Settings inspected annually
2. Number (#) of all Tuberculosis cases managed for the 6-24 months required for cure, to prevent further spread and development of drug resistance
3. Percentage (%) of Active Tuberculosis Cases completing adequate treatment according to the Canadian Tuberculosis Standards.
4. Percentage (%) / Number (#) of confirmed gonorrhoea cases who received the recommended treatment, to reduce the spread of drug resistance.
5. Percentage (%) / Number (#) of doses of meningococcal vaccine given to grade 7 students at Toronto Public Health school clinics to prevent meningitis and its complications

## **Environmental Health**

1. Percentage (%) / Number (#) of high risk food premises in compliance with Food Premise Regulation
2. Percentage of pools and public spas with minor or no infractions
3. Number of health hazard complaints investigated
4. Number of calls responded to through after hours on-call system
5. Respond to all animal to human exposures within 24 hours of report

## **Emergency Preparedness**

1. Percentage (%) / Number (#) of non-union staff who completed Incident Management System (IMS) instructor led training within the last 5 year