

## **Toronto Public Health Operating Budget for the Year Ending on December 31, 2024**

**Date:** March 18, 2025

**To:** Board of Health

**From:** Acting Medical Officer of Health

**Wards:** All

### **SUMMARY**

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This report provides an update to the Board of Health on the Toronto Public Health Operating Budget for the year ending on December 31, 2024.

### **RECOMMENDATIONS**

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The Acting Medical Officer of Health recommends that:

1. The Board of Health receive this report for information.

### **FINANCIAL IMPACT**

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As of December 31, 2024, Toronto Public Health's 2024 approved Operating Budget was \$285,430.2 thousand gross and \$79,705.5 thousand net. As of December 31, 2024, Toronto Public Health's gross expenditures were underspent by \$37,571.3 thousand (13.2 per cent) and revenue was underachieved by \$25,369.2 thousand (12.3 per cent), resulting in a net variance of \$12,202.1 thousand (15.3 per cent). The favorable net variance of \$12,202.1 thousand was primarily driven by salary and benefits underspending from a slower restart of paused mandatory Ministry of Health cost-shared programs and salary savings. This report is based on the City's 2024-2025 funding agreement with the Ministry of Health, ending on March 31, 2025. The 2025-2026 funding agreement with the ministry is still being finalized.

There is no financial impact associated with the recommendation of this report in current and future years. The Chief Financial Officer and Treasurer has reviewed this report and agrees with the information as presented in the Financial Impact Section.

## DECISION HISTORY

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At its meeting on February 14, 2024, City Council approved a Toronto Public Health 2024 Operating Budget of \$278,883.3 thousand gross, \$201,174.6 thousand revenue, and \$77,708.7 thousand net.

<https://secure.toronto.ca/council/agenda-item.do?item=2024.MPB15.1>

At its meeting on March 20 and 21, 2024, City Council approved to increase Toronto Public Health's 2024 Operating Budget by \$900.0 thousand gross, \$0 net to extend Injectable Opioid Agonist Treatment Program to March 2025.

<https://secure.toronto.ca/council/agenda-item.do?item=2024.MM16.44>

At its meeting on May 22, 2024, City Council increased Toronto Public Health's 2024 Operating Budget by \$68.0 thousand gross, \$0 net for Toronto Public Health to accept and spend the one-time grant from Vital Strategies Incorporated to implement a public health surveillance initiative.

<https://secure.toronto.ca/council/agenda-item.do?item=2024.HL12.1>

At its meeting on December 17, 2024, City Council increased for Toronto Public Health's 2024 Operating Budget by \$2,600.3 thousand gross, \$0 net, to fund the expansion of the Student Nutrition Program to 23 new public school communities from January to June 2025.

<https://secure.toronto.ca/council/agenda-item.do?item=2024.EX19.13>

## COMMENTS

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As of December 31, 2024, Toronto Public Health's 2024 approved Operating Budget was \$285,430.2 thousand gross and \$79,705.5 thousand net. The 2024 Year End Budget reflects an increase of \$6,546.9 thousand gross and \$1,996.8 thousand net as outlined below:

- \$2,600.2 thousand gross, \$0 net one time funding from the TPH Reserve to fund the expansion of the Student Nutrition Program to 23 new public school communities from January to June 2025.
- \$1,996.8 thousand gross and net for salaries and benefits.
- \$981.9 thousand gross, \$0 net from the Ministry of Health to support cost increases for mandatory cost-shared programs.
- \$900.0 thousand gross, \$0 net for one-time funding from the Public Health Agency of Canada to support the Injectable Opioid Agonist Treatment program extension to March 2025.
- \$68.0 thousand gross, \$0 net for a one-time Partnership for Healthy Cities grant from Vital Strategies for execution of TPH's subgrant agreement with Vital Strategies to monitor climate change health impacts.

As of December 31, 2024, gross expenditure was underspent by \$37,571.3 thousand (13.2 per cent) and revenue was underachieved by \$25,369.2 thousand (12.3 per cent), resulting in a net expenditure variance of \$12,202.1 thousand (15.3 per cent) as outlined in the following table.

	As of December 31, 2024			
	Budget	Actual	Variance Over / (Under)	
	(\$000s)	(\$000s)	(\$000s)	%
Gross Expenditures	285,430.2	247,858.9	(37,571.2)	(13.2%)
Revenue	205,724.7	180,355.5	(25,369.2)	(12.3%)
Net Expenditures	79,705.5	67,503.4	(12,202.1)	(15.3%)

Explanations of the variances in gross expenditure and revenue are outlined below.

**Gross Expenditures**

As of December 31, 2024, Toronto Public Health's (TPH's) gross expenditures were underspent by \$37,571.2 thousand (13.2%). Under expenditures were attributed to underspent salaries and benefits (\$24,828.6 thousand) and non-payroll expenditures (\$12,742.6 thousand).

The under-spending of \$37,571.2 thousand is primarily due to:

- \$32,664.2 thousand in savings from paused or reduced mandatory cost-shared programs, primarily in Chronic Disease and Injury Prevention (CDIP), Healthy Smiles Ontario, and the Toronto Urban Health Fund.
- \$3,573.4 thousand in savings from under-spending in other programs such as the City's dental clinics (\$2,414.2 thousand), the Injectable Opioid Agonist Treatment (\$680.3 thousand), the harm reduction program for Toronto Shelter Support Services (\$768.3 thousand) and Investing in Families (\$200.7 thousand). These savings were partially offset by over-spending in programs such as the Supervised Consumption Sites (\$490.2 thousand).
- \$2,153.2 thousand in savings from the Healthy Babies Healthy Children program, a fully funded program by the provincial government, as Toronto Public Health experienced some delays in recruitment and shifted some services to a virtual format during the pandemic.
- \$824.1 thousand in overspending in the Ontario Seniors Dental Care Program, a fully funded program by the provincial government. This increase in spending is driven by high demand for dental services among seniors, while children have the option to visit private dentists. As a result, the program has allocated more resources to address these rising demands.

**Revenue**

Actual revenues were under achieved by \$25,369.2 thousand (12.3 percent) attributed to lower cost recoveries for:

- Mandatory cost-shared programs (\$23,091.5 thousand);
- Healthy Babies Healthy Children program (\$2,153.2 thousand);
- Injectable Opioid Agonist Treatment program (\$463.8 thousand); and,

- partially offset by overachievements in other programs (\$375.4 thousand).

## **CONTACT**

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## **SIGNATURE**

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Dr. Na-Koshie Lamptey  
Acting Medical Officer of Health