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**BOARD OF HEALTH  
AGENDA  
MEETING No. 3**

<b>Date of Meeting:</b>	<b>Monday, April 3, 2000</b>	<b>Enquiry:</b>	<b>Yvonne Davies</b>
<b>Time:</b>	<b>2:00 p.m.</b>		<b>Secretary</b>
<b>Location:</b>	<b>Committee Room 2</b>		<b>397-4855</b>
	<b>100 Queen Street West</b>		<b>ydavies@city.</b>
	<b>Toronto City Hall</b>		<b>toronto.on.ca</b>

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**DECLARATIONS OF INTEREST PURSUANT TO  
THE MUNICIPAL CONFLICT OF INTEREST ACT.**

**CONFIRMATION OF MINUTES:            February 21, 2000**

**PLEASE NOTE CHANGE IN TIME OF MEETING**

**COMMUNICATIONS/REPORTS**

**1.        THE 1999 CYCLOSPORA OUTBREAK IN THE GREATER TORONTO AREA.**

Medical Officer of Health  
(March 22, 2000)

Providing a summary of the outbreak of Cyclosporiasis which occurred in June 1999 in the Greater Toronto Area and an update on the current status of importation of fresh raspberries and blackberries from Guatemala and recommending that:

- (1)        The Canadian Food Inspection Agency (CFIA) and Health Canada continue to restrict the importation of fresh Guatemalan raspberries during the spring importation season (March 15 - August 15) and place a similar restriction on fresh Guatemalan blackberries during the same season;
- (2)        The CFIA and Health Canada only permit the importation of Guatemalan raspberries and blackberries from farms that are rated as 'low risk' or better during the fall importation season (August 16 - March 14);

- (3) The CFIA and Health Canada continue the importation restriction on Guatemalan raspberries and blackberries until:
  - (a) reliable evidence of the mechanism by which *Cyclospora* contaminate fresh produce is available;
  - (b) reliable mechanisms exist to trace back each packaging unit imported to Canada to the country and the farm from which the berries originated;
  - (c) there is a working group formed including, but not limited to, stakeholders from the CFIA, the Ministry of Agriculture and Agri-Food Canada, Health Canada, the Ontario Ministry of Health and Long-Term Care, and local public health representation to review and make recommendations on the Model Plan of Excellence (MPE); and
  - (d) there is independent audit evidence of compliance by individual farms with the MPE.

**2. UPDATE ON RESTAURANT INSPECTION BLITZ AND PROCESS FOR FOOD PREMISES DISCLOSURE SYSTEM.**

Medical Officer of Health  
(March 24, 2000)

Providing an overview of the restaurant inspection blitz and outlining the public consultation process for the food premises disclosure and rating system and recommending that:

- (1) given the high level of public interest in this matter, the Board of Health hear deputations from a range of interested stakeholders at its meeting on May 1, 2000 regarding options for a restaurant disclosure and rating system; and
- (2) the Board of Health refer this report to City Council for information.

**3. TORONTO PUBLIC HEALTH - 2000 OPERATING BUDGET SUBMISSIONS.**

**3a. RESPONSE TO INFORMATION REQUESTS ON PUBLIC HEALTH INSPECTION STAFF IN TORONTO PUBLIC HEALTH.**

Medical Officer of Health and  
Commissioner of Community and Neighbourhood Services  
addressed to Budget Advisory Committee and Board of Health  
(March 21, 2000)

Responding to information requests from the City's Budget Advisory Committee related to inspection services, with particular regard to Food Safety, Retirement Homes and Communicable Disease Control and recommending that:

- (1) food premises be charged the full cost of re-inspections which arise due to non-compliance with the Health Protection and Promotion Act, the Food Premises Regulation and/or the Mandatory Health Programs and Services Guidelines;
- (2) additional municipal revenues arising from the recovery of costs of re-inspections and fines levied under the Provincial Offences Act be put back into the Public Health Operating Budget for inspections;
- (3) the Medical Officer of Health, in consultation with the City Solicitor, the Commissioner of Urban Development and the appropriate provincial officials, report back on the implementation plan to charge fees for public health inspection services;
- (4) the Medical Officer of Health, in consultation with the appropriate provincial officials and other interested parties, report back on an implementation plan and associated resource requirements for a rating system for Toronto restaurants;
- (5) the Medical Officer of Health and the City Auditor report back on the need and justification for additional resources for the Food Safety program following completion of the Auditor's program review; and
- (6) a policy option be selected as to the level of service and associated resources required for continuation of the City's response to retirement homes for the balance of 2000, pending longer term policy decisions by City Council.

**3b. RESPONSE TO ADDITIONAL INFORMATION REQUESTS FROM BUDGET ADVISORY COMMITTEE ON SELECTED PUBLIC HEALTH SERVICES.**

Medical Officer of Health and the  
Commissioner, Community and Neighbourhood Services  
addressed to Budget Advisory Committee and Board of Health  
(March 21, 2000)

Responding to the February 22, 2000 Budget Advisory Committee's request for additional information on selected Public Health services and recommending that this report be received for information.

**3c. TORONTO HUMANE SOCIETY CONTACT**

*(DEFERRED FROM FEBRUARY 21, 2000 MEETING)*

Secretary, Board of Health  
(February 21, 2000)

Advising that the Board of Health on February 21, 2000 deferred consideration of this matter together with the following Recommendation No. 1(d) contained in the report (February 17, 2000) from the Medical Officer of Health respecting Year 2000 budget implications of the Animal Services Review:

“1(d) the following recommendation contained in the Humane Society of the United States report be approved in principle:

‘the City of Toronto contract with the Toronto Humane Society for the Provision of animal sheltering for the region formerly associated with the old City of Toronto.’”;

**3d.** Medical Officer of Health,  
Commissioner of Community and Neighbourhood Services, and  
Chief Administrative Officer  
(February 17, 2000)

Recommending that:

- (1) the City of Toronto extend its current contract with the Toronto Humane Society to December 31, 2000 under the existing terms and conditions for funding and service levels;
- (2) City Council approve \$100,000 in the Public Health Operating Budget for the following purposes:
  - (a) \$50,000 as a one-time payment to the Toronto Humane Society to address possible funding inequities since 1991, but that this money not be included in their base contract fee of \$726,000, and
  - (b) \$50,000 to cover the expenses of shelter service costing and contract negotiations, as outlined in this report;
- (3) Medical Officer of Health report back to the Board of Health by June 2000, on priorities and options for standardized levels of shelter services across the City for 2001 and beyond, along with the associated financial implications;

- (4) the City of Toronto develop a new costing approach for shelter services to take effect in 2001, based on the consultants' reviews of the Toronto Humane Society costing methodology and the City's costs to run municipal animal shelters;
- (5) that changes in service levels and associated costs be negotiated with the Toronto Humane Society by a staff team under the direction of the Chief Administrative Officer, with the assistance of an external facilitator to improve the working relationship between the City and the Toronto Humane Society;
- (6) the accounting services of Wynville-Erse Associates Inc. be extended in order to verify the cost estimates for the City's operations and to support the negotiation of a new funding arrangement with the THS;
- (7) implementation of recommendations 4, 5 and 6 be the subject of a further report from the Medical Officer of Health, at a total cost not to exceed \$50,000.00;
- (8) that this report be referred to the Policy & Finance Committee and to the Budget Advisory Committee for consideration during the 2000 operating budget process; and
- (9) that the appropriate City Officials be authorized and directed to take the necessary steps to give effect thereto.

**3e. RESPONSE TO BUDGET ADVISORY COMMITTEE REQUESTS AND DIRECTIVES - RECOMMENDATIONS FROM BUDGET SUBCOMMITTEE MEETING, MARCH 21, 2000.**

City Clerk

(March 22, 2000)

Recommending that:

- (1) the Board of Health express its strong support for expanded funding of the Food Safety Program sufficient to meet local needs; and
- (2) Budget Advisory Committee be requested to set aside funds for the six month implementation of this expansion in the Year 2000, in the amount of \$1,265,800 (gross) and \$632,900 (net).

**3f.** Ms. Gail Lindsay and  
Ms. Jan Campbell, addressed to  
Members of Council and Board of Health  
(March 17, 2000)

Urging consideration of the re-establishment of base funding for the Public Health Research, Education and Development Program (PHRED).

**4. HEALTH IMPACTS RESULTING FROM THE FIRE AT 75 COMMISSIONERS STREET.**

Medical Officer of Health  
(March 23, 2000)

Providing an update on conditions at Harkow Recycling Site at 75 and 85 Commissioners Street and actions taken by Toronto Public Health and other agencies in response and recommending that:

- (1) Toronto Public Health take all necessary action in accordance with Sections 13, 14 and 15 of the Health Protection and Promotion Act to eliminate the health hazard of debris resulting from the fire at 75 Commissioners Street, in the event that Harkow Recycling Ltd. does not comply with a public health order to eliminate a rat infestation and accumulation of debris and decomposing garbage on the site; and
- (2) The Board of Health urge the Toronto Economic Development Corporation (TEDCO) to ensure that the continued leasing of this site be contingent upon the removal of decomposing waste and the elimination of the related rodent infestation.

**4a. Councillor Jack Layton**  
(March 1, 2000)

Respecting a February 19, 2000 fire at the Harkow Recycling Facility at 75 Commissioners Street, and requesting:

- (1) That the City take immediate action to remove the garbage from the site;
- (2) That the Medical Officer of Health report on any health impacts from the fire; and
- (3) That the Commissioner of Works and Emergency Services and the Medical Officer of Health provide a full report on who is responsible for the fire, who will pay for the damages and how this can be prevented in the future.

**5. FEDERAL AND PROVINCIAL COMMITMENTS AND FUNDING FOR PUBLIC HEALTH.**

Medical Officer of Health  
(March 23, 2000)

Requesting the Board of Health to join Haliburton, Kawartha, and Pine Ridge District Boards of Health in calling upon the Federal and Provincial Ministers of Health to significantly increase commitments and funding to public health and recommending that:

- (1) the Board of Health urge the Federal Minister of Health to establish a national program for disease prevention and health promotion, including national standards and provision of 50 percent funding to provinces for new and expanded services and programs to achieve the national standards; and
- (2) the Board of Health request the Ontario Minister of Health and Long-term Care to redress the existing imbalance between prevention programs and treatment services by immediately investing significant additional dollars to boards of health and other community health agencies.

## **6. PUBLIC HEALTH PROGRAM AND SERVICE REVIEW.**

Chief Administrative Officer,  
Commissioner, Community and Neighbourhood Services; and  
Medical Officer of Health  
(March 23, 2000)

Reporting on the review conducted on Toronto Public Health programs and services and recommending that:

- (1) the Board of Health forward this report to the Policy and Finance Committee for its consideration as directed by Council;
- (2) Toronto Public Health finalize its terms and definitions, similar to those in Appendix 2, and use the terminology consistently in both internal and external documents;
- (3) programs be described whenever feasible by their level (Mandatory Health Program, Toronto Public Health Sub-Program or Toronto Public Health component/service grouping), their mandatory or non-mandatory nature, whether they were provincially or locally determined, and their funding source(s);
- (4) Toronto Public Health continue to undertake program analysis by intervention-based groupings, such as age groups, all school-based programs, and all stand-alone programs, in order to inform the assessment of their program standards and to identify implications for internal program management models;
- (5) Toronto Public Health document by July, 2000, its community partnerships and collaborative activities to inform analysis of the extent to which TPH meets mandatory requirements and supplements its non-mandatory programs;
- (6) the role of Toronto Public Health in coalitions, community and professional collaborations, be identified by July, 2000, to document the relationships and utility of community development and advocacy strategies, to fulfilling mandatory programs;

- (7) Toronto Public Health present the relative priorities between mandatory and non-mandatory programs, and within and among mandatory programs for the 2001 budget cycle; and
- (8) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

## **7. SEXUAL HEALTH CLINIC REVIEW.**

Medical Officer of Health  
(March 20, 2000)

Outlining a redesigned service delivery model for sexual health clinics affiliated with Toronto Public Health and reporting on findings from Phases I and II of the review and recommending that:

- (1) designated sexual health clinic hours be maintained at 177.5 hours per week;
- (2) sexual health clinical services continue to be delivered through a mixed model including Public Health clinics, contracted clinics and partnership clinics, and that all clinics work towards the provision of comprehensive services;
- (3) sexual health clinical services be consolidated into fewer sites that better match the allocation of resources with the distribution of needs across the City, and;
- (4) the appropriate City Officials be authorized and directed to take the necessary action to give effect hereto.

## **8. HEALTH EFFECTS OF NOISE.**

Medical Officer of Health  
(March 23, 2000)

Responding to the Board's request for a literature review on health effects of noise and implementation of a public awareness program and recommending that:

- (1) the Medical Officer of Health, the Commissioner of Urban Development Services, and the Commissioner of Works & Emergency Services collaborate on their respective public outreach activities regarding the health effects of noise and measures to prevent or minimize noise in the community; and
- (2) the Board of Health forward this report for information to the Commissioner of Urban Development Services, the Commissioner of Corporate Services, the



Commissioner of Works & Emergency Services, the Sustainability Round Table, the Works Committee, and the Planning and Transportation Committee.

**9. AIR EMISSIONS CAPS AND EMISSIONS TRADING FRAMEWORK ANNOUNCED BY THE ONTARIO MINISTER OF ENVIRONMENT.**

Medical Officer of Health  
(March 23, 2000)

Responding to City Council's request for a report on the health impacts of air emissions caps and emissions trading scheduled announced by the Provincial Minister of the Environment for Ontario's electrical sector and recommending that the Board of Health and City Council:

- (1) urge the provincial Minister of Environment to establish an emissions trading system that:
  - (a) encourages development of low impact and renewable technologies in the electrical sector;
  - (b) incorporates air emissions caps that continually reduce the total air emissions from Ontario's electrical sector; and
  - (c) incorporates caps that continually reduce total air emissions in Ontario.
- (2) urge the provincial Minister of Environment to ensure that:
  - (a) air emissions caps set for the electrical sector apply to all companies providing electricity to Ontario's market;
  - (b) establish a target date by which the air emissions caps recommended for the electrical sector by the Ontario Clean Air Alliance (OCAA) and endorsed by Toronto City Council will be achieved;
  - (c) the air emissions rate for nitrogen oxides proposed for electrical companies operating outside of Ontario is reduced to match the more protective air emissions rate contained in the recently affirmed rule developed by the United States Environmental Protection Agency (U.S. EPA);
  - (d) the air emissions rate recommended for electrical companies operating outside of Canada is applied to companies operating inside the province; and

- (e) air emissions caps are also established for carbon dioxide, mercury and other air toxics emitted from coal- and oil-fired power plants.

**10. PROPOSED SEWER USE BY-LAW FOR TORONTO.**

Medical Officer of Health  
(March 23, 2000)

Requesting the Board of Health to support the draft Toronto Sewer Use By-law in principle and the requirement for pollution prevention planning, in particular, and recommending that:

- (1) the Board of Health endorse the commitment to reduce the discharge of persistent toxics into the Toronto sewage system and the pollution prevention planning requirements that are contained in the proposed Sewer Use By-law;
- (2) the Board of Health forward this report and the Board of Health's recommendation to the Works Committee, and the Economic Development and Parks Committee in time for their joint meeting on April 19, 2000; and
- (3) the Board of Health encourage the Works Committee, and the Economic Development and Parks Committee to support the proposed Sewer Use By-law.

**11. STATUS REPORT FROM THE TORONTO INTER-DEPARTMENTAL ENVIRONMENT TEAM (TIE) PESTICIDES SUBCOMMITTEE.**

Chief Administrative Officer  
addressed to Economic Development and  
Parks and Works Committees and Board  
of Health  
(March 16, 2000)

Forwarding for information a status report on the reduction of pesticide use by the City of Toronto and recommending that this report be received for information.

**11a.** Mr. John Macintyre and Ms. Connie Clement,  
TIE Pesticides Subcommittee Co-chairs  
(February 7, 2000)

Recommending that:

- (1) TIE endorse the directions proposed by the Pesticides Subcommittee for the year 2000, specifically to continue implementing the existing IPHC program in Parks

and Recreation Division; to refine and implement an IPHC program in Works and Emergency Services; to undertake consultation with agencies, boards and commissions to define pesticide reduction strategies; to continue public education and promotion;

- (2) the CAO thank the members of the TIE Pesticides Subcommittee for their endeavours in 1999, and that members be invited to continue membership throughout 2000; and
- (3) TIE forward the report to the Economic Development and Parks Committee, Board of Health, Works Committee, and the Environmental Task Force for information.

## **12. AVAILABILITY OF FEMALE CONDOMS.**

### Medical Officer of Health

(March 16, 2000)

Assessing the availability of female condoms and the need to advocate for bulk purchasing to reduce costs to community agencies and recommending that Toronto Public Health:

- (1) design and implement a social marketing campaign about the use and benefits of female condoms targeting both men and women, health care providers, educators, and pharmacies etc;
- (2) ensure that health care providers have access to educational resources e.g. video, promotional materials to assist with client acceptability and usage;
- (3) conduct a pilot study with selected sexual health clinics and or agencies to provide temporarily free female condoms, in order to document education and instruction efforts, feedback from clients on acceptability, and factors associated with initial and continued condom use; and
- (4) report back to the Board of Health once the pilot study is completed on options to provide female condoms at no-charge or on a cost-sharing basis with clinics/agencies.

## **13. DENTAL CARE FOR HOMELESS PEOPLE.**

### Medical Officer of Health

(March 23, 2000)

Responding to a request from the Community and Neighbourhood Services Committee for Toronto Public Health to report on strategies to develop a program to meet the dental needs of people who are homeless and recommending that:

- (1) the Board of Health or City Council advocate to the Ministry of Health to provide funding for dental services for homeless people and other marginalized groups through Community Health Centres and other agencies serving this population;
- (2) the Board of Health write to the Association of Community Health Centres to offer support in advocating strongly for developing capacity for dental services directed to the needs of marginalized populations such as homeless people within Community Health Centres;
- (3) the Board of Health write to the Ontario Hospital Association to urge hospitals to work with agencies serving homeless people and other marginalized people to ensure access to dental care; and
- (4) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

**13a.** City Clerk  
(March 9, 2000)

Advising of City Council's adoption on February 29, March 1 and 2, 2000, as amended, Clause No. 2 contained in Report No. 2 of The Community and Neighbourhood Services Committee, headed "Toronto Report Card on Homelessness 2000".

**14. BOARD OF HEALTH SUBCOMMITTEES.**

**14a.** Committee Secretary  
Substance Abuse Subcommittee  
(April 3, 2000)

Recommending that the Board appoint representatives to the Substance Abuse Subcommittee.

**14b.** Committee Secretary  
TB Subcommittee  
(March 24, 2000)

Advising of representatives named to the TB Subcommittee.

**15. IN-CAMERA ITEM.**

In accordance with the Municipal Act, a motion is required for the Board of Health to meet privately for the purpose of considering a personal matter about an identifiable individual.

**ANY OTHER MATTERS**