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**BOARD OF HEALTH  
AGENDA  
MEETING No. 4**

<b>Date of Meeting:</b>	<b>Monday, May 1, 2000</b>	<b>Enquiry:</b>	<b>Yvonne Davies</b>
<b>Time:</b>	<b>1:00 p.m.</b>		<b>Secretary</b>
<b>Location:</b>	<b>Committee Room 1</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:            April 3, 2000**

**1.        HEALTH EFFECTS OF NOISE.**

*DEFERRED FROM APRIL 3 MEETING – TO BE CONSIDERED AS FIRST ITEM OF BUSINESS.*

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

## 2. PUBLIC HEALTH PROGRAM AND SERVICE REVIEW.

*DEFERRED FROM APRIL 3 MEETING.*

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.

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

*DEFERRED FROM APRIL 3 MEETING.*

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 to community concerns regarding public health and environmental issues resulting from the recent fire; 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.

**3a.** Councillor Jack Layton, Don River, Ward 25  
(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.

**3b.** Mr. Steve Ellis,  
Barrister and Solicitor,  
Toronto, Ontario  
(April 3, 2000)

Expressing health concerns and urging thorough investigation by Toronto Public Health at costs charged to Harkow Recycling.

**4. HEALTH IMPACTS FROM FIRE AT  
15 WALLSEND DRIVE, SCARBOROUGH.**

Medical Officer of Health  
(April 19, 2000)

Updating the Board of Health on the impacts of the fire at the U.S.E. Hickson Ltd. plant located at 15 Wallsend Drive in Scarborough and **recommending** that the report be received for information.

**5. AIR QUALITY: UPDATE ON CANADA-WIDE  
STANDARDS FOR PARTICULATE MATTER  
AND GROUND LEVEL OZONE.**

Medical Officer of Health  
(April 18, 2000)

Providing a status report on the development of the Canada-wide standards for particulate matter and ground level ozone and Toronto Public Health's participation in the consultation process and **recommending** that the Board of Health receive this report for information.

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

*DEFERRED FROM APRIL 3 MEETING.*

Medical Officer of Health  
(March 23, 2000)

Requesting the Board of Health to join Haliburton, Kawartha, and Pine Ridge District Board 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.

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

*DEFERRED FROM APRIL 3 MEETING*

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 scheme 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) a target date is established 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.

## 8. AVAILABILITY OF FEMALE CONDOMS.

*DEFERRED FROM APRIL 3 MEETING.*

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.

## 9. DENTAL CARE FOR HOMELESS PEOPLE.

*DEFERRED FROM APRIL 3 MEETING.*

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) 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.

**10. PUBLIC HEALTH “CONTRACTING-IN” COMMUNITY FOLLOW-UP FOR SHORTENED LENGTH OF POST-PARTUM HOSPITAL STAY.**

Medical Officer of Health  
(April 18, 2000)

Requesting approval for Toronto Public Health to enter into legal agreements with hospitals for the provision of post-partum community follow-up for women with shortened length of hospital stay; advising no financial implications as program costs will be recovered by financial agreements with the hospitals on a fee-for-service basis and further **recommending** that:

- (1) the Board of Health approve the development of agreements between Public Health and hospitals for the delivery of public health nursing services in response to community needs created by shortened length of hospital postpartum stay; and
- (2) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

**11. REDUCING INDOOR PESTICIDE SPRAYING IN THE RESIDENTIAL SECTOR.**

Medical Officer of Health  
(April 18, 2000)

Describing an action plan developed and implemented by Toronto Public Health to reduce pesticide spraying in the residential sector by promoting Integrated Pest Management in the manner developed and evaluated in Toronto Public Health's 'Roach Coach' Project; advising no financial implications for the City of Toronto and that health promotion activities were financed by a grant from the Canada Mortgage and Housing Corporation and further **recommending** that the Board of Health request the Commissioner of Urban Planning and Development Services, through its Municipal Licensing and Standards division, to:

- (a) ensure that Property Standards Officers consistently promote Integrated Pest Management methods for cockroach control when they respond to cockroach complaints in the City; and
- (b) give consideration to revising the Housing Standards By-law of the Toronto Municipal Code (Chapter 210, Section 9D) so as to require landlords to specify the use of Integrated Pest Management to keep premises pest-free.

**12. COMPREHENSIVE TOBACCO CONTROL STRATEGY.**

Medical Officer of Health  
(April 18, 2000)

Presenting the initiatives implemented by Toronto Public Health as part of its comprehensive tobacco control strategy. In addition, the report highlights those activities for which Toronto Public Health has secured expanded program funding through the Ontario Tobacco Strategy Renewal Project sponsored by the Ontario Ministry of Health and Long-Term Care, and **recommending** that the report be received for information.

**ANY OTHER MATTERS**