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**BOARD OF HEALTH  
AGENDA  
MEETING No. 6**

<b>Date of Meeting:</b>	<b>Monday, June 26, 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 No. 1 100 Queen Street West Toronto City Hall</b>		<b>397-4855 ydavies@city. toronto.on.ca</b>

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

**CONFIRMATION OF MINUTES:            May 29, 2000**

**1.        2000 AIDS PREVENTION GRANTS.**

Co-Chairs, AIDS Prevention Grants Review Panel  
(June 8, 2000)

Submitting the final recommendations regarding the 2000 AIDS Prevention Grants allocations; advising that funds are in the Toronto Consolidated Grants Program Budget; and **recommending** that:

- (1)    AIDS Prevention Grants totalling \$1,374,444.00 be provided to 57 projects as recommended in Appendices A and B of this report;
- (2)    release of funds be subject to the satisfactory completion of a Declaration Form regarding the adoption of the City's Non-discrimination Policy; and
- (3)    authority be granted to the Medical Officer of Health to take the necessary action to give effect thereto, including authority to execute the Letters of Understanding on behalf of the City.

**2. 2000 DRUG ABUSE PREVENTION PROGRAM GRANTS.**

Co-Chairs, Drug Abuse Prevention Program Grants Review Panel  
(June 12, 2000)

Submitting the final recommendations regarding the 2000 Drug Abuse Prevention Grants allocations; advising that funds are in the Toronto Consolidated Grants Program Budget; and **recommending** that:

- (1) Drug Abuse Prevention Grants totalling \$626,100.00 be provided to 82 projects as listed in Appendices A and B of this report; grants totalling a further \$30,600.00 be provided to three projects as listed in Appendix C;
- (2) release of funds be subject to the satisfactory completion of a Declaration Form regarding the adoption of the City's Non-discrimination Policy; and
- (3) authority be granted to the Medical Officer of Health to take the necessary action to give effect thereto, including authority to execute the Letters of Understanding on behalf of the City.

**3. TORONTO'S HEALTH STATUS: A PROFILE OF CANCER.**

Medical Officer of Health  
(June 12, 2000)

Releasing the document "Toronto's Health Status: A Profile of Cancer", which provides the most current Toronto-specific information on cancer mortality, incidence, and hospitalization, to be used by Public Health staff and community partners; and **recommending** that the Board of Health forward copies of "Toronto's Health Status: A Profile of Cancer" to the Ministry of Health and Long Term Care's Public Health Branch, health units in the Greater Toronto Area, member agencies of the Toronto Cancer Prevention Coalition, Cancer Care Ontario, and other community partners as appropriate.

**4. FOOD PREMISES INSPECTION PROGRAM.**

*SCHEDULED TO BE HELD AT 1:30 P.M.*

Medical Officer of Health  
(June, 2000)

**(Report not yet available)**

**4a.** City Auditor  
(June, 2000)

Reporting on the review of the Toronto Public Health Food Safety Program, as requested by Council; advising that additional temporary funding (for 2 public health inspectors to handle an increased level of re-inspections and complaints has been recommended in 2000; advising further that the Medical Officer of Health has been requested to report back on certain issues that may result in additional temporary and permanent funding for Healthy Environments, Toronto Public Health and **recommending** that:

- (1) the Medical Officer of Health report to the Board of Health by September 2000 on target food safety inspection frequencies (by high, medium, low-risk establishments) that will be achieved in 2000, and the action plan to meet mandatory inspection frequencies in 2001;
- (2) the Medical Officer of Health clearly communicate to all staff and managers the expectation to meet the minimum mandatory number of inspections, take the necessary action to ensure that public health inspectors efforts are dedicated to food safety inspections and related duties, and that managers monitor the progress of inspections completed;
- (3) the Medical Officer of Health, following consultation with the City Auditor and the Human Resources Division, Corporate Services, report to the Toronto Board of Health and the Policy and Finance Committee on additional resources required for special projects, and for the establishment of a policy development and quality assurance function in Healthy Environments;
- (4) the Medical Officer of Health:
  - (a) clearly define the nature and extent of food safety inspectors' involvement at special events and the child nutrition program;
  - (b) analyse the current deployment of resources for these events and program;
  - (c) explore alternatives to ensure food safety resources are effectively utilized;
  - (d) capture the time spent by public inspectors on each special event starting from July 1, 2000; and
  - (e) following consultation with the City Auditor, include any additional resources required for special events and the child nutrition program in Healthy Environments' 2001 budget, for consideration;
- (5) two additional public health inspectors be provided to Healthy Environments on a temporary basis to deal with increased workload resulting from an increase in re-inspections and complaints handled by the program;

- (6) the Medical Officer of Health monitor the rate of re-inspections and number of complaints handled for the balance of the year to determine the level of resources required in this regard in 2001;
- (7) the reallocation of funds from within the 2000 Toronto Public Health budget and overall Community Services budget be considered to meet the additional funding required as a result of the adoption of the recommendations in this report;
- (8) the Medical Officer of Health, in consultation with the Human Resources Division, Corporate Services, consider the adoption of a program-focused organizational structure with a view to establishing, in each region, a team of public health inspectors, reporting to a food safety program manager, to focus on food premise-related services. Staff should be rotated to other Healthy Environments programs regularly for career development;
- (9) the Medical Officer of Health, in considering a move to a program-focused model, consider transferring responsibilities for food safety inspections in hospitals and nursing homes to Healthy Environments, from Communicable Disease Control Service where it currently resides;
- (10) all Healthy Environments managers must be directly involved in the planning and organizing of program activities, particularly food safety inspections, by providing public health inspectors with the necessary guidance and direction in this regard. The development of a quarterly inspection schedule for each inspector should be considered to assist in monitoring the progress of inspections completed and to facilitate the meeting of the annual mandatory inspection frequency requirements;
- (11) the Medical Officer of Health consider implementing “evidence-based” inspections to complement its routine inspections, and specify guidelines and procedures for proper application. In order to direct efforts to problem premises, the information system being developed should have the ability to capture data and provide information on food establishments that require more intense monitoring efforts;
- (12) the Medical Officer of Health take the necessary action to ensure food safety inspections on high and medium-risk premises are regularly conducted at varying times during hours of food premises operation to ensure food preparation activities are properly observed, and explore the use of flexible hours for inspectors to assist in this regard;
- (13) the Medical Officer of Health develop and report to the Board of Health, the performance indicators that will be used by Healthy Environments to measure the effectiveness, efficiency and economy of its operations;
- (14) the Medical Officer of Health expedite the hiring of a Director, Healthy Environments to provide the necessary leadership and facilitate the building of a cohesive management team;

- (15) the Medical Officer of Health:
  - (a) prepare a policy that specifies conditions that should be cited as infractions, and the corresponding progressive enforcement measures to be applied;
  - (b) expedite the finalization of standard policies and procedures for Healthy Environments;
  - (c) review and amend the current inspection forms, as necessary; and
  - (d) ensure that all staff are aware and comply with the requirements;
- (16) the Medical Officer of Health develop an easy to understand document on critical food safety standards and expectations by premise type (preferably in multi-lingual form), for distribution to food service operators. In addition, “point of work” signs should be distributed and posted in the food premises to further promote food safety standards;
- (17) the Medical Officer of Health standardize the risk assessment criteria to be used by public health inspectors and provide guidelines to assist the inspectors in the risk assessment process;
- (18) the Medical Officer of Health prepare a list of standardized ratings for chain operations to facilitate risk assessment and ensure consistency in the risk rating of these establishments across the City;
- (19) the Medical Officer of Health, through the steering committee of the Toronto Healthy Environments Information System, ensure that all necessary data components and reporting requirements are captured in the new information system to assist management in program planning, activity tracking, external reporting and performance management. The system should also be able to accommodate changes in technology, such as hand-held computers;
- (20) the Commissioner, Corporate Services, in conjunction with the Medical Officer of Health, take the necessary action to expedite the development of a new integrated management information system for Healthy Environments;
- (21) the Medical Officer of Health be provided with a detailed project plan, with major milestones and target completion dates, as well as regular status reports to ensure that the new system is completed on time and within budget;
- (22) prior to implementing any public disclosure system, the annual cost to operate and administer the system be clearly identified and approved, and the necessary infrastructure be put in place to properly support and ensure the integrity of the system and related processes; and
- (23) this report be forwarded to the Policy and Finance Committee for consideration and to the Audit Committee for information.