
Board of Health

Meeting No. 6 **Contact** Candy Davidovits, Committee Administrator
Meeting Date Monday, July 9, 2007 **Phone** 416-392-8032
Start Time 1:00 PM **E-mail** cdavidov@toronto.ca
Location Committee Room 1, City Hall

Board of Health		
Councillor John Filion (Chair) Councillor Janet Davis (Vice-Chair) Councillor Raymond Cho Councillor Paula Fletcher Councillor Chin Lee	Councillor Gord Perks Trustee Soo Wong Alejandra Bravo Vaijyanthi Chari	Wangari Muriuki Fiona Nelson Lisa O'Brien Valerie Sterling

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Declarations of Interest under the *Municipal Conflict of Interest Act*.

Confirmation of Minutes - June 12 , 2007

Speakers/Presentations – A complete list will be distributed at the meeting.

Communications/Reports

HL6.1	Information			
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Appointment of Citizen Members to the Board of Health

(June 26, 2007) Letter from City Clerk

Summary

Advising that City Council on June 19, 20, and 22, 2007, appointed the following citizen members to the Board of Health for a term of office ending November 30, 2010:

Alejandra Bravo;
Vaijayanthi Chari;
Wangari Muriuki;
Fiona Nelson;
Lisa O'Brien; and
Valerie Sterling.

(Note: A copy of the confidential attachment referred to in the letter from the City Clerk is on file in the City Clerk's Office.)

Background Information

Appointment of Citizen Members to the Board of Health
(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5392.pdf>)

HL6.2	Presentation			
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Recognition of Outgoing Citizen Members of the Board of Health

Summary

Chair's remarks and presentation to the outgoing citizen members of the Board of Health.

HL6.3	ACTION			
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Strategy to Enhance Access to Environmental Information in Toronto

(Staff Presentation)

(June 22, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Board of Health request the Medical Officer of Health, in consultation with the City Solicitor, and key stakeholders including businesses and the community, to report in Spring 2008 on a proposed bylaw that:
 - a. requires reporting to the City the use and emissions of specified substances of priority health concern;
 - b. requires reporting for the following 25 toxic substances: acetaldehyde, acrolein, benzene, 1,3-butadiene, cadmium, carbon tetrachloride, chloroform, chloromethane, chromium, 1,4-dichlorobenzene, 1,2-dichloroethane, dichloromethane, ethylene dibromide, formaldehyde, lead, particulate matter (PM) 2.5, manganese, mercury, nickel, nitrogen oxides (NOx), polycyclic aromatic hydrocarbons (PAHs), tetrachloroethylene, toluene, trichloroethylene and vinyl chloride;
 - c. identifies reporting thresholds for the specified toxic substances;
 - d. identifies categories of facilities to which reporting requirements will apply;
 - e. enables facilities to report data using an existing web-based mechanism, such as the system used to collect data for Environment Canada's National Pollutant Release Inventory (NPRI);
 - f. makes reported information accessible to the public, except where access is limited under applicable laws such as the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA); and
 - g. allows reporting facilities to provide specified contextual information with the data, such as pollution prevention activities.
2. the Board of Health request the Medical Officer of Health to report in Spring 2008 on the feasibility and usefulness of reporting on emissions of significant greenhouse gases;
3. the Board of Health request the Medical Officer of Health to report in Spring 2008 on costs, timelines, enforcement, data management, strategies to minimize administrative burden for reporting facilities, and other issues of bylaw implementation; and

4. the Board of Health request the Medical Officer of Health, in consultation with Economic Development, Culture and Tourism, to report in Spring 2008 on ways of supporting reporting facilities to adopt environmental best practices for pollution prevention.

Financial Impact

There are no financial impacts resulting directly from this report. Any financial impacts of the proposed bylaw will be identified in subsequent reports.

Summary

Toronto Public Health (TPH) conducted research and consulted with City staff and external stakeholders on options to reduce health risks from pollution through enhanced reporting and access to environmental information (also known as “Community Right-to-Know”).

TPH examined a variety of chemical substances that may be released from institutional, commercial and industrial operations in the city and identified 25 toxic substances of priority health concern. These substances occur in the Toronto environment at levels that pose a risk to health. They include carcinogens such as cadmium, trichloroethylene and formaldehyde. For Toronto residents, emissions to air are the most important route of exposure to these chemicals, and hence pose the greatest health risk. Toronto facilities also release greenhouse gases that contribute to climate change and associated health impacts.

Small- and medium-sized facilities are often not required to report information on their emissions because current reporting thresholds for mandatory national programs are high. Currently, only 3% of Toronto businesses report to the publicly-accessible National Pollutant Release Inventory (NPRI). It is estimated that more than 80 per cent of emissions to air for TPH’s 25 priority substances are not reported to the NPRI.

Mandatory environmental reporting is an effective way to identify potential health hazards, stimulate pollution prevention, inform environmental policies and support green economic development. This report recommends that the Medical Officer of Health develop an environmental reporting program to require facilities to report the use and emissions of 25 substances of priority health concern, and report to the Board of Health in 2008 on a draft bylaw and implementation plan.

Background Information

Strategy to Enhance Access to Environmental Information in Toronto
<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5393.pdf>

HL6.4	ACTION			
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Public Funding of Human Papillomavirus (HPV) Vaccine

(June 21, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Board of Health request that the Government of Ontario include HPV vaccine as a publicly funded immunization for females between the ages of nine and 26 years, with priority given to females between nine and thirteen years of age;
2. the Board of Health request the Minister of Health and Long-Term Care to fund public health units to provide HPV vaccine to eligible females;
3. the Board of Health request the Minister of Health and Long-Term Care to work with public health units to monitor and evaluate the effectiveness of the HPV vaccine in preventing cervical cancer;
4. the Board of Health forward this report to the Minister of Health and Long-Term Care, the Minister of Health Promotion, the Provincial Infectious Diseases Advisory Committee, the Association of Local Public Health Agencies, and the Ontario Public Health Association; and
5. the Board of Health advocate to the President and Chief Executive Officer of Merck Frosst Canada Ltd. to provide the HPV vaccine at low cost to developing countries to reduce the global burden of HPV-related illness.

Financial Impact

There are no direct financial implications arising from this report.

Summary

This report provides information on the Human Papillomavirus (HPV) and the new HPV vaccine. It recommends that the Ministry of Health and Long-Term Care include HPV vaccine as a publicly funded immunization for females between the ages of nine and 26 years and fund public health units to provide the vaccine to eligible females. It also calls on the Ministry of Health and Long-Term Care to evaluate the effectiveness of the vaccine in preventing cervical cancer.

HPV is one of the most common sexually transmitted infections and can lead to cervical cancer, and anal and genital warts. Three out of every four Canadians will have at least one HPV infection in their lifetime. In 2006, there were an estimated 510 cases of cervical cancer and an estimated 150 deaths from cervical cancer in Ontario.

A new HPV vaccine has been licensed to prevent the four most common HPV types – 6, 11, 16 and 18. It is recommended for females between nine and 26 years of age. The cost of the vaccine is approximately \$135.00 per dose; three doses are required to complete the series.

On March 19, 2007, the Federal government announced that the provinces would receive funding to implement vaccination programs against HPV. At present, the Ontario government has not announced if and/or how the HPV vaccination program will be implemented.

Background Information

Public Funding of Human Papillomavirus (HPV) Vaccine

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5394.pdf>

HL6.5	Information			
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Pandemic Influenza Preparedness Update

(June 22, 2007) Report from Medical Officer of Health

Summary

This report updates the Board of Health on issues affecting the City of Toronto's ability to respond to an influenza pandemic. The City is guided by the directions set out by the federal and provincial governments in their respective Pandemic Influenza Plans. This report provides an overview of the draft operational plan for influenza assessment, treatment and referral centres (to be known as community flu centres). The report also provides an update on the status of the City's plans to stockpile infection control equipment and supplies for use during a pandemic, outlines recent TPH initiatives to enhance coordination within the health care sector and describes other planning and preparedness activities that are underway.

Background Information

Pandemic Influenza Preparedness Update

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5395.pdf>

HL6.6	Information			
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Toronto Public Health Capital Budget Variance Report for the Four Months Ended April 30, 2007

(June 19, 2007) Report from Medical Officer of Health

Summary

This report provides an update to the Board of Health on the Toronto Public Health Capital Budget variance for the four-month period ended April 30, 2007 (Appendix 1).

Toronto Public Health (TPH) spent \$1.124 million or 23 percent of the 2007 approved cash flow of \$4.880 million as of April 30, 2007.

The year-end capital expenditure is projected to be \$4.880 million or 100.0 percent of the approved cash flow.

HL6.7	ACTION			
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Evaluation of the Second Term of Local Health Committees (LHCs)

(June 21, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Board of Health adopt the revised Terms of Reference for the Local Health Committees (Appendix A).

Financial Impact

There are no financial implications.

Summary

This report provides an evaluation of the second term of the Local Health Committees (LHCs). The LHCs have made significant contributions to the work of the Board of Health (BOH) in the area of health advocacy. However, the Board of Health could make better use of LHCs by consulting with them on specific public health issues and soliciting feedback from LHCs on relevant Board of Health agenda items. In addition, Toronto Public Health (TPH) will explore linking LHCs with the City's civic engagement process. The LHC evaluation also identified the need for succession planning for LHCs, and the value of establishing an alternate LHC membership list.

The Terms of Reference for LHCs have been revised to more fully reflect representation of diverse communities, ensure consistent attendance at LHC meetings, encourage participation in LHC orientation, and schedule LHC meetings to facilitate input into Board of Health meetings.

Background Information

Evaluation of the Second Term of Local Health Committees (LHCs)
(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5396.pdf>)

HL6.8	ACTION			
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Local Health Committee Appointments 2007-2010

Confidential - Personal matters about an identifiable individual, including municipal or local board employees

(June 19, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Board of Health appoint the individuals listed in confidential Attachment 2 to the four Local Health Committees for a term of office to expire on December 31, 2010 or until their successors are appointed.

Financial Impact

There are no financial implications stemming from this report.

Summary

This report recommends the appointment of members to each of the four Local Health Committees in accordance with the Board of Health selection process. The term of office for current members of the Local Health Committees expired November 30, 2006 or until their successors are appointed.

Background Information

Local Health Committee Appointments 2007-2010

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5397.pdf>)

HL6.9	ACTION			
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Toronto Food Policy Council 2006 Annual Report and Membership Update

Confidential - Personal matters about an identifiable individual, including municipal or local board employees

(June 19, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Toronto Food Policy Council 2006 Annual Report be received as information (Attachment 1); and
2. the eight individuals named in confidential Attachment 2 be appointed to the Toronto Food Policy Council until December 31, 2008.

Financial Impact

There are no financial implications, beyond what has already been approved in this current year's budget, arising from the adoption of this report.

Summary

This report outlines Toronto Food Policy Council (TFPC) activities during 2006 and early 2007 with special attention to efforts intended to increase availability and access to locally and sustainably-produced food in the Greater Toronto Area (Attachment 1). Local and sustainable food is an emerging issue for public health across North America.

Current members of the Toronto Food Policy Council were appointed by the Board of Health in 2005 for three-year terms. Five members have resigned from the TFPC during their terms, and it is recommended that eight new members be appointed as mid-term members. With the additional eight members, the TFPC will still have less than 30 members permitted in its Terms of Reference.

Background Information

Toronto Food Policy Council 2006 Annual Report and Membership Update
<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5455.pdf>

HL6.10	ACTION			
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Terms of Reference for the Tuberculosis Sub-committee

(June 19, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Board of Health approve the Terms of Reference for the TB Subcommittee included in Attachment 1.

Implementation Points

The TB Subcommittee members will review the Terms of Reference in January 2009, at the mid-term of the subcommittee.

Financial Impact

This report has no financial impact.

Summary

The purpose of this report is to update the Terms of Reference for the Tuberculosis (TB) Subcommittee of the Board of Health. The approved Terms of Reference will provide direction to the members of the TB Subcommittee.

Background Information

Terms of Reference for the Tuberculosis Sub-committee
<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5399.pdf>

HL6.11	Information			
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Etobicoke York Local Health Committee Minutes

Summary

Minutes of the Etobicoke York Local Health Committee meeting held on November 8, 2006.

Background Information

Etobicoke York Local Health Committee Minutes

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5400.pdf>

HL6.12	ACTION			
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North York Local Health Committee Minutes

Summary

Minutes of the North York Local Health Committee meeting held on May 10, 2007.

Background Information

North York Local Health Committee Minutes

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5401.pdf>

North York Local Health Committee Minutes - Attachment 1

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5402.pdf>