
Board of Health

Meeting No.	9	Contact	Candy Davidovits, Committee Administrator
Meeting Date	Monday, November 12, 2007	Phone	416-392-8032
Start Time	1:00 PM	E-mail	boh@toronto.ca
Location	Committee Room 2, 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 Vaijayanthi 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 - October 15, 2007**Speakers/Presentations – A complete list will be distributed at the meeting.****Communications/Reports**

HL9.1	ACTION			
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Air Pollution Burden of Illness from Traffic in Toronto**(Staff Presentation)**

(October 29, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Board of Health request that City Council direct the Deputy City Manager of Cluster B who is the City's senior lead for the Climate Change, Clean Air and Renewable Energy Action Plan and the Sustainable Transportation Plan to ensure that:
 - a. implementation of the Sustainable Transportation Plan includes consultation with the Medical Officer of Health to ensure that it takes into account the health implications and benefits of policy options and programs to reduce vehicle emissions, enhance public transit and increase active transportation in the city; and
 - b. this report is distributed to appropriate senior staff in the Toronto Public Service for their consideration;
2. the Board of Health forward this report to the Executive Committee for their information as they oversee implementation of Council's Climate Change, Clean Air and Sustainable Energy Action Plan;
3. the Board of Health endorse the expansion of infrastructure for walking, cycling and on-road public transit (such as dedicated bus and streetcar lanes) so as to accelerate the modal shift from motor vehicles to more sustainable transportation modes that give priority to pedestrians, cyclists and transit users;
4. the Board of Health commend the Federal Minister of Health for the development of the innovative Air Quality Benefits Assessment Tool (AQBAT), and to recommend further refinement of the tool by:
 - a. incorporating additional risk coefficients that link pollutant exposure with health outcomes into the AQBAT computer-based program; and

- b. making the tool simpler to use by the public health community; and
5. the Board of Health request the Medical Officer of Health to forward this report to the Ontario Ministry of Health and Long Term Care, Ministry of Health Promotion, Ministry of Children and Youth, Ministry of Transportation, Toronto Cycling Committee, Toronto Pedestrian Committee, GTA Clean Air Partnership, Toronto Atmospheric Fund, Ontario Medical Association, Ontario College of Family Physicians, Ontario Lung Association, Heart and Stroke Foundation, and the Ontario Public Health Association for their information and consideration.

Financial Impact

There are no financial impacts resulting from adoption of this report.

Summary

This report responds to the Board of Health's request to estimate the burden of illness and economic impact attributable to air pollution from motor vehicle traffic in Toronto.

This report describes a new study which estimates that traffic pollution gives rise to about 440 premature deaths and 1,700 hospitalizations per year in Toronto. While the majority of hospitalizations involve the elderly, traffic-related pollution also has significant adverse effects on children. Children experience more than 1,200 acute bronchitis episodes per year as a result of air pollution from traffic. Children are also likely to experience the majority of asthma symptom days (about 68,000 per year) given that asthma prevalence and asthma hospitalization rates are approximately twice as high in children as adults. This study shows that traffic-related pollution affects a very large number of people. Impacts such as the 200,000 restricted activity days per year due to days spent in bed or days when people cut back on usual activities are disruptive, affect quality of life and pose preventable health risk.

This study estimates that mortality-related costs associated with traffic pollution in Toronto are \$2.2 billion each year. Based on policies in place in other jurisdictions, implementation of comprehensive, integrated policies and programs could reduce total vehicle travel by 30 to 50%. A 30% reduction in motor vehicle emissions in Toronto could save nearly 200 lives and result in 900 million dollars in health benefits annually.

Enabling greater use of public transit and active modes of transportation such as walking and cycling are of significant benefit to the public's health and safety. This study provides a compelling health rationale for investing in City Council's action plan to combat smog and climate change, and for vigorously pursuing implementation of sustainable transportation policies and programs in Toronto.

Background Information

Air Pollution Burden of Illness from Traffic in Toronto

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8045.pdf>)

Air Pollution Burden of Illness from Traffic in Toronto - Attachment 1

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8046.pdf>)

HL9.2	ACTION			
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The Health of Toronto's Young Children Volume 3 - The Growing Child

(Staff Presentation)

(October 29, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Chair of the Board of Health request to meet with Premier McGuinty to discuss the impact of poverty on children's health and the need for a provincial child poverty reduction strategy with identified targets and timelines;
2. the Chair of the Board of Health write to Prime Minister Harper to outline the negative health impacts of child poverty and request that the federal government set targets and implement strategies to reduce child poverty;
3. the Board of Health endorse Canada's Child and Youth Health Charter which identifies key actions that must be taken in order to protect and promote child health and communicate its endorsement to Prime Minister Harper;
4. the Medical Officer of Health collaborate with key stakeholders to further investigate disparities in young children's health outcomes across Toronto, enhance monitoring and reporting of disparities, and further develop strategies to address the disparities;
5. the Medical Officer of Health collaborate with key stakeholders at the federal, provincial, and municipal levels to explore the feasibility of expanding and enhancing current databases and surveys to address data gaps in young children's health outcomes, including those related to contributing factors and disparities in outcomes;
6. the Board of Health forward this report to the Community Development and Recreation Committee for information; and
7. the Board of Health forward this report to the Toronto District School Board, Toronto Catholic District School Board, Conseil Scolaire de district du centre Sud-Ouest, Conseil Scolaire de district catholique du centre Sud, Centre for Research on Inner City Health, the Centre for Urban Health Initiatives, Association of Local Public Health Agencies, Ontario Public Health Association, Ontario Medical Association, Registered Nurses Association of Ontario, Ontario Association of Family Physicians, Ontario Association of Pediatricians, Ontario Association of Infant and Child Development, Ontario Association of Children's Aid Societies, Ontario Ministries of Health and Long-Term Care, Health Promotion, and Children and Youth Services, Canadian Public Health Association, Public Health Agency of Canada, Council for Early Child, Development, Canadian Mothercraft, Canadian Institute of Child Health, Canadian Medical Association, Canadian Pediatric Society, College of Family Physicians of

Canada, Campaign 2000, Toronto Children's Services, Toronto Best Start Network, Children's Services Advisory Committee.

Financial Impact

There are no financial implications stemming directly from this report.

Summary

The Health of Toronto's Young Children is a series of reports on the health of Toronto children from birth to age 6 years. The first two reports in the series were presented to the Board of Health in February, 2006. The third report in the series, The Health of Toronto's Young Children: The Growing Child, focuses on the health of Toronto's children age 1 to 6 years. The report describes the City's population of young children, selected aspects of their health, and the ways in which their families and their neighbourhoods contribute, positively or negatively to their health.

Although the majority of Toronto's young children are developing normally, ready for learning at school entry, and free from injuries, diseases, and conditions which affect their health, there is reason to be concerned about the health of some of Toronto's young children. There are significant disparities in young children's health, specifically in readiness to learn at school entry, early childhood tooth decay, and injury. Toronto data show these disparities are related to neighbourhood and family income, family structure, and country of birth. Over 50,000 children age 1 to 6 years live in low income families. The report highlights gaps in existing data which, if addressed, could assist in painting a more complete picture of child health in Toronto.

This report is intended to stimulate discussion and facilitate action among Toronto Public Health staff, City staff in other divisions, partner agencies and other levels of government regarding policy levers and program initiatives to enhance health outcomes for Toronto's children and decrease health disparities.

Background Information

The Health of Toronto's Young Children Volume 3 - The Growing Child
(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8043.pdf>)

The Health of Toronto's Young Children - The Growing Child - Attachment 1
(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8044.pdf>)

(Note: Copies of the reports on "The Health of Toronto's Young Children" referred to in the report from the Medical Officer of Health will be provided to Board of Health members and selected City Officials only and are available on the City's web site at http://www.toronto.ca/health/hsi/hsi_young_children.htm)

HL9.3	ACTION			
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Toronto Public Health Initiatives to Control Tuberculosis in the Homeless Population

(Staff Presentation)

(October 29, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Chair of the Board of Health request the Ministry of Health and Long-Term Care to provide adequate funding to the provincial Central Public Health Laboratory (CPHL) to allow the laboratory to accommodate the increased workload generated by the TB homeless initiative active case finding;
2. the Chair of the Board of Health request the Ministry of Community and Social Services and the Ministry of Health and Long-Term Care to provide capital funding for assessment of the shelter and drop-in facilities not yet assessed and for improvements to the ventilation systems in the shelter and drop-in sector as per the Best Practice Guidelines;
3. the Board of Health recommend to the General Manager, Shelter, Support and Housing Administration (SSHA) that operators of shelters and drop-in centres receive specialized training on ventilation systems, ultraviolet germicidal irradiation, ventilation system maintenance requirements and upgrade considerations as per the Best Practice Guidelines;
4. the Chair of the Board of Health request the Ministry of Health and Long-Term Care and the Local Health Integration Networks serving the Toronto area, to fund a centralized TB clinic system for Toronto including the expansion of the four existing TB clinics in Toronto and the addition of two new TB clinics, one in the former Scarborough and one in the former Etobicoke; and
5. the Board of Health forward this report to the TB Subcommittee for information.

Financial Impact

There are no immediate financial implications as a result of this report.

Summary

In May 2004, a Coroner's inquest into the death of a homeless man in Toronto due to tuberculosis (TB) made 13 recommendations directed primarily at the provincial government, aimed at reducing TB transmission among the homeless/underhoused population as well as improving their access to health care. The Medical Officer of Health and the Commissioner of Community and Neighbourhood Services, in a report to Community Services in February 2005, supported the jury recommendations and reported this to the Board of Health in April 2005.

Toronto Public Health (TPH) has worked on two of the recommendations, at the request of the Ministry of Health and Long-Term Care. These include developing TB Environmental Control Best Practice Guidelines for Shelters and Drop-In Centres and recommending a centralized model of TB clinical care in Toronto. TPH has also created a team of public health staff in the TB program dedicated to working with the homeless and under-housed.

This report summarizes the results of these three projects.

The evaluation results from the TB Homeless initiative, implemented in September 2005, support the effectiveness of a dedicated team in the TPH TB program working with the homeless and under-housed and their service providers. This approach will be continued within the current budget, but requires support from other services. A key challenge is that the Provincial Central Public Health Laboratory (CPHL) does not have sufficient capacity within their budget to provide laboratory testing of large numbers of sputum samples collected for active case finding in the TB Homeless initiative. Furthermore, this population requires

consistent care from physicians with expertise in TB and this can be a challenge given the limited resources of the current TB clinics in Toronto.

The TB Environmental Control Best Practice Guidelines for Shelters and Drop-In Centres in Toronto and the accompanying Implementation Guide are the first of their kind in Canada and will help guide decisions about enhancing ventilation in shelters and drop-in centres. An assessment of nine shelters and one drop-in centre in relation to the guidelines did not identify any immediate risks. However there are capital and operating costs associated with retrofitting ventilation systems to the Best Practice level and maintaining them.

Over the last decade, a number of experts and reports have recommended a centralized model for TB care in Toronto but provincial funding has not been available to provide this type of service. There continues to be a need for a coordinated approach to provide clinical care for people who have TB.

TPH presented these projects at the first annual TB update sponsored by the Board of Health TB Subcommittee in September 2007. Approximately 100 people attended, including representatives from the shelter and drop-in sectors, community health centres, community agencies, TB clinics, and other public health units.

Background Information

Toronto Public Health Initiatives to Control Tuberculosis in the Homeless Population
(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8047.pdf>)

HL9.4	Information			
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Communicable Diseases in Toronto 2006

(October 23, 2007) Report from Medical Officer of Health

Financial Impact

There are no financial implications stemming directly from this report.

Summary

Communicable Diseases in Toronto 2006 describes trends in reportable communicable diseases for the City of Toronto. The data in this report provide updates to trends described in previous annual reports and highlight significant considerations for communicable disease control in Toronto.

In order to make the data available as soon as possible, disease-specific sections of this report have been posted on the Toronto Public Health (TPH) website as the information became available. This composite annual report provides an overall picture of communicable disease trends for Toronto, identifying areas of progress from the past and areas for further improvement. Ongoing vigilance in monitoring, detecting and controlling communicable diseases in Toronto continues to be a key role for Toronto Public Health.

Background Information

Communicable Diseases in Toronto 2006

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8050.pdf>)

Communicable Diseases in Toronto 2006 - Attachment 1

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8051.pdf>)

HL9.5	Information			
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Promoting the Role of Toronto Public Health in a Healthy City

(October 29, 2007) Report from Medical Officer of Health

Financial Impact

There are no financial implications arising from this report.

Summary

This report outlines current and proposed communications initiatives which assist in raising awareness of Toronto Public Health programs and services, and reinforcing the importance of a well funded, well supported public health system.

Background Information

Promoting the Role of Toronto Public Health in a Healthy City
<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8052.pdf>

HL9.6	Information			
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Toronto Public Health Operating Budget Variance Report for the Nine Months ended September 30, 2007

(October 26, 2007) Report from Medical Officer of Health

Financial Impact

See staff report for Financial Impact information.

Summary

This report provides an update to the Board of Health on Toronto Public Health's (TPH) Operating Budget Variance for the nine months of operation ending on September 30, 2007. Toronto Public Health's operating budget was underspent by \$1,567 thousand net or 4.4 percent for the nine-month period ending on September 30, 2007.

TPH gross expenditures were below budget by \$4,089.9 thousand or 2.7 percent attributable to the underspending of \$4,551.7 thousand in Salaries and Benefits offset by overspending of \$461.8 thousand in non-payroll. Revenue was underachieved by \$2,522.9 thousand or 2.2 percent due to under-expenditures in mandatory cost shared programs, underachievement of Interdepartmental Revenue in the Ontario Works Dental program and lower than expected revenue from the Dog and Cat Licensing Strategy.

At year-end, TPH expects to be \$5,384.2 thousand gross or 2.5 percent and \$1,616 thousand net or 3.2 percent under the 2007 Operating Budget. The net under-expenditure of \$1,616 thousand includes anticipated savings due to cost containment measures implemented in the second half of 2007.

Background Information

Toronto Public Health Operating Budget Variance Report for the Nine Months ended September 30, 2007

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8054.pdf>

Toronto Public Health Operating Budget Variance Report for the Nine Months ended September 30, 2007 - Attachment 1

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8055.pdf>

HL9.7	Information			
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Toronto Public Health Capital Budget Variance Report for the Nine Months ended September 30, 2007

(October 18, 2007) Report from Medical Officer of Health

Financial Impact

See staff report for Financial Impact information.

Summary

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

Toronto Public Health (TPH) spent \$1.422 million or 29.1 percent of the 2007 approved cash flow of \$4.879 million as of September 30, 2007.

The year-end capital expenditure is projected to be \$3.746 million or 76.8 percent of the approved cash flow.

Background Information

Toronto Public Health Capital Budget Variance Report for the Nine Months ended September 30, 2007

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8056.pdf>)

Toronto Public Health Capital Budget Variance Report for the Nine Months ended September 30, 2007 - Attachment 1

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8057.pdf>)

HL9.8	Information			
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Scarborough Local Health Committee Minutes

Summary

Minutes of the Scarborough Local Health Committee meeting held on June 5, 2007.

Background Information

Scarborough Local Health Committee Minutes

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8058.pdf>)

HL9.9	Information			
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Pandemic Influenza Preparedness Update

Summary

Verbal update by the Medical Officer of Health.