
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	cdaidov@toronto.ca
Location	Committee Room 1, City Hall		

Attendance

Members of the Board of Health were present for some or all of the time periods indicated under the section "Meeting Sessions", which appears at the end of the Minutes.

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

Confirmation of Minutes

On motion by Fiona Nelson, the Minutes of the meeting of the Board of Health held on June 12, 2007, were confirmed.

HL6.1	Information	Received		
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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;
Vaijyanthi Chari;
Wangari Muriuki;
Fiona Nelson;
Lisa O'Brien; and
Valerie Sterling.

Decision Advice and Other Information

The Board of Health:

1. received the letter (June 26, 2007) from the City Clerk for information; and
2. welcomed the new members to the Board.

Links to 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	Received		
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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.

Decision Advice and Other Information

The Chair, on behalf of the Board of Health:

1. recognized the contributions of the following past citizen members of the Board of Health:
 - Cathy Crowe;
 - Nathan Gilbert;
 - Bryan Hyndman; and

- Rhonda Roffey.
2. presented framed scrolls from the Mayor and Members of Council to the following members thanking them for their contributions:
- Nathan Gilbert; and
 - Bryan Hyndman.

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

(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.

Communications

(July 9, 2007) letter from Sarah Miller, Research and Co-ordinator, Canadian Environmental Law Association (HL.New.6.3.1)

(July 9, 2007) letter from Nancy Bradshaw, Co-Chair, Occupational and Environmental Working Group, Toronto Cancer Prevention Coalition (HL.New.6.3.2)

(July 9, 2007) letter from Fran Maclure (HL.New.6.3.3)

(July 9, 2007) letter from Jem Gain, on behalf of New Toronto Good Neighbours (HL.New.6.3.4)

Speakers

Sarah Miller, Co-ordinator and Water Policy Researcher, Canadian Environmental Law Association, and filed a written submission

Gideon Forman, Executive Director, Canadian Association of Physicians for the Environment, and filed a written submission

Usman Valiante, Senior Policy Analyst, Corporate Policy Group, LLP

Ruth Grier, Member, Occupational and Environmental Carcinogens Working Group, Toronto Cancer Prevention Coalition, and filed a written submission from Nancy Bradshaw, Toronto Cancer Prevention Coalition

John Humphrey, United Steelworkers Canadian National Office

Katrina Miller, Campaign Director, Toronto Environmental Alliance

Fran Maclure, and filed a written submission

Jem Cain, Spokesperson, New Toronto Good Neighbours, and filed a written submission

Janice Etter, Chair, Toronto Food Policy Council

Links to Background Information

Strategy to Enhance Access to Environmental Information in Toronto
(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5457.pdf>)

3a Strategy to Enhance Access to Environmental Information in Toronto

(July 3, 2007) Motion from Toronto/East York Local Health Committee

Summary

Toronto/East York Local Health Committee expressing its support of the recommendation on the Strategy to Enhance Access to Environmental Information in Toronto, as an expansion of the community right to know.

Decision Advice and Other Information

The Board of Health requested the Medical Officer of Health:

1. 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 (NO_x), 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. to report in Spring 2008 on the feasibility and usefulness of reporting on emissions of significant greenhouse gases;
 3. to report in Spring 2008 on costs, possible external funding sources such as FCM's Green Municipal funds, timelines, enforcement, data management, strategies to minimize administrative burden for reporting facilities, and other issues of bylaw implementation;
 4. 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, including the possible use of pollution prevention plans;
 5. in consultation with the General Manager of Toronto Water, be requested to report to the January 2008, meeting of the Board of Health on the feasibility of including the Sewer Use By-law in the online reporting system;

(Recommendations 1 to 5 moved by Councillor Davis)

6. to write to Deputy City Manager Richard Butts to request that he consider adding the following data to the City's environmental portal:
 - i. accidental spills reported to the City and the Province;
 - ii. any available data on brown field sites;
 - iii. sewer-use bylaw and pesticide bylaw non-compliance/infracton incidences;
 - iv. notices and information on Environmental Assessments underway in Toronto;

- v. applications and decisions on provincial Certificates of Approval to discharge to air or other environmental mediums in Toronto;
- vi. infractions to provincial Certificates of Approval;
- vii. formal City submissions to other levels of government regarding environmental instruments and policy (eg. waste oil comment, nuclear energy comment);
- viii. National Pollutant Release Inventory releases; and
- ix. water tests; and

(Motion by Councillor Perks)

- 7. to request Environment Canada to review the current mandatory reporting emissions thresholds in order to significantly reduce the amount of toxic chemicals, including greenhouse gases, being released to air, water and land.

(Motion by Valerie Sterling)

HL6.4	ACTION	Amended		
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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.

Decision Advice and Other Information

On motion by Valerie Sterling, the Board of Health:

1. requested 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. requested the Minister of Health and Long-Term Care to fund public health units to provide HPV vaccine to eligible females;
3. requested 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. forwarded 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 for support and action; and

5. advocated 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.

Links to Background Information

Public Funding of Human Papillomavirus (HPV) Vaccine

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

HL6.5	Information	Received		
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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.

Decision Advice and Other Information

On motion by Valerie Sterling, the Board of Health received the report (June 22, 2007) from the Medical Officer of Health for information.

Links to Background Information

Pandemic Influenza Preparedness Update

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

HL6.6	Information	Received		
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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.

Decision Advice and Other Information

On motion by Councillor Davis, the Board of Health received the report (June 19, 2007) from the Medical Officer of Health for information.

HL6.7	ACTION	Adopted		
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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.

Decision Advice and Other Information

On motion by Valerie Sterling, the Board of Health:

1. adopted the revised Terms of Reference for the Local Health Committees (Appendix A) and expressed its thanks to staff for their support of the Local Health Committees.

Links to 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	Adopted		
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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.

Decision Advice and Other Information

On motion by Councillor Davis, the Board of Health:

1. appointed 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.

Links to Background Information

Local Health Committee Appointments 2007-2010
(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5397.pdf>)

HL6.9	ACTION	Adopted		
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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.

Speakers

Janice Etter, Co-Chair, Toronto Food Policy Council
Patrick Habimenshi, Member, Toronto Food Policy Council

Decision Advice and Other Information

The Board of Health:

1. received the Toronto Food Policy Council 2006 Annual Report as information (Attachment 1);

2. appointed the eight individuals named in confidential Attachment 2 to the Toronto Food Policy Council until December 31, 2008; and

(Motion by Valerie Sterling)

3. forwarded a copy of the Toronto Food Policy Council 2006 Annual Report to the Local Health Committees for their information.

(Motion by Councillor Perks)

Links to 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	Amended		
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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.

Communications

(July 6, 2007) letter from Tim Maguire, Acting President, CUPE Local 79 (HL.New)

Decision Advice and Other Information

On motion by Councillor Davis, the Board of Health:

1. approved the Terms of Reference for the TB Subcommittee included in Attachment 1 subject to amending Item 7 under the heading “Membership” to read as follows:

“7. Representative(s) from CUPE Ontario and CUPE Local 79 to address workers’ health and safety issues.”

Links to 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	Received		
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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.

Decision Advice and Other Information

On motion by Valerie Sterling, the Board of Health received the minutes of the Etobicoke/York Local Health Committee meeting held on November 8, 2006, for information.

Links to Background Information

Etobicoke York Local Health Committee Minutes

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

HL6.12	ACTION	Amended		
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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.

Decision Advice and Other Information

On motion by Valerie Sterling, the Board of Health:

1. received the minutes of the North York Local Health Committee meeting held May 10, 2007;
2. supported the concern expressed by the North York Local Health Committee in the letter dated May 24, 2007 sent to Mr. Hy Eliasoph, Chief Executive Officer, Central Local Health Integration Network (LHIN);

3. communicated this endorsement to the Chief Executive Officer and Board of Directors of the Central Local Health Integration Network (LHIN); and
4. informed the North York Local Health Committee of this action.

Links to 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>)

HL6.13	Information	Referred		
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Dental Chairs in Existing Toronto Public Health Clinics

(July 3, 2007) Motion from Toronto/East York Local Health Committee

Summary

Advising that the Toronto/East York Local Health Committee recommended that the Board of Health:

1. increase the number of dental chairs available in each existing Toronto Public Health Clinic by one within the years 2007/08 and 2008/09, and provide sufficient funding for staff to support the additional operation of the clinics be included in the budget;
2. support the effort of an increase of one additional dental chair in each community clinic, and that the funds to cover these costs be requested from the Ministry of Health and Long-Term Care; and
3. congratulate the Ontario Dental Association for their support of Dr. Hazel Stewart's proposal.

Decision Advice and Other Information

On motion by Councillor Filion, the Board of Health referred the motion from the Toronto/East York Local Health Committee to the Medical Officer of Health for a report to the Budget Subcommittee.

Motions

Main motion moved by Fiona Nelson (Redundant)

That:

- (a) Part 1 of the recommendations from the Toronto/East York Local Health Committee be referred to the Medical Officer of Health for a report on implementation, including a schedule, staffing and budget, and a strategy for negotiating with the Ministry of Health

and Long Term Care to expand support and funding for greater dental services as a part of public health programs; and

- (b) the Board of Health approve Part 2 of the recommendations from Toronto/East York Local Health Committee.

Links to Background Information

Dental Chairs in Existing Toronto Public Health Clinics

<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5635.pdf>

HL6.14	ACTION	Adopted		
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Toronto's Blind-Low Vision Early Implementation Plan

(July 9, 2007) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. the Toronto Public Health's 2007 Approved Operating Budget be increased by \$242,720 gross and \$0 net to reflect funding from the Ministry of Children and Youth Services for the Blind-Low Vision Early Intervention Program;
2. the Board of Health endorse the Toronto Blind-Low Vision Early Intervention plan and support its implementation;
3. the Board of Health authorize the Medical Officer of Health to award, amend and execute purchase of service contracts with Canadian National Institute for the Blind (CNIB) and Ontario Foundation for the Visually Impaired Children (OFVIC) to provide early intervention services and child care consultation for children low vision or blind and their families; and
4. this report be forwarded to the Budget Committee for consideration.

Financial Impact

Blind-Low Vision Program Source of Funds	2007			2008 GROSS INCREMENTAL
	Gross	Revenue	Net	
Base funding from MCYS	\$132,720	\$132,720	\$0	\$240,555
One time funding from MCYS*	\$110,000	\$110,000	\$0	(\$89,600)
TOTAL	\$242,720	\$242,720	\$0	\$150,955
Positions	4.0			(1.0)

* One-time funding of \$130,400 is allocated as follows: 2007 \$110,000 / 2008 \$20,400

The Deputy City Manager and Chief Financial Officer has reviewed this report and agree with the financial impact information.

Implementation Points

The MCYS has established a very short timeline for local planning and implementation of the BLV EI program. Planning, including community consultation, was done between February 1, 2007 and May 31, 2007. The Toronto BLV EI Plan was submitted to the MCYS on May 31, 2007 and approved shortly thereafter. A province-wide implementation date has been set for September 1 2007.

Summary

This report provides information on the implementation and funding of the new Blind-Low Vision Early Intervention Program. This program is 100% funded by the Ministry of Children and Youth Services (MCYS) (see Attachment 1).

In February 2007, the MCYS announced the Blind-Low Vision Early Intervention (BLV EI) Program as another of the foundation programs within the Best Start framework. Best Start is a comprehensive, evidence-based early learning and care strategy designed to help give Ontario's children the best possible start in life by promoting an integrated approach to early identification, intervention and support for children's healthy growth and development. Toronto Public Health already delivers a number of programs, including Healthy Babies Healthy Children, Preschool Speech and Language, and the Infant Hearing Program, that support the Best Start plan for Toronto.

Vision loss and blindness affect every aspect of child development putting a child who is blind or has low vision at great risk for developmental delays. Early intensive intervention is therefore critical to healthy child development. The BLV EI Program is therefore, an important addition to the range of services that promote healthy growth and development. It will provide an integrated system of services and supports to families and their children from birth to the transition into school in order to facilitate early identification and intervention. The BLV EI program will work in partnership with existing community services to deliver a multi-strategy approach which includes family support and intervention services, child care consultation and public awareness and a professional and parent education strategy.

The purpose of this report is to inform the Board of Health about this new program and Toronto Public Health's plan for implementing it. The report also seeks approval to adjust the Toronto Public Health 2007 Operating Budget to include the related funding and staff complement and to award and execute the required purchase of service contracts.

Board Recommendations

The Board of Health recommended to the Budget Committee and City Council that:

1. the Toronto Public Health's 2007 Approved Operating Budget be increased by \$242,720 gross and \$0 net to reflect funding from the Ministry of Children and Youth Services for the Blind-Low Vision Early Intervention Program.

Decision Advice and Other Information

On motion by Councillor Perks, the Board of Health:

1. endorsed the Toronto Blind-Low Vision Early Intervention plan and supported its implementation;

2. authorized the Medical Officer of Health to award, amend and execute purchase of service contracts with Canadian National Institute for the Blind (CNIB) and Ontario Foundation for the Visually Impaired Children (OFVIC) to provide early intervention services and child care consultation for children with low vision or blind and their families; and
3. requested the Budget Committee to consider this matter at its meeting on July 10, 2007, and to report directly to City Council confirming the requested increase to the Toronto Public Health 2007 Approved Operating Budget in the amount of \$242,720 gross and \$0 net to reflect funding from the Ministry of Children and Youth Services for the Blind-Low Vision Early Intervention Program.

Links to Background Information

Toronto's Blind-Low Vision Early Implementation Plan

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-5616.pdf>)

HL6.15	ACTION	Amended		
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Appointment of Members to Board of Health Sub-committees

Summary

The Board of Health discussed the appointment of members to the following Board of Health Subcommittees:

Animal Services Sub-committee; and
Budget Sub-committee.

Decision Advice and Other Information

On motion by Councillor Fletcher, the Board of Health:

1. appointed Councillor Gord Perks and Vaijyanthi Chari to the Budget Sub-committee so that the membership of the Budget Sub-committee is now as follows:
 - Councillor John Filion;
 - Councillor Janet Davis;
 - Councillor Chin Lee;
 - Councillor Gord Perks;
 - Vaijyanthi Chari; and
 - Valerie Sterling; and
2. requested the Secretary of the Board of Health to canvas the Board members prior to the September 2007 meeting for their interest in serving on the Animal Services Sub-committee.

Meeting Sessions

Session Date	Session Type	Start Time	End Time	Public or Closed Session
2007-07-09	Afternoon	1:10 PM	3:50 PM	Public

Chair