

Board of Health

Meeting No.	25	Contact	Candy Davidovits, Committee Administrator
Meeting Date	Monday, October 19, 2009	Phone	416-392-8032
Start Time	1:00 PM	E-mail	boh@toronto.ca
Location	Committee Room 1, City Hall	Chair	Councillor John Filion

	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 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 15, 2009****Speakers/Presentations – A complete list will be distributed at the meeting.****Communications/Reports**

HL25.1	Presentation			Ward: All
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2009 Public Health Champion Awards**Summary**

The Co-Chairs of the Public Health Champion Awards Selection Committee to announce the recipients of the 2009 Public Health Champion Awards.

HL25.2	Information			Ward: All
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Pandemic Influenza Preparedness Update**Summary**

The Medical Officer of Health will give a verbal update on Pandemic Influenza Preparedness.

HL25.3	ACTION			Ward: All
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Influenza Immunization Rates of Healthcare Workers in Toronto Healthcare Facilities**Origin**

(October 6, 2009) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. The Board of Health urge the CEOs of acute care hospitals, complex continuing care hospitals, long term care homes and nursing agencies to provide a comprehensive program to promote annual influenza immunization of health care workers (HCWs).
2. The Ontario Ministry of Health and Long Term Care include annual institutional HCW influenza immunization rates as an indicator within the publicly reported Ontario Patient Safety Initiatives.

3. The Medical Officer of Health report annually on influenza immunization coverage rates among HCWs in Toronto healthcare facilities for the next three years.
4. The Board of Health urge the Ontario Minister of Health and Long Term Care to explore options to make annual influenza immunization mandatory for HCWs if coverage rates for healthcare institutions do not improve over the next three years.
5. This report be forwarded to the Chief Medical Officer of Health for Ontario, the CEOs of all Toronto acute care and complex continuing care hospitals, and long term care homes, the CEOs of all Toronto-area Local Health Integration Networks (LHINs) and Regional Infection Control Networks (RICNs), the General Manager of City of Toronto Long-Term Care Homes and Services, the Chief and General Manager of Toronto Emergency Medical Services (EMS), Toronto Practitioners of Infection Control (TPIC), the Ontario Agency for Health Protection and Promotion (OAHP), all Ontario Boards of Health, the Association of Local Public Health Agencies (ALPHA), and the Ontario Public Health Association (OPHA).

Summary

Influenza is an acute viral infection of the respiratory tract. Influenza can result in widespread illness, including outbreaks and pandemics, and it is associated with complications such as bacterial pneumonia and death. Annual immunization of persons at high risk, and of health care workers (HCWs) and others who are capable of transmitting influenza to those at high risk, is the most effective measure for reducing the impact of influenza. Annual influenza immunization of HCWs is recommended by the National Advisory Committee on Immunization (NACI) ¹.

In order for immunization programs to be successful, high rates of coverage are required. However, influenza immunization coverage among HCWs in Toronto and Ontario remains low. During the 2008/2009 influenza season in Toronto, the median coverage rate for influenza immunization among HCWs working in institutional settings in Toronto was 42% for Acute Care Facilities, 55% for Complex Continuing Care hospitals, and 70% for Long Term Care Homes (Table 1). These rates are comparable to those reported for the previous two seasons (2006/2007 and 2007/2008) and with the exception of many LTCHs, lower than the annual influenza immunization coverage rate of 70% recommended by the Ontario Ministry of Health and Long Term Care (MOHLTC). Moreover, the median rates of immunization coverage among HCWs in Toronto institutions have been consistently lower than the provincial median rates over the last three years.

This report reviews the evidence supporting the public health importance of influenza immunization among HCWs, provides influenza immunization coverage rates for HCWs in Toronto hospitals (acute and complex continuing care) and long-term care homes (LTCHs), makes recommendations on how to improve the uptake of influenza immunization by HCWs, and provides an update on provincial recommendations for influenza immunization for the 2009/2010 influenza season. While this report focuses on the coverage rates, programs and surveillance activities for influenza immunization in Toronto healthcare institutions, the importance of influenza immunization applies to all HCWs, regardless of their place of employment.

Financial Impact

There are no financial implications arising from this report.

Background Information

hl25.3 - Influenza Immunization Rates of Healthcare Workers in Toronto Healthcare Facilities
- Staff Report

<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24123.pdf>

HL25.4	Information			Ward: All
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Ministry of Health Promotion Funding Reduction to Smoke-Free Ontario Enforcement**Origin**

(September 29, 2009) Report from Medical Officer of Health

Summary

The purpose of this report is to further advise the Board of Health about Ministry of Health Promotion (MHP) funding reductions to the 100% funded Smoke-Free Ontario Act (SFOA) enforcement program.

As reported under item HL24.2 of the June 16 Board of Health meeting, MHP notified Toronto Public Health (TPH) of reductions to the Youth Action Alliance program, the High School Grants program and enforcement of the SFOA across Ontario. At the time of that report, MHP had not specified the amount of the reduction to the TPH enforcement program.

On August 25, 2009, MHP notified TPH that the enforcement funding allocation for the City of Toronto would be reduced by \$99,561 based on the Ministry's fiscal year (April 1, 2009 – March 31, 2010). This report will outline the impact of this reduction on the TPH tobacco enforcement program.

Financial Impact

The Smoke Free Ontario Tobacco Enforcement program is funded 100% by the Ministry of Health Promotion. The financial impact on the TPH tobacco enforcement operating budget is a reduction of \$56,892 in 2009, and an additional reduction of \$42,669 in 2010, resulting in a 2010 base budget of \$1,420,672. Furthermore, the approved Cost of Living Adjustment (COLA) increases of 1.75 percent for 2009 and 2.0 percent for 2010 will not be funded by the Ministry, creating additional pressure on the operating budget. The funding pressure resulting from the unfunded COLA increases for 2009 and 2010 will be accommodated within the Smoke-Free Ontario Tobacco Enforcement Program through additional gapping in 2009 and the elimination of two tobacco enforcement positions in 2010.

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

Background Information

hl25.4 - Ministry of Health Promotion Funding Reduction to Smoke-Free Ontario Enforcement - Staff Report

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24020.pdf>)

HL25.5	Information			Ward: All
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Ministry of Health and Long-Term Care Initial Report on Public Health**Origin**

(October 1, 2009) Report from Medical Officer of Health

Summary

In August 2009, the Ministry of Health and Long-Term Care released its Initial Report on Public Health. The report provides a snapshot of the current state of public health in Ontario and examines public health as a system at both the provincial and local levels. Health unit profiles, indicators and case studies are included.

While the data presented in the report does not directly address the Ontario Public Health Standards (OPHS), it does provide an initial baseline to compare health units and signals the Ministry's move toward a performance management system for public health.

Financial Impact

There are no financial impacts arising from the adoption of this report.

Background Information

hl25.5 - Ministry of Health and Long-Term Care Initial Report on Public Health - Staff Report
(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24021.pdf>)

HL25.6	Information			Ward: All
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Toronto Public Health Capital Budget Variance Report for the Six Months Ended June 30, 2009**Origin**

(September 25, 2009) Report from Medical Officer of Health

Summary

This report provides an update to the Board of Health on the Toronto Public Health (TPH) Capital Budget variance for the six-month period ended June 30, 2009 (Appendix 1).

Toronto Public Health spent \$1.021 million or 18 percent of the 2009 approved cash flow of \$5.670 million as of June 30, 2009.

The year-end capital expenditure is projected to be \$3.800 million or 67 percent of the approved cash flow.

Financial Impact

See Table on Page 2 of the staff report for the financial impact information.

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

Background Information

hl25.6 - Toronto Public Health Capital Budget Variance Report for the Six Months Ended June 30, 2009 - Staff Report

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24023.pdf>)

hl25.6 - Appendix 1 - TPH 2009 Capital Budget Variance Report for the Six Months Ended June 30, 2009

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24024.pdf>)

HL25.7	Information			Ward: All
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Toronto Public Health Operating Budget Variance Report for the Six Months ended June 30, 2009

Origin

(September 25, 2009) Report from Medical Officer of Health

Summary

This report provides an update to the Board of Health on Toronto Public Health's (TPH) Operating Budget Variance for the six months of operation ending on June 30, 2009 (see Attachment 1).

Toronto Public Health's operating budget was under spent by \$30.8 thousand net or 0.2 percent for the six-month period ending on June 30, 2009.

TPH gross expenditures were below budget by \$3,669.0 thousand or 3.6 percent, attributable to the underspending of \$9.4 thousand in Salaries and Benefits and \$3,659.6 thousand in non-payroll. Revenue was underachieved by \$3,638.2 thousand or 4.5 percent due to under-expenditures in provincial cost shared and fully funded programs, underachievement of Interdepartmental Revenue in the Ontario Works Dental program.

At year-end, TPH will be underspent due to savings from the labour disruption in the 2nd and 3rd quarter of 2009. This underspending will be partially offset by resumption of service costs. Currently, it is unknown how much will be spent on H1N1 outbreak response in the last two quarters of the year.

Financial Impact

See Table on Page 1 of the staff report for the financial impact information.

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

Background Information

hl25.7 - Toronto Public Health Operating Budget Variance Report for the Six Months ended June 30, 2009 - Staff Report

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24025.pdf>)

hl25.7 - Attachment 1 - TPH Operating Variance Submission for the Six Months ended June 30, 2009

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24026.pdf>)

HL25.8	ACTION			Ward: All
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Budget Adjustment to the Toronto Public Health 2009 Approved Operating Budget and Confirmation of Authority to Sign Agreements

Origin

(October 1, 2009) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. The Budget Committee increase the Toronto Public Health 2009 Operating Budget for one-time funding of \$500.2 thousand gross and \$0.0 net, that is provided by the Ministry of Health and Long-Term Care to cover the cost of implementation of the PECS Solution used to manage electronic record keeping at the planned pH1N1 mass immunization clinics.
2. City Council confirm the authority of the Medical Officer of Health to execute the Protocol for Electronic Clinic System (PECS) License Agreement and the PECS Training and Service Agreement, between the Regional Municipality of Niagara and the City of Toronto, dated September 29, 2009.

Summary

The purpose of this report is to request a budget adjustment to Toronto Public Health's (TPH) 2009 Operating Budget due to confirmation of 100 per cent funding from the Ontario Ministry of Health and Long-Term Care (MOHLTC), for implementation of the Protocol for Electronic Clinic System (PECS), an integral part of which is the software solution known as Clinic Event Management System (CEMS). This system and software was developed by the Niagara Region Public Health Unit and is being recommended and funded for the use of Ontario Public Health Units by the Ontario Ministry of Health and Long-Term Care for the purpose of managing the electronic record keeping associated with the mass immunization clinics that are being planned as part of the pandemic H1N1 (pH1N1) response.

This report also seeks City Council's confirmation of the Medical Officer of Health's authority to enter into a licence agreement and an agreement for training and support with the Regional Municipality of Niagara for the purpose of implementing the PECS Solution to support electronic record keeping at the pH1N1 mass immunization clinics.

Financial Impact

The table below summarizes the requested one-time budget adjustment to Toronto Public Health's 2009 Operating Budget.

	Gross \$000	Revenue \$000	Net	2010 Gross/Revenue Impact \$000
PECS Solution Implementation	500.2	500.2	0.0	(500.2)
2009 Total Budget Adjustment	500.2	500.2	0.0	(500.2)

This 100 per cent funding will be provided by the MOHLTC to reimburse TPH for the cost of the computer hardware required to support the PECS Solution in each of the planned pH1N1 mass immunization clinics that are expected to be operational in November. Any related implementation costs for this system including staff costs, internal training, and on-site system support will be absorbed within the TPH 2009 Operating Budget.

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

Background Information

hl25.8 - Budget Adjustment to the Toronto Public Health 2009 Approved Operating Budget and Confirmation of Authority to Sign Agreements - Staff Report
<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24028.pdf>

8a Budget Adjustment to the Toronto Public Health 2009 Approved Operating Budget and Confirmation of Authority to Sign Agreements

Origin

(October 1, 2009) Letter from Board of Health Budget Sub-Committee

Recommendations

The Board of Health Budget Sub-Committee recommended to the Board of Health that the recommendations in the report (October 1, 2009) from the Medical Officer of Health be approved.

Summary

The Board of Health Budget Sub-Committee on October 1, 2009, considered a report (October 1, 2009) from the Medical Officer of Health, addressed to the Board of Health, entitled “Budget Adjustment to the Toronto Public Health 2009 Approved Operating Budget and Confirmation of Authority to Sign Agreements”.

Background Information

hl25.8a - Letter from the Board of Health Budget Sub-Committee
<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24008.pdf>

HL25.9	ACTION			Ward: All
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Toronto Public Health’s 2010 – 2019 Capital Budget and Plan Submission

Origin

(September 29, 2009) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. City Council approve a 2010 Capital Budget with a total project cost of \$5.227 million and a 2010 cash flow of \$0.843 million and future year commitments of \$4.384 million as detailed in Appendix 3, “Toronto Public Health’s 2010 Capital Budget”. The 2010 Capital Budget Submission consists of the following:
 - a. new cash flow funding for:
 - i. two new sub-projects and five changes in scope sub-projects with a 2010 total project cost of \$5.227 million that requires cash flow of \$0.843 million in 2010, and future year commitments of \$0.995 million in 2011, \$1.508 million in 2012, and \$1.881 million in 2013; and
 - ii. six previously approved sub-projects with a 2010 cash flow of \$3.499 million and future year commitments of \$2.858 million in 2010 and \$1.892 million in 2012.
 - b. 2009 approved cash flow for four previously approved sub-projects, with carry-forward funding from 2009 into 2010, totalling \$1.870 million;
2. City Council approve a 2011-2014 Capital Plan of \$4.919 million with future years estimates of \$1.519 million in 2013; and \$3.4 million in 2014 as outlined in Appendix 1 – Toronto Public Health 2010 Capital Budget and 2011-2019 Capital Plan;
3. The net operating impacts of \$0.248 million for 2011, \$0.149 million for 2012, \$0.084 million for 2013, \$0.018 million for 2014, and \$0.007 million for 2015 emanating from

the approval of the 2010 Capital Budget as detailed in Appendix 2, “Toronto Public Health 2010-2019 Operating Budget Impact of Capital” be considered within the future years’ Toronto Public Health Operating Budget submissions; and,

4. The Board of Health forward this report to the Budget Committee for its consideration during the 2010 budget process.

Summary

This report provides an overview of Toronto Public Health’s (TPH) 2010 Capital Budget, and 2011-2019 Capital Plan Submission for approval.

TPH is submitting a 2010 – 2019 Capital Budget and Plan request of \$35.395 million, including a 2010 Capital Budget of \$4.342 million and future year commitments of \$ 9.134 million and a 2011 – 2019 Capital Plan of \$21.919 million. The Debt Affordability Target provided by the City for TPH is \$4.342 million in 2010, \$3.853 million in 2011 and, \$3.400 million in each year from 2012 to 2019 for a total of \$35.395 million.

The 10-Year Capital Budget and Plan request will provide funding for thirteen Information and Technology (IT) projects that support improvement of service delivery with the development and enhancement of systems while complying with provincial mandatory reporting system requirements. The associated operating impact of these thirteen IT projects at the end of ten years is \$2.485 million gross and \$0.793 million net for ten new positions and ongoing costs for service and maintenance.

Financial Impact

TPH is submitting a 2010 Capital Budget and 2011 - 2019 Capital Plan request of \$35.395 million, including 2010 cash flow of \$4.342 million (excluding the carry forward funding from 2009), which is entirely financed from debt. The approved annual Debt Affordability Target for TPH is \$4.342 million in 2010, \$3.853 million in 2011, and \$3.400 million in each year from 2012 to 2019. The total requested amount for the 2010 Capital Budget, and 9-Year Capital Plan (2011-2019) meets the Debt Affordability Target of \$35.395 million as shown in the Table 1 below. The associated operating impact of these capital projects on the TPH Operating Budget at the end of ten years will be \$2.485 million gross and \$0.793 million net for ten new positions and ongoing costs for service and maintenance.

Please see Table 1 on Page 3 of the staff report for the financial information.

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

Background Information

hl25.9 - Toronto Public Health - 2010 - 2019 Capital Budget and Plan Submission - Staff Report

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24034.pdf>)

hl25.9 - Appendices 1, 2, and 3

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24035.pdf>)

9a Toronto Public Health's 2010 - 2019 Capital Budget and Plan Submission

Origin

(October 1, 2009) Letter from Board of Health Budget Sub-Committee

Recommendations

The Board of Health Budget Sub-Committee recommended to the Board of Health that the recommendations in the report (September 29, 2009) from the Medical Officer of Health be approved.

Summary

The Board of Health Budget Sub-Committee on October 1, 2009, considered a report (September 29, 2009) from the Medical Officer of Health, addressed to the Board of Health, entitled "Toronto Public Health's 2010 – 2019 Capital Budget and Plan Submission".

Background Information

hl25.9a - Letter from the Board of Health Budget Sub-Committee
<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24007.pdf>

HL25.10	ACTION			Ward: All
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Appointment of Associate Medical Officers of Health

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

Origin

(September 28, 2009) Report from Medical Officer of Health

Recommendations

The Medical Officer of Health recommends that:

1. City Council appoint the physicians named in Confidential Attachment 1 as Associate Medical Officers of Health for the City of Toronto Health Unit.
2. City Council transmit Recommendation 1 to the provincial Minister of Health and Long-Term Care for approval of the appointments in this recommendation.
3. City Council repeal the by-laws appointing former Associate Medical Officers of Health outlined in Confidential Attachment 1.
4. City Council grant authority to introduce the necessary Bill in Council to appoint the

physicians named in Confidential Attachment 1 as Associate Medical Officers of Health, subject to the approval of the provincial Minister of Health and Long- Term Care.

5. City Council grant authority to introduce the necessary Bill in Council to rescind the appointments of the Associate Medical Officers of Health named in Confidential Attachment 1.

Summary

This report recommends the appointment of two public health physicians as Associate Medical Officers of Health (AMOH) for the City of Toronto Health Unit and updates the status of AMOH appointment by-laws.

Financial Impact

There is no financial impact arising from this report.

Background Information

hl25.10 - Appointment of Associate Medical Officers of Health - Staff Report
<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24033.pdf>

HL25.11	ACTION			Ward: All
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Ontario Health Insurance Plan (OHIP) Coverage for New Immigrants with Tuberculosis

Origin

(September 17, 2009) Letter from Board of Health TB Sub-Committee

Recommendations

The Board of Health TB Sub-committee in considering the continuing inequity and the public health implications of failing to support TB patients through successful treatment, recommended to the Board of Health that the Minister of Health and Long-Term Care be urged to eliminate the three-month wait period for Ontario Health Insurance Plan (OHIP) coverage for new immigrants with Tuberculosis in Ontario.

Summary

At the Board of Health TB Sub-Committee meeting on September 17, 2009, Dr. Elizabeth Rea, Associate Medical Officer of Health, TB Prevention and Control, addressed the Sub-committee regarding OHIP coverage for new immigrants with Tuberculosis and advised that Tuberculosis continues to be a serious public health concern in Toronto and increasingly throughout the GTA, related largely to immigration patterns, and filed a draft letter.

Background Information

hl25.11 - Letter from the Board of Health TB Sub-Committee
<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-23869.pdf>

HL25.12	ACTION			Ward: All
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Future of the Board of Health TB Sub-Committee

Origin

(September 17, 2009) Letter from Board of Health TB Sub-Committee

Recommendations

The Board of Health TB Sub-Committee recommended to the Board of Health that:

1. The TB Sub-Committee discontinue its formal status as a Sub-Committee of the Board of Health.
2. The current members of the TB Sub-Committee continue to meet twice a year under the new name of the TB Coalition.
3. One (1) member of the Board of Health be appointed to the TB Coalition.

Summary

The Board of Health TB Sub-Committee, on September 17, 2009, considered a verbal report from Marnie Kraguljac, Associate Director, TB Program, reviewing the accomplishments of the TB Program and the TB Sub-Committee to date, acknowledging the significant changes in the program for TB health and recommending that the Board of Health TB Sub-Committee discontinue its formal status as a Sub-Committee of the Board of Health.

Background Information

hl25.12 - Letter from the Board of Health TB Sub-Committee
(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-23871.pdf>)

HL25.13	Presentation			Ward: All
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North York Local Health Committee Minutes

Summary

- Minutes of the North York Local Health Committee meeting held on April 21, 2009.
- Minutes of the North York Local Health Committee meeting held on May 13, 2009.
- Minutes of the North York Local Health Committee meeting held on June 9, 2009.

Background Information

hl25.13 - North York Local Health Committee Minutes - April 21, 2009
(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24131.pdf>)

hl25.13 - North York Local Health Committee Minutes - May 13, 2009

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24132.pdf>)

hl25.13 - North York Local Health Committee Minutes - June 9, 2009

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24133.pdf>)

HL25.14	Information			Ward: All
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Scarborough Local Health Committee Minutes

Summary

- Minutes of the Scarborough Local Health Committee meeting held on May 11, 2009.
- Minutes of the Scarborough Local Health Committee meeting held on June 8, 2009.

Background Information

hl25.14 - Scarborough Local Health Committee Minutes - May 11, 2009

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24134.pdf>)

hl25.14 - Scarborough Local Health Committee Minutes - June 8, 2009

(<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-24135.pdf>)