

THE CITY OF TORONTO

City Clerk's Office

Minutes of Board of Health

Meeting No. 9

October 21, 2002

The Board of Health met on Monday, October 21, 2002 in Committee Room No. 1, 2nd Floor, City Hall, Toronto, commencing at 1:10 p.m.

Members Present:

Councillor Joe Mihevc, Chair	x
Councillor Augimeri	x
Councillor John Filion	x
Councillor Norman Kelly	x
Councillor Jane Pitfield	x
Councillor David Soknacki	x
Ms. Helen Chan	x
Mr. Brian Hyndman	x
Mr. Brian MacKay	x
Dr. Rosana Pellizzari	x
Ms. Nancy Peters	x
Trustee Mark Stefanini	x
Mr. Lee Zaslofsky	x

Councillor Mihevc in the Chair.

Confirmation of Minutes.

On motion by Mr. Hyndman, the Minutes of the meeting of the Board of Health held on September 23, 2002 were confirmed.

Delegation from Botswana.

The Chair welcomed the delegation visiting Toronto from Botswana in connection with the Toronto – Federation of Canadian Municipalities HIV/AIDS partnership between the City and the municipality in Botswana.

Anne Bains, read a letter from Stephen Lewis, United Envoy on AIDS, welcoming the Team from the South East District.

The Honourable Mr. Fologang, District Chairman, the South-East District Municipality of Botswana, addressed the Board.

9.1 Draft Official Plan.

The Board of Health had before it the following motions which had been tabled at its previous meeting on September 23, 2002:

(A) Moved by Councillor Mihevc:

“It is recommended that the Board of Health endorse those elements of the Draft Official Plan that deal with Public Health and determinants of Public Health”; and

(B) Moved by Councillor Filion:

“It is recommended that the matter be received.”

Councillor Filion submitted a document headed “Toronto’s Proposed New Official Plan - Excerpts from Functional Issue and Remedial Modifications by George S. Belza and William H. Roberts”.

Councillor Augimeri moved that the matter be received, which **failed**.

Councillor Filion moved that the Draft Official Plan be amended as follows:

“6. Environmental sustainability and the urban forest.

that policy paragraph 2.3.1.4, page 27, be modified by inserting after "investing in landscape improvements," the phrase "intensifying the urban forest wherever possible, particularly along City streets," so that the policy reads:

"Efforts will be made to promote environmental sustainability in Neighbourhoods and Apartment Neighbourhoods by investing in landscape improvements, intensifying the urban forest wherever possible, particularly along City streets, promoting better stormwater management, recycling and composting household waste, and conserving water and energy."; and

that related environmental sustainability policy statements be formulated and included in the new Official Plan to ensure that gaseous carbon emissions

associated with population growth are offset, to the extent practicable, by commensurate contributions to urban forest intensification; and

that such contributions (on or off site, in kind or cash-in-lieu) be required as a condition of development approval and be quantitatively specified by formula included in an Environmental Policy Appendix to this Plan.

7. Parkland acquisition policies.

that a set of suitable parks planning area maps be added to the draft plan, together with appropriate standards, and so referenced in the text as to enable areas deficient in parkland to be readily identified and ensure that they receive priority with respect to allocation of cash-in-lieu funds for parkland acquisition; and

that the qualitative criteria listed in policy paragraph 3.2.3.2, page 50, guiding parkland acquisition be subordinated to these standards and reformulated so as to apply within any given parks planning area.

8. Re-worked environmental policies related to land use policies and clarified land use maps.

that Natural Areas, Environmentally Significant Areas and Ravines be defined, identified and distinguished on the land use maps from other Parks and Open Space Areas and protected in a manner equivalent to the best practices of the City's existing Official Plans, and parkland be likewise distinguished from other Parks and Open Space Areas such as golf courses and cemeteries; and

that the natural environment policies listed in s 3.4, page 54-57, be reformulated accordingly, with appropriate land use provisions incorporated into the land use policies listed in s 4.3, page 69.

9. Schools as integral community resources, identified on clarified land use maps

that policy statements be added, along the lines of those contained in Sections 7.12 and 7.18 of the existing City of Toronto Official Plan, to read as follows:

"Council recognizes that schools are an integral community resource that serve not only as learning institutions but also as socio-cultural centres and a source of valuable community open space. The City will encourage and promote the shared use of schools, parks and public open space."; and

that school lands be specifically identified and appropriately designated on the land use maps and related policy statements, and noted in the text as potential

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additions to the City's parklands should they no longer be needed as learning institutions;

10. Public meetings to consider additions to Parks and Open Space Areas. Disposal of City owned lands designated as Parks and Open Space Areas prohibited.

that Sections 3.2.2, page 48, and 4.3.3, page 69, be modified to provide for a public meeting when an opportunity arises for the City to purchase a surplus school site or additional parkland, or otherwise add to the City's Parks and Open Space Areas, in order that the acquisition of such lands may be considered publicly following community representation; and

that policy paragraphs 2.3.2.4 and 2.3.2.8, on page 29, be re-written so as to respectively read:

"The sale or disposal of publicly owned lands in Parks and Open Space Areas is discouraged. City owned lands in Parks and Open Space Areas may not be sold or disposed of." and

"The sale or disposal of publicly owned lands on the water's edge is discouraged. City owned lands on the water's edge may not be sold or disposed of."; which **failed**.

Councillor Kelly moved that the foregoing motion by Councillor Filion be referred to the Commissioner of Urban Development Services and the Medical Officer of Health with a request they submit a report with respect thereto to Council, which **failed**.

Councillor Mihevc appointed Councillor Augimeri Acting Chair, and vacated the Chair.

The Board of Health advised City Council that the Board:

- (1) supports the overall direction of the draft Official Plan as it pertains to health promotion and protection elements (**moved by Councillor Mihevc**);
- (2) recommends that Toronto Public Health staff continue to work with Urban Development Services on the details and implementation strategies related to the Official Plan from a public health perspective (**moved by Councillor Mihevc**); and

- (3) supports the measures in the draft Official Plan which link new growth to intensification of urban forests, the inclusion of new parkland, particularly in areas of new growth and new infrastructure improvements, particularly transit, water and wastewater treatment, parkland and recreation facilities **(moved by Councillor Filion)**.

Councillor Mihevc resumed the Chair.

(City Council; c. Medical Officer of Health; Commissioner, Urban Development Services; Jane Speakman, Legal Services – October 22, 2002)

9.2 Toronto Cancer Prevention Coalition Position Paper on the Primary Prevention and Early Detection and Screening of Breast, Ovarian and Cervical Cancer.

The Board of Health had before it a report (October 7, 2002) from the Medical Officer of Health, presenting the Position Paper on the Primary Prevention and Early Detection and Screening of Breast, Ovarian and Cervical Cancer.

The Board of Health also had before it a communication (October 15, 2002) from Dr. R.J. Kyle, Chair, Central East Prevention and Screening Network, Cancer Care Ontario, expressing support for the Toronto Cancer Prevention Coalition Position Paper on the Primary Prevention and Early Detection and Screening of Breast, Ovarian and Cervical Cancer.

On motion by Councillor Filion, the Board of Health received the foregoing for information.

(Medical Officer of Health; c. Jane Speakman, Legal Services; Ruth Grier; Dr. R.J. Kyle, Chair, Central East Prevention and Screening Network, Cancer Care Ontario – October 22, 2002)

9.3 Toronto Public Health 2002-2003 School Communication Package.

The Board of Health had before it a report (October 1, 2002) from the Medical Officer of Health, regarding the Toronto Public Health 2002-2003 School Communication Package,

a tool which describes the school health programs and services available from Toronto Public Health, within the context of a Comprehensive School Health model and recommending that:

- (1) the Board of Health forward this report and attached sample packages to the Child and Youth Action Committee for information; and
- (2) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

On motion by Councillor Pitfield, the Board adopted the foregoing report and forwarded this report and sample packages to the Child and Youth Action Committee for information.

(Child and Youth Action Committee; c. Medical Officer of Health;
Jane Speakman, Legal Services - October 22, 2002)

9.4 Not used.

**9.5 Healthy Babies, Healthy Children 2001
Year-End Settlement Report.**

The Board of Health had before a report (October 3, 2002) from the Medical Officer of Health, seeking approval of the Healthy Babies, Healthy Children 2001 Year-end Settlement Report for the City of Toronto; advising that there are no net financial implications for the City resulting from this report; and recommending that:

- (1) the Board of Health authorize the Medical Officer of Health and Chair of the Board of Health to submit the audited Healthy Babies, Healthy Children 2001 year-end settlement report; and
- (2) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

On motion by Councillor Filion, the Board of Health adopted the foregoing report.

(Medical Officer of Health; Chair, Board of Health; c. Jane Speakman, Legal Services – October 22, 2002)

9.6 Report from Board of Health Budget Subcommittee.

Please refer to Minute Nos.9.7, 9.8 and 9.11.

9.7 Toronto Public Health 2003-2012 Capital Plan and Budget.

The Board of Health had before it a report (October 16, 200) from the Medical Officer of Health, providing an overview of the 2003 - 2012 Toronto Public Health Capital Budget Submission; advising of financial implications; and recommending that:

- (1) the 2003-2012 Public Health Capital Plan and Budget be endorsed and referred to the City's Budget Advisory Committee for approval; and
- (2) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

The Board of Health also had before it a communication (October 18, 2002) from the Committee Secretary, Board of Health Budget Subcommittee, forwarding the report (October 16, 2002) from the Medical Officer of Health, respecting the 2003-2012 Capital Plan and Budget without recommendation.

On motion by Councillor Soknacki, the Board of Health deferred consideration of this matter to its meeting to be held on November 18, 2002.

(Medical Officer of Health; c. Jane Speakman, Legal Services –
October 22, 2002)

9.8 Toronto Public Health 2003 Operating Budget.

The Board of Health had before it a report (October 16, 2002) from the Medical Officer of Health, providing an overview of the 2003 Toronto Public Health Operating Budget submission and proposing a process by which public deputations can inform the Board of Health's budget decisions; advising that an oral presentation of this report will be provided at the October 21, 2002 meeting of the Board of Health, following its discussions at the October 17, 2002 meeting of the Board of Health Budget Subcommittee; advising of financial implications; and recommending that:

- (1) the Board of Health table this report to its November 18, 2002 meeting, in order to provide an opportunity for public deputations on the proposed 2003 Public Health Operating Budget;

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- (2) the Board of Health endorse the following Operating Budget proposals at its November 18, 2002 meeting:
 - (a) annualization of initiatives and compensation policies previously approved by City Council (\$3,986.7 thousand gross / \$2,284.1 thousand net);
 - (b) economic factors as calculated by the City's Finance Department (\$4,116.1 thousand gross / \$2,048.6 thousand net);
 - (c) other base budget changes pursuant to corporate policies, health and safety requirements, and service volume increases (\$5,120.3 thousand gross / \$683.3 thousand net);
 - (d) revenue reductions associated with the sale of materials and loss of a grant from Cancer Care Ontario, Central East Region (\$69.0 thousand net);
 - (e) reduction in the TPH gapping target on cost-shared programs from 4.6% to 3.0% (\$748.9 thousand gross / \$420.7 thousand net);
 - (f) establishment of a West Nile Virus (WNV) Prevention and Control Program (\$777.7 thousand gross / \$388.9 thousand net);
 - (g) continuation of the 20/20 Clean Air Campaign to reduce vehicle and energy use by City residents and businesses (\$100.0 thousand gross / \$50.0 thousand net);
 - (h) continuation and expansion of the City's strategy to educate the public about safer pesticide use (\$163.5 thousand gross / \$81.8 thousand net);
 - (i) health-related environmental studies requested and fully funded by the City's Works and Emergency Services Department pursuant to the closure of the Ashbridges Bay Sewage Treatment Plant (\$190.0 thousand gross / \$0 net);
 - (j) temporary expansion of the TB Program to control an ongoing TB outbreak in the hostel sector (\$495.2 thousand gross / \$247.6 thousand net);
- (3) that Non-Program interdepartmental recoveries for Public Health Information Technology be transferred permanently at current levels into the Public Health Operating Budget (\$2.2 million gross);
- (4) that the final budget decisions of the Board of Health be referred to the Budget Advisory Committee for consideration; and
- (5) that the appropriate City officials be authorized and directed to take the necessary actions to give effect thereto.

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The Board of Health also had before it a communication (October 18, 2002) from the Committee Secretary, Board of Health Budget Subcommittee, recommending that the Board of Health defer consideration of the Toronto Public Health 2003 Operating Budget submission for the hearing of public deputations at its meeting on November 18, 2002, and advising having requested the Medical Officer of Health to report back to the Board's Budget Subcommittee meeting in November on requesting the Province for 100 percent funding assistance for West Nile Virus.

Lee Zaslofsky declared an interest in that portion of the foregoing report relating to the Hassle Free Men's Clinic, in that he is a member of the Board of the Hassle Free Clinic.

The Medical Officer of Health gave an overhead slide presentation.

The Board of Health:

- (1) deferred consideration of this matter to its meeting to be held on November 18, 2002, for the hearing of deputations (**moved by Councillor Soknaki**);
- (2) requested the Medical Officer of Health to:
 - (a) report to the Board's Budget Subcommittee meeting in November on requesting the provincial government to:
 - (i) continue to provide 100 percent funding for a province-wide West Nile Virus program (**moved by Councillor Augimeri**);
 - (ii) provide 100 percent funding assistance for the TB program (**moved by Mr. Hyndman**);
 - (b) work in collaboration with the public health officials in surrounding regions and beyond to bring concerns relating to the West Nile Virus to the attention of the

provincial government (**moved by Mr. Zaslofsky**); and

- (3) requested the Medical Officer of Health, for the purposes of presenting options, to respond to all of the requests from the Board of Health and its Budget Subcommittee by submitting briefing notes to the Board's meeting on November 18, 2002 (**moved by Councillor Soknaki**).

(Medical Officer of Health; c. Budget Subcommittee; Jane Speakman, Legal Services – October 22, 2002)

9.9 West Nile Virus Program.

Because the report was not available, the Board of Health deferred consideration of this matter to its meeting to be held on November 18, 2002.

9.10 Report of the Homeless/Corrections Working Group of the Tuberculosis (TB) Subcommittee.

The Board of Health had before it a communication (October 9, 2002) from Dr. Rosana Pellizzari, Chair, Board of Health Tuberculosis (TB) Subcommittee, submitting a report dated October 3, 2002, from the Homeless/Corrections Working Group of the Tuberculosis (TB) Subcommittee.

The Board of Health also had before it the following communications:

- (i) (October 7, 2002) from the City Clerk, TB Subcommittee, advising of action taken by the TB Subcommittee at its meeting on September 20, 2002; and
- (ii) (October 4, 2002) from Anne Egger, Tuberculosis Action Group, expressing concern about the ongoing crowding in shelters and the spreading of infectious diseases like TB, and requesting to make a deputation.

Presentations were made by:

- Dr. Rosana Pellizzari, Chair, TB Subcommittee and member, Board of Health;
- Cathie Simpson, Nurse Practitioner, Regent Park Community Health Centre, Co-Chair, Homeless/Corrections Working Group; and

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- Pat Larson, Nurse Practitioner, Parkdale Community Health Centre, Co-Chair, Homeless/Corrections Working Group.

The following persons appeared before the Board of Health in connection with the foregoing matter:

- Barbara Craig, RN, Street Health;
- Amber Kellen, on behalf of the John Howard Society;
- Victor Willis, Executive Director, PARC (Parkdale Activity-Recreation Centre);
- Dr Jae Yang, Division of Respirology, St Michael's Hospital;
- Cathy Crowe, Queen West Community Health Centre; and
- Dr Monica Avendano, Chief Respirologist, TB Service, West Park Healthcare Centre

The Board of Health took the following action:

On motion by Dr. Pellizzari:

- (A) endorsed the following Recommendations No. (1)(d) and (1)(e) of the report from the Homeless/Corrections Working Group of the TB Subcommittee (these address access to health care and TB prevention control in correctional facilities):

“(1)(d) Access to Health Care:

- (i) call on the Ministry of Health and Long Term Care to eliminate barriers to health care services, for people who are homeless or underhoused, to ensure timely and appropriate access to health care services, by taking the following actions:
 - (1) ongoing and sufficient funding for health card and identification kiosks;
 - (2) same day renewal processes for expired Ontario Health Cards;
 - (3) improved and sufficient funding mechanisms for agencies that already provide health care services to vulnerable populations; and
 - (4) promotion of appropriate primary care models with adequate funding mechanisms.
- (ii) as per the Toronto District Health Council Report, ask the Ministry of Health and Long Term Care to increase the

numbers of dedicated TB clinics (Centres of Excellence) which should be fully funded by the province, modelled after TB clinics at St. Michael's Hospital, West Park Healthcare Centre, Toronto Western Hospital, The Hospital for Sick Children. These centres should:

- (a) be accessible, with extended and flexible hours,
- (b) treat individuals without a health card,
- (c) have x-ray facilities on-site and
- (d) work in partnership with Toronto Public Health, Community Health Centres (CHC's) and other community agencies as appropriate.

These Centres of Excellence should be situated in all geographic areas in the City of Toronto, in particular, in each of the West and East parts of Toronto;

- (iii) urge all relevant stakeholders including the Ministry of Health and Long Term Care, the Ontario Medical Association, and the Ontario Health Insurance Plan that these Centres of TB Excellence be the only sites where active TB can be treated in Toronto, similar to the practices of most Canadian provinces;
- (iv) urge the Ministry of Health and Long Term Care to provide the necessary funding to the Central Public Health Laboratories to enable the centralization of the processing of all TB specimens and to ensure results are reported in a timely fashion, given that sputum collection rates will continue to increase in the future as a major method of screening in this population;
- (v) urge the Ministry of Health and Long Term Care to provide adequate funding for health care services in specialized shelter programs that have already exhibited high rates of TB, (ie. Seaton House Annex Harm Reduction Program) or that care for groups of homeless clients with similar risk factors, (ie. chronically homeless, heavy substance abuse, severe mental illness and HIV.);
- (vi) urge the Ministry of Health and Long Term Care to develop an information sharing system with participation from relevant stakeholders and health care providers to readily facilitate information sharing between Public Health,

health care providers and homeless service providers, within the limits of confidentiality and with the consent of the client;

(1)(e) Correctional Facilities:

While the City of Toronto does not have direct jurisdiction in the area of Corrections, correctional facilities are required, under the Health Protection and Promotion Act, to make reports of all persons infected with a virulent disease, such as TB, to the Medical Officer of Health where the facility is located. There can be impacts on the City's programs, such as Public Health, Social Services and Emergency Shelters resulting from poor adherence to infection control protocols used in the area's correctional facilities. Transmissible diseases such as TB that spread in prisons and are left undetected and untreated ultimately will spread to the community. The opportunity for effective TB control in prisons is also an opportunity to contribute to effective TB control in the wider community. This is also noted in the John Howard Society Fact Sheet, Aug. 2002. Hence, the following recommendations need addressing:

- (a) urge the Ministry of Public Safety and Security (Corrections) to adopt the following policies and procedures for TB testing, treatment of latent TB infection and treatment of active TB for all correctional facilities:
 - (i) provide all inmates with a tuberculin skin test within 24 hours of their admission to a correctional setting to determine their tuberculin status;
 - (ii) track inmates wherever they have been moved in the correctional system, in order that a valid assessment of the results of their tuberculin test can be completed within 72 hours;
 - (iii) place inmates with suspected active TB in medical segregation, while awaiting confirmation of their diagnosis. The medical segregation room must have a minimum of at least eight air exchanges per hour, to prevent airborne transmission of the TB germ or equip each jail and detention centre with its own on-site, portable air handling unit, to prevent the transmission of airborne infection;

- (iv) provide sputum collection and testing at an early stage of the investigation for suspected TB;
- (v) ensure that treatment for TB follows the most current edition of the Canadian Tuberculosis Standards as published by Health Canada and the Canadian Lung Association;
- (vi) ensure that treatment for latent TB infection only be initiated when completion of treatment and adequate follow –up can be assured;
- (vii) inmates who have been or are being treated for active TB disease and are released into the community either from a correctional facility or a provincial court be provided with comprehensive discharge planning. This will include referral to the local public health authorities prior to release, to ensure appropriate follow-up is arranged with the receiving agency, e.g. Directly Observed Therapy to be given in a shelter;
- (viii) inmates who have been or are being treated for latent TB infection and are released into the community either from a correctional facility or a provincial court be provided with comprehensive discharge planning. This will include referral to the local public health authorities prior to release, to ensure appropriate follow-up is arranged with the receiving agency, e.g. Directly Observed Prophylactic Therapy;
- (ix) urge the Ministry of Public Safety and Security to develop a database to track people who have TB throughout the system. Each facility in the Provincial Correctional system, both public and private must track and report conversion rates to the local Public Health authority semi - annually. This database should be accessible to Public Health to assist with informing Public Health of recent TB skin test conversions, while also providing indicators of possible TB problems within the Provincial Correctional system;

- (x) health care providers who work in correctional facilities be required to participate in educational activities regarding TB testing, preventive therapy and treatment on a regular basis;
 - (b) request that a representative from the Corrections Department of the Office of the Ombudsman be invited to join the TB Subcommittee of the Board of Health and to participate in all upcoming meetings;
 - (c) request that a representative from the Ministry of Public Safety and Security, with experience in health issues and related policy development must continue to participate on the TB Subcommittee of the Board of Health and participate in all upcoming meetings.”
- (B) referred this report, in particular the following Recommendations No. (1)(a), (b), and (c), to the Commissioner of Community and Neighbourhood Services, with a request that he report back (on an urgent basis) to the Board of Health with respect thereto:

“(1)(a) Income:

- (i) urge the Ministry of Community, Family and Children’s Services to expedite access to the Ontario Disability Support Program (ODSP) for individuals with active TB for the duration of their TB treatment;
- (ii) urge the Ministry of Community, Family and Children’s Services to simplify the application process for ODSP and Ontario Works, specifically to :
 - (a) develop a more responsive telephone triage system;
 - (b) accept collect calls, particularly from persons in jails where only operator-assisted calls can be placed;
 - (c) use plain language geared to literacy levels of the clients;
 - (d) make the renewal process more flexible, (many people in this population change address frequently and consequently do not receive notice of renewals.)

(iii) once again urge the Province of Ontario to increase the shelter allowance component of Ontario Works and ODSP to reflect local market rents.

(1)(b) Housing:

(i) urge the Province of Ontario to live up to its commitment to make provincial lands available to develop 500 new units of affordable housing;

(ii) urge the Province of Ontario to provide capital funding for the development of affordable housing;

(iii) call on the provincial and federal governments to ensure the adequacy of funding for the Federal / Provincial Housing agreement for Ontario to enable the development of adequate amounts of affordable, permanent non-profit housing;

(iv) call on the Province of Ontario to increase the supply of supportive housing;

(v) call on the Province of Ontario to increase the supply of support programs, which are necessary to help people access and maintain housing;

(vi) request that the Commissioner of Community and Neighbourhood Services report on an option, to amend the priority access criteria for social housing in Toronto, to include homeless people who have active TB disease, for the duration of their TB treatment;

(vii) request that the Commissioner of Community and Neighbourhood Services report on an option, to amend the priority access criteria for social housing in Toronto, to include homeless people identified as having TB infection, who have other risk factors predisposing them to activate their disease, e.g. HIV infection, diabetes, cancer and mental health issues.

(1)(c) Emergency Shelters:

(i) request that the Commissioner of Community and Neighbourhood Services and the Medical Officer of Health report to the Board of Health and the Community Services

Committee on the impact of the new Shelter Standards, in particular the health and safety standards, on people staying in emergency shelters. It is requested that this report be completed within one year of the implementation of the Shelter Standards;

- (ii) request the Commissioner of Community and Neighbourhood Services to report to the Board of Health and the Community Services Committee on the status of Toronto City Council's direction to maintain a shelter occupancy rate of no more than 90% and the identification of actions taken to ensure implementation of this minimum standard (e.g. Opening another shelter when capacity is reached.);
 - (iii) request the Commissioner of Community and Neighbourhood Services to report to the Board of Health and Community Services Committee on the option to apply some or all of the new Shelter Standards to Out of the Cold programs in Toronto;
 - (iv) urge the Ministry of Health and Long Term Care to expand the Mandatory Core Program and Service Guidelines for Infection Control to include a requirement that Boards of Health must inspect shelters, drop-in centres and other programs that provide temporary shelter or housing for people who are homeless;
 - (v) urge the Ministry of Health and Long Term Care to form an " experts " committee to develop protocols for the prevention and management of airborne diseases in shelters, drop-in centres and other programs that provide temporary shelter or housing for people who are homeless;
- (C) referred the following Recommendations No. (2)(a) to (2)(d) to the Medical Officer of Health with a request that she report back to the Board of Health in March 2003, on the feasibility of the implementation of such Recommendations by the Toronto Public Health TB Program such report to provide comment with respect to resource implications:

“(2)(a) Budget Implications

That no detriment to existing Public Health programs arise as a result of the budget implications of these recommendations;

(2)(b) Prevention and Education:

- (i) all Toronto Public Health staff have sensitivity training on the cultural barriers of people who are homeless, underhoused or who have a history of incarceration with respect to TB screening, case finding and follow-up;
- (ii) Toronto Public Health work collaboratively with relevant stakeholders to find solutions to the cultural barriers of people who are homeless, underhoused or who have a history of incarceration;
- (iii) Toronto Public Health continue to implement TB Prevention Programs, focused on people who are homeless, underhoused or who have a history of incarceration which utilizes effective methods for educating this population, working collaboratively with advocates and service providers who serve these at risk populations. The program should include components on:
 - TB transmission;
 - The development of latent TB infection and active TB disease;
 - TB skin testing;
 - treatment of latent TB infection;
 - treatment of active TB disease;
 - strategies to reduce the risks of LTBI and active disease;
- (iv) Toronto Public Health work in consultation with staff, volunteers and management of community – based homeless service agencies to develop and expand TB education to ensure on-site staff and volunteers receive TB education in places such as shelters, drop-in centres, Out of the Cold Programs and correctional facilities;

(2)(c) Case Finding, Treatment and Follow-Up:

- (i) that Toronto Public Health intensifies efforts in TB case finding amongst the homeless and underhoused population. This effort should include screening clients for symptoms of TB upon admission to shelters; sputum samples should be collected for testing from symptomatic individuals;

- (ii) that Toronto Public Health continue to update and revise the “Tuberculosis, How to be TB Free” booklet in consultation with agencies working with the homeless and underhoused and corrections populations and to provide this information to the afore- mentioned agencies with a view to reducing the opportunities in such agencies for the TB germ to spread;
- (iii) that Toronto Public Health promote that all the agencies working with the homeless and underhoused and corrections populations have as part of their policy and their practice; two step baseline tuberculin testing for new employees including staff, management and volunteers and serial tuberculin testing for those who have negative baseline testing results;
- (iv) that Toronto Public Health promote the agencies working with the homeless and underhoused and corrections populations have access to the necessary TB training to implement these guidelines;
- (v) that Toronto Public Health explore the establishment of a pilot program, with community participation in the planning, implementation and evaluation, of a “virtual” mobile system for active case finding throughout the City of Toronto, focused on sites where people who are homeless, underhoused or recently incarcerated congregate. This “virtual ” mobile system should provide TB education, symptom screening, sputum collection when necessary and appropriate follow-up with relevant individuals;
- (vi) that TB Public Health Nurses function as liaisons with agencies providing services to people who are homeless and underhoused including shelters, Out of the Cold programs, drop-in centres and also correctional facilities about TB issues;
- (vii) funding for incentives should be made available to increase participation in TB educational events, screening and contact follow up clinics by persons who are homeless, underhoused or recently incarcerated;
- (viii) that Toronto Public Health assist people discharged from correctional facilities, who have been identified as having latent TB infection and started on prophylactic therapy, to

have proper follow up in the community. This would include identifying and informing the most appropriate agency that can follow and manage the completion of treatment, within the limits of confidentiality and with the consent of the client.

(2)(d) Research

Research remains a critical part of the process to inform changes that will aid in TB control and prevention activities.

- (i) that Toronto Public Health continue to develop a resource centre and information network to supply current TB information and trends to the broader health and social service communities;
- (ii) that Toronto Public Health continue to research the literature on environmental factors related to TB transmission including: ventilation, bed-spacing, and ultra-violet lighting and to advocate for infection control measures in spaces where the relevant populations are congregating to prevent the transmission of airborne diseases such as TB;
- (iii) that Toronto Public Health evaluate the response to the TB outbreak and make recommendations for the efficient, effective containment of future TB outbreaks should they occur in Toronto, building on the collaborative model used in the current one.”;

- (D) decided to consider, during the 2004 budget cycle, any resource implications of the foregoing Recommendations No. (2)(a) to (2)(d) beyond those approved in the 2003 operating budget submission;

On motion by Councillor Pitfield:

- (E) requested the Medical Officer of Health to submit a detailed funding estimate for the TB Program to the Budget Subcommittee, to be considered with all other funding requests listed as priority items;
- (F) requested the Medical Officer of Health to report to the Budget Subcommittee on a cost estimate of additional TB testing to be carried out in hospitals, or through agencies, such as Street Health;
- (G) requested the Commissioner of Community and Neighbourhood Services to provide the Board of Health with a copy of the draft Audit report on the City's Shelter System; and

On motion by Councillor Kelly:

- (H) requested the Medical Officer of Health to invite the Minister of Immigration and Citizenship to attend the meeting of the Board of Health when this matter comes back to the Board.

(Medical Officer of Health; Minister of Health and Long Term Care; Commissioner, Community and Neighbourhood Services; Ontario Medical Association; Ontario Health Insurance Plan; Minister of Public Safety and Security; TB Subcommittee of the Board of Health; Office of the Ombudsman; c. Homeless/Corrections Working Group; Minister of Citizenship and Immigration; Central Public Health Laboratories; Jane Speakman, Legal Services; Administrator, Community Services Committee; Interested Persons – October 22, 2002)

9.11 2002 Variance Report.

The Board of Health had before it a report (October 16, 2002) from the Medical Officer of Health, informing the Board of Health of the unfavourable budget variance for Toronto Public Health and the corrective actions being taken by management to address this matter.

The Board of Health also had before it a communication (October 1, 2002) from the Committee Secretary, Board of Health Budget Subcommittee, recommending that the Board of Health:

- (1) request the Chief Financial Officer and Treasurer to assist the Medical Officer of Health in revising Toronto Public Health user fees to ensure they have been calculated on a full cost-recovery basis; and
- (2) advise the Minister of Health and Long-Term Care of Toronto Public Health's projected year-end financial position, and that the Ministry be requested to fund any additional expenditures at year-end.

On motion by Councillor Augimeri, the Board of Health adopted the recommendations of its Budget Subcommittee and forwarded same to the Budget Advisory Committee for information.

(Medical Officer of Health; Chief Financial Officer; Medical Officer of Health; Minister of Health and Long Term Care; c. Jane Speakman, Legal Services – October 22, 2002)

9.12 Report Card 2002 – 2003 Action Plan.

The Board of Health had before it a report (September 26, 2002) from the City Clerk, Children and Youth Action Committee, addressed to the Community Services Committee, Economic Development and Parks Committee and the Board of Health, recommending to the Community Services Committee, the Economic Development and Parks Committee, and the Board of Health, the adoption of the recommendations contained in the communication (September 25, 2002) from Councillor Pam McConnell, Chair, Policy Sub-Committee, Children and Youth Action Committee, respecting the Report Card 2002 and the 2003 Action Plan, ie that City Departments be directed to include 2003 budget submissions initiatives that may not have received funding in previous years, such as expansion to: pre-school and school age recreation programs, child care spaces, reading programs and child nutrition programs.

The Board of Health also had before it a communication (October 18, 2002) from the Committee Secretary, Board of Health Budget Subcommittee, advising that the Board of Health Budget Subcommittee, at its meeting on October 17, 2002, after considering the foregoing communication (September 26, 2002) from the City Clerk, Children and Youth Action Committee, requested the Medical Officer of Health to report back to the Budget Subcommittee in November on the budget implications for Toronto Public Health.

On motion by Councillor Augimeri, the Board of Health deferred consideration of this matter to its meeting to be held on November 18, 2002.

(Medical Officer of Health; Administrator, Community Services Committee; Administrator, Economic Development and Parks Committee; Committee Secretary, Children and Youth Action Committee; Committee Secretary, Budget Subcommittee, Board of Health; c. Jane Speakman, Legal Services – October 22, 2002)

9.13 Local Health Committee Minutes.

The Board of Health had before it minutes of the following meetings:

- (1) Etobicoke Local Health Committee meeting held on May 6, 2002;
- (2) Humber-York Local Health Committee meeting held on May 9, 2002;
- (3) Scarborough Local Health Committee meeting held on June 18, 2002; and
- (4) Etobicoke Local Health Committee meeting held on June 24, 2002.

On motion by Councillor Pitfield, the Board of Health received the foregoing minutes.

9.14 Attendance at the Ontario Public Health Association's (OPHA) 2002 Annual Conference, November 18-20, 2002.

The Board of Health had before it a communication (October 18, 2002) from the Committee Secretary, Board of Health Budget Subcommittee, recommending that the Board approve the attendance of Lee Zaslofsky to the Ontario Public Health Association's Annual Conference, November 18-20, 2002, and that the necessary funds be so authorized for this purpose.

On motion by Councillor Augimeri, the Board of Health adopted the foregoing recommendations of the Board of Health Budget Subcommittee.

(Medical Officer of Health; c. Jane Speakman, Legal Services – October 22, 2002)

9.15 Date of Next Meeting.

Because of the heavy agenda, the Board decided to change the time of its next meeting to be held on Monday, November 18, 2002 in Committee Room No. 2, 2nd Floor, City Hall, 100 Queen Street West, Toronto to 10:00 a.m.

The Board of Health adjourned at 4:30 p.m.

Chair