



## Decision Letter

### Board of Health

<b>Meeting No.</b>	15	<b>Contact</b>	Nancy Martins, Committee Administrator
<b>Meeting Date</b>	Monday, October 31, 2016	<b>Phone</b>	416-397-4579
<b>Start Time</b>	1:00 PM	<b>E-mail</b>	boh@toronto.ca
<b>Location</b>	Committee Room 1, City Hall	<b>Chair</b>	Councillor Joe Mihevc

HL15.7	ACTION	Amended		Ward:All
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### Toronto Public Health 2017 Operating Budget Request

**Confidential Attachment - Personal matters about an identifiable individual, including municipal or local board employees, and labour relations and employee negotiations.**

#### Board Decision

The Board of Health recommends to the Budget Committee that:

1. City Council approve the Toronto Public Health 2017 Operating Budget Request of \$242,104.4 thousand gross/\$59,622.6 thousand net as summarized in Table 3 of the report (October 18, 2016) from the Acting Medical Officer of Health, "Overview of 2017 Operating Budget Submission", as amended by the following:
  - a. an increase of \$530.4 thousand revenue/- \$530.4 thousand net in base budget adjustments to reflect confirmed 100 percent funding from the Ministry of Health and Long Term Care as a result of a reallocation of cost-shared mandatory funding to the 100 percent provincial funded Healthy Smiles Ontario program with an increase in revenue equivalent to the City's previous 25 percent share of the funding;
  - b. a reduction of \$892.1 thousand gross and \$223.0 thousand net as outlined in the confidential letter (October 21, 2016) from the Board of Health Budget Committee;
  - c. an increase of \$2,103.7 thousand gross and net for the Student Nutrition Program as outlined in Table 4 of the report (October 18, 2016) from the Acting Medical Officer of Health, "Other New and Enhanced Services" and in the report (October 6, 2016) from the Acting Medical Officer of Health, "Student Nutrition Program: 2017 Operating Budget Request and Program Update";
  - d. the addition of \$165.8 thousand gross/\$41.5 thousand net and 2.5 positions for Food Safety and Safe Water Programs to help achieve provincially prescribed service levels in these core public health programs.
2. City Council approve the list of base budget adjustments, included in the Toronto Public Health 2017 Operating Budget Request and as summarized in Table 3 of the report (October 18, 2016) from the Acting Medical Officer of Health, "Overview of 2017 Operating Budget

Submission” totaling a decrease of \$1,682.8 thousand gross and an increase of \$1,099.3 thousand net.

3. City Council approve the 2017 Reduction Options of \$1,803.9 thousand gross and \$587.0 thousand net, included in the Toronto Public Health 2017 Operating Budget Request, which includes efficiency savings of \$1,861.1 thousand gross and \$587.0 thousand net and revenue changes of \$57.2 thousand gross and zero net, as outlined in Revised Attachment 2 – "Summary of Recommended Reduction Options" and Attachment 3 – "Summary of Recommended Confidential Reduction Options" to the report (October 18, 2016) from the Acting Medical Officer of Health.

4. City Council approve the 2017 New and Enhanced Requests of \$750.0 thousand gross and \$187.5 thousand net, included in the Toronto Public Health 2017 Operating Budget Request and as outlined in Table 3, “Overview of 2017 Operating Budget Submission” to the report (October 18, 2016) from the Acting Medical Officer of Health.

5. City Council approve the 2017 recommended user fee changes for Toronto Public Health, included in the Toronto Public Health 2017 Operating Budget Request and identified in Table 2, "Food Handler Certification Training User Fees" to the report (October 18, 2016) from the Acting Medical Officer of Health, for inclusion in the Municipal Code Chapter 441.

6. City Council request the new Medical Officer of Health to conduct a review of the operating budget and staffing in preparation for the 2018 Operating Budget process to identify opportunities for additional savings and to assess organization design for appropriate management span of control in Toronto Public Health.

7. City Council direct that the Confidential Attachments 3 and 4 to the report (October 18, 2016) from the Acting Medical Officer of Health, the confidential presentations (October 21, 2016 and October 31, 2016) from the Acting Medical Officer of Health, and the confidential letter (October 21, 2016) from the Board of Health Budget Committee remain confidential in their entirety, as they relate to personal matters about an identifiable individual, including municipal or local board employees, and labour relations and employee negotiations.

8. The Budget Committee consider the recommendation in the confidential letter (October 31, 2016) from the Board of Health.

### **Decision Advice and Other Information**

The Board of Health:

1. Requested the Medical Officer of Health to review the Community Health Officer service in the Rockcliffe-Smythe Community one year after the Emergency Men's Shelter opens at 731 Runnymede Road, so that the review takes place in time to increase this position, if needed, for the 2019 Budget.

2. Approved the proposed strategy, included in the report (October 6, 2016) from the Acting Medical Officer of Health, which applies a needs-based health equity lens to develop an objective and consistent means of assessing the level of need in private schools with the purpose of determining eligibility for municipal student nutrition program funding, and direct the Acting Medical Officer of Health to report on the outcome of the eligibility in late 2017.

3. Forwarded the Student Nutrition Program: 2017 Operating Budget Request and Program Update report (October 6, 2016) from the Acting Medical Officer of Health to the Premier of

Ontario, the Ontario Ministers of Children and Youth Services (MCYS), Health and Long-Term Care and Education, the Federal Minister of Health, the Toronto District School Board, the Toronto Catholic District School Board, le Conseil scolaire Viamonde, le Conseil scolaire de district catholique Centre-Sud, the Toronto Foundation for Student Success, the Angel Foundation for Learning, FoodShare Toronto and Student Nutrition Toronto.

4. Requested the Chair of the Board of Health to submit a letter, accompanying the draft 2017 operating budget to the Budget Committee noting that the Board of Health was unable to meet the 2.6 percent budget cut as such a budget would have had negative consequences on the health of Torontonians.

5. Confirmed the motion recommended in closed session.

6. Directed that the Confidential Attachments 3, 4 to the report (October 18, 2016) from the Acting Medical Officer of Health, the confidential presentations (October 21, 2016 and October 31, 2016) from the Acting Medical Officer of Health, and the confidential letter (October 21, 2016) from the Board of Health Budget Committee remain confidential in their entirety, as they relate to personal matters about an identifiable individual, including municipal or local board employees, and labour relations and employee negotiations.

7. Forwarded the Toronto Public Health 2017 Operating Budget Request item to the City's Budget Committee for its consideration during the 2017 budget process.

The Acting Medical Officer of Health gave a presentation on Toronto Public Health 2017 Operating Budget Request.

The Board of Health recessed its public session and met in closed session to consider this item as it relates to personal matters about an identifiable individual, including municipal or local board employees, and labour relations and employees negotiations.

## **Origin**

(October 21, 2016) Letter from the Board of Health Budget Committee

## **Summary**

The Board of Health Budget Committee, on October 21, 2016, considered the Toronto Public Health 2017 Operating Budget Request report (October 18, 2016) from the Acting Medical Officer of Health.

The Board of Health Budget Committee's recommendations are submitted for the Board of Health's consideration.

## **Background Information**

(October 21, 2016) Letter from the Board of Health Budget Committee on Toronto Public Health 2017 Operating Budget Request

<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97537.pdf>

(October 18, 2016) Report from the Acting Medical Officer of Health on Toronto Public Health 2017 Operating Budget Request

<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97624.pdf>

Attachment 1: Toronto Public Health 2017 Operating Budget Submission

<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97625.pdf>

Attachment 2: Summary of Recommended Reduction Options

<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97626.pdf>

Revised Attachment 2: Summary of Recommended Reduction Options

(<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97931.pdf>)

Attachment 3: Confidential - Summary of Recommended Confidential Reduction Options

Attachment 4: Confidential - Summary of Confidential Reduction Options to be Considered

Revised Attachment 4: Confidential - Summary of Confidential Reduction Options to be Considered

(October 21, 2016) Presentation from the Acting Medical Officer of Health on Toronto Public Health 2017 Operating Budget Request

(<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97629.pdf>)

(October 31, 2016) Presentation from the Acting Medical Officer of Health on Toronto Public Health 2017 Operating Budget

(<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97928.pdf>)

(October 21, 2016) Confidential - Presentation from the Acting Medical Officer of Health on Toronto Public Health 2017 Operating Budget Request

(October 31, 2016) Confidential - Presentation from the Acting Medical Officer of Health on Toronto Public Health 2017 Operating Budget Request

(October 21, 2016) Confidential - Letter from the Board of Health Budget Committee on Toronto Public Health 2017 Operating Budget Request

(October 17, 2016) Report from the Acting Medical Officer of Health on Toronto Public Health 2017 Operating Budget Request - Notice of Pending Report

(<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97441.pdf>)

## Communications

(October 21, 2016) Submission from Ulla Knowles, Student Nutrition Community Development Manager and Nadira Yasmin, Foodshare Toronto (HL.Supp.HL.15.7.1)

(<http://www.toronto.ca/legdocs/mmis/2016/hl/comm/communicationfile-63861.pdf>)

## 7a Protecting Toronto's School Children through Immunization

### Origin

(October 6, 2016) Report from the Acting Medical Officer of Health

### Summary

This report provides a detailed explanation of the resource requirements needed to meet and enforce the Immunization of School Pupils Act (ISPA) that are included in the Toronto Public Health (TPH) 2017 Operating Budget Request.

Since 2012 the Ministry of Health and Long-Term Care (MOHLTC) has implemented multiple improvements to the provincial immunization program which have significantly increased local public health unit workload with no sustained increase in funding. In 2013, the ISPA was amended to include three additional mandatory vaccines, for a total of nine mandatory immunizations required to attend school. Legislative changes were made to enable public health to enforce ISPA in private schools; these changes came into effect in July 2014, at the same time as the implementation of the new provincial vaccine and immunization information system (Panorama). While these changes are important to ensure school children are protected against vaccine preventable diseases and to prevent outbreaks, the workload of local health units increased significantly with no sustained increase in resources or funding. Adequate resources are needed to be able to operationalize these changes, and fully realize the benefits.

Under the ISPA, children attending school in Ontario must have proof of immunization for certain diseases unless they have an exemption based on medical or philosophical/ religious

reasons. Local public health units in Ontario are required to implement and enforce the ISPA. This includes collecting, manually entering and assessing the immunization records of all students attending school. Toronto Public Health offers several supports to help students and families avoid suspension from school, including TPH-run immunization clinics for the required vaccines.

The implementation and enforcement of the ISPA has traditionally been resource-intensive for health units. It involves assessing the immunization status of every student in every school every year.

However, because TPH has had to absorb added provincial requirements without additional resources, requirements under the ISPA cannot be met, including the inability to complete annual assessments of immunization records for Toronto's students. In 2015/16, TPH was only able to complete the immunization assessment for grade 2 students (24,727) in publicly funded schools. Students in all other grades and at private schools, were not assessed. Unassessed students are likely to have lower coverage rates for vaccine preventable diseases and this may directly increase the risk of these infections circulating in Toronto.

In order to meet the legislative requirements and assess all students in the 2017/18 school year, TPH requires enhancements in the 2017 Operating Budget. If additional funding were phased in over two years, TPH has determined that it will be able to assess all senior kindergarten to grade 8 students in publicly funded schools in the 2017/18 school year, and all students in both publicly funded and private schools in the 2018/19 school year. During the second year of the phase in, TPH would be able to implement and sustain a program where ISPA is enforced for all grades, and in all schools, which is the goal of this program.

### **Background Information**

(October 6, 2016) Report from the Acting Medical Officer of Health on Protecting Toronto's School Children through Immunization  
(<http://www.toronto.ca/legdocs/mmis/2016/hl/bqrd/backgroundfile-97539.pdf>)

## **7b Student Nutrition Program: 2017 Operating Budget Request and Program Update**

### **Origin**

(October 6, 2016) Report from the Acting Medical Officer of Health

### **Summary**

This report updates the Board of Health-endorsed six year (2013-18) municipal funding plan for the Student Nutrition Program (SNP). City Council approved funding enhancements for the Student Nutrition Program in each of the budget years 2013-2016. As a previously approved initiative for phased implementation, the Student Nutrition Program request for 2017 budget enhancement is aligned with the Council-approved direction for the 2017 City Budget. For the fifth year of the six year plan, this report outlines a request to increase the 2017 Operating Budget by \$2,243,613. The budget enhancement increases the City's investment to \$12,235,979 (18 percent of total local program costs of an estimated \$67,977,663) and provides funds to extend to 48 new student nutrition programs in publically funded schools. Referenced in this report is also a 1.4 percent or \$139,893 food inflationary increase reported in the 2017 Operating Budget Base Budget submission.

This report also reviews fundraising for Toronto's student nutrition programs within the context of the partnership framework which has City-wide program oversight, in particular highlighting efforts to explore corporate sponsorship opportunities. Student nutrition programs are currently supported through a shared partnership funding model between parents/community, municipal, provincial, and private sectors. Reliable core funding from government sources is one principle of the partnership model to ensure stability against the variable funding from parent/community and corporate sources. Coordination of city-wide corporate donations, sponsorship and other fundraising efforts for Toronto's student nutrition programs is led by the Toronto Foundation for Student Success (TFSS) and the Angel Foundation for Learning (AFL).

The Board of Health-endorsed municipal expansion plan for student nutrition programs only includes publically funded schools serving higher need communities. This report proposes a strategy for Toronto Public Health (TPH) to apply a needs-based healthy equity perspective to assess eligibility for municipal student nutrition program funding for Toronto's private schools. Finally, this report provides a brief update of the continuing work towards a new governance structure for Student Nutrition Toronto, the partnership with oversight for programs in Toronto.

### **Background Information**

(October 6, 2016) Report from the Acting Medical Officer of Health on Student Nutrition Program: 2017 Operating Budget Request and Program Update

(<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97620.pdf>)

Appendix 1: Toronto Student Nutrition Programs - Summary of Municipal and Provincial Funding 1998-2016

(<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97621.pdf>)

## **7c Community Health Officer Services in the Rockcliffe-Smythe Community**

### **Origin**

(October 6, 2016) Report from the Acting Medical Officer of Health

### **Summary**

On July 12, 2016 City Council considered a report titled, Proposal for Emergency Men's Shelter at 731 Runnymede Road. Council's decision included a request to the Medical Officer of Health to include funding for a Community Health Officer in the Rockcliffe-Smythe community to support existing residents and future residents of the 731 Runnymede Road shelter in the 2017 Operating Budget submission for Public Health. While the request for one FTE is included in the 2017 operating budget request, Toronto Public Health (TPH) currently provides a community health officer to the Rockcliffe-Smythe community. The focus of their work, in part, is on identifying community issues related to the 731 Runnymede Road shelter and reducing health inequities through community engagement, assessment and development.

### **Background Information**

(October 6, 2016) Report from the Acting Medical Officer of Health on Community Health Officer Services in the Rockcliffe-Smythe Community

(<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97622.pdf>)

## **7d Reinvesting in Food Safety and Safe Water Inspections**

### **Origin**

(October 18, 2016) Report from the Acting Medical Officer of Health

## Summary

This report provides a detailed explanation of the resource requirements needed to meet and enforce the Ontario Public Health Standards (OPHS) for inspections of food premises, pools and spas. Food Safety and Safe Water are two of the core fundamental public health programs that everyone in the City of Toronto depends on. This report demonstrates that Toronto Public Health (TPH) is unable to meet the minimum legislated standards in these areas with current resources.

Nearly all the food provided to or purchased by the public in Toronto comes from one of the over 17,000 places inspected by TPH. While food is necessary to good health it is also a source of preventable illness for an estimated 437,000 people in Toronto each year (one in six).<sup>1</sup> Inspections by TPH of food premises which include grocery stores, day cares, hospitals and long term cares facilities in addition to restaurants, show preventable conditions are present that can lead to food borne illness. In 2015 about 10 percent of inspections of food premises found significant or crucial infractions resulting in the premises being closed or receiving a conditional pass (e.g. inadequate control of rodents or insects, food kept at temperatures that will promote the growth of pathogens such as E. coli). Inspections have been shown to reduce the occurrence of these types of infractions.<sup>2,3</sup> After establishing the DineSafe disclosure and inspection program in 2001, there was a 30 percent decrease in reported cases of foodborne illness in Toronto when comparing five year time periods before and after the implementation of DineSafe.<sup>1</sup>

The 1,700 public pools and spas in Toronto are important source of recreation and contribute to an active lifestyle. The proper maintenance and operation of these facilities is essential to prevent infections from improperly treated water, injuries from physical hazards (slips, trips, falls, diving in shallow water) and drownings. In 2015, during the course of routine inspections by TPH, 12 percent of all recreational water facilities had infractions related to the regulations governing pools and spas such as poor water chemistry, missing or damaged pool safety equipment, missing or inappropriate pool notices and markings and poor record keeping.

The Ontario Public Health Standards (OPHS) and Protocols under the Health Protection and Promotion Act (HPPA) establish minimum requirements for fundamental public health programs to be delivered by the Board of Health. This applies to the Food Safety and Safe Water Standards that prescribe the number of inspections every local public health unit should conduct for food premises, pools and spas. This is to enforce Regulations under the HPPA and to protect the public from food and water borne illness, and prevent injuries at recreational water facilities.

TPH has invested in mobile technology to allow inspectors to achieve efficiencies and increase the number of inspections that can be performed. TPH does not meet the OPHS minimum inspection requirements for food premises, pools and spas. This can increase exposure to conditions that put people's health at risk and may result in adverse health outcomes that otherwise could have been avoided.

## Background Information

(October 18, 2016) Report from the Acting Medical Officer of Health on Reinvesting in Food Safety and Safe Water Inspections

<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97623.pdf>