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February 17, 2005

Linda
Mr. ~~Andy Papadopoulos~~
Executive Director
Association of Local Public Health Agencies
425 University Ave, Suite 502
Toronto, ON
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Dear Mr. Papadopoulos:

The Board of Health on February 14, 2005, considered the attached report (January 31, 2005) from the Medical Officer of Health, identifying the unique health needs of the City of Toronto, and implications for public health policy and practice.

The following persons appeared before the Board of Health:

- Richard Edwards, York University, with written submission;
- Sarah Wakefield, University of Toronto;
- Dr. Patricia O'Campo; and
- Rick Blickstead.

The Board adopted and amended the preamble to Recommendation (1) and Recommendations (1), (2) and (3) contained in the report, and in so doing, urged the Minister of Health and Long Term Care to engage in full consultation with urban health authorities engaged in Public Health in the development and implementation of the following items:

- (1) in consultation with the City of Toronto Medical Officer of Health, develop an urban health framework that recognizes and addresses the unique health needs of large urban centres;
- (2) in consultation with the City of Toronto Medical Officer of Health, ensure that Local Health Integration Networks address urban health needs when planning for health services in large urban centres; and
- (3) in consultation with the City of Toronto Medical Officer of Health, revise the Mandatory Health Programs and Services Guidelines to address the unique health needs of urban centres.

The Board of Health also:

(A) directed the Medical Officer of Health to:

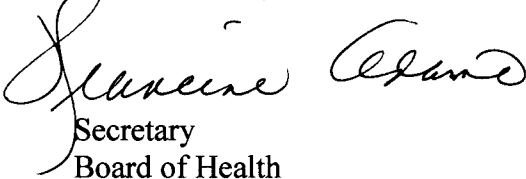
- (i) report to the Board of Health in September, 2005 on strategies for addressing urban health issues through municipal planning, policy, and service delivery including consideration of health impacts assessment in City of Toronto policy and decision making, and any additional resources required in the 2006 Toronto Public Health operating budget;
- (ii) create a Health Impact Assessment Tool that can be used by the broader City of Toronto and its Agencies, Boards and Commissions;
- (iii) review the Toronto Charter and include it as an appendix in the next report back to the Board of Health on Urban Health; and
- (iv) outline the framework for a Health Impact Assessment approach in a major policy process such as the City's Biosolids Residuals Master Plan;

(B) added a new recommendation as follows:

"that the report to the Board of Health be distributed to the Provincial Working Group to revise the Mandatory Health Programs and Services Guidelines and the Premier's Advisor to amend the City of Toronto Act."; and

(C) requested that Recommendations (1), (2) & (3), in the Recommendations Section of the report (January 31, 2005) from the Medical Officer of Health, as amended, be shared with the Ontario Public Health Association and the Association of Local Public Health Agencies with requests for support and advocacy; and with all relevant provincial departments and all health agencies and organizations.

Yours sincerely,



Secretary
Board of Health

encl.

F. Adamo/mt
Item 1

Sent to: Minister of Health and Long-Term Care
Ontario Public Health Association
Association of Local Public Health Agencies

c. Interested Persons

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- (5) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

In the fall of 2002, the Board of Health requested the Medical Officer of Health to report back to the Board on convening a strategic planning process to develop a long-term operational plan for Toronto Public Health; and that this process pay particular attention to enhanced opportunities for collaboration with other organizations with health promotion and disease prevention mandates. Further, in January 2004 the Board of Health requested the Medical Officer of Health to report to the Board on a process whereby the Board could undertake a broad-ranging planning initiative that involves citizens, Council and the Mayor to develop their vision for a healthy Toronto 2010. A report to the Board of Health on October 18, 2004 on Local Health Integration Networks (LHINs) made mention of the development of an urban health approach for Toronto Public Health. Such an approach ties in with Council's nine priorities, particularly with respect to the strengthening of at-risk neighbourhoods and increasing public involvement in civic affairs.

Comments:

Almost 85% of Ontarians live in urban areas with a population of 10,000 or more, and 70% in cities of 100,000 or more (1). By 2020, 90% of Canadians are expected to live in urban centres. Toronto and the Greater Toronto Area (GTA) comprise one of the fastest growing areas in the province, and Toronto itself accounted for 21% of growth in the GTA from 1996 to 2001 (2).

By definition, cities have an abundance of people. Many of the distinctive features of city life spring from this obvious fact. Five of the unique characteristics of cities are population density, diversity, health inequalities, multiple social and organizational networks, and physical environment (3). These characteristics have both positive and negative impacts on health.

(1) Population Density:

Toronto has a population density of approximately 4,000 people per square kilometer (4). No other urban region in Ontario comes close to this figure. There are many benefits of population density including economies of scale, for example in transportation and other municipal services. There are opportunities for meeting new people and discovering others with similar interests, and enjoying a variety of stimulating cultural and recreational activities. Population density also creates opportunities for community organization. Dense populations make possible a division of labour that includes specialization in highly skilled crafts, trades and services. Indeed, as the economic engine of the province's economy Toronto is a focal point for global exchanges of people, services, products and money.

Cities are busy, energetic and often crowded places. Crowds can facilitate the transmission of infectious diseases, and can also contribute to stress and associated physical and mental health problems including those related to substance use and violence. Ironically, people can also get

“lost in the crowd” in the city and can become socially isolated or live in at-risk neighbourhoods that have weakened social cohesion and infrastructure.

(2) Diversity:

Not only are cities highly populated, they also have many different kinds of people. Toronto is one of the most diverse cities in the world, home to many newcomers to Canada and people of diverse cultures, faiths and languages. Participants in the Mayor’s “Listening to Toronto” series in January 2004 identified diversity as the most important asset of the city. The variety of cultures, businesses, restaurants and attractions make Toronto a key destination for visitors. In addition to being an asset, diversity brings challenges in the provision of health services due to the great range of health experiences and needs of diverse cultures.

(3) Health Inequalities:

Cities also tend to have large concentrations of populations with specific health concerns, such as isolated seniors, unemployed youth and newcomers. Toronto is no exception. Some groups experience an unequal burden of ill health. People who are marginalized, live in poverty, or are without safe and secure housing are at greater risk for illness and disability as they encounter barriers to many health determinants, including access to nutritious food and recreational activities that promote physical health. For example, babies born to families in lower income neighbourhoods in Toronto are more likely to be born underweight and to die in their first year of life than babies in higher income neighbourhoods (5,6). There are more births from teen mothers in low income areas and increased poverty is associated with a higher risk of sexually transmitted diseases (7,8). Hospitalization rates in low income communities are also higher for a number of conditions (asthma, angina, pelvic inflammatory diseases, vaccine preventable diseases, ear infections, ulcers, hypertension, congestive heart failure) (9).

(4) Social and Organizational Networks:

The combination of population density and diversity creates the conditions for multiple social networks in cities. Toronto has enormous breadth and depth of social networks and community organizations that respond to the social needs of people with diverse faith, cultures and interests and offer many ways for people to become involved in their communities and in the issues that affect their daily lives.

However, despite increasing needs for services and supports, there is mounting evidence that cities are ailing and finding it increasingly difficult to provide basic services and maintain the physical and social infrastructure (10). The community-based service sector, the foundation of Toronto’s human service delivery system, has suffered profound impacts from government funding reductions and restrictions which have placed limitations on the ability of agencies to provide services and maintain basic operations. In many situations, community agencies have received more government funding but it is project-based and cannot be used for ongoing operations. In addition, agencies have experienced increased pressures to meet funding requirements and report on service performance. At the neighbourhood level, lack of free or low-cost space has restricted the availability of community programs (11).

(5) Physical Environment:

Cities have a distinctive physical environment. In most cities the human-built environment overshadows the natural environment, affecting physical health in a number of ways. Several studies document a higher level of air pollutants in cities, contributing to higher rates of asthma, other lung diseases and possibly heart disease. In Toronto, air pollution contributes to an excess mortality of more than 1,000 deaths each year.

In older cities like Toronto, the presence of contaminants in historic industrial lands (brown fields) can lead to health risks for residents as the city develops and land use changes.

Toronto's built environment also contributes to higher city temperatures over the summer months. There is a relationship between different air masses, climate conditions and the mortality rate. The combination of high heat and high humidity can be very dangerous for some populations including elderly people, very young children, people with chronic illnesses or those taking certain medications.

Urban Health:

The World Health Organization (WHO) has noted the importance of urban health for the next century. A report "World Resources: A Guide to the Global Environment" (1997) states that "the complex determinants of urban health and the linkages among them underscore the magnitude of the health challenge in urban areas. In the more developed cities, technological reforms are of lesser importance. The fundamental problems appear to be those of social justice". The WHO emphasis on social issues within cities recognizes the impact of the relationship between a number of demographic and socio-economic factors and the related opportunities of certain populations to achieve health (12).

Closer to home, several health organizations including the Toronto District Health Council and the Canadian Public Health Association, have called for the development of an urban health strategy. In 2003, the Ontario Public Health Association developed a position paper, "Health in Cities: The Role for Public Health" (http://www.opha.on.ca/ppres/2003-01_pp.pdf) that identified the complexity of health in cities and the need to work collaboratively and across multiple sectors; identified the need to consider, nurture and support existing communities; called for the development of health strategies that are built around existing community organizations and agencies, leverage local resources and highlight multiple small scale initiatives; and identified the need to focus on both the risk factors that link socio-economic position (poverty) to health and the antecedents (root causes) of socio-economic disparity (13).

In Toronto, a number of local initiatives have been undertaken to address urban health. For example, The Centre for Research on Inner City Health focuses on access and delivery of health care services, especially primary health care, to poor and vulnerable populations. Toronto Public Health has joined with the Centre and other organizations to form the Toronto Community Health Profiles Partnership and has established a website (www.torontohealthprofiles.ca) to provide community access to information to support action to reduce health inequalities. The

Wellesley Central Health Corporation undertakes a wide variety of initiatives, including informing public policy and promoting urban health research that addresses three social determinants of health: income and income distribution, housing and homelessness and social exclusion.

Toronto Public Health is also a partner with the Centre for Urban Health Initiatives (CUHI), a Canadian urban health research centre located at the University of Toronto.

In September 2004, The Honourable Carolyn Bennett, Minister of State (Public Health), identified urbanization as a future challenge for public health along with climate change, international travel and migration and globalization. Later that month, Medical Officers of Health from major urban centres across Canada met at Kananaskis, Alberta, to identify priority public health issues. The two foremost urban public health priorities were: health inequalities and service challenges of marginalized populations, including urban poor, immigrants and Aboriginal Peoples; and the development of standardized indicators of urban public health activity and the health status of populations specific to urban centres. Participants identified the need to share information about best practices in public health, and formed an organized network to foster collaboration among cities dealing with common urban health issues.

Addressing Urban Health – the Role of Government:

Most Toronto Public Health initiatives incorporate the elements of an urban health approach. However, all levels of government have a role to play in successfully addressing the urban health issues that Toronto faces.

Municipal Government:

Municipal governments can address urban health through healthy public policy for cities. Several cities throughout the world, for example London and Seattle, are using Health Impacts Assessment (HIA) as a support to urban decision making and healthy public policy, and a process to ensure that policies and practices across different sectors are assessed in terms of how they will impact on urban health. HIAs involve working with stakeholders in the community to identify the potential health impacts of particular policies, projects or programs. This is a major strength in that it promotes the provision of a fully considered view on issues affecting the health of the local community, and provides intellectual and democratic legitimacy. An HIA also involves exploring what is already known about the health impacts associated with particular kinds of development and policies. Decision makers are able to make informed decisions about the impacts that these or future policies will have on the health of the local population. Finally, policies are evaluated and monitored to determine the accuracy of predictions about potential health impacts (14).

HIAs can be conducted before a proposal is implemented, during or after implementation. An HIA process can include a number of sources of information including community and epidemiological data. HIAs can support Toronto Public Health and its partners in responding to current and emerging health issues.

Health must be on the city's agenda, in both the current discussions on the City of Toronto Act with the Ontario government and in negotiations with the federal and provincial governments for a "new deal" for cities. Municipal government can influence population health through healthy public policy, and the utilization of a Health Impact Assessment will help to ensure that city officials have incorporated careful consideration of potential health impacts in policies and decision-making. A new deal for cities must acknowledge the unique health needs of cities, and provide cities with the necessary funding and legislative authority to address these needs.

The Ministry of Health and Long-Term Care:

In 1997, the Ontario Ministry of Health released a Rural and Northern Health Care Framework that is based on acute health care and hospital facilities. To date, the Ministry has not developed an urban health framework for cities. In the Ministry's Health Transformation Agenda, the geographic boundaries for Local Health Integration Networks (LHINs) do not correspond to those of urban centres. Some proposed LHINs contain both urban and rural areas. Toronto itself is dissected into five LHIN areas. It will be a challenge for LHINs to address the complex health needs of urban centres.

Toronto Public Health is currently working with the Toronto District Health Council, the Wellesley Central Health Corporation, the Ontario Public Health Association, the Ontario Hospital Association and other partners to develop a coordinated response to the Ministry's Transformation Agenda and the plans for the development of Local Health Integration Networks that takes into account urban health needs.

The Provincial Mandatory Health Programs and Services Guidelines:

The Provincial Mandatory Health Programs and Services Guidelines set out the minimum requirements for public health programs and services targeted at prevention of disease, health promotion and health protection. These standards reflect broad aspirations for the health of all Ontarians and the important role of boards of health in providing and/or ensuring relevant programs and services. While the proper locus of responsibility and accountability for program delivery is local, the programs are mandatory for all boards of health because they address health needs that exist in all health units across the province (15). Although the program standards address a number of health issues that arise in cities including chronic diseases, injuries and infectious diseases, the standards do not reflect the differences in health determinants and health disparities in urban as compared to rural settings. Future revisions to the standards should address urban health determinants, needs and relevant programs and services.

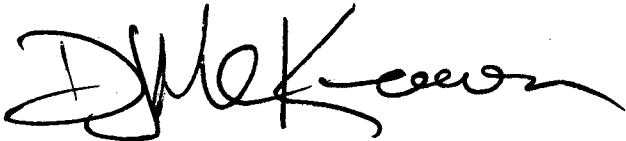
Conclusions:

The unique health needs of urban areas should inform public health practice, municipal policy, planning and service delivery, health care delivery and provincial and federal public policy. The Ministry of Health and Long-term Care should develop an urban health framework and should ensure that the Local Health Integration Networks address urban health needs when planning for

health services in large urban centres. In addition the Mandatory Health Programs and Services Guidelines should be revised to reflect the unique health needs of urban centres.

Contact:

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A handwritten signature in black ink, appearing to read 'D McKeown', with a stylized, cursive script.

Dr. David McKeown
Medical Officer of Health

References:

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