

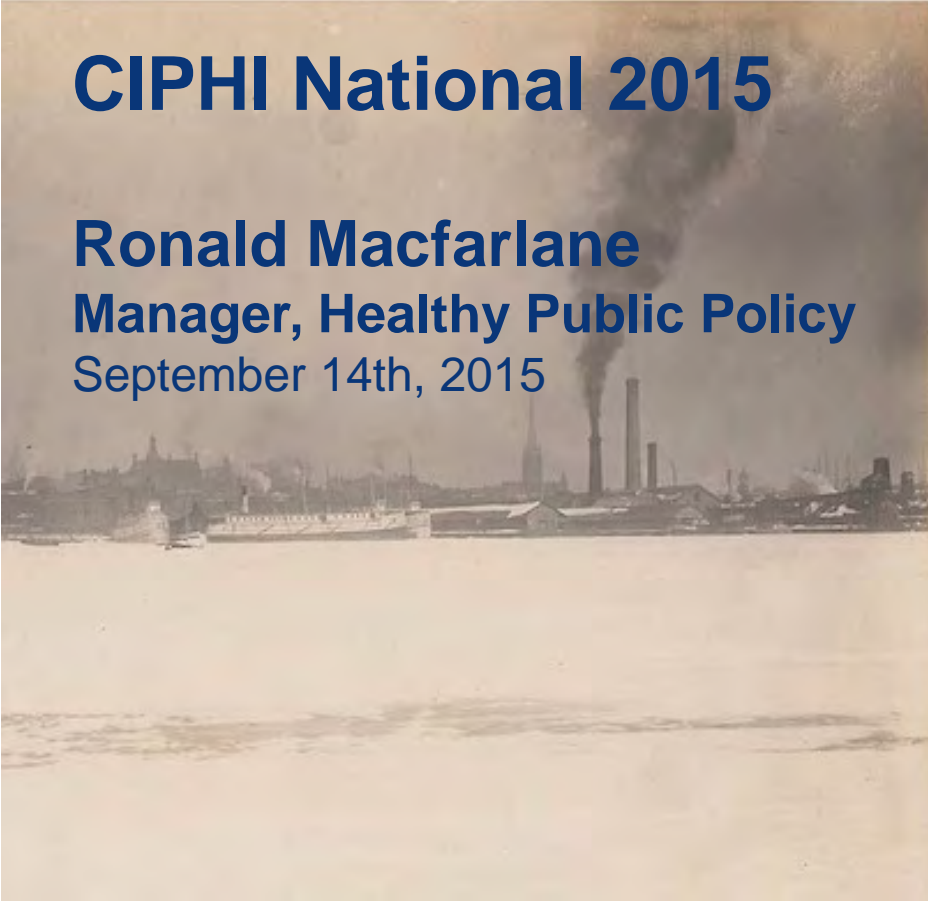
Putting Health in Environmental Assessment

Integrating health into EA at the local level

Experiences and challenges

CIPHI National 2015

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September 14th, 2015



Toronto Public Health

- the largest local public health unit in Canada
- part of the municipal government
- 1973 – rebirth of Toronto Board of Health as advocate for the environment



Public health involvement

- Participate in public meetings
- Provide input during public comment periods
- Participate in technical advisory committees
- Perform health impact assessments

Flooding



Topography



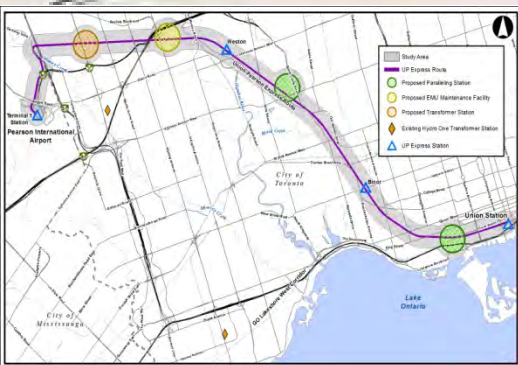
Portlands Energy Centre



- 2003: Medical Officer requests EA to be elevated to an Individual Environmental Assessment
- 2004: MOH prepared to rescind request if certain conditions are met, including:
 - Local air quality fund (community solar power)
 - Chlorination/dechlorination protocol for the control of *E-coli*
 - Lakeview generating station does not burn coal

Union Station – Pearson rail link

- Primary community concerns: air quality, noise, and vibration
- 2009: Board of Health and the Parks and Environment Committee request MOH to a review of the health-related studies
 - Call for electrification
- 2011: Ministry of the Environment announces funds for rail electrification EA





- 2007: Community Environmental Assessment Team requests the City to undertake a health impact assessment
- 2008: TPH develops a [Health Impact Assessment framework](#)
- 2010: Medical Officer of Health reports to the Board of Health

- 2003: Toronto Public Health reviews and comment on EA reports related to the fixed link
- 2013: Health Impacts Associated with Billy Bishop Toronto City Airport Expansion
 - Board of Health recommends City Council to reject the proposed expansion of Billy Bishop Toronto City Airport and introduction of jet engines
- Ongoing: Proposed Runway Extension EA



Figure 7-1 24-hour Average Hydrogen Sulphide Concentrations for Scenario #1



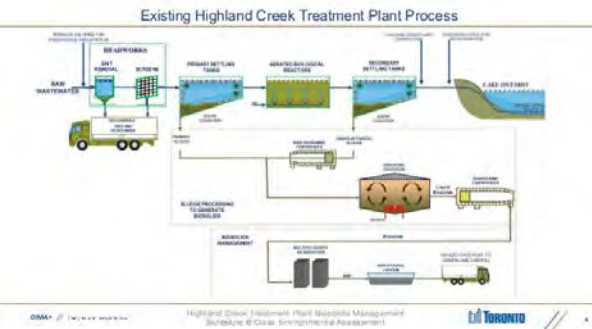
ca1992

- Metro Toronto begins EA for expansion of main sewage treatment plant

ca2000 Mediation agreement

- MOH to undertake studies: 2004 Biosolid Pellets / 2005 Health Status Study
- Biosolids Master Plan
- Peer review of selection criteria used for the master plan

- 2011 – Rapid Health Impact Assessment
 - City Council requests beneficial use program at Highland Creek
- 2014 – EA for Highland Creek
 - Incorporates a Health Impact Assessment under Toronto Public Health direction
 - Expected completion date (October 2015)



Next step: Detailed evaluation of the short-listed alternatives

Potential impacts and benefits of each short-listed alternative are being investigated, in the areas of:

- Human Health
- Community
- Environment
- Economics

Using this information, the alternatives will be compared to identify the best alternative

To assess human health related impacts, health criteria will be developed through a specific process called Health Impact Assessment (HIA) (refer to HIA panels)

We'd like your input on what is important to you!

Short-List of Feasible Biosolids Management Options for Highland Creek Treatment Plant

Step 2 Decision-Making Categories

Human Health	Community	Environment	Economics
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Best Biosolids Management Option for Highland Creek Treatment Plant

Highland Creek Treatment Plant Biosolids Management Schedule B Class Environmental Assessment

2008

- City Council approves undertaking an EA to examine options for the 2.4-kilometre Gardiner East

2014

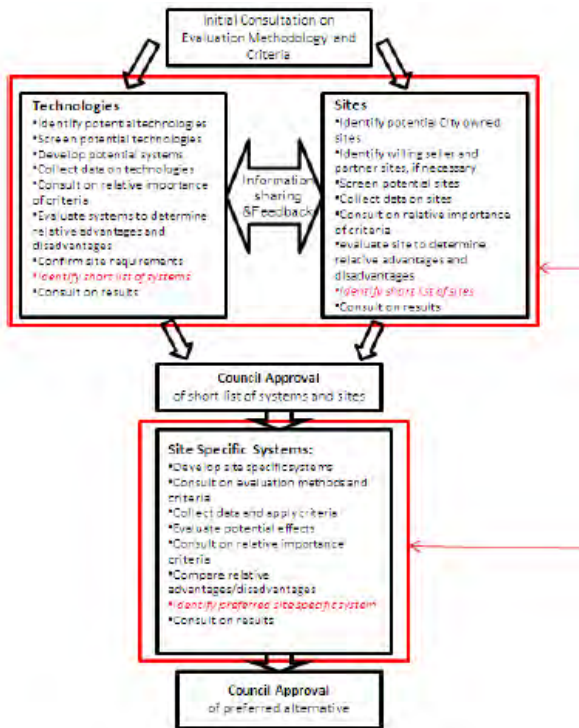
- Evaluation of Alternatives – Remove option is identified as preferred option
- City Council request consideration of additional options

2015

- Updated Evaluation of Alternatives
- Toronto Public Health reports to the Board on a Rapid Health Impact Assessment



Process for the Residual Waste Management Study



[See: TPH HIA Framework](#)

- There are different ways in Public Health can be involved
- It is better to be involved right from the start
- Involvement of Public Health in the process can increase trust in the outcomes of the EA
- Adding a “health lens” to an EA provides added value and can influence the final recommendations
- Limited human and financial resources and health unit priorities constrain involvement

Thank You



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