

12/15/2005

Hon. George Smitherman
Minister of Health and Long-Term Care
Main Legislative Building
Room 447
Toronto, ON M7A 1A4

Honourable Minister,

Re. Resolutions passed at the 2005 alPHa Annual General Meeting

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing today to introduce alPHa's most recent resolutions for anticipated follow-up and action by your ministry. Each is briefly described below and attached.

A05-2, Mandatory Influenza Immunization for Health Care Workers (HCWs)

alPHa believes that in the absence of contraindications or precautionary reason, the failure of individuals to receive influenza vaccination is a failure in their duty of care to their patients. All health care workers and other service providers in facilities and community settings, who, through their activities, are potentially capable of transmitting influenza must be immunized.

A05-3, Health Care Facilities- Evacuation Plans

Most facilities have plans to evacuate during an emergency situation, which in most cases are considered complete once evacuees are outside the doors of the facility. Given that evacuees of Health Care Facilities will have special needs, evacuation plans for these facilities must be subject to requirements that account for the needs of patients once they are outside of the building, including isolation, transportation and relocation to ensure continuity of care.

A05-4, Determinants of Health as a Mandatory Public Health Program

The purpose of the Mandatory Health Programs and Services is to set out minimum requirements for fundamental public health programs and services targeted at the prevention of disease, health promotion and health protection. This includes facilitating social conditions to ensure equal opportunity in attaining health for all. The failure to address social and economic determinants of health such as poverty, food insecurity, family violence, inadequate housing, unsafe environmental conditions, social discrimination, poor working conditions and lack of education is the major obstacle to achieving the goals set out in each and every standard set out in this document.

A05-7, Haines Meat Inspection Review

Justice Roland Haines published 24 recommendations for improvements to Ontario's regulatory framework for meat safety in July, 2004. The Minister of Agriculture and Food announced that these recommendations would be implemented, but no specifics have been made available for comment. We are therefore urging the Ministry of Health and Long-Term Care to develop an action plan for the recommended policy changes for which it is responsible.

A05-8, Healthy Weights

The 2004 Report of the Chief Medical Officer of Health (*Healthy Weights, Healthy Lives*) contained a comprehensive set of recommendations to address a health problem that many have referred to as the "new tobacco". The government has demonstrated exemplary leadership in providing a comprehensive action plan and increased resources to address tobacco, and we are urging the same leadership for healthy weights, beginning with a well-resourced action plan based on the CMOH recommendations.

A05-10, SARS Commission

21 principles and 113 specific recommendations have been made for public health reform in the two interim reports of the SARS Commission, many of which are not captured by the actions under Operation Health Protection. We are therefore urging that a specific strategy be developed to implement the legislative reforms and coordination structures recommended by the Commission.

A05-12, Type 1 Diabetes in Children

A measurable increase has been noted in Type 1 Diabetes and its associated health problems in children. The risk factors and interventions specific to Type 1 Diabetes are not well understood due to the fact that it is not separated from Type 2 in the databases. We are therefore urging that an action plan be developed to increase available resources for the epidemiology, education, care and treatment related to Type 1 Diabetes in Children.

A05-14, Community Pharmacies and Public Health Emergencies

Pharmacies are important local sources of medical products and supplies as well as extensive communications strategies and systems to provide accurate and timely information about them. They would have an important role in providing related emergency management support services in a provincial health emergency and we are urging that discussions be initiated to define that role.

A05-15, Mandatory Pasteurization of Fruit Juices and Cider

The Health Protection and Promotion Act prohibits the sale of any food that is unfit for human consumption by reason of disease, impurity, adulteration or other cause. It was once believed that fruit juices and ciders would not support the growth of pathogenic organisms, but there is now ample evidence that this belief is incorrect. These products must thus be considered hazardous foods as defined in the Food Premises Regulation, which must therefore be amended to require pasteurization.

A05-17, Board of Health Budgets for 2006

alPHa will be urging its member Medical Officers and Boards of Health to approve budgets sufficient to fulfill their minimum mandate under the Health Protection and Promotion Act. This will require increases to the total budget in most cases, which will in turn have an impact on the provincial share of 75%. We are therefore also urging the Province to meet its pledged obligation for that share.

We look forward to speaking with you further about these issues, and as always, look forward to opportunities in assisting in addressing them. If you have any questions, please do not hesitate to contact me.

Yours truly,

A handwritten signature in black ink that reads "Linda Stewart". The signature is written in a cursive, flowing style.

Linda Stewart,
Executive Director

Copy: Dr. Sheela Basrur, Chief Medical Officer of Health

Encl.

2005 alpha Resolution A05-2

TITLE **Mandatory Influenza Immunization for Health Care Workers (HCWs)**

SPONSOR: alpha Advocacy Committee, Board of Health of Haliburton, Kawartha, Pine Ridge District Health Unit, and Board of Health of Kingston, Frontenac and Lennox & Addington Health Unit

WHEREAS member organizations within the Association of Local Public Health Agencies are required by the Mandatory Health Programs and Services Guidelines to “promote immunization for children and adults through...policy and procedure development in institutions and to health care workers”¹¹; and

WHEREAS influenza vaccination is the single most effective means to reduce the impact of influenza²; and

WHEREAS transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality³; and

WHEREAS vaccination of HCWs in health care facilities has been shown to reduce total patient mortality, influenza-like illness, and serologically confirmed influenza⁴

WHEREAS the National Advisory Committee on Immunization (NACI) recommends that “people who are capable of transmitting influenza to those at high risk should receive annual vaccination, (including) health care providers who work in facilities and community settings, such as physicians, nurses and emergency workers”⁵; and

WHEREAS an objective of the Vaccine Preventable Disease Mandatory Program is to achieve 70% coverage for annual influenza vaccination of health care workers in contact with high-risk individuals⁶; and

WHEREAS recent studies of HCWs in hospitals and Long Term Care Facilities have shown vaccination rates of 26% to 61%⁷; and

WHEREAS HCWs and their employers have a duty to actively promote, implement, and comply with influenza immunization recommendations in order to decrease the risk of infection and complications in the vulnerable populations for which they care; and

WHEREAS alpha believes that in the absence of contraindications or precautionary reason, refusal of HCWs who are involved in direct patient care to be immunized against influenza implies failure in their duty of care to their patients; and

WHEREAS such refusals of voluntary immunization often originate from lack of awareness about the demonstrated effectiveness and safety of the vaccine;

NOW THEREFORE BE IT RESOLVED that alpha urge the Minister of Health and Long-term Care in consultation with the CMOH and PIDAC to introduce legislation to require mandatory annual vaccination against influenza for all health care workers and other service providers in facilities and community settings, who, through their activities, are potentially capable of transmitting influenza to those at high risk for influenza complications, with allowances for exemptions based on the most current research on contraindications and precautions as reported from time to time by the NACI.

^{1-5,7} *Statement on Influenza Vaccination for the 2004-2005 Season*. National Advisory Committee on Immunization (NACI), Canada Communicable Disease Report, Volume 30 • ACS-3, 15 June 2004

⁶ Mandatory Health Programs and Services Guidelines, 1997, Vaccine Preventable Disease, p. 48. Ontario Ministry of Health and Long-Term Care

2005 alpha Resolution A05-3

TITLE Health Care Facilities- Evacuation Plans

SPONSOR: alpha Advocacy Committee

WHEREAS health care facilities (HCFs), including long-term care homes, need to provide on-going care for their residents/patients in emergency situations that may require evacuation from their facility; and

WHEREAS there is no specific legal requirement for HCFs to develop, maintain and test evacuation plans that include the isolation, evacuation and relocation of residents/patients; and

WHEREAS the Canadian Council on Health Services Accreditation does not require HCFs to develop such evacuation plans; and

WHEREAS the Ontario Fire Code has specific requirements for fire safety plans that do not adequately address evacuation of residents/patients of HCFs; and

WHEREAS most HCFs evacuation plans that do exist identify how to evacuate the building but do not specifically address the isolation, evacuation and relocation of residents/patients and continuity of care; and

WHEREAS there is a requirement under the *Ambulance Act* for Emergency Medical Services (EMS) providers to provide emergent patient transportation; and

WHEREAS the transportation of large numbers of residents/patients from HCFs would likely exceed the capacity of local EMS providers; and

NOW THEREFORE BE IT RESOLVED THAT alpha urges the Government of Ontario to develop and/or amend legislation such that all HCFs, including long-term care homes, are required to have written evacuation plans that include as a minimum the isolation, evacuation, transportation, relocation of residents/patients to a collection centre or other facility and details on their continuity of care; and

AND FURTHER THAT such legislation also require HCFs to practice and evaluate their evacuation plans on a regular basis; and

AND FURTHER THAT the Government of Ontario consults widely with EMS providers, hospitals, long-term care homes, municipalities and other key stakeholders to implement such legislation; and

AND FURTHER THAT the Premier of Ontario, Ministers of Community Safety and Correctional Services, Health and Long-Term Care and Municipal Affairs and Housing, the Chief Medical Officer of Health, Commissioner of Emergency Management, Fire Marshall, AMEMSO and AMO are so advised.

2005 alpha Resolution A05-4

TITLE **Determinants of Health as a Mandatory Public Health Program**

SPONSOR: Council of Ontario Medical Officers of Health

WHEREAS Canada's Minister of State for Public Health has declared that "poor living conditions such as poverty, food insecurity, family violence, inadequate housing, unsafe environmental conditions, social discrimination, poor working conditions and lack of education...are often the root causes of poor health" and that "finding strategies to improve these social determinants is equally, and in some cases, more important to health status than medical care and improving personal health behaviours." 2 ; and

WHEREAS 1,065,000 children (nearly one in six), lives in poverty³, 18% live in deep poverty, and 14,000 people are homeless in Canada⁴; and

WHEREAS there are strong associations of health inequities with identifiable subpopulations (e.g. Aboriginal people, immigrants, the physically / mentally disabled) putting them at greater risk of illness and preventable death⁵; and

WHEREAS the Health Council of Canada (HCC) has concluded that increases in health care spending without targeting the socio-economic needs of people at greatest risk will not reduce health disparities and advised that the First Ministers' work on reducing health disparities should be given high priority⁶; and

WHEREAS the HCC has made the following three recommendations:

- Health promotion strategies should be broadened beyond lifestyle issues to focus on health disparities through a broad intersectoral approach;
- Since health disparities are the "number one health problem in the country", the gap between groups in Canada must be reported and highlighted;
- Targets for the reduction of health disparities must be set; and

WHEREAS the HCC has called for "strong language" in order to increase public awareness of the critical role of socio-economic disparities in health outcomes and health care system utilization; and

WHEREAS in Ontario, public health units are well situated within communities and the health sector to speak to and act on these determinants of health; and

WHEREAS the appointment of a new Minister for Health Promotion in Ontario and a planned major review of public health's Mandatory Health Programs and Services Guidelines by Ontario's Chief Medical Officer of Health create opportunities to address the determinants of health as a population-based health promotion intervention;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alpha) request that the Mandatory Health Programs and Services Guidelines be revised to include the Determinants of Health as a recognized health program and service area and planning framework for all Ontario boards of health;

2 "Minister of State for Public Health Helps Launch Important New WHO Commission on Social Determinants of Health, in Santiago, Chile" *Public Health Agency of Canada News Release* 18 Mar 2005. 19 Aug. 2005

http://www.phac-aspc.gc.ca/media/nr-rp/2005/2005_6_e.html

3 Campaign 2000, *One Million Too Many - Implementing Solutions to Child Poverty in Canada - 2004 Report Card on Child Poverty in Canada* 24 Nov 2004. 19 Aug 2005 <http://www.campaign2000.ca/rc/rc04/04NationalReportCard.pdf>

4 Beiser M and Stewart M. Reducing Health Disparities: A priority for Canada. *Canadian Journal of Public Health* 2005; 96(2): S4-5.

5 Ibid.

6 Health Council of Canada, *Health Care Renewal in Canada: Accelerating Change*, p. 8. Jan 2005. 19 Aug 2005 http://hcc-ccs.com/report/Annual_Report/Accelerating_Change_HCC_2005.pdf

AND FURTHER THAT alPHa request Ontario's Chief Medical Officer of Health to appoint an expert committee with intersectoral membership and strong public health representation to develop evidence-based goals, objectives, requirements, standards and evaluation framework, as well as a timely implementation strategy for this new Mandatory Program;

AND FURTHER THAT alPHa requests that the determinants of health be incorporated into the scope and function of the new Health Protection and Promotion Agency;

AND FURTHER THAT the alPHa Board encourage all Ontario boards of health to incorporate a broad determinants of health approach into organizational mission statements and strategic plans;

AND FURTHER THAT alPHa facilitates the identification of opportunities for advocacy on broad determinants of health and work with its members to enhance their role as effective change agents to address health disparities and improve health outcomes, recognizing the roles and responsibilities of other agencies, ministries and governments".

2005 alpha Resolution A05-7

TITLE **Haines Meat Inspection Review**
SPONSOR: Durham Region Health Department

WHEREAS Mr. Justice Roland Haines reviewed the regulation and inspection of meat in Ontario; and

WHEREAS Justice Haines submitted his report Farm to Fork: A Strategy for Meat Safety in Ontario to the Attorney General on July 21, 2004; and

WHEREAS the Minister of Agriculture of Food announced the provincial government "will enhance food safety in Ontario by implementing the recommendations in the Haines report"; and

WHEREAS 24 of Justice Haines' recommendations pertain to boards of health and the Ontario Ministry of Health and Long-Term Care; and

WHEREAS over 300,000 cases of foodborne illness occur in Ontario annually, with 60,000 of those related to the consumption of meat and poultry products; and

WHEREAS foodborne illness can result in serious, permanent physical injury and even death, particularly in vulnerable groups such as young children and the elderly;

NOW THEREFORE BE IT RESOLVED THAT alpha urges the Government of Ontario and the Chief Medical Officer of Health to act immediately to develop and implement a food safety action plan to advance Justice Haines' recommendations that pertain to boards of health and the Ontario Ministry of Health and Long-Term Care; and

AND FURTHER THAT the Premier of Ontario, Ministers of Agriculture and Food and Health and Long-Term Care and Chief Medical Officer of Health are so advised.

2005 aPHa Resolution A05-8

TITLE **Healthy Weights**

SPONSOR: Durham Region Health Department

WHEREAS "Healthy weights, Healthy lives" is the theme of the 2005 Chief Medical Officer of Health (CMOH) Report; and

WHEREAS the CMOH states that overweight and obesity are now such a serious public health concern that they are known as the "new tobacco"; and

WHEREAS one out of every two adults is overweight or obese and obesity among children ages seven to 13 years tripled between 1981 and 1996; and

WHEREAS unhealthy weights are responsible for a dramatic rise in type 2 diabetes and contribute to heart disease, strokes, hypertension and some cancers; and

WHEREAS obesity costs Canada's economy \$2.7 billion and the health care system \$1.6 million in 2000/01; and

WHEREAS many factors, including individual, social and cultural, economic and environmental conditions that have fuelled the obesity epidemic can be changed or managed;

NOW THEREFORE BE IT RESOLVED THAT aPHa urges the Premier of Ontario, the Minister of Health and Long-Term Care, the Minister of Health Promotion and the Chief Medical Officer of Health to act immediately to develop specific, objectives, goals and targets based on the recommendations of *Healthy Weights, Healthy Lives* and to implement a healthy weights action plan to meet them, ideally as an integral component of a pan-Canadian healthy living strategy, to advance the recommendations of "Healthy Weights, Healthy Lives"; and

AND FURTHER THAT the MOHLTC, PHD provide funding to the local PHU to address the health problem to the same level as it provides to tobacco control

BE IT FURTHER RESOLVED THAT the Premier of Ontario, Ministers of Health and Long-Term Care, Education and Tourism and Recreation and Chief Medical Officer of Health are so advised.

2005 aPHa Resolution A05-10

TITLE **SARS Commission**

SPONSOR: Durham Region Health Department

WHEREAS the Government of Ontario struck the SARS Commission on June 10, 2003, under section 78 of the Health Protection and Promotion Act (HPPA), to investigate the introduction and spread of Severe Acute Respiratory Syndrome in Ontario; and

WHEREAS the SARS Commission has released two interim reports; and

WHEREAS the first interim report, SARS and Public Health in Ontario, recommended 21 principles for public health reform that informed Operation Health Protection, the Ontario government's three-year action plan to revitalize public health in Ontario; and

WHEREAS the second interim report, SARS and Public Health Legislation, makes 113 recommendations to strengthen the HPPA and to enact emergency powers for public health disasters like SARS or influenza pandemics; and

WHEREAS the SARS Commission also recommended that more extensive consultation between the government and health community is required on issues such as the role of public health in infection control and surveillance in health facilities, the proposals for emergency powers such as compulsory immunization, the enhancement of infection control standards and communication between public health and health facilities; and

WHEREAS the government has not established such a consultation process to review and advance those recommendations that are outside the scope of Operation Health Protection;

NOW THEREFORE BE IT RESOLVED THAT aPHa urges the Government of Ontario to act immediately to establish a consultation process to review and advance the recommendations of the second interim report of the SARS Commission that are not being addressed by Operation Health Protection;

AND FURTHER THAT the Premier of Ontario, Attorney General of Ontario, Ministers of Health and Long-Term Care, Chief Medical Officer of Health and SARS Commission are so advised.

2005 alPHa Resolution A05-12

TITLE **Type 1 Diabetes in Children**

SPONSOR: Durham Region Health Department

WHEREAS the Canadian Diabetes Association and Institute for Clinical Evaluative Sciences (ICES) published Diabetes in Ontario: An ICES Practice Atlas on June 11, 2003; and

WHEREAS the Atlas concluded that for all Ontario children, between 1996 and 2000, there was a 17% increase in the incidence of diabetes in children, the largest increases in incidence being in younger children; and

WHEREAS in the same period, there was an almost 20% increase in diabetes prevalence in children in all age groups, both boys and girls aged 5 and 9 years showing the highest increase; and

WHEREAS currently there are no known preventable or modifiable risk factors for type 1 diabetes, which requires the use of insulin to control diabetes and to prevent a wide array of serious systemic complications (e.g., dental, eye, heart, kidney and neural problems); and

WHEREAS for analytic purposes, type 1 and 2 diabetes in children, such as in the Atlas, are usually combined owing to the lack of sensitive databases, such as a diabetes registry, that adequately captures the different types; and

WHEREAS the education, care and treatment related to type 1 diabetes in children is significantly under-resourced;

NOW THEREFORE BE IT RESOLVED THAT alPHa urges the Governments of Canada and Ontario to act immediately and in concert to develop and implement, as soon as possible, a long-term action plan that significantly increases resources available for the epidemiology, education, care and treatment related to type 1 diabetes in children; and

AND FURTHER THAT the Prime Minister of Canada, Minister of Health, Premier of Ontario, Minister of Health and Long-Term Care, Chief Medical Officer of Health, Canadian Diabetes Association and Institute for Clinical Evaluative Sciences are so advised.

2005 alPHa Resolution A05-14

TITLE **Community Pharmacies and Public Health Emergencies**

SPONSOR: Council of Ontario Medical Officers of Health

WHEREAS public health emergencies require responses that are accessible, comprehensive, effective and rapid as possible; and

WHEREAS community pharmacies are locally accessible, have regulated pharmacists and an infrastructure that can be mobilized to respond to public health emergencies; and

WHEREAS community pharmacies have extensive multi-site information systems linked to the Ontario government (i.e., drug benefit program) that can serve as an early warning system in the identification of infectious diseases and can monitor and track medications dispensed to the public; and

WHEREAS community pharmacies have an efficient distribution system for medical products and supplies from manufacturers to consumers; and

WHEREAS community pharmacies have extensive communications strategies and systems to provide consumers with accurate and timely information; and

WHEREAS community pharmacies have demonstrated their importance as emergency responders, e.g., during the Walkerton and SARS outbreaks;

NOW THEREFORE BE IT RESOLVED THAT alPHa/COMOH urges the Government of Ontario to immediately initiate discussions/negotiations with representatives of chain and independent community pharmacies regarding the provision of emergency management support services during provincial public health emergencies; and

BE IT FURTHER RESOLVED THAT the Premier of Ontario, Ministers of Community Safety and Correctional Services and Health and Long-Term Care, Commissioner of Emergency Management, Chief Medical Officer of Health and Canadian Association of Chain Drug Stores are so advised.

2005 alPHa Resolution A05-15

TITLE **Pasteurization of Fruit Juices and Cider**

SPONSOR: Association of Supervisors of Public Health Inspectors of Ontario

WHEREAS Unpasteurized fruit juices and cider can be contaminated with harmful bacteria, such as *Salmonella* and *Escherichia coli* O157:H7, which can cause severe disease and death, particularly among children under the age of six 7; and

WHEREAS Many outbreaks of serious food-borne illness have been traced to unpasteurized ciders and fruit juices, caused by *E. Coli*, *Cryptosporidium* and *Salmonella*, including four confirmed cases of *E. coli* O157:H:7 in Durham region in September/October 2005; and

WHEREAS The *Health Protection and Promotion Act* clearly states, “No person shall sell or offer for sale any food that is unfit for human consumption by reason of disease, adulteration, impurity or other cause” R.S.O. 1990, c. H.7, s. 17; and

WHEREAS Ontario Regulation 562/93 defines “hazardous food” as any food that is capable of supporting the growth of pathogenic organisms or the production of the toxins of such organisms (R.R.O. 1990, Reg. 562 s. 1) and as such is subject to strict regulations for processing, handling and distribution; and

WHEREAS The Health Protection and Promotion Act has the authority to require pasteurization for saleable goods as demonstrated by the prohibition on the sale, offer or distribution of unpasteurized milk (R.S.O. 1990, c. H.7, s. 18); and

WHEREAS Pasteurization of raw milk is performed to reduce pathogenic organisms including *E. coli*, *Cryptosporidium* and *Salmonella* to safe levels for human consumption; and

WHEREAS Pasteurization is the only practical, commercial method of destroying disease organisms in fluid foods and has been conclusively shown to prevent diseases which may be transmitted through them⁸; and

WHEREAS Assumptions for the original exemption for ciders and fruit juices from pasteurization requirements (i.e. that the acidic environment would not support the sufficient growth of pathogenic organisms to cause disease) have proven to be incorrect⁹; and

WHEREAS Consumer awareness and voluntary compliance strategies for producers have proven to be ineffective in reducing the incidence of outbreaks associated with unpasteurized fruit juices and cider,

NOW THEREFORE BE IT RESOLVED THAT The Association of Local Public Health Agencies strongly urge the Ministry of Health and Long-Term Care to amend the Food Premises Regulation to prohibit the sale and distribution of unpasteurized fruit juice and cider products that have been historically linked to outbreaks of food-borne illness.

AND FURTHER THAT Health Canada, the Public Health Agency of Canada, the Canadian Food Inspection Agency and the Ontario Ministry of Agriculture, Food and Rural Affairs are so advised.

7 Canadian Food Inspection Agency Fact Sheet, *Unpasteurized Fruit Juice/Cider*

<http://www.inspection.gc.ca/english/corpaffr/foodfacts/juicee.shtml> Updated 2005-10-13; Accessed 2005-10-18

8 Canadian Food Inspection System Implementation Group: *National Dairy Regulation and Code Processing Sector Interpretive Guidelines* S. 4.1. http://www.cfis.agr.ca/english/regcode/ndrc/ndrc_p2e.shtml Updated 2002-06-15; Accessed 005-10-19

9 Canadian Food Inspection Agency, *Code of Practice for the Production and Distribution of Unpasteurized Apple and Other Fruit Juice/Cider in Canada* S. 1.2. <http://www.inspection.gc.ca/english/plaveg/protra/codee.shtml#1-1> Updated 2001-09-15; Accessed 2005-10-19

2005 alPHa Resolution A05-17

TITLE **Board of Health Budgets for 2006**

SPONSOR: alPHa Board of Directors

WHEREAS The Naylor, Walker and Campbell reviews of the public health system in Ontario are consistent in their conclusions that it is chronically underfunded and in need of serious and immediate revitalization; and

WHEREAS The Ontario Government has responded by launching *Operation Health Protection: an Action Plan to Prevent Threats to our Health and to Promote a Healthy Ontario*, which includes a pledge to “strengthen the resource base for public health by increasing the provincial share of funding for local Public Health Units from 50% to 75%”; and

WHEREAS Shifting the greater share of public health funding to the province will not in and of itself provide the required resource enhancements to ensure local delivery of all mandatory public health services; and

WHEREAS Every Ontario Board of Health is bound by the Health Protection and Promotion Act to

- a) *superintend, provide or ensure the provision of health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board; and*
- b) *shall perform such other functions as are required by or under this or any other Act. R.S.O. 1990, c. H.7, s.4; and*

WHEREAS The obligated municipalities in a health unit are bound by the Health Protection and Promotion Act to pay the expenses incurred by its board of health and medical officer of health in the performance of these functions and duties, R.S.O. 1990, c. H.7, s. 72; and

WHEREAS A 2005 alPHa survey indicated that 82% of health units do not believe that their total 2005 budget is sufficient to fulfill their minimum mandate under the terms of the *Health Protection and Promotion Act*; and

NOW THEREFORE BE IT RESOLVED That alPHa urge that its member Medical Officers of Health and Boards of Health to recommend and approve 2006 health unit budgets that ensure significant and sufficient growth in public health capacity across the province

AND FURTHER That alPHa urge the Province of Ontario keep its promise to fully cost share the enhanced 2006 budgets as approved by local boards

AND FURTHER That the Province of Ontario ensure that significant and sufficient resources are made available in the 2006 and 2007 budgets to respond to the recommendations that will be made in the Capacity Review Committee, Agency Implementation Task Force and SARS Commission (Justice Campbell) final reports in order to encourage growth in capacity of the Ontario public health system.

AND FURTHER That alPHa urge the Ministry of Health and Long Term Care’s Public Health Division to increase its oversight of local performance measurement to ensure that all legally required public health services are equally accessible to all Ontario citizens.