



June 2011

DISPOSITION OF RESOLUTIONS

**alPHa Resolutions Session, 2011 Annual Conference
Monday, June 13, 2011
Forest Hill Ballroom
Toronto Marriott Bloor Yorkville
90 Bloor Street East, Toronto, Ontario**

RESOLUTIONS CONSIDERED
at June 2011 alPHa Annual Conference

Resolution Number	Sponsor	Title	Action from Conference
A11-1	Middlesex-London Board of Health	Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy	Carried
A11-2	Middlesex-London Board of Health	Maintain the Current Liquor License Act (LLA) of Ontario	Withdrawn
A11-3	Peterborough County-City Health Unit	Call for Immediate Release of a Comprehensive Tobacco Control Strategy for Ontario	Carried as amended
A11-4	Peterborough County-City Health Unit	Promoting Public Health in Ontario	Carried as amended
A11-5	Peterborough County-City Health Unit	Reducing Barriers to the Provision of Public Health Services to Ontario First Nations	Carried as amended
A11-6	Board of Health of the Simcoe Muskoka District Health Unit	Inclusion of Health Care Worker Influenza Immunization Rates in Acute Care Facilities as an Indicator of Patient Safety	Carried
A11-7	Board of Health of the Simcoe Muskoka District Health Unit	Eligibility into Perpetuity for HPV, HBV and Tdap Vaccines	Carried as amended
A11-8	alPHa Board of Directors	Public Health Supporting Early Learning and Care	Carried as amended
A11-9	Haliburton, Kawartha, Pine Ridge District Health Unit	Removal of "No Access of Dental Benefits" Eligibility Criterion for the Healthy Smiles Ontario (HSO) Program	Carried as amended
A11-10	Haliburton, Kawartha, Pine Ridge District Health Unit	Regulation and Reduction of Sodium in the Canadian Food Supply	Carried
A11-11	Council of Ontario Medical Officers of Health	Provincial Adoption and Promotion of Smoke-Free Movies to Reduce the Impact of Smoking in Movies on Youth in Ontario	Carried

TITLE: Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy

SPONSOR: Middlesex-London Board of Health

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drunk in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a \$456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

ACTION FROM CONFERENCE: Resolution **CARRIED**

TITLE: Maintain the Current Liquor Licence Act (LLA) of Ontario

SPONSOR: Middlesex-London Board of Health

WHEREAS Removing designated alcohol areas at events jeopardizes the ability of servers/bar tenders to monitor the number of drinks one person has consumed and as a result, increases the possibility of over-service, over-consumption and alcohol-related harms; and (Barbor et al., 2010)

WHEREAS Removing designated alcohol areas at events increases the risks that underage youth would be able to sneak into the event either with their own alcohol or may have access to alcohol purchased by someone of legal drinking age; and (Barbor et al., 2010)

WHEREAS Alcohol consumption affects a person's judgment, coordination and reflexes and thus allowing for tiered seating is likely to increase the amount of injuries at events; and (Barbor et al., 2010)

WHEREAS There is strong and consistent evidence from a number of countries that changes to hours or days of sale have significant impacts on the volume of alcohol consumed and on the rates of alcohol-related problems; and (Barbor et al., 2010; Vingilis et al., 2007; Vingilis et al., 2005; Stockwell & Chikritzhs, 2009)

WHEREAS Research shows that the provision of alcohol at reduced or no cost increases overall alcohol consumption; and (Barbor et al., 2010; Giesbrecht et al., 2008; Mann et al., 2005)

WHEREAS Allowing the public with alcohol into areas of a restaurant, such as the kitchen, raises concerns regarding food safety and sanitation; and

WHEREAS Allowing tourist operators to offer fixed price packages that include liquor makes it difficult for servers/bar tenders to monitor the number of drinks one person has consumed and as a result, increases the risk of over-service, over-consumption and alcohol-related harms. Under the Liquor Licence Act, it is illegal to serve customers to intoxication. In an "all-you-can-drink" environment, this law is severely compromised; (Barbor et al., 2010; Thombs et al., 2009)

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to maintain the current Liquor Licence Act (LLA) of Ontario as is currently written until a formal review and impact analysis of the health and economic effects of alcohol in Ontario is completed.

ACTION FROM CONFERENCE: Resolution WITHDRAWN

TITLE: Call for Immediate Release of a Comprehensive Tobacco Control Strategy for Ontario

SPONSOR: Peterborough County-City Health Unit

WHEREAS smoking and other forms of tobacco use still remain the single largest cause of preventable disease and contributes to the premature death of Ontarians annually; and

WHEREAS alPHA has, following a 2009 resolution, urged government to commit to the goal of preserving and enhancing reductions in tobacco use, and to this end to reinstate funding to 2008-2009 levels and in addition, enhance funding for comprehensive tobacco control efforts in Ontario; and

WHEREAS the Smoke-Free Ontario Scientific Advisory Committee (SAC) submitted its report "Evidence to Guide Action: Comprehensive Tobacco Control in Ontario" to the Ontario Agency for Health Protection and Promotion (OAHPP) in the Fall of 2010. The report presents a case for continued comprehensive tobacco control in Ontario; and

WHEREAS the SAC report was closely followed by a report from the Tobacco Strategy Advisory Group (TSAG) with the objective to advise the Ministry of Health Promotion & Sport in the development of a five-year plan to renew the Smoke-Free Ontario Strategy. The TSAG report concluded that "The government must invest in a sustained and sufficiently intensive comprehensive tobacco control strategy in Ontario at levels required to eliminate the burden of tobacco use rapidly, equitably and cost-effectively"; and

WHEREAS Ontario has an opportunity to build on and expand its achievements obtained since the introduction of the Ontario Tobacco Strategy;

NOW THEREFORE BE IT RESOLVED that alPHA urgently request the Premier of Ontario (Dalton McGuinty), the Minister of Health Promotion & Sport (Margarett Best), the Minister of Health and Long-Term Care (Deb Matthews), the Office of the Attorney General (Chris Bentley), the Minister of Finance (Dwight Duncan), the Minister of Revenue (Sophia Aggelonitis) and the Chief Medical Officer of Health (Arlene King), to demonstrate the entire set of recommendations within the Tobacco Strategy Advisory Group report and announce a renewed, long-term commitment to a comprehensive tobacco control strategy to reduce use and exposure to tobacco products and the illnesses and deaths they cause to Ontario's populations.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: Promoting Public Health in Ontario

SPONSOR: Peterborough County-City Health Unit

WHEREAS the term “public health” is not always well understood by members of the public, potential partners, and policy-makers; and

WHEREAS on a daily basis, Ontario’s public health sector contributes to keeping Ontarians healthy and safe through health protection, disease prevention and management, and health promotion activities; and

WHEREAS a strong public health sector is vital to a healthy and safe Ontario and yet the public tends not to think about public health except in times of crisis; and

WHEREAS public relations campaigns provide measurable benefits to audiences and health units through increased knowledge and confidence in the public health system, improved access to services, enhanced health literacy and stronger relationships with priority populations; and

WHEREAS Ontario’s public health system consists of governmental, non-governmental, and community organizations operating at the local, provincial and federal levels, yet the primary responsibility for program delivery lies with 36 Boards of Health which have limited resources and access to province-wide communication providers;

NOW THEREFORE BE IT RESOLVED that alPHa request all three funding Ministries (Health and Long-Term Care, Health Promotion and Sport, and Children and Youth Services) to fund a single, centralized provincial public relations campaign to increase the profile of the public health system and public health issues among Ontario residents.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: Reducing Barriers to the Provision of Public Health Services to Ontario First Nations

SPONSOR: Peterborough County-City Health Unit

WHEREAS a 2002 alPHa resolution called for the establishment of an “Aboriginal Public Health system in and for Ontario First Nation citizens” that would “guarantee equitable and quality delivery of all aspects of the *Health Promotion and Protection Act* and its Regulations to all First Nation citizens of Ontario while maintaining fiduciary responsibility of the Federal government in accordance with the Canadian Constitution (British North America Act) and Treaty rights of First Nations Citizens”; and

WHEREAS Section 50 of the Health Protection and Promotion Act allows for a board of health for a health unit to sign agreements with First Nations for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the people in Ontario; and

WHEREAS some First Nations have signed Section 50 agreements and discussions in Ontario are ongoing concerning the provision of Ontario’s public health programs to other First Nations; and

WHEREAS research has shown that the conditions in which people are born, grow, live, work and age are shaped by the distribution of money, power and resources at national and local levels and are fundamental to health status of individuals and populations; and

WHEREAS the chance of improved health outcomes from the delivery of public health services to many First Nations in Ontario would be severely limited by the effects of their current depressed socio-economic conditions; and

WHEREAS public health services should be available to all citizens of Ontario;

NOW THEREFORE BE IT RESOLVED that the Ontario Association of Local Public Health Agencies (alPHa) strongly recommend and urgently request that the Minister of Health and Long-Term Care and Health Canada establish a mechanism for First Nations who currently have, or are interested in pursuing, a Section 50 agreement, to cover the costs associated with the municipal portion of public health funding without compromising their existing public health programming. In addition, Boards of Health that incur additional costs to provide requested public health services to First Nations communities within their geographic area should be reimbursed from a fund that is established for this purpose;

AND FURTHER that the Association of Public Health Agencies (alPHa) call for the Ontario government to develop policies and to coordinate and implement a long-term strategy to help improve socio-economic benefits to First Nations.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: Inclusion of Health Care Worker Influenza Immunization Rates in Acute Care Facilities as an Indicator of Patient Safety

SPONSOR: Board of Health of the Simcoe Muskoka District Health Unit

WHEREAS member organizations within the Association of Local Public Health Agencies (alPHa) are required by the Ontario Public Health Standards to “influence the development of healthy public policy and its programs and services to reduce or eliminate the burden of vaccine preventable diseases” and ensure “target coverage rates for provincially funded immunizations are achieved”; and

WHEREAS influenza vaccination is the cornerstone of influenza prevention²; and

WHEREAS the National Advisory Committee on Immunization (NACI) recommends that influenza immunization programs target those “capable of transmitting influenza to individuals at high risk of complications and those who provide essential community services (including) healthcare and other care providers in facilities and community settings”; and

WHEREAS both symptomatic and asymptomatic influenza-infected health care workers (HCWs) can transmit influenza to vulnerable patients; and

WHEREAS HCWs influenza vaccination rates in hospitals have remained low over the three decades that HCWs influenza vaccination has been recommended; and

WHEREAS seasonal influenza vaccination of HCWs has demonstrated 20 – 44% reductions in all causes of mortality of residents in long-term care facilities; and

WHEREAS as the percentage of vaccinated HCWs increases, healthcare-associated influenza infection decreases; and

WHEREAS influenza immunization of HCWs protects vulnerable patients and improves patient safety; and

WHEREAS the transmission of influenza in healthcare settings are a significant safety concern that places patients and staff at risk; and

WHEREAS NACI, the Ontario Hospital Association, the Ontario Medical Association, and many other health care organizations consider influenza vaccination of HCWs as an essential component of the standard of care for the protection of their patients; and

WHEREAS NACI states “HCWs who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies failure in their duty of care to patients”; and

ALPHA Resolution A11-6 continued

WHEREAS ALPHA had passed a currently unresolved resolution urging introduction of provincial legislation mandating annual vaccination against influenza for all health care workers and other service providers in facilities and community settings; and

WHEREAS Ontario's acute care Patient Safety Indicators were introduced in 2008 to reduce the risk factors that contribute to the spread of infections; and

WHEREAS shared disclosure of HCW vaccination rates in acute care facilities as a component of patient safety has been shown to significantly improve influenza immunization rates among HCWs;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies requests that the Minister of Health and Long-Term Care in consultation with the Chief Medical Officer of Health to include healthcare worker influenza immunization rates in hospitals as a publicly reported Patient Safety Indicator as a means of protecting the health of patients by improving influenza vaccination rates among health care workers in hospitals.

ACTION FROM CONFERENCE: Resolution CARRIED

TITLE: Eligibility into Perpetuity for HPV, HBV and Tdap Vaccines

SPONSOR: Board of Health of the Simcoe Muskoka District Health Unit

WHEREAS immunization is one of the most effective public health strategies, saving more lives than any other single health intervention in Canada in the last 50 years; and

WHEREAS the Ontario Public Health Standard requires Boards of Health to engage in activities to reduce or eliminate the burden of vaccine preventable diseases; and

WHEREAS Human Papillomavirus and Hepatitis B virus are among the top ten, and Pertussis is among the top 35 pathogens causing death; and

WHEREAS the respective vaccines for these pathogens (HPV; HBV; and Tetanus, Diphtheria and Acellular Pertussis [adolescent/adult type vaccine Tdap, a.k.a. *Adacel*]) are only funded for specific school grades or ages; and

WHEREAS children who do not receive these vaccines in these specific times are not authorized by the province to receive these vaccines through public funding for the entire age ranges recommended by National Advisory Committee on Immunization (NACI) (i.e. these vaccines are not funded into perpetuity); and

WHEREAS a significant proportion of children eligible to receive these vaccines do not receive them during the grade or age requirements of the province; and

WHEREAS provincially funded provision of these vaccines for the full age range recommended by NACI would remove a cost barrier for a significant number of people, thereby increasing overall vaccination rates; and

WHEREAS there is no such age restrictions for eligibility for other publicly funded vaccines in Ontario;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies urge the Minister of Health and Long-term Care in consultation with the Chief Medical Officer of Health to expand the eligibility of publicly funded HPV, HBV and *Adacel* vaccination, such that children who do not receive these vaccines at the provincially-specified grade or age continue to be eligible to receive these vaccines through public funding for the entire age ranges and eligibility criteria recommended by NACI.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: Public Health Supporting Early Learning and Care

SPONSOR: alPHa Board of Directors

WHEREAS the report “With our Best Future in Mind” (Charles E. Pascal, 2009) has been provided to the Premier of Ontario and provides recommendations on early childhood development in Ontario; and

WHEREAS supporting families and healthy early childhood development is a core part of the mandate of public health; and

WHEREAS public health work is driven by the population health approach; and

WHEREAS the evidence supports investing in early childhood development as a strategy to enable health and resilience throughout life; and

WHEREAS high quality early childhood interventions are extremely cost effective with significant societal returns on investment; and

WHEREAS achieving a politically sustainable system to support early childhood development will require support from decision-makers and the general public across the political spectrum; and

WHEREAS local public health has a unique role in early childhood development as a community agency that can take early learning and development beyond the walls of centres to reach the most vulnerable children and their families in their preferred setting; and

WHEREAS both local and provincial public health agencies have a key role to play in guiding the overall approach to supporting early childhood development; and

WHEREAS a comprehensive approach to early childhood development needs to include core services for all children and families, locally adapted services to address community context and intensive services to address the individual needs of the most vulnerable children and families; and

WHEREAS local and provincial public health agencies should continue to work with partners to clearly define better outcome measures and disseminate information about progress toward early childhood development goals more broadly;

NOW THEREFORE BE IT RESOLVED that alPHa will actively engage in advocacy to strengthen public health programs to support families and healthy early childhood development;

AND FURTHER that alPHa will forward this resolution to the Ministry of Health and Long-Term Care, Ministry of Children and Youth Services, Ministry of Health Promotion and Sport, Ministry of Education, the Chief Medical Officer of Health and the Early Learning Advisor and in addition alPHa encourages all member agencies to transfer knowledge and information to decision-makers and the general public about the value of supporting early childhood development and the importance of adequate investment in early childhood development;

alPHa Resolution A11-8 continued

AND FURTHER that alPHa and both local and provincial public health agencies should work with partners to more clearly define, better measure and more broadly disseminate information about progress toward early childhood goals;

AND FURTHER that alPHa will advocate for the inclusion of early childhood development in political platforms;

AND FURTHER that alPHa commits to helping health units to share examples of best practices, useful approaches for local integration and examples of achieving seamless and integrated services.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: Removal of “No Access of Dental Benefits” Eligibility Criterion for the Healthy Smiles Ontario (HSO) Program

SPONSOR: Haliburton, Kawartha, Pine Ridge District Health Unit

WHEREAS dental decay is the most prevalent chronic disease to affect children; and

WHEREAS oral health is an important component of general health and impacts directly on a child’s speech development, ability to thrive and readiness to learn; and

WHEREAS dental care is excluded from the Ontario Health Insurance Program leaving many families without access to dental care; and

WHEREAS the province has introduced the new Healthy Smiles Ontario (HSO) program covering basic dental treatment and preventive care as an important component of its Poverty Reduction Strategy; and

WHEREAS the Ontario Ministry of Health and Long Term Care estimates that 130,000 children, from low income families with an adjusted net annual family income of \$20,000 or less, will qualify for the HSO program; and

WHEREAS a number of the estimated 130,000 HSO children will be ineligible and denied access to the program because their families have some form of dental insurance; and

WHEREAS a family with an adjusted net annual family income of \$20,000 or less with limited dental benefits will be unable to pay for any uninsured portion of their child’s dental bill or any amount of the dental bill up front as many dental providers require; and

WHEREAS consequently the children from these low-income families will be denied the basic dental treatment and preventive care offered by the HSO program; and

WHEREAS introducing coordination of benefits with insurance coverage to HSO would eliminate this barrier to care and contribute to, and thereby reduce, the relative cost to the provincial program;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies request that the Ministry of Health and Long-Term Care remove the “no access to dental benefits” eligibility criterion from the HSO program thereby eliminating the discrimination these programs impose on segments of the working poor and that additional funds be allocated to the program for these children.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: Regulation and Reduction of Sodium in the Canadian Food Supply

SPONSOR: Haliburton, Kawartha, Pine Ridge District Health Unit

WHEREAS the *Sodium Reduction Strategy for Canada* released in July 2010 by the Sodium Working Group recommends that:

- a) Health Canada continues to work with the food industry to establish voluntary sodium reduction targets by food category.
- b) Health Canada, in collaboration with the Provinces and Territories, continue to work with the restaurant and food service industries to establish voluntary sodium reduction targets for meals and menu items sold in restaurants and food services establishments.
- c) manufacturers lower the sodium content of their products to meet the voluntary targets and go beyond those targets over time to the lowest level possible, taking into consideration microbial food safety, quality and consumer acceptance.
- d) a mechanism be established on Health Canada's sodium website that would allow individual companies to commit to the Sodium Reduction Strategy.
- e) the *Food and Drug Regulations* be amended to change the basis of the Daily Value (DV) for sodium in the Nutrition Facts Table (NFT) from 2,400 mg to 1,500 mg to reflect the Adequate Intake (AI) level.
- f) the federal government, together with provincial and territorial governments, develop more consistent sodium guidelines and procurement policies for use by food service operations in publicly-funded institutions such as schools, daycares, hospitals, care facilities, correctional institutions and for the armed forces.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies encourage the federal Minister of Health, the Chief Public Health Officer for Canada, Ontario's Minister of Health and Long-Term Care, and the Chief Medical Officer of Health of Ontario to support and implement the aforementioned recommendations outlined in the 2010 Report of the former Federal Sodium Reduction Working Group.

ACTION FROM CONFERENCE: Resolution **CARRIED**

TITLE: Provincial Adoption and Promotion of Smoke-Free Movies to Reduce the Impact of Smoking in Movies on Youth in Ontario

SPONSOR: Council of Ontario Medical Officers of Health

WHEREAS tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year; and

WHEREAS the tobacco industry has a long, well-documented history of promoting tobacco use and particular brands on-screen, while obscuring its true purpose in doing so; and

WHEREAS adolescents watch more films than any other age group; movie-going is popular entertainment for youth and tobacco imagery in films is currently unavoidable; and

WHEREAS nearly 90 percent of tobacco impressions delivered to theatre audiences in Canada in 2009 were delivered by large US media conglomerates; and

WHEREAS Canadian movie rating systems classify more movies as 14A or PG that are rated R in the US resulting in 60% more tobacco imagery exposure by youth-rated films; and

WHEREAS exposure to smoking in movies is estimated to be responsible for 44% of youth uptake; and

WHEREAS an estimated 130,000 Canadian smokers aged 15-19 have been recruited to smoke by exposure to on-screen smoking, and 43,000 of them will eventually die of tobacco-caused diseases; and

WHEREAS the World Health Organization has advised all nations that have ratified the Framework Convention on Tobacco Control, a global treaty obligating Parties including Canada to prevent youth smoking and end tobacco promotion through all channels, to give an adult rating to all new films that depict smoking, whether domestically produced or imported;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call for the Province of Ontario to rate new movies with smoking "18A" in Ontario, and require that such films be ineligible for federal and provincial subsidies, with the sole exceptions being a clear and unambiguous demonstration of the dangers and consequences of tobacco use or a true representation of a real historical figure, who was known to smoke;

AND FURTHER that the Association of Local Public Health Agencies call for the Province of Ontario to require producers to certify on-screen that no one involved in the production of the movie received any remuneration, compensation or anything of value in consideration for using or displaying tobacco;

AND FURTHER that the Association of Local Public Health Agencies call for the Province of Ontario to require strong anti-smoking ads to be shown before any movie with tobacco use at the distributor's expense, regardless of rating and distribution channel;

alPHa Resolution A11-11 continued

AND FURTHER that the Association of Local Public Health Agencies call for the Province of Ontario to require movie producers to stop identifying tobacco brands in films.

ACTION FROM CONFERENCE: **Resolution CARRIED**