



June 2009

DISPOSITION OF RESOLUTIONS

at the
Resolutions Session, alPHa Annual Conference
Monday, June 15 at 8:00 AM
Salon Cartier
Cedar Meadows Resort
1000 Norman St., Timmins, Ontario

**RESOLUTIONS CONSIDERED
at the 2009 alPHa Annual Conference**

Resolution Number	Sponsor	Title	Action from Conference
A09 - 1	alPHa Board of Directors	Ban on Advertising to Children Under 13 Years of Age	Carried as Amended
A09 - 2	Peterborough County City Board of Health	Tobacco Advertising and Promotion	Carried as Amended
A09 - 3	Simcoe Muskoka District Health Unit	Continued Investment in Smoke-Free Ontario Strategy	Carried as Amended
A09 - 4	Simcoe Muskoka District Health Unit	Trans Fat in the Food Supply	Carried
A09 - 5	Sudbury & District Board of Health	World Health Organization Commission on Social Determinants of Health (WHO-CSDH): Call to Action for Ontario Public Health	Carried as Amended
A09 - 6	Thunder Bay District Health Unit	Preschool Speech and Language Program Budget	Carried as Amended
A09 - 7	Durham Region Health Department	Regulation of the Bottled Water Industry	Carried
A09 - 8	Durham Region Health Department	2008 Listeriosis Outbreak in Ontario	Carried

alPHa RESOLUTION A09-1

TITLE: Ban on Advertising to Children Under 13 Years of Age

SPONSOR: alPHa Board of Directors

WHEREAS the Association of Local Public Health Agencies has resolved to call upon the Governments of Ontario and Canada to ban all commercial advertising of food and beverages targeted to children under 13 years of age; and

WHEREAS this position was adopted based on evidence presented about the harms of marketing to children in general

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies also support the broader goal of the Ontario Public Health Association and other organizations that are advocating for a ban on all commercial advertising targeted to children under 13 years of age.

ACTION FROM CONFERENCE:

Moved: V. Sterling (Toronto)

Seconded: J. Butt (Leeds-Grenville Lanark)

Resolution CARRIED AS AMENDED

TITLE: Tobacco Advertising and Promotion

SPONSOR: Peterborough County City Board of Health

WHEREAS In a ruling related to a challenge from tobacco companies of the 1997 Tobacco Act, the Supreme Court in 2007 upheld the 1997 Act, which severely restricts tobacco companies' right to advertise;

WHEREAS Following the Supreme Court ruling, the tobacco companies resumed the limited advertising allowed by the 1997 Act which had been voluntarily withdrawn during the 10 year interim period while their challenge made its way to the Supreme Court;

WHEREAS The resumption in advertising has resulted in emerging concerns about industry marketing and advertising activities (including those specifically targeting younger audiences) through mechanisms including product description, package design, lifestyle associations, aggressive marketing of "user-friendly" smokeless tobacco, and promotion during special events, in bars and on the internet;

WHEREAS Six months have already passed since the Ontario legislature passed a law, Bill 124, to ban flavoured tobacco and regulate packaging of cigarillos; and

WHEREAS An Act to amend the Tobacco Act Bill C-32, was introduced in Parliament on May 26, 2009 to restrict tobacco industry advertising and product flavouring.

NOW THEREFORE BE IT RESOLVED THAT the Association of local Public Health Agencies:

- 1) write to the Federal Minister of Health and the Prime Minister advocating for a change to the proposed amendment to the Tobacco Act such that it includes a complete ban on tobacco advertising and promotion even where minors are prohibited by law (eg. bars and nightclubs);
- 2) request that the Provincial Minister of Health, the Minister of Health Promotion, and the Premier advocate with their federal counterparts for a complete ban on tobacco advertising and promotion; and
- 3) support national advocacy initiatives that call for further restrictions on tobacco advertising and promotions.

ACTION FROM CONFERENCE:

Moved: R. Pellizzari (Peterborough)

Seconded: V. Sterling (Toronto)

Resolution CARRIED AS AMENDED

aIPHa RESOLUTION A09-3

- TITLE:** Continued Investment in Smoke-Free Ontario Strategy
- SPONSOR:** Simcoe Muskoka District Health Unit
- WHEREAS** Tobacco use remains the single largest cause of preventable disease and contributes to the premature death of 13,000 Ontarians annually; and
- WHEREAS** Although tobacco use has declined in Ontario over the last decade¹ (25% in 2000/01 versus 21% in 2007), representing 175,000 fewer smokers in the province, most recently this decline has not continued;² and
- WHEREAS** The Ontario Government has made a significant annual investment of \$60 million in the Smoke-Free Ontario Strategy through the Ministry of Health Promotion since 2005, which has led to many gains in tobacco control in the past 4 years; and
- WHEREAS** This commitment has enabled public health units, in partnership with community and provincial tobacco control stakeholders, to plan, implement and evaluate comprehensive tobacco control initiatives and this multifaceted strategy has been effectively targeting prevention, protection (including enforcement) and cessation; and
- WHEREAS** The Smoke-Free Ontario Strategy has provided a unique opportunity for Ontario's youth, particularly through the health unit-based Youth Action Alliances, to play a significant role within their communities and schools to prevent youth smoking and protect youth from secondhand smoke; and
- WHEREAS** In 2007/08, the Ontario Ministry of Health Promotion investment in comprehensive tobacco control under the Smoke-Free Ontario strategy corresponded to per capita funding of \$4.69; significantly lower than the recommended investment level from the US Academy of Sciences' Institute of Medicine (2007) of \$15-\$20 per capita to adequately sustain a comprehensive tobacco control program; and
- WHEREAS** Health units have been informed through a May 29, 2009 letter from the Ministry of Health Promotion that funding for Youth Action Alliances and high school grants is to be discontinued, and significant reductions are planned for other components of funding under the Smoke-Free Ontario Strategy; and
- WHEREAS** Evidence from the experience in the United States indicated that funding for tobacco programs was highly effective in reducing tobacco use, and also showed

¹ Ontario Tobacco Research Unit. *Indicators of Smoke-Free Ontario Progress*. [Special Reports: Monitoring and Evaluation Series, 2006-2007 (Vol. 13, No. 2)]. Toronto, ON: Ontario Tobacco Research Unit; 2008a.

² CCHS 2000/01 and 2007 (from the Canadian Socio-economic Information Management System [CANSIM])

that reductions in tobacco funding resulted in slowed or reversed progress within months;^{3,4} and

WHEREAS To maintain the benefits from past efforts and investments, it is critical that Ontario sustain, and potentially increase the support for comprehensive tobacco control efforts.

NOW THEREFORE BE IT RESOLVED that alPHa urge the Premier of Ontario, and the Minister of Health Promotion (Margarett Best), Minister of Health and Long-Term Care (David Caplan), Office of The Attorney General (Chris Bentley) and the Minister of Finance and Revenue (Dwight Duncan) 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 FURTHERMORE BE IT RESOLVED that alPHa advocate for the Smoke-Free Ontario Strategy to continue to include and further enhance the role of youth within health units as a key component of prevention programming, with a planned evaluation.

AND FURTHERMORE BE IT RESOLVED that alPHa communicate with and engage other provincial associations and organizations with a concern for public health to support the importance of reinstating and enhancing funding for comprehensive tobacco control efforts in order to preserve and enhance the gains made to date.

ACTION FROM CONFERENCE:

Moved: J. Pfaff (Simcoe Muskoka)
Seconded: B. Hughes (Timiskaming)

Resolution CARRIED AS AMENDED

³ Ontario Tobacco Research Unit. *OTRU Update: Effects of Funding Cuts to Tobacco Control Programs*. Toronto, ON: Ontario Tobacco Research Unit; 2008b.

⁴ Hotgrave, DR, Wunderring, KA, Vallone, DM Heaton, CG. Cost-Utility Analysis of the National truth Campaign to Prevent Youth Smoking. *Am J Preventive Medicine* 2009.01.020

alPHa RESOLUTION A09-4

TITLE: Trans Fat in the Food Supply

SPONSOR: Simcoe Muskoka District Health Unit

WHEREAS The World Health Organization (WHO) recommends that people consume no more than 1% of total calories from trans fat or approximately 2 grams trans fat per day in 2000 calories¹;

WHEREAS The average consumption in Canada is 4.9grams per day, two-and-a-half times the WHO limit, and some boys (5%) aged 6-18 consume 11.6 grams per day²; and

WHEREAS Studies have found that for every two per cent of calories coming from trans fat, the risk of coronary artery disease increases by 23 per cent^{3,4}; and

WHEREAS the leading cause of death in Ontario is cardiovascular disease⁵; and

WHEREAS In 2006 Federal Trans Fat Task Force provided recommendations to the federal Minister of Health on how to reduce trans fat intake in Canadians' diet (Appendix B); and

WHEREAS On June 20, 2007, the Federal Minister of Health gave food industry two years to achieve the trans fat limits specified by the Federal Task force; and

WHEREAS In 2006 and 2007 several Ontario Boards of Health, as well as the Association of Local Public Health Agencies endorsed the recommendations of the Trans Fat Task Force (2006) and urged the Federal Government to regulate trans fat in the Canadian food supply; and

WHEREAS Health Canada's February 2009 survey of trans fat levels in the Canadian food supply⁶ shows continued high levels of trans fat in noodles, crackers, cookies, donuts, pies and other snacks and baked goods. Of the 517 grocery and fast food products examined, nearly one-quarter (117) still fail to meet the limits accepted by former Federal Minister of Health, Tony Clement; and

WHEREAS Some Canadian provinces and municipalities (Appendix A) have recently taken steps to regulate the level of trans fat in the food supply;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urge the Federal Minister of Health to take immediate steps to amend the Food and Drug Act or regulations to restrict the levels of synthetic trans fat permitted in foods to the limits recommended by the Federal Trans Fat Task Force (2006);

AND FURTHER that alPHa urge the Government of Ontario to take immediate steps towards regulating trans fat levels in foods and beverages available in Ontario food premises, including, but not limited to, supporting Bill 156 Healthy Decisions for Healthy Foods (See Appendix A),

AND FURTHER that alPHa urge the Government of Ontario to, in keeping with recent measures taken by the Government of British Columbia, take immediate steps towards regulating trans fat levels in foods and beverages available in Ontario foodservice operations;

AND FURTHER that alPHa urge the Government of Ontario to expand the trans fat regulations of Bill 8 Healthy Foods for Healthy Schools to include all foods available or provided (not just sold) by Ontario schools;

AND FURTHER that alPHa urge Ontario boards of health and municipalities to consider taking actions to regulate trans fat served in local food premises such as has been done in the cities of Calgary, Montreal and Toronto;

AND FURTHER that alPHa urge the Chief Public Health Officer of Canada, and all local boards of health to take actions towards regulating trans fat in the food supply within their jurisdiction.

ACTION FROM CONFERENCE:

Moved: J. Pfaff (Simcoe Muskoka)

Seconded: G. Chartrand (Porcupine)

Resolution CARRIED

References:

¹ Health Canada. TRANSforming the Food Supply. Report of the Trans Fat Task Force Submitted to the Minister of Health. June 2006.

²Health Canada. TRANSforming the Food Supply. Report of the Trans Fat Task Force Submitted to the Minister of Health. June 2006

³Mozaffarian D., Katan MB., Ascherio A., Stampfer, MJ., Willet WC. Trans Fatty Acids and Cardiovascular Disease. New Eng J Med 2006;354:1601-13.

⁴ Health Canada. TRANSforming the Food Supply. Report of the Trans Fat Task Force Submitted to the Minister of Health. June 2006.

⁵ Ontario MOHLTC. Mortality Data 2000-2004, Provincial Health Planning Database (PHPDB) Extracted July, 2007.

⁶ Health Canada. February, 2009. Accessed Online March 24, 2009 at <http://www.hc-sc.gc.ca/fn-an/nutrition/gras-trans-fats/tfa-age3-eng.php#results>.

alPHa RESOLUTION A09-5

TITLE: World Health Organization Commission on Social Determinants of Health (WHO-CSDH): Call to Action for Ontario Public Health

SPONSOR: Sudbury & District Board of Health

WHEREAS alPHa has an established position and track record on action and advocacy on reducing health inequities through action on the social determinants of health including the establishment of the alPHa-OPHA Joint Work Group on the Social Determinants of Health; and

WHEREAS There is increasing *global-to-local* understanding and concern about persisting and widening health inequities, defined as unfair and avoidable differences in health status seen within and between countries and mostly attributable to social determinants; and

WHEREAS The CSDH was established by the WHO in 2005 to respond to this increasing concern and to provide advice on how to reduce health inequities; and

WHEREAS Canada played a key role in supporting the work of the CSDH including the participation of Commissioner Monique Bégin, the engagement of the Public Health Agency of Canada and leadership in two of the CSDH's Knowledge Networks; and

WHEREAS The CSDH launched its final report, *Closing the Gap in a Generation*, in August 2008 which contained three overarching recommendations to close the health gap:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action including related implications for local government (including the health sector) and civil society; and

WHEREAS The *Ontario Ministry of Health Promotion's* (MHP) Strategic Plan recognizes the importance of social and economic factors in determining health; the legislative purpose and objects of the *Ontario Agency for Health Protection and Promotion* (OAHP) include the reduction of health inequities; and the *Ontario Public Health Standards* (OPHS) require all boards of health to assess, plan, deliver, manage, and evaluate programs to reduce inequities in health while at the same time maximizing the health gain for the whole population;

THEREFORE BE IT RESOLVED that alPHa congratulates the CSDH for its work and endorses the content and recommendations of the WHO – CSDH final report;

AND FURTHER that ALPHa calls on the MHP and the OAHPP to immediately begin work to determine their respective leadership roles in implementing the WHO – CSDH recommendations and in supporting boards of health to do the same;

AND FURTHER that ALPHa works in partnership with boards of health to identify opportunities for individual and collective board action to reduce health inequities through the implementation of the Ontario Public Health Standards;

AND FINALLY that ALPHa widely communicates its support for the WHO – CSDH and this resolution to the Ontario and Canadian public health community, including the Chief Public Health Officer of Canada, and the Council of Chief Medical Officers of Health, and the Minister of Aboriginal Affairs for Ontario and the Minister for Indian and Northern Affairs Canada.

ACTION FROM CONFERENCE:

Moved: P. Sutcliffe (Sudbury)

Seconded: R. Pellizzari (Peterborough)

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A09-6

TITLE: **Preschool Speech and Language Program Budget**

SPONSOR: **Thunder Bay District Health Unit**

WHEREAS Ontario's Poverty Reduction Plan (Government of Ontario, 2008) identified that The Best Start Plan is designed to help ensure that children are ready to learn by the time they start Grade One, and that the Plan includes provision of preschool speech and language services at neighbourhood Best Start hubs to increase access; and

WHEREAS Speech and language skills are essential to a child's healthy development, ability to communicate, learning readiness, academic and literacy success; and

WHEREAS Preschool Speech and Language Services are directly linked to the Ontario Public Health Child Health Standard Requirements; and

WHEREAS The Ministry of Children and Youth Services' objectives for the Preschool Speech and Language (PSL) program are to identify and serve the estimated 10% of children in the preschool population with speech and language disorders; lower the average age of identification to 24 months; eliminate waiting lists; provide parents with direct access to the system; provide common speech and language assessment protocols; provide interventions appropriate for the age and needs of the child; and provide services as close to home as possible; and

WHEREAS Preschool Speech and Language Services are funded by a variety of different funding sources and are offered by different agencies with varying accountabilities, resulting in duplication of infrastructures and uncoordinated services for children and their families; and

WHEREAS A child's need for speech and language services can continue after the age of five, and may begin at any point during childhood; and

WHEREAS There is little consistency regarding levels and model of service delivery across the province when a child makes the transition from Preschool Communication Services to school based services; and

WHEREAS Children living in the north and other underserved areas are frequently excluded from access to speech and language services because of unique barriers such as transportation costs and remote locations; and

WHEREAS It has been demonstrated that schools are the most appropriate and effective services providers for children past the age of five;

THEREFORE BE IT RESOLVED THAT alPHa urge the Ministry of Children and Youth Services to increase the 2009/2010 funding for preschool speech and language programs to continue to deliver services at current levels at a minimum;

AND FURTHER THAT special consideration is given to communities that include a high urban aboriginal preschool population;

AND FURTHER THAT the Ministry of Children and Youth Services take a leadership role in reviewing the current funding structures for preschool speech and language services throughout the province of Ontario with a view to increasing accountability;

AND FURTHER THAT the Ministers of Health & Long-term Care and Health Promotion work with the Minister of Education and Training, and the Minister of Children and Youth Services to ensure school boards of Ontario are recognized as the appropriate provider of speech and language services to Ontario's children;

AND FINALLY THAT a smooth transition to school based speech and language services be achieved by supporting the school boards of Ontario to provide speech and language services, and funding school boards to do the same.

ACTION FROM CONFERENCE:

Moved: M. Harding (Thunder Bay)

Seconded: V. Blackmore (Middlesex-London)

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A09-7

TITLE: Regulation of the Bottled Water Industry

SPONSOR: Durham Region Health Department

WHEREAS The bottled water industry has grown to a multi-million dollar industry in Canada; and

WHEREAS Bottled water is estimated to be between 240-10,000 times more expensive than tap water; and

WHEREAS Independent scientific studies have found toxic contaminants in bottled water products; and

WHEREAS The Canadian Food Inspection Agency has issued ~30 separate recalls of ~50 bottled water products since 2000; and

WHEREAS Environmental impacts encompass the production, transportation and disposal of bottled water; and

WHEREAS The bottled water industry is largely unregulated in Canada, being monitored on a voluntary basis, overseen by industry; and

WHEREAS Bottled water is not required to meet the *Guidelines for Canadian Drinking Water Quality*; and

WHEREAS Bottled water lacks information on the source of the water, the contents of the bottled water, and the storage and expiry dates; and

WHEREAS The bottled water industry extracts millions of litres of water per day at very little cost; and

NOW THEREFORE BE IT RESOLVED THAT alPHa urges the Government of Canada to enact a comprehensive regulatory regime for the bottled water industry administered and enforced by the Canadian Food Inspection Agency and Health Canada that includes:

- a) Bottled water conforming, at a minimum, to the *Guidelines for Canadian Drinking Water Quality*,
- b) Comprehensive bottled water labelling, including the water source, quantity and contents of any added ingredients, packaging date, expiry, treatment processes, the instruction “refrigerate after opening”, and manufacturers contact information,
- c) Public reporting of water quality tests performed by manufacturers from government-approved laboratories testing for bacteriological, chemical and radiological contaminants on a specified regular basis, and
- d) Regular reviewing and updating of bottled water labelling and testing requirements; and

BE IT FURTHER RESOLVED THAT alPHa urges the Government of Canada to continue to significantly reinvest in public drinking water infrastructure through federal transfers to the provinces, territories and municipalities, possibly including from revenues derived from a special surtax levied on the profits of the bottled water industry; and

BE IT FURTHER RESOLVED THAT the Prime Minister of Canada, Ministers of Agriculture and Agri-Food Canada, Health Canada, Finance and the Environment, Chief Public Health Officer of Canada, Acting Chief Medical Officer of Health, CPHA are so advised.

ACTION FROM CONFERENCE:

Moved: K. Gorman (Durham)

Seconded: P. Sutcliffe (Sudbury)

Resolution CARRIED

alPHa RESOLUTION A09-8

TITLE: 2008 Listeriosis Outbreak in Ontario

SPONSOR: Durham Region Health Department

WHEREAS The 2008 listeriosis outbreak affected 7 provinces and resulted in 56 confirmed cases being reported and 21 persons having died; and

WHEREAS Ontario was the hardest hit province such that 41 of the cases and 16 deaths occurred in this province; and

WHEREAS Ontario's Acting Chief Medical Officer of Health (CMOH) struck a Provincial Listeriosis Review Committee to provide him with advice on improving the public health response to foodborne outbreaks; and

WHEREAS The CMOH released a Report on the Management of the 2008 Listeriosis Outbreak in Ontario with recommendations in the following areas: Clarify roles and responsibilities in outbreak management; strengthen laboratory capacity; enhance Ontario's capacity to detect foodborne outbreaks and improve communication; and

WHEREAS It is important that these recommendations be fully implemented in order for Ontario's public health system to effectively identify and respond to any future cross-jurisdictional foodborne or other outbreaks;

NOW THEREFORE BE IT RESOLVED that alPHa urges the Chief Public Health Officer of Canada, Health Canada, the Ontario Ministry of Health and Long-Term Care, and the Public Health Agency of Canada to act immediately to implement the recommendations of the CMOH's Report on the Management of the 2008 Listeriosis Outbreak in Ontario; and

BE IT FURTHER RESOLVED that alPHa urges the Government of Ontario and Acting Chief Medical Officer of Health to ensure that boards of health receive sufficient provincial funding to ensure that local public health agencies have the capacity to investigate and report foodborne and other outbreaks in as complete and timely a fashion as possible; and

BE IT FURTHER RESOLVED that alPHa urges the Acting Chief Medical Officer of Health to track the implementation of his recommendations and publicly report on the status of implementation at least annually until they are fully implemented; and

BE IT FURTHER RESOLVED that the Prime Minister of Canada, Minister of Health Canada, Chief Public Health Officer of Canada, Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Acting Chief Medical Officer of Health, and the Ontario Agency for Health Protection and Promotion are so advised.

ACTION FROM CONFERENCE:

Moved: K. Gorman (Durham)

Seconded: B. Hughes (Timiskaming)

Resolution CARRIED