



## LATE RESOLUTIONS

### FOR CONSIDERATION AT 2008 ANNUAL CONFERENCE

The following resolutions are provided for your information.

Please be reminded of alPHA's policy on late resolutions:

**Late Resolutions.** Submissions received after the 45 day advance date will NOT be reviewed by the Advocacy or Executive Committee, but may still be introduced from the floor as Late Resolutions, subject to rules governing them (e.g., time permitting and a 2/3 majority vote to debate them).

Late resolutions must be provided to the meeting Chairman in writing. The Chairman will first determine if there is time to consider any late resolutions. The resolutions will be read aloud or displayed as quickly as possible to the membership present and the membership will be asked to vote on whether or not to proceed with a debate and vote. If a two-thirds vote is not achieved, then the late resolution will not be dealt with any further at the meeting. The Minutes will reflect that the resolution was brought forward and denied.

**DRAFT ALPHA RESOLUTION FOR 2008 CONFERENCE**

**TITLE: Advocacy to Reduce The Legal Blood Alcohol Concentration (BAC) from 0.08% to 0.05%**

**SPONSOR: Middlesex-London Board of Health**

WHEREAS In 1970 Parliament established the 0.08% blood alcohol concentration (BAC) threshold based on studies that underestimated the relative risks of fatal crashes at lower BAC levels; and

WHEREAS Impaired driving remains Canada's single largest criminal cause of death, claiming more than twice as many lives per year as all types of homicide combined; and

WHEREAS Laboratory driving simulator and closed-access roadway studies over the last 50 years have established that even small amounts of alcohol adversely affect driving skills and performance; and

WHEREAS Leading medical, injury prevention, and traffic safety organizations around the world support a BAC driving limit at or below 0.05%. These include: the World, American, British, and Canadian Medical Associations, the World Health Organization; the Association for the Advancement of Automotive Medicine; the International Transportation Safety Association; the European Transport Safety Council; the Royal Society for Prevention of accidents; the Australian transport Safety Bureau; the Canadian Public Health Association; and the Centre for Addiction and Mental Health; and

WHEREAS Public support for a lower Criminal Code limit continues to increase across gender, age and geographical regions of Canada; and

WHEREAS The proposed 0.05% law is designed to maximize the deterrent impact of the law, minimize the administrative burden on the criminal justice system, and appropriately sanction offenders.

**NOW THEREFORE BE IT RESOLVED THAT** the Association of Local Public Health Agencies petition the Ontario government to reduce the legal BAC from 0.08% to 0.05%.

**TITLE:** Promoting Safe Driving in Young Drivers

**SPONSOR:** Toronto Board of Health

WHEREAS An effective and comprehensive prevention strategy must include identification of specific protective behaviours for the public to adopt; and

WHEREAS "Designated driver" is a harm reduction strategy and appears to have support by the public;

**NOW THEREFORE BE IT RESOLVED THAT** the Association of Local Public Health Agencies recommend to the Provincial government that the designated driver strategy, especially targeted at teen drivers, be included as one component of a comprehensive prevention strategy.

**DRAFT ALPHA RESOLUTION FOR 2008 CONFERENCE**

**TITLE:** Ensuring the Effectiveness of Graduated Licensing as an Injury Prevention Strategy

**SPONSOR:** Toronto Board of Health

**WHEREAS** Changes in the graduated licensing program will require both education and enforcement in order to be effective;

**NOW THEREFORE BE IT RESOLVED THAT** the Association of Local Public Health Agencies recommend to the Provincial government that changes to the graduated licensing program be accompanied by enhanced enforcement.

**DRAFT ALPHA RESOLUTION FOR 2008 CONFERENCE**

**TITLE:**        **Back-to-School and Winter Clothing Allowances for Children in Families on Social Assistance**

**SPONSOR:**   **Hastings and Prince Edward Counties Board of Health**

WHEREAS the province has implemented the Ontario Child Benefit with monthly payments scheduled to begin in July 2008; and

WHEREAS the implementation of the Ontario Child Benefit will restructure social assistance and the back-to-school and winter clothing allowances will be eliminated from Ontario Works (OW) and Ontario Disability Support Program (ODSP) benefits; and

WHEREAS the back-to-school and winter clothing allowances serve a specific need for families receiving social assistance; and

WHEREAS families receiving social assistance do not have adequate finances and will not have sufficient monthly income to allow them to save money to address these particular needs; and

WHEREAS families receiving social assistance and purchasing school supplies and winter clothing for their children will have even less ability to purchase healthy foods;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies call upon the provincial government to continue to issue both the back-to-school and the winter clothing allowances;

**AND FURTHER THAT** these allowances be paid 100% by the Province of Ontario.

*Backgrounder attached*

## **DRAFT ALPHA RESOLUTION BACKGROUNDER**

### **Back-to-School and Winter Clothing Allowances for Children in Families on Social Assistance**

#### ISSUE:

Starting in 2008, the Back-to-school and Winter Clothing allowances provided through Ontario Works (OW) and the Ontario Disability Support Program (ODSP) will no longer be paid out in lump sum payments, as the provincial government starts to move benefits for children out of social assistance and into the monthly Ontario Child Benefit program.

#### BACKGROUND:

Under the Mandatory Health Programs and Services Guidelines, 1997, Chronic Disease Prevention Program, the Board of Health is required to work with community agencies and groups to promote access to sufficient, safe, nutritious and personally acceptable food for people of all ages. As part of this work, public health staff work with others in the community to address issues related to community food security. While these issues are complex, inadequate income for families on social assistance or minimum wage income is a major concern. With the persistence of high rates of child and family poverty in Ontario, the provincial government has recognized the need for a Poverty Reduction Strategy and a cabinet committee has been established to begin this work.

In 2007, the Ontario government introduced the Ontario Child Benefit (OCB). This is a new monthly benefit that will go to all eligible low-income families with children, whether they are working or receiving social assistance benefits. Starting in July 2008, eligible families will get a monthly benefit of up to \$50 per child.

Families on social assistance currently receive a Back-to-school allowance (\$73 for a child aged 4-12 or \$134 for a child over 13) per child, paid in August, and a Winter Clothing allowance of \$111 per child, paid in November. Starting in 2008, these allowances will no longer be paid this way. Instead, the money will be spread out over the year as part of the OCB. This means that between \$15 and \$20 of the monthly OCB cheque will be money that used to be provided to families through the allowances.

This change will cause real hardship for families who count on the Back-to-school and Winter Clothing allowances to provide for their children. Social Assistance rates are already so low that families on social assistance cannot afford to pay for these expenses out of their regular monthly benefits. That's why the allowances were needed in the first place. And given the low rates, it is unrealistic to expect that families on social assistance will be able to "put money aside". With little flexibility in the budget, families may sacrifice food dollars to pay for rent, transportation, school supplies, clothing and personal care products rather than nutritious food.

Moving child benefits out of social assistance and into the OCB is generally a positive step. It signals that society is taking responsibility for helping low-income families with some of the costs of raising children no matter where their income comes from. It also means that families will not lose these benefits when parents move off assistance and into a job. But ending the

Back-to-school and Winter Clothing allowances will hurt families on social assistance and reduce their ability to provide healthy food for their children. The provincial government should continue to issue the Back-to-school allowance and the Winter Clothing allowance as lump sum payments for families on social assistance.

CONTACT:

Cathy McCallum, Program Manager, Chronic Disease and Injury Prevention  
Nicole McKinnon, Director, Chronic Disease and Injury Prevention

**DRAFT ALPHA RESOLUTION FOR 2008 CONFERENCE**

**TITLE: Poverty Reduction Strategy Linked to Healthy Babies Healthy Children Program Base Funding**

**SPONSOR: Simcoe Muskoka Board of Health**

WHEREAS in the winter of 2008, the Government of Ontario announced the establishment of The Cabinet Committee on Poverty Reduction, led by the Honourable Deb Matthews to develop a focused poverty reduction strategy by the end of 2008 to ensure all have increased opportunities for success; and

WHEREAS the Healthy Babies Healthy Children (HBHC) Program's vision is consistent with the government's vision and commitment to poverty reduction; and

WHEREAS HBHC Program public health nurses identify risks that prevent healthy child development and achievement of optimal potential including parental high risk situations (e.g. substance misuse, mental illness, poverty, housing and food instability); and

WHEREAS through the HBHC ongoing intensive home visiting program public health nurses provide counselling, health teaching, case management, referrals and coordination of services; and

WHEREAS public health nurses and lay home visitors promote healthy birth outcomes, teach healthy child growth and development, enhance parents' self-esteem and provide them with referrals to community programs that enhance the child's optimal potential and facilitate opportunities for success; and

WHEREAS HBHC program benefits are likely to have the most positive and far-reaching impacts on low-income families due to a strong association with developmental risk factors; and

WHEREAS HBHC base funding and minimal annual increases over the past several years have been insufficient to maintain service levels under this program; and

WHEREAS the HBHC Program has been identified as a 100% funded program through the Ministry of Children and Youth Services;

**NOW THEREFORE BE IT RESOLVED THAT** the Association of Local Public Health Agencies urge the Government of Ontario to ensure that the Cabinet Committee on Poverty Reduction identifies the HBHC Program as a critical intervention in a poverty reduction strategy;

**AND FURTHER THAT** the Government of Ontario recognize that the HBHC Program provides services that Ontario's families require, particularly low income families, that assist families to overcome the impact of poverty, provide children with a healthy start in life, and enhance opportunities for life-long success contributing to a strong Ontario economy;

**Poverty Reduction Strategy Linked to Healthy Babies Healthy Children Program  
Base Funding** continued

**AND FURTHER THAT** the Government of Ontario provide a significant increase to base funding for HBHC Programs along with annual increases to maintain service delivery to complement the poverty reduction strategy;

**AND FURTHER THAT** the Association of Local Public Health Agencies survey its member boards of health to determine the trend of resourcing for the HBHC Program over time including FTE allocations, funding allocations and staffing patterns and the impacts of annual funding allocations on HBHC program delivery; and the extent to which municipalities are subsidizing the HBHC program;

**AND FURTHER THAT** the Association of Local Public Health Agencies work in partnership with other agencies or organizations regarding further advocacy strategies in support of the HBHC program.

*Backgrounder attached*

## **DRAFT ALPHA RESOLUTION BACKGROUNDER**

### **Poverty Reduction Strategy Linked to Healthy Babies Healthy Children Program Base Funding**

The Government of Ontario is committed to developing a comprehensive poverty reduction strategy to ensure that all children and families in Ontario have increased opportunities for success. The Healthy Babies Healthy Children (HBHC) Program's vision and goals are consistent with the government's vision, identified in the Poverty Reduction Plan. The vision includes "a commitment to expanding opportunities so that all Ontarians – particularly our children – can reach their full potential...to build on our foundations to deliver more effective and efficient services that are tailored to the unique needs of individuals and families..." This plan identifies several programs and services that have had a direct impact on reducing poverty, including Ontario's Best Start Plan.

The Government of Ontario, through the Ministry of Children and Youth Services (MCYS) was established to better integrate services for children, youth and their families. The vision for Ontario is a province where all children have the opportunity for success, to reach their full potential in school and life. The Best Start Plan identifies the HBHC Program as also contributing to poverty reduction. The Best Start plan was developed to operationalize this vision into action for child care, early childhood learning and healthy development. HBHC is identified as a program and service under the umbrella of Best Start. The vision for HBHC is that "every child (prenatal to age six) in Ontario will be provided with opportunities to achieve his/her optimal potential. Every child in Ontario will have access to effective integrated programs and services that support healthy child development." This goal is accomplished through a system of effective prevention and early intervention services to children and their families

The HBHC Program provides services that Ontario families require, particularly low income families, to assist families to overcome the impact of poverty, provide children with a healthy start in life, and enhance opportunities for life-long success contributing to a strong Ontario economy. However, local HBHC Programs have been challenged to meet the goals of the program and adequately serve families. Insufficient and minimal annual increases to the HBHC Program's base budget has created a staffing crisis. Decreases in permanent staffing positions has resulted in the creation of wait lists in some health units for service to the most vulnerable families. Further commitments of enhanced government programs and services that provide support to families in reducing poverty and facilitating opportunities for success are required. It has been identified that the HBHC program is a 100% provincially funded program except for administration costs including payroll, purchasing, HR personnel, general reception, and office space, including rent.

Recent Government of Ontario funding announcements of a dental care plan for low-income families (Children in Need of Treatment), Student Nutrition Program and assistance with repairs of affordable housing, in addition to income enhancement policies as measures to launch a comprehensive poverty reduction strategy, provide evidence of a government that is committed to taking action in achieving their vision.

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As the Honourable Deb Matthews leads the Cabinet Committee on Poverty Reduction to continue the development of a focused poverty reduction strategy, a significant increase to the base budget for the HBHC Program is required. Through such a measure HBHC staff will then be able to provide the services that all Ontario families require.

The Simcoe Muskoka District Health Unit has experienced limited funding increases since 2005. There was a 2.7% increase for 2006, a 2.5% increase for 2007 and an interim increase of 0.8% increase for 2008. These increases have not kept up with the required increases in wages and operating expenses. This has directly resulted in FTE allocations decreasing from 36.5 in 2005 to 30.4 in 2008. There has been ongoing advocacy regarding funding issues by several health units with limited results. Dr. Charles Gardner has received direct communication from MCYS identifying there will be no further funding increases in the HBHC program provincially for the year 2008.

The Ministry of Children and Youth Services envisions an Ontario where children and youth have the best opportunity to succeed and reach their full potential. The early years, those occurring from before birth to 6 years, are identified as being critical in the development of healthy and successful children and adults. The Healthy Babies Healthy Children (HBHC) Program staff work with families to give children in the early years the best possible start in life.

HBHC Public Health Nurses (PHN) and Lay Home Visitors (LHV) have first-hand experience witnessing the negative impact of poverty on child development in situations where parents have mental illness, misuse substances, are cognitively challenged, socially isolated, and/or experience financial, housing, and food insecurity. Such situations strain parents' abilities to cope and have a negative impact on parenting. However, it is important to highlight it is often during pregnancy or after birth and during the preschool years that parents in these situations are most receptive to engage in opportunities for change. Home visiting with public health nurses, providing assessment and interventions such as service coordination and referrals to community resources build family strengths and support healthy infant and child development (Olds et al). Recent research has concluded that home visiting provided by nurses reduced rates of subsequent births, assisted in children's adjustment to school, reduced childhood mortality decreased the use of welfare and food stamps (Olds et al., 2008).

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