

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

August 7, 2018

Hon. Lisa MacLeod
Minister of Children, Community and Social Services
14th Flr, 56 Wellesley St W
Toronto, ON M7A 1E9

Dear Minister MacLeod,

Re: 2018 alPHa Resolutions

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate Organizations, I am writing today to inform you of the following resolutions, which were passed at our annual business meeting on June 11, 2018 and directed to your Ministry.

18-3 - Public Health's Role in Food Affordability Surveillance

Until the 2018 Ontario Public Health Standards were implemented, alPHa's members had a specific mandate under the previous ones to collect data on the cost of healthy eating throughout the province, with a view to promoting access to sufficient, safe, nutritious and personally acceptable food in order to prevent poor health outcomes related to food insecurity. This mandate is less explicit in the 2018 standards, and we are calling on your Ministry to confirm local public health's role in gathering data on food affordability and to incorporate this role into the development of an Ontario Market Basket Measure that can be used to inform improvements to income security as a key determinant of health.

A18-4 - Extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance to 24 Months

A healthy childhood in a supportive environment is an essential determinant of health, and the evidence is clear that breastfeeding contributes directly to improved health outcomes throughout the lifespan. Our members therefore agree that breastfeeding should be supported and promoted, especially within vulnerable populations. Ontario currently provides a Breastfeeding Nutritional Allowance to new mothers who receive social assistance until the breast-fed child reaches 12 months. We are calling for an increase to this allowance as well as an extension to 2 years of age as this is more in line with global infant feeding guidelines that are aimed at normalizing breastfeeding to 2 years and beyond, regardless of income level.

We look forward to working with your Ministry to resolve these issues, which will contribute to the improvement of health and wellbeing of all Ontarians. We would welcome the opportunity to discuss our resolutions with you. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R Kyle', written in a cursive style.

Dr. Robert Kyle,
alPHa President

COPY: Hon. Christine Elliott, Minister of Health and Long-Term Care;
Dr. David Williams, Chief Medical Officer of Health;
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
(Health and Long-Term Care)

Encl.

TITLE: Public Health’s Role in Food Affordability Surveillance

**SPONSOR: Ontario Dietitians in Public Health
(Formerly Ontario Society of Nutrition Professionals in Public Health)**

WHEREAS food insecurity is well documented as a determinant of health and impacts health equity; and

WHEREAS both the 2018 Provincial Budget and the *Income Security: A Roadmap for Change* report (October 2017) refer to the need for a “made-in-Ontario Market Basket Measure that could serve to inform future decisions about rate increases and reports to the income security system”; and

WHEREAS the cost of food is suggested as a component of a Market Basket Measure (pg. 71); and

WHEREAS the Ministry of Health and Long-term Care’s Population Health Assessment and Surveillance Protocol (2018) includes food affordability (as part of food environments) (pg. 9) as a category “of population health data that shall be used for population health assessment and surveillance to inform public health practice, programs and services” (pg. 8); and

WHEREAS Registered Dietitians in local public health agencies across Ontario have led the collection of Nutritious Food Basket data, based on the National Nutritious Food Basket and the previous Nutritious Food Basket Protocol (2014), and dissemination of results which have repeatedly and consistently shown when combined with housing costs that many types of income sources are inadequate; and

WHEREAS the 2016 Annual Report of the Chief Medical Officer of Health, *Improving the Odds: Championing Health Equity in Ontario*, makes the case that public health units have the expertise and interconnectivity to champion health equity at the local level and outlines the importance of data and evidence;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call upon the Chief Medical Officer of Health of Ontario and the Ministers of Health and Long-Term Care and Community and Social Services, to confirm a comprehensive role for Public Health and provide resources to support Public Health’s role in the collection of food affordability data and in formalizing the process to develop an Ontario Market Basket Measure.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: Extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance to 24 Months

SPONSOR: Southwestern Public Health

WHEREAS The global public health recommendation is for babies to be exclusively breastfed for the first six months of life and thereafter begin iron-rich foods while breastfeeding continues for two years and beyond; and

WHEREAS A key recommendation from the Ontario Healthy Kids Strategy is for children to be breastfed until age two to help protect against obesity; and

WHEREAS While most Ontario mothers plan to breastfeed and initiate breastfeeding, only about 33 percent exclusively breastfed their baby to six months in 2013/14 (Best Start, 2015); and

WHEREAS Ontario women living in neighbourhoods with lower median household incomes, lower levels of educational attainment, and higher levels of unemployment [including mothers receiving social assistance] are more likely to have lower rates of breastfeeding initiation and duration (Best Start, 2015); and

WHEREAS The Pregnancy and Breastfeeding Nutritional Allowance may only be paid to breastfeeding mothers receiving social assistance until the baby reaches 12 months of age; and

WHEREAS Mothers require healthy foods, extra fluids and calories while breastfeeding (American Academy of Pediatrics, 2012); and

WHEREAS There are numerous documented nutritional and child health benefits associated with breastfeeding beyond 12 months; and

WHEREAS There are multiple studies showing evidence that a mother's risk of breast cancer, ovarian cancer, osteoporosis and cardiac disease decrease the longer that they breastfeed; and

WHEREAS Increasing the number of women on social assistance that breastfeed beyond 12 months has the potential to reduce health disparities; and

WHEREAS The Southwestern Ontario Lactation Consultants Group believes that the Breastfeeding Nutritional Allowance should normalize breastfeeding to two years and beyond and align with global infant feeding guidelines;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (ALPHA) support the advocacy letter written by the Southwestern Ontario Lactation Consultants Group and call upon the Ministry of Community and Social Services to extend the Ontario Pregnancy and Breastfeeding Nutritional Allowance from 12 months to at least 24 months while breastfeeding.

AND FURTHER that ALPHA recommend that the Ministry of Community and Social Services:

1. Increase the Pregnancy/Breastfeeding allowance (Ontario Works Directive 6.5 and Ontario Disability Support Program Directive 6.5) to \$145/month (\$162/month if mother or infant is lactose intolerant) for the first 12 months of life to align with the Special Diet Allowance (Ontario Works Directive 6.6 and Ontario Disability Support Program Directive 6.4), which is provided to formula feeding mothers, for the first 12 months of life; and
2. Provide a \$40/month Special Diet Allowance for formula feeding mothers from 12 to 24 months of age; and
3. Remove the requirement for mothers to disclose and have a health professional sign off on their chosen feeding method in order to be eligible to receive the income allowance.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED

Ontario Ministry of Community and Social Services
80 Grosvenor St., Hepburn Block, 6th Floor
Toronto ON M7A 1E9

July 11, 2016

To Whom It May Concern,

We are writing this letter on behalf of the Southwestern Ontario Lactation Consultants Group with representation from Hospitals, Public Health Units, Private Practice Lactation Consultants and Breastfeeding Peer Support Leaders from the Southwest Region. It was recently brought to our attention that breastfeeding mothers can only receive the Pregnancy and Breastfeeding Nutritional Allowance until their baby is 12 months of age. We are formally requesting the Ministry of Community and Social Services extend the Pregnancy and Breastfeeding Nutritional Allowance until children are at least 2 years of age.

As a global public health recommendation, babies should be exclusively breastfed until 6 months of age. Thereafter it is recommended that they continue to breastfeed for up to two years and beyond with the addition of iron-rich complementary foods. (Health Canada, 2012; Pound, Unger, Canadian Paediatric Society & Nutrition and Gastroenterology Committee, 2012; World Health Organization [WHO] & United Nations Children's Fund [UNICEF], 2003). Despite this recommendation, the majority of Canadian mothers discontinue breastfeeding well before 2 years. In fact, Ontario women living in neighborhoods with lower median household incomes, lower levels of educational attainment, and higher levels of unemployment, are less likely to breastfeed exclusively at discharge from hospital (BORN, 2015) and are more likely to have lower rates of breastfeeding initiation and duration (Best Start Resource Centre, 2015).

Breastfeeding should be supported and promoted in these vulnerable populations, which include women who receive social assistance from Ontario Works or the Ontario Disability Support Program. A continued Breastfeeding Nutritional Allowance until children are at least 2 years of age would establish that the Ministry of Community and Social Services supports global infant feeding guidelines and would help to normalize breastfeeding to 2 years and beyond, regardless of income level. Furthermore, supporting women that receive social assistance to continue to breastfeed could potentially reduce health disparities because their families may experience some of the documented benefits of breastfeeding after 12 months of age.

Research conducted on toddlers who are breastfed indicates that there are many nutritional benefits associated with continued breastfeeding. Human milk expressed after one year of age has been found to have significantly more fat and energy content than earlier milk (Mandel, Lubetzky, Dollberg, Barak, & Mimouni, 2005). Human milk in the second year postpartum has also been shown to have substantial amounts of protein and most vitamins (Dewey, 2001).

Breastfeeding beyond 12 months has demonstrated many positive health effects for children and their mothers. Breastfeeding toddlers between the ages of 1 and 3 years have been found to have fewer illnesses, illnesses of shorter duration, and lower mortality rates (Molbak et al., 1994; van den Bogaard et al., 1991; Gulick 1986). Children who are weaned from breastfeeding before 2 years of age are at a higher risk of illness (American Academy of Family Medicine, 2016). Recent research has also shown that human milk in the second year postpartum contains significantly higher concentrations of immune factors such as lactoferrin, lysozyme and Immunoglobulin A (Perrin, Fogleman, Newburg, & Allen, 2016). Additionally, there are multiple studies showing evidence that a mother's risk of breast cancer, ovarian cancer, osteoporosis and cardiac disease decrease the longer that they breastfeed their children.

In conclusion, support for women to continue breastfeeding for at least 2 years, particularly vulnerable populations receiving social assistance, is imperative. The numerous nutritional and health benefits of breastfeeding to 2 years and beyond cannot be denied. A small amount of continued financial support for breastfeeding women would not only help them to meet their caloric needs while breastfeeding, but would also support breastfeeding into toddlerhood as the normal way of feeding. The Southwestern Ontario Lactation Consultants group urges the Ministry of Community and Social Services to extend the Nutritional Allowance while mothers are breastfeeding until children are at least 2 years of age.

Sincerely,

Members of the Southwestern Ontario Lactation Consultants Group

With representation from:

Elgin St. Thomas Public Health

Huron County Health Unit

Approvals from other organizations pending

References

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