

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. Christine Elliott
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

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.

A18-1 - Sustainable Funding for Local Public Health in Ontario

Health protection and promotion are effective and cost-beneficial strategies to keep people healthy. At a fraction of the cost of treating disease, public health programs and services contribute to the reduction of morbidity and mortality through prevention. This in turn reduces the burden on our health care system and in so doing contributes to its sustainability. The Ontario Public Health Standards outline these provincially-mandated programs and services, and a strong commitment from the Province to its portion of cost-shared programs is required to ensure their effective and optimal delivery.

A18-2 - Public Health Support for a Minimum Wage that is a Living Wage

There is no longer any question that income insecurity and poverty are strongly linked to poor health outcomes. Low-income people are at measurably higher risk of preventable illness and premature death owing to the inability to meet the costs of basic living needs such as adequate and nutritious food, affordable shelter, clothing, and a host of other goods and services that are requirements for most Ontarians. Given the 2015 census estimate that nearly 2 million Ontarians are living on low-income, it is clear that a significant proportion of us are at high risk of poor health. Our members are therefore calling on the Government of Ontario to adopt a living wage perspective when setting minimum wage rates to increase income security and improve health.

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.

A18-5 - A Comprehensive Approach to Infection Prevention and Control (IPAC) in Regulated Health Professional Settings

Preventable Infectious diseases place a significant burden on health care in Ontario. Strong public policies to support the prevention and control of infectious diseases are the foundations of public health and a vital cornerstone of a sustainable health care system. Since 2015, our members have been required to actively investigate public complaints related to IPAC in regulated health professional settings, and it has become clear that there is a need within these settings for comprehensive IPAC training. A legislative and policy framework mandating such training would reduce the incidence of transmission of infectious diseases as well as the need for resource-intensive investigations of lapses after the fact.

We look forward to working with the Government of Ontario 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



Dr. Robert Kyle,
alPHa President

COPY: Helen Angus, Deputy Minister, 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)

TITLE: Sustainable Funding for Local Public Health in Ontario

SPONSOR: Peterborough Public Health

WHEREAS it is widely recognized that public health interventions save lives and represent a significant return on investment and the goal of the Ministry of Health and Long-Term Care is a sustainable publicly funded health system that is based on helping people stay healthy, delivering good care when people need it, and protecting the health system for future generations; and

WHEREAS the operation of boards of health (or local public health agencies) is governed by the Health Protection and Promotion Act (HPPA) which requires the obligated municipalities to pay all related expenses and the Minister of Health to, under Section 76, “make grants for the purposes of this Act on such conditions as he or she considers appropriate”, which since 2007, has been by policy defined at a ratio of 75:25 (provincial/municipal); and

WHEREAS provincial funding for local public health in Ontario is achieved through a combination of cost-shared (Ministry of Health and Long-Term Care (MOHLTC) Grants and Municipal/First Nations contributions) and 100% Ministry (MOHLTC, Ministry of Child and Youth Services, Ministry of Community and Social Services) programs so that the cost-shared annual operating budget comprises a significant amount of the overall local public health budgets; and

WHEREAS the funding challenges faced by local public health in recent years has included:

- a lack of annual increases (which has led to increased proportional funding from local partners and decreased provincial shares);
- insufficient ongoing provincial funding to fully implement both cost-shared and 100% provincially funded programs;
- application of a funding formula that has not been validated and lacks support from the field;
- funding approvals provided late in the fiscal year; and

WHEREAS that as funding shortfalls have grown, boards of health have been forced to reduce staffing levels and been unable to fulfill program requirements, despite the recent revision of program standards to provide a greater level of flexibility at the local level, putting communities at an increased risk of losing services and not achieving desired public health outcomes;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies’ (alPHa) board and staff will make the long-term sustainable provincial funding for local boards of health a priority for advocacy and strategy development for its members, specifically that the following elements be addressed:

- alPHa continue to advocate for adequate levels of funding for all public health programs and a minimum commitment for a 75% provincial proportion for cost-shared programs to ensure the needs for the effective and optimal delivery of evidence informed and legislated interventions and services to promote or protect local public health are sustained;
- alPHa engage with other strategic and provincial partners, such as the Association of Municipalities of Ontario (AMO), the City of Toronto, the Ontario Public Health Association (OPHA), the Canadian Public Health Association (CPHA), the Association of Ontario Health Centres (AOHC) etc. to develop, implement, sustain and update as required an ongoing provincial campaign to identify and secure the real resource needs for an optimal local public health system in Ontario; and
- alPHa commission and share a position paper that explores, researches and reports on the evidence to support the local governance and delivery of public health services and the true funding requirements to ensure all communities, including First Nations, Métis and Inuit, whether in partnership with existing boards of health or in alternate models, are able to benefit fully from what public health has to offer.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A18-2

TITLE: Public Health Support for a Minimum Wage that is a Living Wage

SPONSOR: Peterborough Public Health

WHEREAS low income Ontarians are at higher risk of premature death and more likely to suffer more illnesses, even after controlling for factors including age, sex, race, smoking status, and place of residence; and

WHEREAS high income inequality leads to increased social problems, and poorer health of the population as a whole; and

WHEREAS based on the Canadian census Low-Income Measure, after tax (LIM-AT), the low-income rate in Ontario grew from 12.9% to 14.4% from 2005 to 2015, totalling 1,898,975 Ontarians living on low income; and

WHEREAS in contrast with other provinces where recent economic growth and average income increases grossly translated to gains for most families, income inequality in Ontario continues to grow; and

WHEREAS approximately one-third of Ontario workers earned less than \$15 an hour in 2016, a rate lower than the calculated living wage in 2016 for the majority of communities throughout the province; and

WHEREAS nearly two-thirds of minimum wage workers in Ontario are adults supporting themselves and their families; and

WHEREAS there is an increasing trend for workers to be employed in precarious jobs with low wages, no benefits, and uncertainty in hours (scheduling) and tenure (longevity in position); and

WHEREAS recent legislative changes to minimum wage in Ontario (Bill 148) present a step in the right direction, current wage adjustments will not reach a level required to meet basic living needs in most Ontario communities; and

WHEREAS a living wage outlines the hourly rate at which a household, based on a family of four, can meet its basic needs based on the actual costs of living in a community, after factoring in both government transfers to families and deductions; and

WHEREAS a living wage affords individuals and families the opportunity to lift themselves out of poverty and provides a basic level of economic security; and

WHEREAS a living wage not only promotes a reduction in poverty, decreased income insecurity and improved health at individual and family levels, evidence also supports fiscal benefits to government and the economy; and

WHEREAS the Universal Declaration of Human Rights, Article 23, Section 3 states: “Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity...”, a living wage transcends simple public policy and addresses principles of justice and basic human rights;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (ALPHA) endorse the principles encompassed in a living wage;

AND FURTHER that ALPHA request that the provincial Government consider adopting a living wage perspective when setting future minimum wage rates to ensure that it covers the actual costs of living in most Ontario communities, as a way to reduce poverty and income insecurity and promote the health of Ontarians;

AND FURTHER that the Premier of Ontario, the Chief Medical Officer of Health for Ontario, the Ontario Public Health Association, the Association of Municipalities of Ontario, the Ontario Living Wage Network and Living Wage Canada be so advised.

ACTION FROM CONFERENCE: Resolution CARRIED

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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- World Health Organization & United Nations Children's Fund (2003). Global strategy for infant and young child feeding. Retrieved from <http://whqlibdoc.who.int/publications/2003/9241562218.pdf>

alPHa Resolution A18-5

TITLE: **A Comprehensive Approach to Infection Prevention and Control (IPAC) in Regulated Health Professional Settings**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS comprehensive IPAC practices in regulated health professional workplaces are essential to prevent blood borne disease transmission; and

WHEREAS most regulated health professionals do not receive comprehensive training in IPAC during their professional training; and

WHEREAS the regulatory colleges of health professionals lack a provincially supported mandate to proactively audit IPAC practices or to investigate complaints of infection control lapses in the settings of their members; and

WHEREAS in 2015, the Ministry of Health and Long-Term Care amended the *Infection Prevention and Control (IPAC) Practices Complaints Protocol* and released the new *Infection Prevention and Control (IPAC) Lapse Disclosure* guidance document with a new requirement for Boards of Health to actively investigate public complaints related to IPAC in regulated health professional settings and to publicly disclose on the findings; and

WHEREAS the number of IPAC complaints in regulated health professional settings has been increasing substantially since 2015; and

WHEREAS boards of health have limited resources to investigate IPAC complaints in regulated health professional settings; and

WHEREAS regulated health professionals often question the expertise of Boards of Health when investigating IPAC complaints;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies recommend to the Ontario Minister of Health and Long-Term Care and the Ontario Minister of Advanced Education and Skills Development that a legislative and policy framework be developed to achieve the following:

- 1) That regulated health professional training programs offered by Ontario colleges and universities contain comprehensive IPAC content within their curriculum; and
- 2) That the Ontario regulatory colleges of health professions implement continuous quality improvement through mandatory education and a move toward the routine inspection of their members' practice settings for adherence to IPAC best practices, and that they also provide a robust response in collaboration with local Boards of Health to IPAC complaints; and
- 3) That provincially recognized core competencies and qualification requirements be identified for local public health practitioners regarding the prevention, investigation and mitigation of IPAC lapses; and

- 4) That base funding be sufficiently enhanced for the role of Boards of Health to respond to the increasing demands of IPAC complaints and lapses; and
- 5) That the Province of Ontario provides funds to support any extraordinary costs to Boards of Health in responding to such increased demands.

AND FURTHER that the Chief Medical Officer of Health for Ontario, the Ontario Assistant Deputy Minister of the Population and Public Health Division, all Ontario regulated health professional colleges, and the Ontario Public Health Association be so advised.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED