RESOLUTIONS CONSIDERED AT THE 2001 alPHa ANNUAL CONFERENCE

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A01 - 3	Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health	Vaccine Availability
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A01 - 6	Regional Municipality of Durham	Bill S-15, The Proposed Tobacco Youth Protection Act
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A01 - 20	Association of Ontario Public Health Business Administrators	Establishing Reserves for Public Health Services

2001 alPHa RESOLUTION NO. A01-1

TITLE: **2001-2002 Membership Fee Schedule**

SPONSOR: alPHa Board of Directors

WHEREAS alPHa, in the past, has received approximately 42 percent ($170,000) of its revenue from the Public Health Branch in the form of a grant and 27 percent ($110,900) from member fees; and

WHEREAS this year, alPHa received its funding approval by the Branch in mid-March in the amount of $150,000, which represents a reduction of $20,000 from previous years; and

WHEREAS the Public Health Branch funding is becoming increasingly tenuous; and

WHEREAS membership fees have not been increased since 1998, when they were increased by 100 percent; and

WHEREAS on average, similar associations derive 60 percent of their revenues through membership fees: and

WHEREAS alPHa's current membership fee in terms of the percentage of budget is lower the higher the budget; and

WHEREAS the lower budget Health Units would find it more difficult to comply with an increase in member fees than Health Units with higher budgets; and

WHEREAS the percentage of budget dedicated to alPHa membership fees is still lower the larger the budget; and

WHEREAS the following proposed fee schedule would begin to close this gap;

NOW THEREFORE BE IT RESOLVED that the members of the Association of Local Public Health Agencies (alPHa) adopt the following proposed membership fee schedule for 2001-2002:

Budget Range*	Number of HUs	Current Fee**	Proposed Fee
$0 to $4M	12	$ 1,850	$ 1,850
$4 to $7M	11	$ 2,350	$ 2,500
$7 to $12M	6	$ 2,800	$ 3,500
$12 to 20M	5	$ 3,200	$ 4,500
$20 to $30M	2	$ 3,550	$ 5,500
$30 to $50M	0	$ 4,000	$ 6,500
over $50M	1	$ 19,150	$ 25,000
Total	37	$ 107,100	$ 129,200

* budget range is 1999 figures and only includes public health expenditures

** altering the budget ranges moves some Health Units into lower categroeis resulting in less revenue

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-2

TITLE: **Provincial Accountability Framework and Mandatory Program Compliance/Funding**

SPONSOR: Brant County Board of Health

WHEREAS the Ministry of Health Public Health Branch, in a letter from Dr. Colin D'Cunha of March 19, 2001, requested information on actual and projected compliance, expenditures and staffing for each of the Mandatory Programs for the period 1998-2002; and

WHEREAS this information was requested to provide a general picture of how boards of health are planning to achieve full compliance with the legislated public health programs and help the Branch respond to increasing requests for accountability and compliance data; and

WHEREAS the Branch has provided minimal directions on how this exercise is to be carried out in a methodologically sound and uniform manner across health units, and has not indicated how and why it will use these data for intra- and inter-health unit comparisons; and

WHEREAS the Branch is assuming that boards of health will be in full compliance with Mandatory Program requirements and standards by 2002, even though many boards of health there face numerous factors, at local, regional and provincial levels, that impede/preclude the attainment of full compliance (please see the Association of Local Public Health Agencies response to the proposed revisions to the Mandatory Programs); and

WHEREAS the Branch persists in attempting to "measure" Mandatory Program compliance with a tool, the Mandatory Programs Indicator Questionnaire (MPIQ), of questionable reliability and validity (although it acknowledges the need to "enhance the process of measuring results (including improvements to the MPIQ)); and

WHEREAS this request and process is linked to the provincial government Accountability Framework that has not been presented in any comprehensive manner to boards of health, such that structure, expectations and implications can be clearly understood, especially the possibility that continued non-compliance by boards of health with Mandatory Program requirements and standards could have negative impacts on provincial funding;

NOW THEREFORE BE IT RESOLVED that the Public Health Branch assure that the provincial Accountability Framework, as it applies to the roles and functions of boards of health, is fully discussed with boards of health and health unit senior management, such that the purposes, structure and impacts of Framework are fully understood by these groups;

AND FURTHER that no reduction of provincial funding result from non-compliance with Mandatory Program requirements and standards.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-3

TITLE: **Vaccine Availability**

SPONSOR: Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health

WHEREAS safe and effective vaccines are cost beneficial when used in appropriate populations; and

WHEREAS vaccines licensed for use in Canada have been determined to be safe and effective by Health Canada; and

WHEREAS the National Advisory Committee on Immunization makes recommendations as to the appropriate populations requiring immunization and for whom immunizations would be worthwhile ; and

WHEREAS the goal of the Infectious Disease Program of the Mandatory Programs Standards is that infectious diseases will be reduced or eliminated; and

WHEREAS use of vaccines has repeatedly demonstrated a reduction or elimination of infectious disease; and

WHEREAS any Canadian citizen or landed immigrant who develops a vaccine preventable disease, regardless of the point of origin of the infection, is eligible for all treatment at public expense;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Provincial Government to:

1) fund all vaccines licensed in Canada within 12 months of such licensure and
2) make all vaccines licensed in Canada available through Boards of Health for administration to the categories of individuals as recommended by the National Advisory Committee on Immunization.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-4

TITLE: **Continuation of Funding to Ensure Sustainable Heart Health Promotion Programming in Ontario**

SPONSOR: Health Promotion Ontario (Public Health)

WHEREAS cardiovascular disease and other chronic diseases continue to be the major causes of morbidity and mortality in Ontario; and

WHEREAS the recent *Health Care in Canada Survey, 2000* indicates that 91% of Canadians support greater emphasis on health promotion; and

WHEREAS the *Report on the Health Status of Residents of Ontario* (Public Health Research, Evaluation and Development Program, February 2000) has called for 1) adequate resourcing of prevention programs and 2) balancing the availability of treatment services with prevention efforts; and

WHEREAS disease prevention programming is compatible with the established role of public health; and

WHEREAS Boards of Health in Ontario continue to be the most appropriate agent to play a lead role in mobilizing community partners, planning and implementation of cardiovascular disease prevention programs; and

WHEREAS the provincial heart health strategy provides a framework for action enhancing the capacity of the community to develop and sustain comprehensive, integrated community-based heart health and food security strategies; and

WHEREAS multi-risk factor programming supported by the Ontario Heart Health initiative takes a broader chronic disease prevention approach that also impacts diabetes, cancer and asthma through such programs as Eat Smart and tobacco use prevention policy and programs; and

WHEREAS coalitions with adequate and consistent financial and human resources over a long term have proven to be an effective means of multi-sectoral action; and

WHEREAS capacity and momentum in integrated heart health and food security strategies are entering a stage where success is just beginning to have a demonstrated impact; and

WHEREAS the Ministry of Health is only one funder in the process with health units and community partners contributing at least 2/3's of the program support; and

WHEREAS jointly managed provincial funds have been a major catalyst to this local contribution; and

WHEREAS without continuity of provincial funding and the limited financial capacity of community partners, local program coordination and implementation will not be sustainable to a comparable level after March 31, 2003;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association urges the Ministry of Health and Long-Term Care to provide sustainable funding of the provincial strategy for heart health;

AND FURTHER that the Ministry of Health and Long-Term Care support strategies to direct programming and policies to prevent cardiovascular and other chronic diseases in the population, including access to a provincial resource system to ensure public health professionals receive on-going training and support.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-5

TITLE: **Healthy Babies, Healthy Children Program Funding**

SPONSOR: Association of Ontario Public Health Business Administrators

WHEREAS the Province of Ontario announced in 1997 the introduction of the Healthy Babies, Healthy Children Program; and

WHEREAS the Healthy Babies, Healthy Children Program is included within the Mandatory Health Programs and Services Guidelines, Family Health; and

WHEREAS the Healthy Babies, Healthy Children Program addresses a vital need for early childhood development and supports future health, as described in the Mustard/McCain Early Years report; and

WHEREAS the Province committed in 1997 to funding the Healthy Babies, Healthy Children Program at 100%; and

WHEREAS the current funding levels for Health Units are insufficient to meet the Mandatory Programs and Services Guidelines;

NOW THEREFORE BE IT RESOLVED that the Province be called upon to fully fund all Healthy Babies, Healthy Children Program direct costs, current and future, and to fully fund the indirect costs related to the operation and administration of this Mandatory Program in a manner consistent with funding formulas for other Mandatory Programs;

AND FURTHER that Boards of Health not be called upon to subsidize this program.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-6

TITLE: **Bill S-15, The Proposed Tobacco Youth Protection Act**

SPONSOR: Regional Municipality of Durham

WHEREAS tobacco use is the greatest cause of disease, disability and death in Canada; and

WHEREAS most tobacco users become addicted to nicotine as youths; and

WHEREAS Bill S-15, the proposed *Tobacco Youth Protection Act* has been introduced into the Senate of Canada; and

WHEREAS the objective of Bill S-15 is to provide a substantial and stable source of funding for programs aimed at reducing tobacco consumption of youths; and

WHEREAS the proposed 0.0075 cent levy per cigarette would raise approximately $360 million annually across Canada and would be administered by an independent national foundation; and

WHEREAS the proposed levy would be applied directly to manufacturers, who largely endorsed Bill S-20, the same bill;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) endorse Bill S-15;

AND FURTHER that alPHa urges all Ontario Members of Parliament of the Senate and the House of Commons to endorse and vote in favour of Bill S-15;

AND FURTHER that alPHa advise the Prime Minister of Canada, the Minister of Health and all other Ontario Members of Parliament of this resolution.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-7

TITLE: **Tobacco Control Act (TCA) Amendments**

SPONSOR: Regional Municipality of Durham

WHEREAS the former Minister of Health's Expert Panel on the Renewal of the Ontario Tobacco Strategy recommended that the TCA be strengthened such that smoking is banned in indoor public places and workplaces; and

WHEREAS the Minister committed the Government of Ontario to review the TCA;

WHEREAS the Minister appointed a Senior Advisor for the Ontario Tobacco Strategy (OTS), reporting to the Chief Medical Officer of Health, to lead the renewal of the OTS, including the review of the TCA; and

WHEREAS the Senior Advisor has completed his review of the TCA and has forwarded proposed TCA amendments to the Government for its consideration;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Ontario to release the proposed TCA amendments for public consultation;

AND FURTHER BE IT RESOLVED that alPHa urges the Government to take speedy follow-up legislative action whereby at a minimum, these amendments will result in smoke-free public places and workplaces.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION N0. A01-8

TITLE: **Strengthening of the Tobacco Control Act (TCA), Section 9**

SPONSOR: Simcoe County District Health Unit

WHEREAS the Tobacco Control Act was established by the Government of Ontario in 1994, in part, to prohibit smoking in certain public establishments; and

WHEREAS the Ontario Tobacco Research Unit's *2000 Monitoring Report*[1] indicates that cigarette sales to minors is still significant and that many Ontarians are still regularly exposed to second-hand smoke in the workplace and in public areas; and

WHEREAS the evidence continues to mount recognizing second-hand smoke exposure as a serious cause of a number of childhood illnesses, particularly pre-term delivery, low birth weight, sudden infant death syndrome (SIDS), ear infections, asthma and other respiratory problems, which continues to burden the health care system; and

WHEREAS the evidence continues to mount recognizing second-hand smoke exposure as a serious cause of a number of adult illnesses, particularly heart disease, lung cancer and respiratory problems, which continues to burden the health care system; and

WHEREAS public support for smoke-free workplaces remains between 85 – 95% and support for smoke-free restaurants has exceeded 70% province-wide in some polls, as referenced in the "*Monitoring the Ontario Tobacco Strategy Progress Report*"; and

WHEREAS the results from a Fall 2000 TCA questionnaire distributed by the Chief Medical Officer of Health for Ontario[2], which surveyed 33 Ontario Health Units, reveals that "gaps in TCA coverage of public places smoking need to be addressed by provincial legislation, i.e. revisions to the TCA"; and

WHEREAS the creation of province-wide tobacco controls for smoking in the public places would alleviate the inequities associated with inconsistent municipal bylaws as well as the hospitality industries' desire for a "level playing field" province wide;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Ontario to strengthen the Ontario Tobacco Control Act;

AND FURTHER that alPHa urges the Government of Ontario to specifically strengthen Section 9 of the Tobacco Control Act to further protect Ontarians from second-hand smoke exposure by ensuring that all workplaces and all public places are smoke free;

AND FURTHER that alPHa urges the Association of Municipalities of Ontario to support this resolution.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

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[1] Ontario Tobacco Research Unit (2000) Monitoring the Ontario Tobacco Strategy – 1999/2000

[2] Colin O. D'Cunha (2001) Memo to Medical Officers of Health, Tobacco Control Act Questionnaire

2001 alPHa RESOLUTION NO. A01-9

TITLE: **Strengthening of the Tobacco Control Act (TCA), Section 3**

SPONSOR: Simcoe County District Health Unit

WHEREAS the Government of Ontario in 1994 established the Tobacco Control Act, in part, to control the access of tobacco by people under the age of 19 years and, control where tobacco can be offered for sale ; and

WHEREAS the evidence exists recognizing smoking as a serious cause of a number of adult illnesses, particularly heart disease, lung cancer and respiratory problems, which continues to burden the health care system, a result of smoking initiation during youth; and

WHEREAS smoking prevalence in youth has been on the increase over the last ten years; and

WHEREAS the Ontario Tobacco Research Unit's 2000 Monitoring Report[1] indicates that cigarette sales to minors is still significant; and

WHEREAS in February of 1999 an Expert Panel report[2] on the renewal of the Ontario Tobacco Strategy recommended strengthening the enforcement of the Tobacco Control Act sales to minors provision;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Ontario to strengthen the Ontario Tobacco Control Act through specifically amend Section 3 of the Tobacco Control Act to strengthen controls on access to tobacco by under-aged youth; and

AND FURTHER that alPHa urges the Association of Municipalities of Ontario to support this resolution.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

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[1] Ontario Tobacco Research Unit (2000) Monitoring the Ontario Tobacco Strategy – 1999/2000

[2] Ministry of Health and Long-Term Care (1999) Actions will Speak Louder than Words: getting serious about tobacco control in Ontario)

2001 alPHa RESOLUTION NO. A01-10

TITLE: **Access to Safe Drinking Water**

SPONSOR: Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health

WHEREAS access to safe drinking water is a fundamental to good health; and

WHEREAS surface drinking water supplies are inherently unsafe due to the potential for contamination with disease causing micro organisms; and

WHEREAS other requirements have been established under the Ontario Building Code to ensure the health and safety of occupants of residential buildings; and

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) request the Government of Ontario to amend the Ontario Building Code Act to require that all new residential buildings that will rely on a private surface water supply which includes a dug well, must have effective filtration and disinfection equipment;

AND FURTHER that in order to encourage the outfitting of existing residential buildings alPHa request the Government of Canada and the Province of Ontario to allow the cost of retrofitting with water filtration and disinfection equipment as tax deductible.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-11

TITLE: **Colorectal Cancer Screening**

SPONSOR: Regional Municipality of Durham

WHEREAS colorectal cancer is the leading cause of mortality in Ontario, ranking second as a cause of cancer deaths in 1998; and

WHEREAS there are protocols in place that reduce the number of false positives; and

WHEREAS Cancer Care Ontario's Expert Panel on Colorectal Cancer Screening recommended in its March 1999 report that an organized colorectal cancer screening program be established in Ontario; and

WHEREAS both Cancer Care Ontario and alPHa have endorsed the Expert Panel's recommendations; and

WHEREAS on January 11, 2001, Cancer Care Ontario submitted to the Ontario Ministry of Health and Long-Term Care a proposal to establish a colorectal screening pilot project which incorporates all of the changes to earlier versions that were required by the Ministry;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Ontario to approve and fund Cancer Care Ontario's Colorectal Cancer Screening Pilot Project so that the project can be implemented and evaluated as soon as possible and by so doing, lay the groundwork for the establishment of a future organized Ontario colorectal cancer screening program.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-12

TITLE: **Indoor Air Quality in Schools**

SPONSOR: Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health

WHEREAS indoor air quality is a significant contributor to respiratory health; and

WHEREAS children are at increased risk of adverse respiratory health from poor indoor air quality; and

WHEREAS children are required to spend a considerable portion of time in premises under the control of Boards of Education; and

WHEREAS there are currently no minimum standards relating to indoor air quality in schools;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Province of Ontario to establish indoor air quality standards in Ontario schools.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-13

TITLE: **Tuberculosis Control Among New Immigrants to Canada**

SPONSOR: Regional Municipality of Durham

WHEREAS individuals with inactive or latent tuberculosis infection are required to undergo medical surveillance once they enter Canada; and

WHEREAS once Citizenship and Immigration Canada (CIC) recommends a person undertake medical surveillance, the medical officer of health (MOH) of the health unit in which the individual is planning to reside should be contacted by both CIC and the affected person; and

WHEREAS delays of weeks to months typically occur between the individual arriving in Canada and receipt of a medical surveillance form by the MOH at which time the immigrant has often left the name residence and may be lost to follow-up; and

WHEREAS new immigrants, long-term visa recipients and refugees are often ill prepared to concurrently report to the health officials as required and may not have health insurance and/or do not know to whom and/or how to report;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Canada:

- To develop and implement, as soon as possible, an effective and efficient process that ensures that all "Medical Surveillance Undertakings" are brought to the attention of local medical officers of health in a timely and complete manner for expeditious action;

- To ensure that individuals placed on medical surveillance by Citizenship and Immigration Canada are given sufficient information at the time of signature about whom and how to contact the appropriate provincial/territorial health clinic and that the information be culturally sensitive;

- To ensure that individuals on medical surveillance are followed by CIC to verify that they have reported to appropriate provincial/territorial health clinics within 30 days as per the Medical Surveillance Undertaking form; and

- To ensure that sufficient health care resources are made available to allow all those on medical surveillance to be fully assessed by an experienced health care provider in tuberculosis management and, if necessary, treated in a timely manner.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-14

TITLE: **Paper Fibre Biosolids Disposal**

SPONSOR: Regional Municipality of Durham

WHEREAS paper fibre biosolids (PFBs) are a waste product of the manufacture of recycled paper products; and

WHEREAS PFBs may contain contaminants such as bacteria, fungi, endotoxins and heavy metals; and

WHEREAS PFBs are used as a soil enrichment agent and are spread on agricultural lands in accordance with certificates of approval issued by a Director under the *Environmental Protection Act*; and

WHEREAS PFBs may be stored on agricultural lands prior to being used as an ingredient in the production of 'Sound Sorb' which is used as berming material for pistol and rifle clubs without a certificate of approval being required;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Ontario to amend the *Environmental Protection Act (EPA)* such that the spreading and storage of all biosolids, including paper fibre biosolids, requires a certificate of approval be issued by a Director.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-15

TITLE: **Ontario Power Generation's (OPG'S) Coal-Fired Power Plants**

SPONSOR: Regional Municipality of Durham

WHEREAS OPG has decided to install selective catalytic reduction (SCR) units on its Lambton and Nanticoke coal-fired power plants rather than convert them to natural gas; and

WHEREAS the residual ammonia discharged from SCRs combines with sulphur to form fine particulates, which have bee linked to asthma and other lung diseases; and

WHEREAS SCRs only reduce one of more than 30 pollutants emitted by OPG's coal-fired plants; and

WHEREAS the installation of SCRs would permit OPG to increase its emissions of sulphur dioxide, mercury, carbon dioxide and six cancer-causing pollutants, while at the same time achieving compliance with the *Ozone Annex to the 1991 Canada-United States Air Quality Agreement*;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Canada and Ontario to subject Ontario Power Generation's proposal to install selective catalytic reduction units at its Lambton and Nanticoke coal-fired power plants to full public federal and provincial environmental assessments, including full consideration of the alternative of conversion to natural gas.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-16

TITLE: **Fetal Alcohol Effects/Syndrome Prevention**

SPONSOR: Regional Municipality of Durham

WHEREAS Fetal Alcohol Syndrome (FAS) is the most severe form of a spectrum of abnormalities found in the children of women who have consumed alcohol while pregnant and is the leading cause of developmental delay in Canada; and

WHEREAS FAS and Fetal Alcohol Effects (FAE) can be totally eliminated through prevention and cannot be reversed or corrected; and

WHEREAS in its 1992 report, Fetal Alcohol Syndrome: A Preventable Tragedy, the Standing Committee on Health and Welfare recommended...*the Minister of Health and Welfare should amend the Food and Drug Act and Regulations to require containers for alcohol sold in Canada, including beer, wine and spirits, should carry an appropriate warning label alerting all consumers that consumption of alcohol during pregnancy places the fetus at risk for Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE)*; and

WHEREAS the 1992 report also stated that *warning labels properly designed and printed are an essential part of a comprehensive strategy for increased public awareness and education about the risks that maternal consumption poses for the fetus*; and

WHEREAS Canadian businesses exporting alcohol products to the United States have been required since 1989 to include a warning that women should not drink alcoholic beverages during pregnancy because of the risks of birth defects; and

WHEREAS in 1995 and 1996, the House of Commons passed private Members' Bills C-337 and C-222, that would have required warning labels on containers of alcoholic beverages; and

WHEREAS on April 23, 2001, the House of Commons passed Private Members' Motion M-155, that read as follows:
That in the opinion of this House, the government should consider the advisability of requiring that no person shall sell an alcoholic beverage in Canada unless the container in which the beverage is sold carries the following visible and clearly printed label: Warning: Drinking alcohol during pregnancy can cause birth defects; and

NOW THEREFORE BE IT RESOLVED that the Government of Canada is urged to require all containers of alcoholic beverages sold in Canada to carry the following visible and clearly printed label;

Warning: Drinking alcohol during pregnancy can cause birth defects.

AND FURTHER that the Prime Minister of Canada, the Minister of Health Canada, and the Health Critics of the Opposition Parties, alPHa, AMO, CPHA, FCM, and OPHA are so advised.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-17

TITLE: **Dental Care for Seniors in Need**

SPONSOR: Regional Muncipality of Durham

WHEREAS many Ontario seniors have high levels of unmet dental needs; and

WHEREAS a growing number of seniors are retaining their natural teeth and have higher expectations for a life time of good dental health; and

WHEREAS many seniors cannot afford and/or access dental care;

NOW THEREFORE BE IT RESOLVED that the Government of Ontario establishes and fully funds all costs associated with a "Dental Care for Seniors in Need of Treatment Program" to be administered by boards of health in accordance with the *Report of the Advisory Committee on Dental Care for Seniors in Need*;

AND FURTHER that the Premier of Ontario, the Minister of Health and Long-Term Care are so advised and AMO, OANHSS, OMSSA and OPHA are so advised and their support is requested.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-18

TITLE: **Ontarians With Disabilities Act**

SPONSOR: Regional Municipality of Durham

WHEREAS Ontarians with disabilities face many barriers when they seek to participate in all aspects of Ontario life; and

WHEREAS there is an urgent and pressing need for a new, strong and effective law to achieve a barrier-free Ontario for people with disabilities; and

WHEREAS Premier Harris promised, in writing, during the 1995 provincial election to work together with the Ontarians with Disabilities Act Committee to develop a new law, to be called the *Ontarians with Disabilities Act* and to pass it in his first term of office; and

WHEREAS the Ontario Legislature unanimously passed a resolution on October 29, 1998 calling on the Ontario Government to keep this promise and to pass a law that is strong and effective by embodying the principles listed in the resolution; and

WHEREAS Bill 83, the *Ontarians with Disabilities Act,* which was introduced by the Ontario Government in the fall of 1998 but was never passed, was unacceptable in that it did not embody the principles in the Legislature's October 29, 1998 resolution and did not require a single barrier to ever be eliminated;

NOW THEREFORE BE IT RESOLVED that the Government of Ontario be urged again by the Association of Local Public Health Agencies (alPHa) to pass strong and effective new legislation, to be called the Ontarians with Disabilities Act, on or before November 23, 2001, that embodies the principles in the Ontario Legislature's October 29, 1998 unanimous resolution.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-19

TITLE: **Ontario Works Allowances and Adequate Nutrition**

SPONSOR: Regional Municipality of Durham

WHEREAS boards of health are required to monitor the cost of a nutritious food basket according to the Ministry of Health and Long-Term Care (MOHLTC) Monitoring the Cost of a Nutritious Food Basket Protocol; and

WHEREAS boards of health submit the cost of a nutritious food basket to the MOHLTC annually; and

WHEREAS in 1995, Ontario's social assistance allowances were reduced by over 21%; and

WHEREAS these allowances have not been increased since then despite inflation ranging from 0.9% to 2.9% between 1995 and 2000; and

WHEREAS the Basic Allowance portion of the Ontario Works Financial Assistance may not pay for adequate nutrition for families after shelter costs are taken into account; and

WHEREAS social assistance recipients and their families should be able to meet their basic nutritional needs;

NOW THEREFORE BE IT RESOLVED that the Government of Ontario is urged to review and ensure that the Basic Allowance portion of Ontario Works Financial Assistance allows for adequate nutrition;

AND FURTHER that the Premier of Ontario, the Ministers of Community and Social Services and Health and Long-Term Care and the Chief Medical Officer of Health are so advised.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**

2001 alPHa RESOLUTION NO. A01-20

TITLE: **Establishing Reserves for Public Health Services**

SPONSOR: The Association of Ontario Public Health Business Administrators

WHEREAS the Health Protection and Promotion Act (HPPA) is established to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the protection and promotion of the health of the people of Ontario, and the Act confers governance to local boards of health; and

WHEREAS the Ministry of Health and Long-Term Care has repeatedly affirmed the importance of local governance for public health through local boards of health; and

WHEREAS the HPPA requires local boards of health to issue annual written notices to obligated municipalities which shall specify the amount that the board of health estimates will be required to defray the expenses incurred by or on behalf of the Board of Health and the Medical Officer of Health in the performance of its functions and duties under the HPPA or any other Act; and

WHEREAS the Minister of Health and Long-Term Care has established the Mandatory Health Programs and Services Guidelines, and the legislated requirements in Parts II, III and IV of the HPPA and the associated regulations, and established a duty for every Board of Health to superintend and ensure the carrying out of these programs while the Ministry has retained direct responsibility for compliance assessment, monitoring and enforcement; and

WHEREAS the Minister of Finance announced on March 24, 1999 a commitment of the province of Ontario to fund 50% of the approved costs of public health and land ambulance services; and

WHEREAS local Boards of Health experience intermittent expenses related to facilities, maintenance, equipment, sick leave and vacation liabilities and other unbudgeted categories; and

WHEREAS the Ministry of Health and Long-Term Care does not allow the retention of provincial funds for the purpose of creating reserves; and

WHEREAS the Ministry of Health and Long-Term Care does not recognize its obligation to consistently fund extraordinary expenses when they arise; and

WHEREAS the Ministry of Health of Health and Long-Term Care permits the retention of reserves for other provincially funded institutions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) requests that:

1. The Ministry of Health and Long-Term Care recognizes that the establishment of reserves for public health units is a prudent and necessary policy for the business-like operation of public health units.

2. The Ministry of Health and Long-Term Care make a long term commitment to fund its share of said reserves for approved purposes, based on recognized fiscal principles, as established by the local Board of Health.

Status of Resolution: **Endorsed by the alPHa membership June 12, 2001**