MEMO

To: Chairs and Members of Boards of Health
   Medical Officers of Health
   alPHa Board of Directors
   Presidents of Affiliate Organizations

From: Linda Stewart, Executive Director

Subject: alPHa Resolutions for Consideration at June 2007 Conference

Date: May 11, 2007

Please find enclosed a package of the resolutions to be considered at the Resolutions Session which takes place at the Hilton Windsor on June 12, 2007 from 1:00 to 2:00 PM as part of alPHa's 2007 annual conference, Public Health Connects.

These resolutions were received prior to the deadline for advance circulation and have been reviewed for recommendation by the alPHa Advocacy Committee and the Executive Committee, except where indicated. The recommendations of the Executive Committee serve as a guide only; delegates will vote on the question before them, not on the recommendations.

Please note that your board of health may wish to have a group discussion prior to the conference, if possible, on the first resolution—A07-1, Request For 100% Provincial Funding of Mandatory Health Programs and Services. Endorsement of this particular resolution in June would represent a change in alPHa's current official position which supports cost-shared funding for public health.

Sponsors of resolutions should have a delegate present to speak to their resolution(s) during this session.

IMPORTANT NOTE FOR LATE RESOLUTIONS:

Late resolutions (i.e. those brought by the floor) will be accepted, but please note that any late resolution must come from a health unit, the Board of Health Section, the Council of Medical Officers of Health, the Board of Directors or an Affiliate Member Organization of alPHa. They may not come from an individual acting alone.

Also, in order to have a late resolution considered it must be first submitted in writing to an alPHa staff member before the beginning of the meeting (i.e., 12:30 p.m.) so that it may be prepared for review by the membership. Before presentation to the membership, it must be reviewed by the Resolutions Chair appointed by the Executive Committee. The Chair will quickly review the resolution to determine whether or not it meets the criteria of a proposed resolution as per the "Procedural Guidelines for alPHa Resolutions" found at www.alphaweb.org/resolutions.asp. If the resolution meets these guidelines, it proceeds to the membership to vote on whether or not there is time to consider it. A successful vote will garner 2/3 majority support. If this is attained, it will be displayed on the screen and read aloud by its sponsor followed by a discussion and vote.

continued on next page
Each late resolution will go through this process. We value timely and important resolutions and want to ensure that there is a process to consider them.

IMPORTANT NOTE FOR VOTING DELEGATES:

**Members must register to vote at the Resolutions Session.** A registration form is attached. Health Units must indicate who they are sending as voting delegates and which delegates will require a proxy vote. Only one proxy vote is allowed per person.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of aPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their **health unit**.

Delegates are asked to obtain their voting card and proxy (if applicable) from the registration desk during the lunch break (12:00 - 1:00 p.m.) on June 12. They will be asked to sign off verifying that they did indeed receive their card(s). This is done so that we have an accurate record of who was present and voted during the meeting.

To help us keep paper costs down, **please bring your enclosed copy of the resolutions with you** to the Resolutions Session.

Attached is a list describing the number of votes for which each Health Unit qualifies. Please note that we have updated this list based on population statistics taken from the 2001 Statistics Canada data, "Community Profiles: Health Regions".

If you have any questions on the above, please feel free to contact Susan Lee, Manager, Administrative and Association Services, at 416-595-0006 ext. 25 or via email at susan@alphaweb.org

*Enclosures:*
- Registration Form
- Number of Votes Eligible for aPHa Resolutions Session Per Health Unit
- June 2007 Resolutions for Consideration
**2007 alPHa Resolutions Session**  
**June 12, 2007 -- 1:00 - 2:00 PM**  
**Hilton Windsor, Windsor, Ontario**

**REGISTRATION FORM FOR VOTING**

Health Unit ____________________________________________

Contact Person & Title ___________________________________

Phone Number & E-mail ___________________________________

Name(s) of Voting Delegate(s):

<table>
<thead>
<tr>
<th>Name</th>
<th>Proxy (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)</th>
<th>Is this person registered for the June 10-12 Conference? (Y/N)</th>
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Fax this form to 416-595-0030 or  
email it to susan@alphaweb.org  
on or before June 5, 2007

**Note:** Voting delegates who are not registered for the June 10-12 conference, are asked to pay a registration fee that will allow them to enjoy lunch before the meeting. The registration fee is $40. Cheques should be made payable to the Association of Local Public Health Agencies.
Number of Votes Eligible for Resolutions Session Per Health Unit

<table>
<thead>
<tr>
<th>HEALTH UNITS</th>
<th>VOTING DELEGATES</th>
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<tbody>
<tr>
<td>Toronto*</td>
<td>20</td>
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<tr>
<td><strong>POPULATION OVER 400,000</strong></td>
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<td>Durham</td>
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<td>Halton</td>
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<td>York</td>
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<td><strong>POPULATION OVER 300,000</strong></td>
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<td>Windsor-Essex</td>
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<td><strong>POPULATION OVER 200,000</strong></td>
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<td>Wellington-Dufferin-Guelph</td>
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<td><strong>POPULATION UNDER 200,000</strong></td>
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<td>Algoma</td>
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<td>Eastern Ontario</td>
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<td>Haldimand-Norfolk</td>
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<td>Hastings-Prince Edward</td>
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<td>Lambton</td>
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<td>Leeds, Grenville and Lanark</td>
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<td>North Bay-Parry Sound</td>
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* total number of votes for Toronto endorsed by membership at 1998 Annual Conference

http://www12.statcan.ca/english/census06/data/profiles/community/Index.cfm?Lang=E
June 2007

RESOLUTIONS FOR CONSIDERATION

at the
Resolutions Session, alPHa Annual Conference
Tuesday, June 12 at 1:00 PM
Ontario/Erie Ballroom
Hilton Windsor, 277 Riverside Dr. W.
# RESOLUTIONS FOR CONSIDERATION

at 2007 alPHa Annual Conference

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<th>Resolution Number</th>
<th>Sponsor</th>
<th>Title</th>
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<tbody>
<tr>
<td>A07-1</td>
<td>Board of Health for The North Bay Parry Sound District Health Unit</td>
<td>Request For 100% Provincial Funding of Mandatory Health Programs and Services</td>
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<tr>
<td>A07-2</td>
<td>Durham Regional Council</td>
<td>Childhood Obesity and Trans Fats</td>
</tr>
<tr>
<td>A07-3</td>
<td>Perth District Board of Health</td>
<td>Request for Further Consultation and Input into Public Health Standards</td>
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<td>A07-4</td>
<td>Perth District Board of Health</td>
<td>Ban on Cosmetic Pesticide Use</td>
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<tr>
<td>A07-5</td>
<td>Perth District Board of Health</td>
<td>Amendments of the Immunization of School Pupils Act</td>
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<tr>
<td>A07-6</td>
<td>Toronto Public Health</td>
<td>Advocate for a Provincial Strategy to Address Substance Use</td>
</tr>
<tr>
<td>A07-7</td>
<td>Board of Health, Simcoe Muskoka District Health</td>
<td>Request for Public Funding for Human Papillomavirus Vaccine</td>
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<tr>
<td>A07-8</td>
<td>Durham Regional Council</td>
<td>Ontario Congenital Anomalies Surveillance System</td>
</tr>
<tr>
<td>A07-9</td>
<td>Durham Regional Council</td>
<td>Cancer Care Ontario Support for Boards of Health</td>
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</tbody>
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DRAFT ALPHA RESOLUTION A07-1

TITLE: Request For 100% Provincial Funding of Mandatory Health Programs and Services

SPONSOR: Board of Health for The North Bay Parry Sound District Health Unit

WHEREAS the Naylor, Walker, and Campbell reviews of the public health system in Ontario are consistent in their conclusions that it is chronically underfunded and in need of serious and immediate revitalization; and

WHEREAS the Ontario Government has responded by launching Operation Health Protection: an Action Plan to Prevent Threats to our Health and to Promote a Healthy Ontario, which includes a pledge to “strengthen the resource base for public health by increasing the provincial share of funding for local Public Health Units from 50% to 75%” by 2007; and

WHEREAS municipalities have an increased burden on the property tax base due to provincial downloading; and

WHEREAS Mandatory Health Programs and Services Guidelines are provincially mandated; and

WHEREAS the obligated municipalities in a health unit are bound by the Health Protection and Promotion Act to pay the expenses incurred by its board of health and medical officer of health in the performance of these functions and duties, R.S.O. 1990, c. H.7, s. 72; and

WHEREAS obligated municipalities are having increasing difficulty in securing additional resources to support the needed cost of public health services eroding the achievement of a strong revitalized system;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies urge the Province of Ontario to 100% fund all Mandatory Health Programs and Services in Ontario, while maintaining local and regional membership of Boards of Health.

Background attached

alPHA Executive Committee Recommendation to the membership: That this resolution go forward for discussion and voting by the broader membership (the Executive has not expressed support for/against this resolution).
Backgrounder - Draft alPHa Resolution A07-1, Request For 100% Provincial Funding Of Mandatory Health Programs And Services

This resolution takes a different position regarding provincial funding for health units than the one currently held by alPHa.

alPHa’s current position regarding health unit funding is to continue the existing shared funding model with provincial and municipal funding at 75 percent and 25 percent, respectively. This position was developed in 2005-06 during the process of creating input for the Capacity Review Committee that was looking at local public health capacity. At the time, the exact proportions, be they 75/25 or 80/20, were less of an issue than the clear direction that health units should continue to have a shared funding model. It was believed that the shared model would continue to encourage strong local interest in public health and provide health units with a degree of flexibility that would not be present with 100 percent provincial funding.

In their final report, the Capacity Review Committee recommended:

“Public health units should be globally funded, with budgets approved by the province. For programs that are currently cost-shared, the funding formula should be 75 percent provincial and 25 percent municipal, consistent with the last phase of Operation Health Protection. The province should guarantee continued full funding of the current 100 percent-funded programs.” [p. 5]

alPHa’s members were surveyed following the release of the report. The following table summarizes the responses regarding this CRC recommendation.

Also included in this backgrounder is a table comparing the pros and cons of 100% provincial funding and cost-shared funding for public health.
In total, 29 comments were also provided regarding the recommendation. They are summarized in the following table.

**RECOMMENDATION:**

| R22 | Public health units should be globally funded, with budgets approved by the province. For programs that are currently cost-shared, the funding formula should be 75 percent provincial and 25 percent municipal, consistent with the last phase of the planned upload announced in Operation Health Protection. The province should guarantee continued full funding of the current 100 percent-funded programs. |

**COMMENTS:**

<p>| ANDSOOHA | It is critical the issue of base budgets is reviewed and it is ensured that staffing will not be impacted negatively. |
| ANDSOOHA | should look at consolidation of the various 100% grant funding streams in chronic disease prevention |
| AOPHBA | Yes, only if timeliness of provincial approvals improves significantly, so that health units are not in effect a year behind implementing budget plans. Yes, if 100% funded means 100% funded |
| OAPHD | Good arguments exist for 100% provincial funding for all programs. Realignment of health units would be much easier under such a system of funding. |
| OAPHD | Should return to 100% funding by province for CINOT. |
| BOH | As a municipal councillor....I LOVE that word &quot;upload&quot;! |
| BOH | As long as the province commits to adequate funding. |
| BOH | Budgets should be approved by local boards. |
| BOH | Finally, a positive step to lighten downloading to municipalities! |
| BOH | However the Province would need to be much more efficient in approval process than they have demonstrated in the past. |
| BOH | However, one should strive for 100% funding for public health. |
| BOH | I agree with the globally funded budget approved by the program but unsure of the municipality should be funded, however undecided |
| BOH | I agree. |
| BOH | I think there are a number of programs that should be scrapped as such I can’t make a decision on this |
| BOH | This recommendation is supported. Include First Nations in funding formula. Local and First Nations contribution ensures local input and commitment. The province should fund the current cost of 100 percent-funded programs. |</p>
<table>
<thead>
<tr>
<th>MOH</th>
<th>? First Nations?</th>
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<tbody>
<tr>
<td>MOH</td>
<td>• Board of Health should determine allocations of resources within global envelope</td>
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<td></td>
<td>• (Concern that Province approval will be prescriptive (will fund X will not fund Y))</td>
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<tr>
<td>MOH</td>
<td>Budgets should be approved by BOH and province - if BOH decides to elicit further local funding for additional programming, should be able to do so. 100% funded programs should receive annual funding increments based on some sort of standard, e.g., COLA, inflation, etc. Currently these budgets are held static, forcing reductions in staffing and service levels, without reductions in expectations by the Ministry involved.</td>
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<tr>
<td>MOH</td>
<td>Compliance should drive budget process, regardless of approval authority.</td>
</tr>
<tr>
<td>MOH</td>
<td>If the province is approving the budget, what is the role of the board in the budget process? If the board has the responsibility to assess the need and deliver programs to meet that need but no authority to set the budget then the purpose of the board is a frustrating exercise for both politicians and community members. Responsibility without authority sucks.</td>
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<tr>
<td>MOH</td>
<td>Our Board believes that it is important to maintain a strong municipal role in funding and does not believe that 100% provincial funding will guarantee adequate resourcing.</td>
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<tr>
<td>MOH</td>
<td>The need to maintain some local municipal funding, in my view, maintains the community’s interest in a real way</td>
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<tr>
<td>MOH</td>
<td>This is really the Ministry’s decision, and their policy choice. There should be no less than 75% funding with current 100% programs continuing to be so.</td>
</tr>
<tr>
<td>MOH</td>
<td>This recommendation is supported. Include First Nations in funding formula. Local and First Nations contribution ensures local input and commitment. The province should fund the current cost of 100% percent-funded programs.</td>
</tr>
<tr>
<td>AMOH</td>
<td>my personal view is that funding should be 100% for mandated health protection efforts and based on competitive cost-shared grants for everything else</td>
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<tr>
<td>AMOH</td>
<td>Province should definitely fund 100% programs at that level in the future and not download cost.</td>
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</table>
| AMOH | The approval of budgets by the province makes sense in an environment where budgets are limited. However, the danger in shifting this approval from the Board of Health to the government of Ontario is that budgetary constraints within the PHD may trump public health needs.

A mechanism should be developed for demonstrating the required need for and value of investing in public health services, so that the PHD can have data to argue for a larger proportion of the health budget. |

| Comments: | 29 |

It should also be noted, that the Association of Municipalities of Ontario’s position supports 100 percent provincial funding for public health units.

According to the *Procedural Guidelines for alPHA Resolutions*, where “the resolution requests that alPHA take a different position than one previously adopted by the Association. alPHA staff will prepare a report outlining the history and the issue. Where appropriate, comments from the affected stakeholders will be sought. The resolution will be placed on the alPHA Board of Directors agenda for attention and decision on action. The Advocacy Committee will be involved as necessary."
100% Provincial Funding vs Cost-Shared Funding for Public Health: Pros and Cons

Assumptions for 100% Provincial Funding:

1. Boards of Health continue to exist
2. Public health funding remains outside of LHIN funding stream
3. Capacity Review Committee recommendations and updated program standards are implemented
4. Municipalities vary in their degree of ongoing interest in public health and some opt out completely
5. Some municipalities opt to 100% specific programs with high local need

Assumptions for Cost-Shared Funding:

1. Public health remains outside of LHIN funding stream
2. Capacity Review Committee recommendations and updated program standards are implemented
3. Municipalities continue to vary in their degree of support for public health

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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</table>
| 100% Provincial Funding | • one level of funder  
• single fiscal year  
• public health no longer need to compete for scarce municipal dollars  
• ability to increase overall programming levels across province  
• municipalities could still choose to fund specific local programs, as needed  
• greater chance of adequate funding to HUs?  
• Better level of funding to northern and rural HUs? | • reduction in the number of sources of funds  
• change in fiscal year – accounting system adjustments  
• funding becomes subject to budgetary constraints of province  
• lack of local flexibility re programming?  
• definition of "100%" open to interpretation  
• local boards would lose legal responsibility to set local budgets  
• could lose municipal interest in public health  
• easier for public health to be more strongly aligned with LHINs |
| Cost-Shared Funding | • supports municipal "pay for say" principle  
• greater chance local issues will be addressed?  
• supports local decision making, central guidance, and a larger resource base  
• maximizes sources of funding | • municipalities vary in ability to pay  
• boards of health vary in level of support for public health  
• no guarantee municipalities will support public health |
DRAFT ALPHA RESOLUTION A07-2

TITLE: Childhood Obesity and Trans Fats

SPONSOR: Durham Regional Council

WHEREAS from 1978 to 2004, overweight/obesity rates doubled from 13% to 26% for children aged 6 to 11 years and from 14% to 29% for adolescents aged 12 to 17 years; and

WHEREAS 55% of First Nations children and 41% of Aboriginal children and adolescents living off-reserve are either overweight or obese; and

WHEREAS there is a major gap between the reality and the perception of Canadian parents about the weight of their children; and

WHEREAS as the overweight children of today become tomorrow's obese adults, the burden on the health care and social systems is expected to increase; and

WHEREAS obesity costs Canada about $1.6 billion annually in direct health care costs, or 2.4% of total health care spending; and

WHEREAS obesity costs Canada about $2.7 billion in indirect costs including lost productivity, disability insurance, reduced quality of life and mental health problems due to stigmatization and poor self-esteem; and

WHEREAS the House of Commons Standing Committee on Health has studied this matter and released its report and recommendations "Healthy Weights for Healthy Kids" in March 2007; and

WHEREAS Health Canada's multi-stakeholder Trans Fat Task Force studied the trans fat component of Canada's obesity epidemic and released its report and recommendations in June 2006;

NOW THEREFORE BE IT RESOLVED THAT alPHA urges the Government of Canada to respond to "Healthy Weights for Healthy Kids" and the Trans Fat Task Force reports and implement their recommendations as quickly as possible;

AND FURTHER THAT the Prime Minister of Canada, Ministers of Finance Canada, Health Canada, Heritage Canada, Human Resources and Social Development Canada, Infrastructure Canada, Chief Public Health Officer of Canada, Premier of Ontario, Ministers of Children and Youth Services, Education, Finance, Health and Long-Term Care, Health Promotion and Acting Chief Medical Officer of Health are so advised.

Backgrounders attached: (i) Recommendations of "Healthy Weights for Health Kids" Report
(ii) Recommendations of the Report of the Trans Fat Task Force

alPHA Executive Committee Recommendation to the Membership: SUPPORT
LIST OF RECOMMENDATIONS

RECOMMENDATION 1

The federal government:

- Establish targets to achieve healthy weights for children through physical activity and healthy food choices including:
  - A halt to the rise in childhood obesity by 2010,
  - A reduction in the rate of childhood obesity from 8% to at least 6% by 2020;
- Implement, in collaboration with First Nations and Inuit, immediate measures to halt obesity among First Nations and Inuit children; and,
- Report annually to Parliament on overall efforts to attain healthy weights for children and on the results achieved.

RECOMMENDATION 2

The federal government:

- Establish a comprehensive public awareness campaign on healthy weights for children;
- Promote both quality physical activity and healthy food choices as key elements of the campaign;
- Employ all available media in all regions of the country;
- Develop and disseminate clear, easy to use, multi-lingual, culturally diverse educational tools for parents, children, teachers, health professionals, community planners, etc.; and,
- Collaborate with provincial and territorial partners, national Aboriginal organizations and other stakeholders as appropriate.

RECOMMENDATION 3

The federal government:

- Implement a mandatory, standardized, simple, front of package labelling requirement on pre-packaged foods for easy identification of nutritional value;
• Apply a phased-in approach starting with foods advertised primarily to children; and,

• Promote the new labelling requirement to parents through an aggressive media campaign.

RECOMMENDATION 4

The federal government:

• Establish regulations by 2008 that limit trans fat content in food as recommended by the Trans Fat Task Force, while not increasing saturated fat content.

RECOMMENDATION 5

The federal government:

• Collect data on a regular and continuous basis on healthy weights for children;

• Make data available on both physical activity levels and food choices;

• Provide data from a variety of biometric measurements, including body mass index, waist-to-hip ratio and abdominal circumference;

• Include data on diverse ethno-cultural and socio-economic groups, specifically including Inuit; and,

• Collaborate with provincial and territorial partners, national Aboriginal organizations and other stakeholders as appropriate.

RECOMMENDATION 6

The federal government:

• Create a mechanism for knowledge exchange on healthy weights for children that:
  
  o Includes a focus on both physical activity and food choices;

  o Disseminates ongoing and published research, results of evaluations, best practices, promising practices, unsuccessful practices, etc.,

  o Collects and makes information available in diverse languages, reflective of multiple ethno-cultural demographic communities, including First Nations, Inuit and Métis; and,

• Collaborate with provincial and territorial partners, national Aboriginal organizations and other stakeholders as appropriate.
RECOMMENDATION 7

The federal government:

- Build research capacity across the broad range of health determinants related to healthy weights for children;

- Ensure a research focus on both quality physical activity and healthy food choices;

- Include, but do not limit research efforts to, federal departments and agencies such as the Canadian Institutes of Health Research, Social Sciences and Humanities Research Council, Statistics Canada, Health Canada, Public Health Agency of Canada, Indian and Northern Affairs Canada; and,

- Develop individual research components on the determinants of health for First Nations, Inuit, and Métis children.

RECOMMENDATION 8

The federal government:

- Identify immediately a lead department or agency for federal interdepartmental action on healthy weights for children;

- Include but do not limit action to the following departments: Health Canada, Public Health Agency of Canada, Canadian Institutes of Health Research, Finance Canada, Indian and Northern Affairs Canada, Sport Canada, Heritage Canada, Infrastructure Canada, Human Resources and Social Development Canada, the Canadian Food Inspection Agency, the Canadian Radio-television and Telecommunications Commission and Statistics Canada;

- Ensure that action encompasses a healthy eating and a physical activity focus; and,

- Establish an ongoing mechanism for consultation with First Nations, Inuit and other national Aboriginal organizations.

RECOMMENDATION 9

The federal government:

- Assess the effectiveness of self-regulation as well as the effectiveness of prohibition in the province of Quebec, in Sweden and in other jurisdictions;

- Report on the outcomes of these reviews within one year;

- Explore methods of regulating advertising to children on the Internet; and,

- Collaborate with the media industry, consumer organizations, academics and other stakeholders as appropriate.
RECOMMENDATION 10

The federal government:

- Evaluate, with First Nations and Inuit, methods to provide their remote communities with access to nutritious food at a reasonable cost, including the Food Mail Program, the use of traditional foods, and various self-sustaining initiatives.

RECOMMENDATION 11

The federal government

- Establish immediately a reliable baseline with respect to the number of children who enrol in sports and physical activity;

- Report on the uptake of the Children’s Tax Credit within two years; and,

- Evaluate the effectiveness of the Children’s Fitness Tax Credit and report within five years.

RECOMMENDATION 12

The federal government:

- Work to facilitate, in collaboration with the Joint Consortium for School Health, appropriate healthy food and physical activity standards and programs in schools;

- Provide appropriate healthy food and physical activity standards and programs in First Nations schools within federal jurisdiction; and,

- Collaborate with the provincial and territorial partners, national Aboriginal organizations and other stakeholders as appropriate.
RECOMMENDATION 13

The federal government:

- Provide new and dedicated infrastructure funding to facilitate access to varied options for children with respect to quality physical activity and healthy food choices; and,

- Collaborate with the provincial and territorial partners, national Aboriginal organizations and other stakeholders as appropriate.
6.0 Recommendations

The Trans Fat Task Force has developed the following recommendations in response to the clear mandate provided by the Minister of Health, as well as other considerations arising during the course of its work and discussed in the previous section.

The recommendations are arranged in two parts: those that will ensure consumer protection and those that will support consumer awareness and public education. The recommendations for an appropriate regulatory framework are in boldface.

6.1 Consumer Protection

6.1.1 Regulations
The Task Force considered a range of voluntary and regulatory options, and members agreed that a regulatory approach was the better option. Among the factors considered were the Danish experience, lessons learned from nutrition labelling and other related initiatives, the need to target the full range of food products, and the need to send a strong and consistent signal to seed growers and oil producers to invest in healthier alternatives.

Application of the Regulations
The goal of the Task Force, given the dietary patterns of Canadians (including the amount of food consumed outside the home), was to find a solution that would encompass all foods sold to consumers in retail and food service establishments (e.g. in grocery stores, restaurants, fast food outlets and food service operations), whether purchased from a manufacturer or prepared on-site.

To simplify compliance and enforcement, the Trans Fat Task Force recommends that:

- Foods purchased by retailers or food service establishments from a manufacturer for direct sale to consumers be regulated on a finished product or output basis, and foods prepared on-site by retailers or food service establishments be regulated on an ingredient or input basis.

Enforcement of a regulation limiting the industrially produced trans fat content of all manufactured foods purchased by a retail or food service establishment would best be carried out on a finished product or output basis, as the Canadian Food Inspection Agency already has responsibility for inspecting manufacturing plants and stocks of imported products. The same desire to simplify enforcement would support the regulation of foods prepared on-site by retail or food service establishments on an ingredient or input basis.
Regulatory Limits
The following recommendations recognize the progress achieved by the edible oil industry and all of the considerations mentioned in section 5.3. The dietary intake modelling conducted by Health Canada indicated that the cumulative effect of these recommendations would result in an average daily trans fat intake by all age and gender groups of less than 1% of energy intake, as recommended by the World Health Organization.

The recommendations focus primarily on the elimination of industrially produced trans fats but are expressed as limits on the total amount of trans fats in foods, since there are no officially accepted analytical methods for distinguishing between the amounts of naturally occurring and industrially produced trans fats in foods. This approach would ensure consistency with the Canadian nutrition labelling regulations, which came into force in December 2005.

For all vegetable oils and soft, spreadable (tub-type) margarines purchased by a retail or food service establishment for sale to consumers or for use as an ingredient in the preparation of foods on-site, the Trans Fat Task Force recommends that:
- The total trans fat content be limited by regulation to 2% of total fat content.

For all other foods purchased by a retail or food service establishment for sale to consumers or for use as an ingredient in the preparation of foods on-site, the Trans Fat Task Force recommends that:
- The total trans fat content be limited by regulation to 5% of total fat content.

This limit does not apply to food products for which the fat originates exclusively from ruminant meat or dairy products.

This set of regulations has been developed to apply equally to all foods, domestic or imported, purchased by a retail or food service establishment in Canada, as per other food and drug regulations. These regulations do not apply to ingredients sold to food manufacturers, as limits have already been set for the finished products they sell to a retail or food service establishment.

Timing for Compliance
New product development is an expensive process. To comply with the new regulations, some enterprises may need to replace or reformulate more than 25% of their products, and this figure could be as high as 100% in some baking enterprises. The significant upfront costs likely mean that some enterprises, particularly small businesses, may have difficulty with a sudden transition to a market where the amount of trans fat is limited. If some firms are given a longer period for compliance, as happened when the nutrition labelling legislation was introduced, they will be able to spread out the cost of developing new products.
The Trans Fat Task Force recommends that timelines be staged to reflect legitimate challenges to implementation and to optimize public health benefits. Adjustments can be made quickly for certain oil uses (especially frying), but small businesses and certain baking applications may need more time to adjust. The Task Force estimates that it would take 12 to 18 months to develop a sufficient supply of high-oleic oils to respond to clear food service demand, expressed through signed contracts.

Some members of the Task Force also pointed out the need to avoid a situation where competition for a limited supply of the available alternatives drives up costs, hurting both industry and consumers.

An enterprise’s size, the complexity of the operation, the number of products and the availability of alternatives must all be factored in when deciding timelines and extensions. These considerations were beyond the Task Force’s analytical capacity. The compliance timelines for different types of enterprises should be determined through the business impact test, which is a standard government procedure when regulations are drafted.

Based on these considerations, the Task Force proposed a “2 + 2” approach: two years to develop regulations and up to two years for implementation.

The Trans Fat Task Force recommends that:

- Draft regulations be published in the Canada Gazette, Part I, by June 2007;
- Regulations be finalized and published in the Canada Gazette, Part II, by June 2008;
- A basic phase-in period be set at one year from the date of entry into force of the final regulations;
- Extended phase-in periods be specified for certain applications (e.g. baking) and for small and medium-sized firms based on demonstrated need, recognizing that in most cases the transition could be made within two years of the date of entry into force of the final regulations, and that only in very special cases or applications would the phase-in period exceed two years.

Choice of Alternatives
The Trans Fat Task Force recommends that:

- The Government of Canada and all concerned food industry associations urge companies affected to use the most healthful oils for their food applications (as identified in Appendix 14) when reformulating foods.

The recommendations that the Task Force sets out in this report are provided in the context of an overall, balanced diet as described in Canada’s Food Guide to Healthy Eating. Throughout its deliberations the Task Force has kept in mind that
consumption of saturated fats should not increase significantly as a result of limitations on trans fats.

Companies should be encouraged to:

- Use oils that are high in monounsaturated fatty acids as primary alternatives to partially hydrogenated vegetable oils for frying purposes; these oils are known for their moderate to high oxidative stability and their contribution to lowering the total/HDL cholesterol ratio and coronary heart disease risk.
- Select oils that are both high in omega-3 polyunsaturated fatty acids and high to moderate in omega-6 polyunsaturated fatty acids (such as canola and soybean oil) as primary sources of vegetable oils in margarines; this measure would improve the ratio of omega-6 to omega-3 fatty acids and lower coronary heart disease risk.
- Choose oils that are moderate in omega-3 and omega-6 polyunsaturated fatty acids in shortenings used in baking and food processing; this measure would also improve the ratio of omega-6 to omega-3 fatty acids and lower coronary heart disease risk.

6.1.2 Incentives
To facilitate the reformulation of food products with healthier trans fat alternatives in accordance with the recommendations in this report, the Trans Fat Task Force recommends that the Government of Canada:23
- Explore means to support efforts to develop new trans fat alternatives and help offset the cost of food product reformulation;
- As a priority, actively encourage Canadian research and development facilities to work with industry to develop new oilseed varieties and new trans fat alternatives;
- Facilitate and encourage access to the Scientific Research and Experimental Development Program offered by the Canada Revenue Agency.

To help the food industry communicate the healthier nature of its products to consumers, the Trans Fat Task Force recommends that the Government of Canada:
- Explore the possibility of allowing “trans fat free” claims that are more appropriate for the food service sector.

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23 These recommendations are to be considered in conjunction with those that appeared in the Task Force’s interim report. (See Appendix 10.)
To help small and medium-sized enterprises prepare for compliance with new regulations, the Trans Fat Task Force recommends that the Government of Canada:

- Develop an effective outreach program aimed at small companies to communicate the changes, encourage early action and provide links to technical assistance.

To enhance the capacity of the Canadian agri-food industry to take a leadership role in this area, the Trans Fat Task Force recommends that the Government of Canada:

- Continue to collaborate with industry in developing new opportunities for the production of canola and other oilseeds.

6.1.3 Research
To fill identified research gaps, including those outlined in section 5.4 of this report, and expand the availability of research results, the Trans Fat Task Force recommends that the Government of Canada:

- Encourage the relevant federal granting councils and federal departments to support research into the issue of trans fats, which would include but not be limited to the key areas outlined in section 5.4, and to ensure that the results of this research are transferred to the relevant policy-makers.

6.2 Consumer Awareness and Public Education
In addition to the recommendations contained under “Guidance to Consumers” in its interim report (see Appendix 10), the Trans Fat Task Force recommends that the Government of Canada:

- Mount a public awareness campaign, in conjunction with appropriate voluntary agencies, on how to read the new labels, with a particular focus on serving sizes and reference amounts;
- Review and as appropriate revise its messaging with respect to fat consumption in order to more clearly communicate the effects of consuming not only processed trans fats but also other types of fatty acids and to provide consumers with advice;
- Cooperate with organizations and groups that work closely with consumers, particularly low-income consumers, to raise awareness of the health effects of the various types of fatty acids and to offer practical guidance regarding purchasing and dietary habits;
- Move forward on the federal/provincial/territorial Healthy Living Strategy\(^2\) in order to ensure that fat consumption is properly understood in the context of a more healthful diet and physical activity.

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\(^2\) The Integrated Pan-Canadian Healthy Living Strategy, approved by Federal, Provincial and Territorial Ministers of Health, provides a conceptual framework for sustained action based on Healthy Living. It envisions a healthy nation in which all Canadians experience the conditions that support the attainment of good health. The goals of the Strategy are to improve overall health outcomes and to reduce health disparities.
DRAFT ALPHA RESOLUTION A07-3

TITLE: Request for Further Consultation and Input into Public Health Standards

SPONSOR: Perth District Board of Health

WHEREAS revising the Mandatory Programs and Guidelines for boards of Health in Ontario is a critical task that will define the scope and mandate of the public health sector for the future; and

WHEREAS the current process being led by the Technical Review Committee does not include the opportunity for feedback following revisions nor a final endorsement of proposed protocols; and

WHEREAS the draft circulated for input contained insufficient information for boards of health and their staff to make informed decisions of the feasibility and implications of the proposed public health standards;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies request that the Co-Chairs of the Technical Review Committee re-circulate any revised document for additional feedback from boards of health and their staff prior to submission to the Minister of Health and Long-Term Care for approval;

AND FURTHER THAT the Association request that the standards be adopted on an interim basis until all accompanying documentation is completed, at which point, final consideration be given, in consultation with boards of health and their staff, to finalize adoption of the standard as written.

Background attached

alPHA Executive Committee Recommendation to the membership: That this resolution go forward for discussion and voting by the broader membership (the Executive has not expressed support for/against this resolution.)
Title: Request for further consultation and input into Public Health Standards

Draft public health standards were circulated to all boards of health and their staff in February 2007 for input. In each standard, goals and requirements have been identified. These requirements often referred to protocols that have not been written to date. Without the accompanying protocols, it is impossible to evaluate the impact on staff and on resources. The Perth District Board of Health believes that there was insufficient information and therefore, inadequate consultation, to allow for final endorsement of new proposed public health standards. The Board is enlisting alPHA’s assistance to advocate on these procedural issues.

Sponsor: Perth District Board of Health

Contact Person:
Prior to April 30, 2007:  
Dr Rosana Pellizzari,  
Medical Officer of Health

From May 1, 2007:  
Irene Louwagie,  
Secretary to the Board of Health
DRAFT ALPHA RESOLUTION A07-4

TITLE: Ban on Cosmetic Pesticide Use

SPONSOR: Perth District Board of Health

WHEREAS municipalities wishing to prevent exposure of vulnerable sectors of their population to pesticides applied for cosmetic purposes (lawn care, park fields etc.) have passed by-laws restricting or prohibiting the use of cosmetic pesticides; and

WHEREAS a municipal approach will lead to a patchwork of bylaws across the province that will create inequities and inconsistencies for members of the public; and

WHEREAS communities and their local municipal councils would benefit from provincial leadership and resources for both the health promotion and protection aspects of mandated restrictions or prohibitions;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies request that the province of Ontario enact and enforce provincial legislation banning the cosmetic use of pesticides.

Backgrounder attached

alPHa Executive Committee Recommendation to the membership: SUPPORT
Title: Ban on Cosmetic Pesticide Use

To date, some municipal councils have passed by-laws restricting or prohibiting the use of pesticides for cosmetic purposes (lawns, parks etc.) These councils have proceeded despite significant opposition from the lawn care and related sectors. Small boards of health may not be as willing or as successful in their efforts to take a precautionary approach to an environmental health issue. In addition, as witnessed in the recent efforts to control or prevent tobacco smoke exposure, the municipal approach can lead to a patchwork of different and uneven restrictions that the public may find confusing or inequitable. The Perth District Health Unit is calling for provincial leadership on this issue.

Sponsor: Perth District Board of Health

Contact Person:
Prior to April 30, 2007:
Dr Rosana Pellizzari,
Medical Officer of Health

From May 1, 2007:
Irene Louwagie,
Secretary to the Board of Health
DRAFT ALPHA RESOLUTION A07-5

TITLE: Amendments of the Immunization of School Pupils Act

SPONSOR: Perth District Board of Health

WHEREAS Bill 171, the Health Systems Improvement Bill, is recommending changes to the Immunization of School Pupils Act; and

WHEREAS currently, local boards of health are not notified that a child has received an immunization as mandated by legislation, creating delays and challenges in accessing immunization histories for health unit staff at the time of school entry; and

WHEREAS Pertussis persists as a communicable disease, particularly in adolescents and adults, posing a risk to young infants who are not fully protected and who are at increased risk of complications and death if they are exposed, usually through a parent or sibling;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies request that the Minister of Health and Long Term Health amend the Immunization of School Pupils Act to require that any professional administering a vaccine for protection against a designated disease seek consent to report the immunization, and with such consent, report to the local Medical Officer of Health;

AND FURTHER THAT the Minister be requested to amend Regulation 645 of the ISPA to include Pertussis as a designated disease;

AND FURTHER THAT alPHA request that these changes be integrated with planned amendments to the ISPA already planned through the Health Systems Improvement Act.

Backgrounder attached

alPHA Executive Committee Recommendation to the membership: SUPPORT
Amendments of the Immunization of School Pupils Act

Efforts by Boards of Health to ensure that all children receive publicly funded and mandated immunizations in a timely fashion are hampered by legislation that is out of date. All Boards of Health need to advocate for changes to the Immunization of School Pupils Act that would improve our ability to protect the public. These changes include:

- a requirement that anyone administering a mandated vaccine report to the local Medical Officer of Health and
- the inclusion of Pertussis as a designated disease in Regulation 645.

There may be an opportunity to address these concerns through Bill 171, the Health System Improvement Act, which is currently undergoing second reading.

Sponsor: Perth District Board of Health

Contact Person:
Prior to April 30, 2007:
Dr Rosana Pellizzari,
Medical Officer of Health

From May 1, 2007:
Irene Louwagie,
Secretary to the Board of Health
DRAFT ALPHA RESOLUTION A07-6

TITLE: Advocate for a Provincial Strategy to Address Substance Use

SPONSOR: Toronto Public Health

WHEREAS the Canadian Centre for Substance Abuse estimates that in 2002 the total costs associated with substance use in Canada (all substances including tobacco) were $39.9 billion, or $1,267 per capita; and

WHEREAS public health agencies have a direct mandate in several key areas related to the use of alcohol and other drugs, specifically: chronic disease prevention, injury prevention, substance abuse prevention and harm reduction such as needle exchange; and

WHEREAS the Province of Ontario does not have a comprehensive strategy to reduce the harms of alcohol and other drug use; and

WHEREAS the Health Education and Enforcement Partnership (HEP) in Ontario has secured broad sector-wide support to develop a comprehensive provincial drug strategy based on the four components of prevention, harm reduction, treatment and enforcement;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies request that the provincial government develop a comprehensive provincial strategy for alcohol and other drugs based on the four components of prevention, harm reduction, treatment and enforcement, in collaboration with the Ontario Health Education and Enforcement Partnership (HEP) initiative.

Backgrounders attached: (i) letter from Toronto MOH (ii) The Toronto Drug Report: http://www.toronto.ca/health/drugstrategy/ (iii) Information about HEP

αlPHA Executive Committee Recommendation to the membership: SUPPORT
March 30, 2007

Ms. Susan Lee  
Manager, Administrative and Association Services  
Association of Local Public Health Agencies  
425 University Avenue, Suite 502  
Toronto, ON M5G 1T6

Dear Ms. Lee:

Attached please find a resolution for consideration at the upcoming aPha conference. The resolution contains a request for aPha members to advocate with the provincial government for the development of a comprehensive drug strategy for Ontario based on the four components of prevention, harm reduction, treatment and enforcement.

The need for a provincial drug strategy is one of the priority recommendations of the Toronto Drug Strategy, which has been approved by the Toronto Board of Health and Toronto City Council. A copy of the Toronto Drug Strategy is also attached, for your information.

Thank you for your consideration of this matter.

Sincerely,

[Signature]

Dr. David McKeown  
Medical Officer of Health

Attachs.
A comprehensive approach

The Toronto Drug Strategy is based on a comprehensive and integrated approach that is intended to guide City of Toronto policy, program and funding decisions on substance use issues. This approach is comprised of the following four components:

• **Prevention** refers to interventions that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. Prevention is more than education. It includes strengthening the health, social and economic factors that can reduce the risk of substance use. This includes access to health care, stable housing, education and employment. Effective programs start with the very young and extend through all life stages. They use a range of health promotion strategies and target policy and legislative change. Examples of prevention include mentoring programs, developing communication and problem solving skills and limiting the sale of alcohol.

• **Harm reduction** refers to interventions that seek to reduce the harms associated with substance use for individuals, families and communities. It can include, but does not require, abstinence. The focus is on the individual's behaviour, not on the substance use itself. Effective harm reduction approaches are pro-active, offer a comprehensive range of coordinated, user-friendly, client-centered and flexible programs and services and provide a supportive, non-judgmental environment. Examples of harm reduction include needle and condom distribution and maximum blood-alcohol limits for driving.

• **Treatment** refers to interventions that seek to improve the physical, emotional and psychological health and well-being of people who use or have used substances (and sometimes their families) through various psychosocial and psychopharmacological therapeutic methods. The goal is to abstain from or to manage their use of substances. Effective treatment is evidence-based, easily accessible and has the active involvement of the person being treated. Examples of treatment include withdrawal management (detox), residential and out-patient treatment, counselling and substitution therapies (e.g., methadone maintenance therapy).

• **Enforcement** refers to interventions that seek to strengthen community safety by responding to the crimes and community disorder issues associated with the importation, manufacturing, cultivation, distribution, possession and use of legal and illegal substances. Enforcement includes the broader criminal justice system of the courts, probation and parole, etc. Effective enforcement also means being visible in communities, understanding local issues and being aware of existing community resources. Examples of enforcement include community policing initiatives and drug treatment courts.
HEP STRATEGY MAP
Health, Education and Enforcement In Partnership (HEP)

OUR PURPOSE

GOAL
All people in Canada live in a society free of the harms associated with alcohol and other drugs and substances.

OUTCOMES
- Co-ordinated action on substance use and abuse in Canada at all levels by key stakeholders and HEP Partners / Sponsors
- Sustained support for ongoing collaboration at all levels by key stakeholders and HEP Partners / Sponsors
- Support and integration of the National Framework for Action by key stakeholders and HEP Partners / Sponsors

IMMEDIATE AND INTERMEDIATE OUTCOMES

HEP SPONSORS
- Leverage resources to support the P/T HEP Network
- Align organizational vision with HEP approach
- Participate on CECA and/or other national working groups

KEY STAKEHOLDERS
- Exchange information
- Coordinate Actions
- Share Resources
- Enhance Collective Capacity

ACTIVITIES OF HEP PARTICIPANTS

HEP IMPLEMENTATION TEAM (P/T Co-ordinators):
- Coordination of provincial / territorial HEP activities
- Facilitation of intra provincial / territorial strategic alliances
- Provincial / territorial Drug Strategy Development
- Knowledge Exchange
- Advocacy

HOW WE OPERATE

HEP PARTICIPANTS

HEP Sponsors
Canadian Executive Council on Addictions (CECA)
Alberta Alcohol and Drug Abuse Commission (AADAC)
Addictions Foundation of Manitoba (AFM)
Centre for Addiction and Mental Health (CAMH)
Centre for Addictions Research - British Columbia (CAR-BC)
Gov't of New Brunswick - Ministry of Health and Wellness
Gov't of Saskatchewan - Dept. of Health, Community Care Branch
Gov't of Yukon - Dept. of Justice, Community Justice and Public Safety
Gov't of Newfoundland and Labrador - Dept. of Health and Community Services
Gov't of Nova Scotia - Dept. of Health, Office of Health Promotion

Key Stakeholders
Federal Government (Canada's Drug Strategy)
Provincial and Territorial Departments and Agencies
First Nations, Inuit and Metis Governments
Municipal governments and other regional and local authorities
Communities of interest (e.g., women, youth, homeless, people who use drugs, etc.)
NGOs
First Nations, Inuit and Metis Organizations

NATIONAL HEP PROGRAM:
- Coordination of national HEP activities
- Facilitation of inter provincial / territorial strategic alliances
- Knowledge Exchange
- Advocacy

Health, Education and Enforcement in Partnership
Coordinated action on substance use and abuse in Canada

CCSA - CCLAT
Health, Education and Enforcement in Partnership (HEP)

CCSA's HEP Program (Health, Education and Enforcement in Partnership) supports the development and implementation of the National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances in Canada and Canada's Drug Strategy by providing a platform where national, provincial/territorial and municipal substance use and abuse stakeholders can share information with each other and with other provinces and national stakeholders.

To this end, a HEP Implementation Team comprising seven provincial HEP Coordinators was created in fall 2004 to ensure information is shared across the country. The HEP Implementation Team's priority is to nurture vibrant, multi-disciplinary networks (ideally including the health, education and enforcement sectors) that will support or enhance the development of a drug strategy addressing specific provincial or territorial substance use and abuse concerns.

The HEP Implementation Team was recruited and funded jointly by CCSA, provincial health departments and the Canadian Executive Council on Addictions (CECA). CECA is a national non-governmental organization established in 2002 to influence public policy on substance use and abuse. CECA is made up of senior executives of substance use agencies in Canada that have a legislated federal or provincial mandate or are recognized provincial authorities.

Ontario

The Centre for Addiction and Mental Health (CAMH), through its affiliation with the Canadian Executive Council on Addictions (CECA), is the sponsoring organization for Ontario's Health, Education and Enforcement in Partnership (HEP) Coordinator who is responsible for working with this partnership to develop a drug strategy for Ontario. Although several frameworks exist in the province on specific drug issues, efforts are underway to bring together a wide range of sector partners and to engage them in the development of a drug strategy that is representative of the unique needs of Ontario.

CAMH is Canada's leading addiction and mental health teaching hospital. Through its central facility in Toronto and its 26 community locations throughout Ontario, CAMH focuses its mandate on transforming the lives of people affected by addiction and mental illness by applying the latest in scientific advances, through integrated and compassionate clinical practice, health promotion, education and research. CAMH is fully affiliated with the University of Toronto and is a Pan-American Health Organization and World Health Organization Collaborating Centre. For more information on CAMH, please go to www.camh.net.

For more information on HEP and the development of Ontario’s drug strategy, please contact:

Provincial HEP Coordinator

Ms. Reggie Caverson
Senior Health Promotion Consultant
Education and Health Promotion
Centre for Addiction and Mental Health (CAMH)
c/o 188 Regent Street South, Suite 302
Sudbury, Ontario P3E 6C6
Telephone: 705-675-1195
Fax: 705-675-9121
E-mail: reggie_caverson@camh.net
Alternative e-mail: rcaverso@vianet.on.ca

Captured from the HEP page, from the Canadian Centre on Substance Abuse Web site:
http://www.ccsa.ca/ccsas/
DRAFT ALPHA RESOLUTION A07-7

TITLE: Request for Public Funding for Human Papillomavirus Vaccine

SPONSOR: Board of Health, Simcoe Muskoka District Health

WHEREAS the Government of Ontario has publicly funded vaccines against diphtheria, H. influenza b, measles, mumps, pertussis, polio, rubella, hepatitis B, varicella, pneumococcal disease, meningococcal C, and tetanus; and

WHEREAS Health Canada has approved the use of a HPV vaccine for females between the ages of nine and 26; and

WHEREAS the National Advisory Committee on Immunization (NACI) has recommended the HPV vaccine for females aged nine to 26 years; and

WHEREAS human papillomavirus (HPV) has been directly linked to cervical cancer, the third most common cancer in Canadian women aged 20-49;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) requests the Government of Ontario to include HPV vaccine as a publicly funded immunization for females between the ages of nine and 26 years.

Backgrounders attached:
(i) Statement of Sponsor Commitment
(ii) Simcoe Muskoka District Health Unit Board of Health - Resolution No. 07-01
(iii) Simcoe Muskoka District Health Unit Board of Health - Briefing Note

alPHa Executive Committee Recommendation to the membership: SUPPORT
Statement of Sponsor Commitment

The Simcoe Muskoka District Health Unit will be offering the HPV vaccine at cost to eligible females through our regular vaccination clinics in the near future. We look forward to implementing a provincially funded program as soon as one is available.

Letters advocating for public funding of the Human Papillomavirus (HPV) vaccine by the Government of Ontario have been forwarded to the Minister of Health and Long-Term Care, Minister of Finance, Acting Chief Medical Officer of Health and Acting Assistant Deputy Minister, and to Simcoe and Muskoka MPPs, following endorsement of Resolution No. 07-01 by the Board of Health, for the Simcoe Muskoka District Health Unit, at its Board of Health meeting on March 21, 2007.

A copy of resolution No. 07-01 has been proposed to the Association of Local Public Health Agencies as a sponsored resolution to be considered at their next Annual General meeting.
Resolution 07-01

Public Funding for Human Papillomavirus Vaccine

WHEREAS the Government of Ontario has publicly funded vaccines against diphtheria, H. influenza b, measles, mumps, pertussis, polio, rubella, hepatitis B, varicella, pneumococcal disease, meningococcal C, and tetanus; and

WHEREAS Health Canada has approved the use of a HPV vaccine for females between the ages of nine and 26; and

WHEREAS the National Advisory Committee on Immunization (NACI) has recommended the HPV vaccine for females aged nine to 26 years; and

WHEREAS human papillomavirus (HPV) has been directly linked to cervical cancer, the third most common cancer in Canadian women aged 20-49;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for the Simcoe Muskoka District Health Unit urges the Government of Ontario to include HPV vaccine as a publicly funded immunization for females between the ages of nine and 26 years; and

FURTHERMORE THAT a copy of this resolution be forwarded to the Minister of Health and Long-Term Care, Minister of Finance, Acting Chief Medical Officer of Health and Acting Assistant Deputy Minister, and to Simcoe and Muskoka MPPs; and

FURTHERMORE THAT a copy of this resolution be proposed to the Association of Local Public Health Agencies as a sponsored resolution to be considered at their next Annual General meeting.

__________________________
Dennis Roughley
Chair, Board of Health
Simcoe Muskoka District Health Unit

March 21, 2007

Date
Issue:
On July 11, 2006, a vaccine that provides protection from the four most common types of human papillomavirus (HPV) was approved by Health Canada. On February 15, 2007 the National Advisory Committee on Immunization (NACI) issued a Statement recommending use of the HPV vaccine for females between the ages of nine and 26 years. This vaccine is not included in the publicly funded immunization program in Ontario.

Recommendations:
That the Board of Health passes resolution 07-01 advocating for the Government of Ontario to publicly fund the HPV vaccine, and that the board further directs that a copy of this resolution be forwarded to the Minister of Health and Long Term Care, Minister of Finance, Acting Chief Medical Officer of Health, Acting Assistant Deputy Minister for Public Health, Association of Local Public Health Agencies, and to Simcoe and Muskoka MPPs.

Current Facts:
Human papillomavirus is a sexually transmitted infection that is highly prevalent and difficult to prevent. It is the fifth most common skin condition in Canada, affecting 5.8 million people.

Ontario statistics reveal that:
- Asymptomatic cervical HPV infection can be detected in 5-40% of reproductive aged women
- The annual incidence of carcinogenic types of HPV ranges from 5-25% in reproductive aged women
- The highest rates of HPVs are found in females under the age of 25 and there are high numbers in this age group who are not screened
- 46% of women with more than one partner had cervical HPV infection within three years of their first intercourse.

As HPV is spread by skin to skin contact, the use of condoms as a primary prevention measure does not provide complete protection against this infection. Approximately 50-80% of those individuals infected with HPV are asymptomatic and may unknowingly spread the infection to others.
Certain types (16 and 18) of HPV infection have been found to be the principle causal factor in cervical cancer; they may also contribute to other cancers such as anal, penile, scrotal, vulvar and vaginal.

- Cervical cancer is the third most common type of cancer affecting women ages 20-49.
- In 2006 there were an estimated 510 cases and an estimated 150 deaths from cervical cancer in Ontario.
- The association between cervical cancer and HPV is stronger than that between tobacco and lung cancer.

A quadrivalent vaccine has been licensed to prevent HPV types 6 and 11 which contribute to 90% of all genital warts, and types 16 and 18 which contribute to 70% of precancerous lesions and anogenital cancers. The cost of the vaccine is approximately $135.00 per dose; three doses are required to complete the series.

**Background:**
Cancers caused by HPV can almost always be detected and sometimes prevented through regular assessment and screening. However, the cost of HPV screening and treatment is a significant burden on physician and health care resources, particularly when abnormal pap results are detected. An increase in the frequency of pap testing, wart treatment, specialist appointments and referral for further, usually more invasive and more costly, screening and testing often accompany an abnormal pap finding. This puts further stress on health treatment resources.

The burden associated with HPV infection is more than fiscal; there are also psychological issues. Research has shown that people diagnosed with genital warts experience feelings of depression, shame and guilt, fear of partner rejection, and loss of sexuality. Women who have had abnormal pap tests have indicated feelings of anxiety and fear of cancer, sexual difficulties, changes in body image, and concerns about loss of reproductive functions.

The Ontario Government has yet to publicly fund the HPV vaccine. The cost to provide a complete three dose vaccine series would be over $400.00 per individual. Many families/individuals do not have the financial resources to cover such costs. Both the former Simcoe County and the former Muskoka Parry Sound Boards of Health had advocated for the Ontario government to publicly fund other newly introduced vaccines.

**Contact:**
Bill Mindell, Director, Clinical Service – Ext. 7375
Resolution 07-01

Public Funding for Human Papillomavirus Vaccine

WHEREAS the Government of Ontario has publicly funded vaccines against diphtheria, H. influenza b, measles, mumps, pertussis, polio, rubella, hepatitis B, varicella, pneumococcal disease, meningococcal C, and tetanus; and

WHEREAS Health Canada has approved the use of a HPV vaccine for females between the ages of nine and 26; and

WHEREAS the National Advisory Committee on Immunization (NACI) has recommended the HPV vaccine for females aged nine to 26 years; and

WHEREAS human papillomavirus (HPV) has been directly linked to cervical cancer, the third most common cancer in Canadian women aged 20-49;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for the Simcoe Muskoka District Health Unit urges the Government of Ontario to include HPV vaccine as a publicly funded immunization for females between the ages of nine and 26 years; and

FURTHERMORE THAT a copy of this resolution be forwarded to the Minister of Health and Long-Term Care, Minister of Finance, Acting Chief Medical Officer of Health and Acting Assistant Deputy Minister, and to Simcoe and Muskoka MPPs; and

FURTHERMORE THAT a copy of this resolution be proposed to the Association of Local Public Health Agencies as a sponsored resolution to be considered at their next Annual General meeting.
DRAFT ALPHA RESOLUTION A07-8

TITLE: Ontario Congenital Anomalies Surveillance System

SPONSOR: Durham Regional Council

WHEREAS congenital anomalies are a leading cause of infant death and the fifth leading cause of potential life years lost in Canada; and

WHEREAS 2-3% of all newborns in Canada are born with a serious congenital anomaly; and

WHEREAS many congenital anomalies are caused by a combination of genetic and environmental influences with most babies being born to women with no family history and no known risk factors for congenital anomalies; and

WHEREAS some congenital anomalies can be prevented with public health initiatives that promote increased intake of folic acid before and during early pregnancy, and reduced maternal alcohol use, obesity, diabetes and other risk factors; and

WHEREAS surveillance of congenital anomalies is important for understanding causes and preventing cases; and

WHEREAS the Canadian Congenital Anomalies Surveillance System (CCASS) is limited in its effectiveness because it focuses only on infants born with congenital anomalies or those hospitalized in the first 30 days of life (formerly first year of life) and does not capture information about pregnancy terminations prior to 20 gestation; and

WHEREAS Ontario has the essential components of a congenital anomalies surveillance system through the Niday Perinatal System, the Ontario Maternal Multiple Marker Screening Database, the Fetal Alert Network and other data systems; and

WHEREAS the proposed Ontario Agency for Health Protection and Promotion will have the functions of surveillance and epidemiology, research, knowledge exchange, and laboratory services all of which would support the establishment of an Ontario congenital anomalies surveillance system; and

WHEREAS the Surveillance Partnerships Working Group (SPWG) of the CCASN has been newly formed to promote the establishment of congenital anomaly surveillance systems in provinces, such as Ontario, that do not have them; and

WHEREAS boards of health need and would benefit from having access to a single database that combines high quality live birth, stillbirth and prenatal screening data to assess congenital anomaly incidence and prevention programs within their populations;

NOW THEREFORE BE IT RESOLVED THAT aPHa urges the Ontario Ministry of Health and Long-Term Care to establish an Ontario congenital anomaly surveillance system by working in partnership with the Ontario Ministries of Children and Youth Services, Government Services (Office of the Registrar General) and Health Promotion, and members of SPWG including those from the Niday Perinatal System, the Ontario Maternal Multiple Marker Screening Database, and the Fetal Alert Network;
AND FURTHER THAT the Premier of Ontario, Ministers of Children and Youth Services, Government Services, Health and Long-Term Care, Health Promotion, Acting Chief Medical Officer of Health, Chief Public Health Officer of Canada, and Chairs of the SPWG and CCASN are so advised.

Note:  This resolution has not been reviewed by the alPHA Advocacy Committee or the Executive Committee as it was submitted after the deadline.
DRAFT ALPHA RESOLUTION A07-9

TITLE: Cancer Care Ontario Support for Boards of Health

SPONSOR: Durham Regional Council

WHEREAS cancer is a leading cause of morbidity and mortality; and

WHEREAS boards of health are required to assess the population’s health and to plan, implement and evaluate cancer prevention and screening programs and services in their respective health units; and

WHEREAS boards of health need accurate cancer incidence and mortality data in order to carry out their cancer prevention and screening mandates; and

WHEREAS boards of health receive health unit-wide cancer incidence and mortality data from Cancer Care Ontario (CCO) but are challenged with accessing data for smaller areas because of privacy considerations; and

WHEREAS boards of health need to develop local expertise in sophisticated data analysis to better understand cancer trends; and

WHEREAS boards of health and CCO need a mechanism or forum to share and discuss data quality issues so that public health epidemiologists can better interpret their findings;

NOW THEREFORE BE IT RESOLVED THAT aLPHA urges Cancer Care Ontario to develop the following:

• a clear process whereby boards of health may obtain timely data for areas smaller than the health unit level;

• mechanisms and/or workshops to train public health epidemiologists on cancer analysis techniques; and

• a forum by which boards of health and CCO can share findings and data quality issues; and

AND FURTHER THAT the Premier of Ontario, Ministers of Health and Long-Term Care and Health Promotion, President and CEO, Cancer Care Ontario, Acting Chief Medical Officer of Health are so advised.

Note: This resolution has not been reviewed by the aLPHA Advocacy Committee or the Executive Committee as it was submitted after the deadline.