



# **June 2016**

## **DISPOSITON OF RESOLUTIONS**

alPHa Resolutions Session, 2016 Annual General Meeting  
Monday, June 6, 2016  
Champagne Ballroom, 2<sup>nd</sup> Floor  
Novotel Toronto Centre  
45 The Esplanade  
Toronto, Ontario

**RESOLUTIONS CONSIDERED  
at June 2016 alPHa Annual General Meeting**

<b>Resolution Number</b>	<b>Sponsor</b>	<b>Title</b>	<b>Action from Conference</b>
<b>A16-1</b>	alPHa Board of Directors	Change to Quorum in Constitution	Carried
<b>A16-2</b>	Thunder Bay District Board of Health	Amending alPHa Resolution Submission Guidelines	Carried as amended
<b>A16-3</b>	Council of Ontario Medical Officers of Health	Health-Promoting Federal, Provincial and Municipal Infrastructure Funding	Carried
<b>A16-4</b>	Haliburton, Kawartha, Pine Ridge District Health Unit	Enactment of Legislation to Enforce Infection Prevention and Control Practices Within Invasive Personal Service Settings (PSS) under the <i>Health Protection and Promotion Act</i>	Carried as amended
<b>A16-5</b>	Thunder Bay District Board of Health	Healthy Babies Healthy Children 100% Funding	Carried
<b>A16-6</b>	Middlesex-London Board of Health	Advocate for a Comprehensive Province-Wide Healthy Eating Approach Integrating the Recommendations in the Senate's Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including Taxation of Sugar-Sweetened Beverages	Carried as amended

## alPHa RESOLUTION A16-1

**TITLE:** Change to Quorum in Constitution

**SPONSOR:** alPHa Board of Directors

WHEREAS alPHa's Board of Directors allows for up to 21 voting members; and

WHEREAS alPHa's Constitution defines quorum at Board of Directors meetings as the fixed number twelve (12); and

WHEREAS this fixed number is based on the assumption of a full complement of Directors on the Board; and

WHEREAS alPHa's Board of Directors, at full complement contains seven (7) Board of Health voting representatives, seven (7) Council of Ontario Medical Officers of Health voting representatives, and seven (7) Affiliate Organization voting representatives; and

WHEREAS from time-to-time there are vacancies in voting positions making quorum difficult to achieve; and

WHEREAS the Constitution may be amended at any general meeting of the Association; and

WHEREAS notice of the proposed amendment must be sent to every member at least thirty (30) days prior to the general meeting;

**NOW THEREFORE BE IT RESOLVED** that the Constitution of the Association of Local Public Health Agencies be revised such that quorum is defined as the simple majority of filled voting positions on the Association's Board of Directors;

**AND FURTHER** that quorum be additionally defined to include no less than one-third of the filled positions from each of the Board of Health voting representatives; Council of Ontario Medical Officers of Health voting representatives, and Affiliate Organization voting representatives;

**AND FURTHER** that the members of the Association are asked to approve these constitutional changes at the June 2016 Annual General Meeting.

**ACTION FROM CONFERENCE:** Resolution CARRIED

**alPHa RESOLUTION A16-2**

**TITLE:** Amending alPHa Resolution Submission Guidelines

**SPONSOR:** Thunder Bay District Board of Health

WHEREAS resolutions facilitate the formation of policy for the Association of Local Public Health Agencies (alPHa); and

WHEREAS resolutions make a substantive and significant contribution to the Association's public profile and agenda for action; and

WHEREAS timelines have been established for the submission of resolutions to alPHa; and

WHEREAS these established timelines provide for the necessary time required for review and categorization of submissions; and

WHEREAS the call for submissions allows for ample time for the members of the Association to format and submit any resolutions; and

WHEREAS resolutions received after the submission cut-off date are not subjected to the same review process by membership;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies (alPHa) undertake to review its Procedural Guidelines for alPHa Resolutions and that recommendations regarding the submission of late resolutions be brought back to the Annual General Meeting.

**ACTION FROM CONFERENCE:** Resolution CARRIED AS AMENDED

## alPHA RESOLUTION A16-3

<b>TITLE:</b>	<b>Health-Promoting Federal, Provincial and Municipal Infrastructure Funding</b>
<b>SPONSOR:</b>	<b>Council of Ontario Medical Officers of Health</b>
WHEREAS	the design of communities and transportation systems significantly impacts on the health and health equity of the population; and
WHEREAS	these impacts include physical activity, nutrition, obesity, air quality, injuries, and their related health conditions, as well as social and psychological wellbeing; and
WHEREAS	alPHA and OPHA have passed resolutions advocating for the Ontario provincial government to apply a <i>Health In All Policies</i> framework; and
WHEREAS	there are clear, evidence-informed recommendations for the design of communities and transportation systems to improve health and health equity in the population; and
WHEREAS	health and health equity-promoting design of communities and transportation systems also achieves economic, environmental and quality of life benefits; and
WHEREAS	local public health agencies in Ontario are working with partner agencies and with their communities to achieve health and health equity-promoting community and transportation system design, in keeping with the Ontario Public Health Standards; and
WHEREAS	the federal government through Infrastructure Canada is offering substantial funding grants for community and transportation infrastructure; and
WHEREAS	these funding grants could serve as a substantial opportunity to achieve health and health equity -promoting design for community and transportation infrastructure; and
WHEREAS	the objectives for these funds do not specifically include the improvement of population health; and
WHEREAS	the criteria cited for these funds do not include built form features known to improve health and health equity, such as complete and compact design supportive of active transportation and public transit; and
WHEREAS	the potential for such grants to achieve health and health equity-promoting community and transportation system design would be increased by including population health as an objective and with health and health equity-promoting design criteria; and
WHEREAS	notwithstanding the leadership provided by the provincial government in Ontario in health and health equity-promoting design, it would also be beneficial for Ontario provincial funding sources to require the objective of population-health improvement, and health and health-equity promoting criteria for community and transportation system design;

**WHEREAS** notwithstanding the leadership provided by the municipal governments in Ontario in health and health equity-promoting design, it would also be beneficial for municipal governments to officially pursue population-health improvement through the design of communities and transportation systems, applying evidence-informed design criteria to this end;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies (alPHA) endorse the pursuit of health and health equity through the design of communities and transportation systems; and

**AND FURTHER** that alPHA request that the federal Ministers of Infrastructure and Communities, Health, Transportation, Finance, and the Environment and Climate Change include improving population health as an objective, and include evidence informed health and health equity-promoting design criteria for federal community and transportation infrastructure funding;

**AND FURTHER** that alPHA request that the Ontario Ministers of Economic Development Employment and Infrastructure, Health and Long-Term Care, Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness), Municipal Affairs and Housing, Transportation, Finance, the Poverty Reduction Strategy, and the Environment and Climate Change include improving population health as an objective, and include evidence informed health and health equity-promoting design criteria for provincial community and transportation infrastructure funding;

**AND FURTHER** that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer of Canada, the Chief Medical Officer of Health for Ontario, the Ontario Professional Planners Institute, the Canadian Institute of Planners, the Association of Municipalities of Ontario, the Federation of Canadian Municipalities, the Ontario Public Health Association and the Canadian Public Health Association be so advised;

**AND FURTHER** that alPHA advocate for health and health equity through the design of communities and transportation systems as opportunities arise on an ongoing basis.

**ACTION FROM CONFERENCE:**                      **Resolution CARRIED**

## **aPHa RESOLUTION A16-4**

**TITLE:**           **Enactment of Legislation to Enforce Infection Prevention and Control Practices Within Invasive Personal Service Settings (PSS) under the *Health Protection and Promotion Act***

**SPONSOR:**       **Haliburton, Kawartha, Pine Ridge District Health Unit**

WHEREAS       Ontario has no legislation governing infection prevention and control practices to minimize the risk of blood borne disease transmission from practices/procedures performed at invasive Personal Service Settings (PSS); and

WHEREAS       The Personal Service Setting Protocol under the *Ontario Public Health Standards* (OPHS) governs the activities of public health units regarding PSS infection control; and

WHEREAS       The OPHS mandate one inspection per year for invasive personal service settings, which is the same frequency for non-invasive PSS such as a hair salon; and

WHEREAS       Public Health Inspectors (PHIs), in accordance with the OPHS and best practices, inspect invasive PSS without provincial legislation that outlines legal requirements for infection control needs and operator responsibilities; and

WHEREAS       Infection prevention and control practices are a major component of assessing invasive PSS to minimize the transmission risks of blood-borne disease; and

WHEREAS       Invasive PSS such as tattoo/body modification establishments or other invasive PSS require extra attention and time for PHIs to mitigate risk to the public by ensuring operators have adequate infection prevention and control practices in place; and

WHEREAS       An enforcement program should include set fines to be established for offences that are prosecuted under Part I of the *Provincial Offences Act* that can be settled out of court by payment of the amount written on the offence notice;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies strongly recommends and urgently requests the Government of Ontario to enact legislation implementing infection prevention and control requirements for invasive personal service settings under the *Health Protection and Promotion Act* with a suitable enforcement program such as short-form wording under the *Provincial Offences Act* to allow for the enforcement of non-compliance with the legislation under the *Health Protection and Promotion Act*;

**AND FURTHER** that an appropriate inspection frequency of invasive personal services settings be determined and included in the Infection Prevention and Control in Personal Services Settings Protocol, 2015 (or as current) under the Ontario Public Health Standards;

**AND FURTHER** that the province be asked to provide the necessary funding to accomplish these goals;

**AND FURTHER** that the Premier of Ontario, the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, the Association of Supervisors of Public Health Inspectors of Ontario, the Canadian Institute of Public Health Inspectors and the Ontario Public Health Association are so advised.

**ACTION FROM CONFERENCE:**

**Resolution CARRIED AS AMENDED**

**alPHa RESOLUTION A16-5**

**TITLE:                   Healthy Babies Healthy Children 100% Funding**

**SPONSOR:           Thunder Bay District Board of Health**

WHEREAS           the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS           the Healthy Babies Healthy Children program is a mandatory program for Boards of Health; and

WHEREAS           in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008; and

WHEREAS           collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program, the management and administration costs of which are already offset by the cost-shared budget for provincially mandated programs; and

WHEREAS           the HBHC program has made every effort to mitigate the outcome of the funding shortfall, this has becoming increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies (alPHa) urgently request the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing and administrative costs.

**ACTION FROM CONFERENCE:                   Resolution CARRIED**

**alPHa RESOLUTION A16-6**

- TITLE:** Advocate for a Comprehensive Province-Wide Healthy Eating Approach Integrating the Recommendations in the Senate’s Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including Taxation of Sugar-Sweetened Beverages
- SPONSOR:** Middlesex-London Board of Health
- WHEREAS** In Ontario, between 1978 and 2004 the prevalence of overweight children aged 12-17 increased from 14% to 29% and obese from 3% to 9% (Shields, 2006) Youth who are overweight and obese are at higher risk of being overweight or obese in adulthood (Singh, Mulder, Twisk, van Mechelen & Chinapaw, 2008); and
- WHEREAS** The etiology of obesity is complex and involves interactions between genetics, social and environmental factors; and
- WHEREAS** A comprehensive approach has been found to be most effective to bring about social change in order to improve health and wellbeing and reflected in the five elements of the Ottawa Charter for Health Promotion, World Health Organization(WHO), 1986, building healthy public policy, reorienting the health services, creating supportive environments, strengthening community action, developing personal skill; and
- WHEREAS** As part of a comprehensive approach, specific policy measures such as taxation can have a measurable impact, particularly when they are large enough to affect consumer behaviour, and revenues are redirected toward prevention efforts (Sturm et al, 2010); and
- WHEREAS** The Senate’s Report on Obesity describes an innovative, whole-of-society approach to address this important issue — and urges bold but practical steps that can and must be taken to help Canadians achieve and maintain healthy weights (2016); and
- WHEREAS** It is estimated that Canadians consume as much as 13% of their total calorie intake from added sugars (Brisbois et al, 2014); and
- WHEREAS** In children higher intake of Sugar Sweetened Beverages has been associated with a 55% increased risk of being overweight or obese compared to children with lower intake (Te Morenga, Mallard & Mann, 2012); and
- WHEREAS** WHO recommends the consumption of free sugar, both added and natural sugars be limited to 10% of total energy intake to reduce the risk of overweight, obesity and tooth decay (2015); and

**WHEREAS** The position paper, Sugar, Heart Disease and Stroke by the Heart and Stroke Foundation identifies a comprehensive approach to address the overconsumption of sugar, sweetened (energy dense, nutrient poor) beverages which evidence shows is linked to overweight and obese children (2014);

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to develop a province-wide comprehensive strategy to promote healthy eating and the taking into considerations the recommendations in the Senate's Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including taxation of sugar-sweetened beverages.

**AND FURTHER** that alPHa request an update on the progress of the Healthy Kids Panel's recommendations.

**ACTION FROM CONFERENCE:** Resolution CARRIED AS AMENDED

## References:

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- Shields M. Measured Obesity Overweight Canadian children and adolescents, Statistics Canada, 2006.
- Senate Report on Obesity - [www.parl.gc.ca/content/sen/committee/421/SOCI/Reports/2016-02-25\\_Revised\\_report\\_Obesity\\_in\\_Canada\\_e.pdf](http://www.parl.gc.ca/content/sen/committee/421/SOCI/Reports/2016-02-25_Revised_report_Obesity_in_Canada_e.pdf).
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- Te Morenga L, Mallard S, & Mann J, Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ* 2012; 345.
- World Health Organization. Guideline: Sugars intake for adults and children. Draft guidelines on free sugars released for public consultation, 5 March 2014.