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# **APHA’s Master List of Resolutions**

**December 2017**



**Preamble**

The work of the Alberta Public Health Association (APHA) in the last 75 years has been copious in many ways. Since its establishment in 1943, the APHA has advocated for changes in public health measures and has worked to protect the interests of public health workers in the province of Alberta. The APHA has strived to improve people’s health by addressing issues that relate to circumstances of life in small towns, cities, and rural areas, as well as behaviours deemed insalubrious or harmful.

The following document testifies to the vastness of the APHA’s work. It contains resolutions and motions put forward by the members of the association since 1944, which were discussed, approved or rejected during APHA’s Annual General Meetings. These resolutions are one (of potentially several) explicit marker of APHA members’ concerns relating to the health of Albertans. As such, resolutions have been a consistent mechanism of action for the APHA, throughout its history. Moreover, they provide an interesting window into the APHA’s priorities and how they have changed over time.

Generally speaking, we copied the resolutions verbatim from the archived copies of the meeting minutes from each annual meeting. As you will see, in some cases this meant that the information was somewhat incomplete or the context was not clear. For example, we aimed to record the status of each resolution, i.e., whether it was put to a vote, withdrawn, carried or rejected. Occasionally, the status was unknown as the minutes sometimes omitted this information (the status legend is also included at the bottom of each page). Recent resolutions tend to have more information about their status, and also are written and organized in a more structured form. For example, newer resolutions contain a preliminary section of “whereas” statements as justification, followed by the resolution and action section. Some more recent resolutions also have an accompanying background paper, which we have included where available. Further, while many resolutions relate to advocacy on public health issues, we found that some relate to APHA’s internal organization, structure, and daily activities. Because both types of resolutions potentially shed light on the association’s history, we have included both types here. Finally, while many resolutions in the archives included the names of the mover and seconder, or those who suggested amendments, we opted to omit that information because it was inconsistently recorded and to protect the privacy of members.

The effort to compile and publish this master list of resolutions is part of a larger project titled “Public Health Advocacy: Lessons learned from the History of the Alberta Public Health Association,” funded by a grant from the Alberta Historical Resources Foundation’s Heritage Preservation Partnership Program awarded to Lindsay McLaren, Kelsey Lucyk, and Frank Stahnisch. This larger project started in 2015 and aimed to examine the history of APHA from its 1943 foundation to the present day. As a crucial part of this project, we have identified and compiled resolutions from throughout the APHA’s history. We wish to particularly recognize the excellent work of Rogelio Velez Mendoza and Erika Roy in compiling this master resolution document.

This document is a rich source into the history of public health in Alberta and Canada. Delving into the details and context around individual resolutions would be an excellent task for further research, and to that end, we encourage a view of this master list as a living document, open to scrutiny, correction, and enrichment.

We hope you enjoy perusing this aspect of the APHA’s interesting public health history!

# **APHA’s Master List of Resolutions**

**December 2017**

**Legend:**

\* Vote placed, resolution carried

\*\* Vote placed, resolution not carried

\*\*\* Resolution carried, but no record of whether a vote was taken

\*\*\*\* Resolution withdrawn

\*\*\*\*\* Resolution amended and carried

\*\*\*\*\*\* Resolution amended and not carried

\*\*\*\*\*\*\* Resolution status (carried or not) not known

|  |
| --- |
| Resolution carried (\*, \*\*\*, \*\*\*\*\*) |
| Resolution not carried (\*\*, \*\*\*\*, \*\*\*\*\*\*) |
| Resolution status unknown (\*\*\*\*\*\*\*) |

|  |
| --- |
| **1944** |
| [One Dollar Membership Fee](#_One_Dollar_Membership) \**October 2nd/3rd 1944* |
| [City Health Departments & Health Units Salary Schedule](#_City_Health_Departments) \**October 2nd/3rd 1944* |
| [Salary Schedule Committee](#_Salary_Schedule_Committee) \**October 2nd/3rd 1944* |
| [Health Units Pension System](#_Health_Units_Pension) \*\*\**October 2nd/3rd 1944* |
| [Health Units Workplace Advancement System](#_Health_Units_Workplace) \*\*\**October 2nd/3rd 1944* |
| [Dental Public Health Post-Graduate Study](#_Dental_Public_Health) \*\*\**October 2nd/3rd 1944* |
| [Dental Service Provision in Rural Health Districts](#_Dental_Service_Provision) \*\*\**October 2nd/3rd 1944* |
| [Staff Nutritionist for Health Units](#_Staff_Nutritionist_for) \*\*\**October 2nd/3rd 1944* |
| [Communicable Disease Isolation Accommodation Improvement](#_Communicable_Disease_Isolation) \*\*\**October 2nd/3rd 1944* |
| [Authorization of Boards of Health](#_Authorization_of_Boards) \*\*\**October 2nd/3rd 1944* |
| [Committee for Preventive Medicine Certification for Medical Health Officers](#_Committee_for_Preventative) \*\*\**October 2nd/3rd 1944* |
| [Department of Trade and Industry Act Amendment](#_Department_of_Trade) \*\*\**October 2nd/3rd 1944* |
| [Fumigation Regulations](#_Fumigation_Regulations_*) \*\*\**October 2nd/3rd 1944* |
| [Public Health Nurses Pension Study](#_Public_Health_Nurses_1) \*\*\**October 2nd/3rd 1944* |
| [Rural Public Health Nurses Compensation](#_Rural_Public_Health) \*\*\**October 2nd/3rd 1944* |
| [Responsibility for Living Conditions of Rural Public Health Nurses](#_Responsibility_for_Living) \*\*\**October 2nd/3rd 1944* |
| [Provincial Department of Health Placement Service for Public Health Nurses](#_Provincial_Department_of_2) \*\*\**October 2nd/3rd 1944* |
| **1945** |
| [Association Fee Collection Date](#_Association_Fee_Collection) \**September 4th/5th 1945* |
| [Government Subsidy for Alberta Public Health Worker Magazine](#_Government_Subsidy_for) \*S*eptember 4th/5th 1945* |
| [Editorial Board Appointment of Manager of Alberta Public Health Worker Magazine](#_Editorial_Board_Appointment) \**September 4th/5th 1945* |
| [Future Programme Planning Procedures](#_Future_Programme_Planning) \**September 4th/5th 1945* |
| [Foster Home Child Supervision Training & Home Investigation](#_Foster_Home_Child) \*\*\**September 4th/5th 1945* |
| [Revoking Measles Placarding Regulations](#_Revoking_Measles_Placarding) \*\*\**September 4th/5th 1945* |
| [Relaxation of Scarlett Fever Quarantine Isolation Procedure](#_Relaxation_of_Scarlett) \*\*\**September 4th/5th 1945* |
| [Secretary-Technician Permitted Operation of Sterilizer](#_Secretary-Technician_Permitted_Oper) \*\*\**September 4th/5th 1945* |
| [Milk Packaging for Restaurant Consumption](#_Milk_Packaging_for) \*\*\*\*\**September 4th/5th 1945* |
| [Milk Regulation Word Correction](#_Milk_Regulation_Word) \**September 4th/5th 1945* |
| [Health Inspector Refresher Course](#_Health_Inspector_Refresher) \**September 4th/5th 1945* |
| [Board Responsibility for Rural Health Nurses Accommodations](#_Board_Responsibility_for) \*\*\**September 4th/5th 1945* |
| [Mental Hygiene Courses for Public Health Personnel](#_Mental_Hygiene_Courses) \*\*\*\*\**September 4th/5th 1945* |
| [Armed Services Facilities for Youth Recreation](#_Armed_Forces_Facilities) \*\*\**September 4th/5th 1945* |
| **1946** |
| [Preventive Mental Health Educational Programme for Public Health Workers and Teachers](#_Preventative_Mental_Health) \*\*\**September 16th/17th 1946* |
| [Gamma Globulin Addition to Immunization Service](#_Gamma_Globulin_Addition) \*\*\**September 16th/17th 1946* |
| [Provincial Board of Health Nuisances Regulations](#_Provincial_Board_of_2) \*\*\**September 16th/17th 1946* |
| [Health Board Restaurant/Bakeshop Regulation](#_Health_Board_Restaurant/Bakeshop) \*\*\**September 16th/17th 1946* |
| [Autonomy of Licensed Fumigator](#_Autonomy_of_Licensed) \*\*\**September 16th/17th 1946* |
| [Nuisance Regulations Amendment for Effluent Transportation](#_Nuisance_Regulations_Amendment) \*\*\**September 16th/17th 1946* |
| **1947** |
| [Canadian Public Health Association Affiliation Study](#_Canadian_Public_Health) \**September 8th/9th 1947* |
| Unknown resolutions were approved*September 8th/9th 1947* |
| **1948** |
| [Canadian Public Health Association Affiliation Decision](#_Canadian_Public_Health_1) \**September 7th/8th 1948* |
| [APHA Mental Health Section](#_APHA_Mental_Health) \**September 7th/8th 1948* |
| [Notification of New Public Health Job Posts](#_Notification_of_New) \**September 7th/8th 1948* |
| [Personnel Policies of Health Unit Workers Study](#_Personnel_Policies_of) \*\*\**September 7th/8th 1948* |
| [Communication of Tuberculosis Cases to Health Units](#_Communication_of_Tuberculosis) \*\*\**September 7th/8th 1948* |
| **1949** |
| [Executive Empowerment to Work on APHA Problems](#_Executive_Empowerment_to) \**September 12th/13th 1949* |
| [APHA Constitutional Changes and Affiliation with the CPHA](#_APHA_Constitutional_Changes) \*\*\**September 12th/13th 1949* |
| [Provincial Board of Health Legislation on Medical Officers of Health Authority on Food Handling Establishments](#_Provincial_Board_of) \**September 12th/13th 1949* |
| [Provincial Department of Public Health Provision of Literature to Local Boards](#_Provincial_Department_of) \**September 12th/13th 1949* |
| [Public Health Legislation on Food-Handling Establishments Review](#_Public_Health_Legislation) \**September 12th/13th 1949* |
| [No Fowl Killing in Food-Handling Establishments](#_No_Fowl_Killing) \**September* *12th*/*13th* *1949* |
| [Committee to Study the CPHA Salary Survey](#_Committee_to_Study) \**September 12th/13th 1949* |
| **1950** |
| [Public Health Worker Magazine Name Change](#_Public_Health_Worker) \**September 4th/5th/6th 1950* |
| [Abolishment of the Office of the APHA Secretary-Treasurer](#_Abolishment_of_the) \**September 4th/5th/6th 1950* |
| [Health Grant for Cities](#_Health_Grant_for) \*\**September 4th/5th/6th 1950* |
| [APHA Membership to Public Health Dental Assistants](#_APHA_Membership_to) \*\**September 4th/5th/6th 1950* |
| [Financial Recognition of Public Health Nurses Post-Graduate Work](#_Financial_Recognition_of) \**September 4th/5th/6th 1950* |
| [Appointment of Nurse Supervisor to Rural Health Units](#_Appointment_of_Nurse) \**September 4th/5th/6th 1950* |
| [Provincial Government Exclusion of Public Health Workers Opinions](#_Provincial_Government_Exclusion) \**September 4th/5th/6th 1950* |
| [Request to Provincial Department of Health to Institute Monthly Bulletin](#_Request_to_Provincial) \**September 4th/5th/6th 1950* |
| **1951 (missing)** |
| **1952** |
| [APHA Annual Fee Increase](#_APHA_Annual_Fee) \**September 11th / 12th 1952* |
| [Deputy Minister of Health Appointment to APHA Executive as Ex-Officer Member](#_Deputy_Minister_of) \**September 11th / 12th 1952* |
| [Appointment of Assistant to Director of Rural Health Units and Communicable Diseases](#_Appointment_of_Assistant) \*\*\*\*\**September 11th / 12th 1952* |
| [Creation of Director of Communicable Diseases Post](#_Creation_of_Director) \**September 11th / 12th 1952* |
| [APHA Study of Provincial Standardization of Immunization Procedures](#_APHA_Study_of) \*\*\*\*\**September 11th / 12th 1952* |
| [Request to Department of Health for Public Health Project Outlines](#_Request_to_Department) \*\*\*\*\**September 11th / 12th 1952* |
| [District Chairmen Appointment Procedure Change](#_District_Chairmen_Appointment) \**September 11th / 12th 1952* |
| [Arrangement for Sanitary Inspectors’ Refresher Courses](#_Arrangement_for_Sanitary) \*\*\*\*\**September 11th / 12th 1952* |
| [Arrangement for Sanitary Inspectors’ Refresher Courses – Amended](#_Amendment_to_Department) \*\*\*\*\*\*\**September 11th / 12th 1952* |
| [Provision of Jamieson Kits to Health Departments](#_Provision_of_Jamieson) \**September 11th / 12th 1952* |
| [Food-handling Establishments’ Licencing Revision](#_Food-handling_Establishments’_Licen) \**September 11th / 12th 1952* |
| [Restaurant Space Recommendation to Provincial Board of Health](#_Restaurant_Space_Recommendation) \**September 11th / 12th 1952* |
| [Canadian Medical Association Refresher Course in Public Health Preventive Medicine](#_Canadian_Medical_Association) \**September 11th / 12th 1952* |
| [Appointment of Nurse Supervisor to Rural Health Units Follow-up](#_Appointment_of_Nurse_1) \**September 11th / 12th 1952* |
| **1953** |
| [Declination of Affiliation with the Western Branch of the American Public Health Association](#_Decline_of_Affiliation) \*\*\*\*\**September 2nd, 3rd, and 4th 1953* |
| [Request to Provincial Board of Health to Consult APHA Advisory Committee](#_Request_to_Provincial_1) \**September 2nd, 3rd, and 4th 1953* |
| [Request Provincial Health Department for Hospital Space](#_Request_to_Provincial_2) \**September 2nd, 3rd, and 4th 1953* |
| [Request to Provincial Departments of Agriculture and Health for Veterinary Inspection of Slaughtered Animals](#_Request_to_Provincial_3) \**September 2nd, 3rd, and 4th 1953* |
| [Recommendation to Provincial Board of Health for “Milk and Dairy” Regulation Updates](#_Recommendation_to_Provincial) \**September 2nd, 3rd, and 4th 1953* |
| [Arrangement for Public Health Personnel Directory](#_Arrangement_for_Public) \**September 2nd, 3rd, and 4th 1953* |
| [Amendment to Department of Health Regulations on Annual Leave](#_Amendment_to_Department) \**September 2nd, 3rd, and 4th 1953* |
| [Re-submit Request to Department of Health for Public Health Project Outlines](#_Re-submit_Request_to) \**September 2nd, 3rd, and 4th 1953* |
| [Additional Sections within the APHA](#_Additional_Sections_within) \*\*\*\*\*\*\**September 2nd, 3rd, and 4th 1953* |
| [Position of APHA’s Advisory Committee](#_Position_of_APHA’s) \**September 2nd, 3rd, and 4th 1953* |
| [Review of Allotment of Nurses in Rural Health Units](#_Review_of_Allotment) \*\*\*\*\*\*\**September 2nd, 3rd, and 4th 1953* |
| **1954** |
| [APHA Committee for Creation of a Public Health Personnel Directory](#_APHA_Committee_for) \**September 1st, 2nd, and 3rd 1954* |
| [Creation of the Occupational Health Workers APHA Section](#_Creation_of_the) \**September 1st, 2nd, and 3rd 1954* |
| [First Unofficial Meeting of the Occupational Health Workers Section & Appointment of Chairman](#_First_Unofficial_Meeting) \**September 1st, 2nd, and 3rd 1954* |
| [Request to Department of Health for Half of All Health Unit Staff to Attend Future APHA Conventions](#_Request_to_Department_1) \**September 1st, 2nd, and 3rd 1954* |
| [APHA Committee for the Creation of a Public Health Workers Nominal Roll](#_APHA_Committee_for_1) \**September 1st, 2nd, and 3rd 1954* |
| [Registering APHA under the Societies Act](#_Registering_APHA_under) \**September 1st, 2nd, and 3rd 1954* |
|  [APHA Constitution Changes](#_Registering_APHA_under) \**September 1st, 2nd, and 3rd 1954* |
| **1955** |
| [APHA Thanks of Support to the Provincial Government](#_APHA_Thanks_of) \*\*\**September 6th 1955* |
| [APHA Name Change and Constitutional Change](#_APHA_Name_Change) \**September 6th 1955* |
| [Recommendation for Annual Meetings for Senior Nurses in Health Units and City Health Departments](#_Recommendation_for_Annual) \**September 6th 1955* |
| [Recommended to Alberta Health Education Department for the Review of the Film Library](#_Recommended_to_Alberta) \**September 6th 1955* |
| [Recommendation for Issuing of Food Eating Establishment Regulations](#_Recommendation_for_Issuing) \**September 6th 1955* |
| [Request for Compulsory Attendance to Food-handling Sanitation Classes for Restaurant Supervisors and Employees](#_Request_for_Compulsory) \**September 6th 1955* |
| [Request to National Film Board for Films on Baking Sanitation](#_Request_to_National) \**September 6th 1955* |
| [Request to Provincial Board of Health for 3 Types of Food-handling Establishment Licenses](#_Request_to_Provincial_4) \*\*\*\*\*\*\**September 6th 1955* |
| [Recommendation to Provincial Board of Health on Restaurant Dining Space Regulation](#_Recommendation_to_Provincial_1) \*\*\*\*\*\*\**September 6th 1955* |
| [Recommendation to Provincial Board of Health on the Definition of ‘Milk’ and Regulations Respecting Dairies and Milk](#_Recommendation_to_Provincial_2) \*\*\*\*\*\*\**September 6th 1955* |
| **1956** |
| [APHA Representative to the American Public Health Association Western Branch](#_APHA_Representative_to) \**August 29th, 30th, 31st, 1956* |
| [Recommendation to Provincial Board of Health on Kitchen Area and Food Storage Area Regulation](#_Recommendation_to_Provincial_3) \**August 29th, 30th, 31st, 1956* |
| [APHA Constitution Amendments – Membership for Industrial Organizations](#_APHA_Constitution_Amendments) \*\*\*\*\*\**August 29th, 30th, 31st, 1956* |
| **1957** |
| [Request to Provincial Government for Graded Milk Labeling](#_Request_to_Provincial_5) \**September 6th 1957* |
| [Regulation Change to Patient Procedures of Scarlet Fever, Scarlatina and Streptococcal Sore Throat](#_Regulation_Change_to) \*\*\*\*\**September 6th 1957* |
| [Extension of Professional Training Grant to Occupational Health Nurses](#_Extension_of_Professional) \**September 6th 1957* |
| [Department of Public Health Make Available Free Rheumatic Fever Drugs](#_Department_of_Public) \**September 6th 1957* |
| [APHA Committee to Prepare Roster of All Public Health Workers in the Province](#_APHA_Committee_to) \*\*\*\*\**September 6th 1957* |
| [Public Health Nurses Uniforms](#_Public_Health_Nurses) \**September 6th 1957* |
| [Nursing Consultant Position in Maternal and Child Health, Division of Local Health Services](#_Nursing_Consultant_Position) \**September 6th 1957* |
| [New Committee To Study the APHA Constitution and Bylaws](#_New_Committee_To) \**September 6th 1957* |
| [New APHA Health Services Section](#_New_APHA_Health) \*\*\*\**September 6th 1957* |
| [Committee to Study Restaurant and Food Handling Permits](#_Committee_to_Study_1) \**September 6th 1957* |
| **1958** |
| [APHA Support for Occupational Health Division in the Department of Health](#_APHA_Support_for) \**September 5th 1958* |
| [Eligibility of Occupational Health Workers for the Dominion-Provincial Educational Grants](#_Eligibility_of_Occupational) \**September 5th 1958* |
| [Establishment of Poison Control Centres](#_Establishment_of_Poison) \**September 5th 1958* |
| [Running Hot and Cold Water in All Permanent Food Establishments](#_Running_Hot_and) \**September 5th 1958* |
| [APHA Support for Public Health Dentistry Division in the Department of Health](#_APHA_Support_for_1) \**September 5th 1958* |
| [Course for Training Dental Hygiene Assistants on Topical Fluoride](#_Course_for_Training) \**September 5th 1958* |
| **1959** |
| [APHA Constitution Amendment – Membership Fee](#_APHA_Constitution_Amendment) \**September 3rd 1959* |
| [APHA Constitution Amendment – Dental Officers Section](#_APHA_Constitution_Amendment_1) \**September 3rd 1959* |
| [APHA New Occupational Health Workers Section](#_APHA_New_Occupational) \**September 3rd 1959* |
| [Borrowing of Books and Journals by Health Unit Staffs from the University Library](#_Borrowing_of_Books) \**September 3rd 1959* |
| **1960** |
| [Section 13 Constitution Amendment](#_Section_13_Constitution) \**September 8th/9th1960* |
| [Section 20 Constitution Amendment](#_Section_20_Constitution) \**September 8th/9th1960* |
| [Editorial Representative Appointment](#_Editorial_Representative_Appointmen) \**September 8th/9th1960* |
| [Desirability of Enacting Minimum Public Health Housing Standards Committee](#_Desirability_of_Enacting) \**September 8th/9th1960* |
| **1961 (missing)** |
| **1962** |
| [Investigation of Dismissal of Medical Officer of Health](#_Investigation_of_Dismissal) \**April 25th/26th 1962* |
| [Inquiry into Grievances of Public Health Workers](#_Inquiry_into_Grievances) \**April 25th/26th 1962* |
| [The Amendment of the By-laws](#_The_Amendment_of) \**April 25th/26th 1962* |
| [Investigation into Need of a Veterinary Surgeon](#_Investigation_into_Need) \**April 25th/26th 1962* |
| [Maternal and Child Health Consultant Full Time Appointment](#_Maternal_and_Child) \**April 25th/26th 1962* |
| [Encouragement to the Employment of Speech Therapists](#_Encouragement_to_the) \**April 25th/26th 1962* |
| [Director of Dental Services Full Time Appointment](#_Director_of_Dental) \**April 25th/26th 1962* |
| [Salary Committee](#_Salary_Committee_–) \**April 25th/26th 1962* |
| [Provincial Department of Public Health Emergency Disaster Plan](#_Provincial_Department_of_1) \**April 25th/26th 1962* |
| [Provincial Board of Health Regulations Requiring Compulsory Pasteurization of All Milk](#_Provincial_Board_of_1) \**April 25th/26th 1962* |
| [Committee for Course in Food Handling](#_Committee_for_Course) \**April 25th/26th 1962* |
| **1963** |
| [Addition to Section 22 of By-laws](#_Addition_to_Section) \**April 18th/19th 1963* |
| [Formation of a Standing Permanent Committee on Personal Policy](#_Formation_of_a) \**April 18th/19th 1963* |
| [Annual Workshop for M.O.H. and P.H.N.](#_Annual_Workshop_for) \**April 18th/19th 1963* |
| [Director of Dental Services for the Province of Alberta Be Made a Full Time Appointment](#_Director_of_Dental_1) \**April 18th/19th 1963* |
| [Pasteurization of Milk](#_Pasteurization_of_Milk) \**April 18th/19th 1963* |
| **1964** |
| [Establishment of Roped-Off Swimming Areas](#_Establishment_of_Roped-Off) \**April 2nd/3rd 1964* |
| [Inclusion of a Course in Health Education as a Requirement for All Grade 10 Students](#_Inclusion_of_a) \**April 2nd/3rd 1964* |
| [Alteration of Boundaries of Welfare Officers’ Jurisdictions](#_Alteration_of_Boundaries) \**April 2nd/3rd 1964* |
| [Forgoing of Nurses Workshop for One Year](#_Forgoing_of_Nurses) \**April 2nd/3rd 1964* |
| [Secretary and Treasurer Be Appointed for a Two Year Period with Terms Commencing on Alternate Years](#_Secretary_and_Treasurer) \**April 2nd/3rd 1964* |
| [Director of Local Health Services No Longer Serve as an Ex-officio Member of the Executive Committee of the C.P.H.A. (Alberta Division)](#_Director_of_Local) \*\**April 2nd/3rd 1964* |
| [Formation of a Dental Auxiliaries Section](#_Formation_of_a_1) \**April 2nd/3rd 1964* |
| **1965** |
| [Report of Committee on Salaries and Personnel Policies](#_Report_of_Committee) \**May 31st/June 2nd 1965* |
| [Pasteurization of Milk (2)](#_Pasteurization_of_Milk_1) \**May 31st/June 2nd 1965* |
| [Simply Majority Sufficient in Any Future Plebiscite on Fluoridation](#_Simply_Majority_Sufficient) \**May 31st/June 2nd 1965* |
| **1966** |
| [Permission for Health Personnel to Attend the Annual APHA (Alberta Division) Convention](#_Permission_for_Health) \*\*\**April 15th 1966* |
| [Endorsement of Fluoridation of Water](#_Endorsement_of_Fluoridation) \*\*\**April 15th 1966* |
| [Telegram to Premier Regarding Resolution on Fluoridation of Water](#_Telegram_to_Premier) \**April 15th 1966* |
| [Inclusion of Nursing in the List of Professions Eligible for Active Membership](#_Inclusion_of_Nursing) \**April 15th 1966* |
| [Redesignation of the Nurses’ Section and Sanitarians’ Section](#_Redesignation_of_the) \**April 15th 1966* |
| [Reassignment of Responsibility of the Vice-President](#_Reassignment_of_Responsibility) \**April 15th 1966* |
| **1967** |
| [Appointment of an Official Auditor](#_Appointment_of_an) \**April 7th 1967* |
| [Planning for the Annual Convention](#_Planning_for_the) \**April 7th 1967* |
| [Honorary Membership](#_Honorary_Membership_–) \**April 7th 1967* |
| [Investigation, Encouragement, and Promotion of Establishment of Environmental Health Sciences and Occupational Health Research Facilities and Courses](#_Investigation,_Encouragement,_and) \**April 7th 1967* |
| [Committee to Investigate Encroachment of Department of Welfare](#_Committee_to_Investigate) \*\**April 7th 1967* |
| **1968** |
| [Communication between Executive and Members](#_Communication_between_Executive) \**April 18th/19th 1968* |
| [Committee to Form and Present a Brief to be submitted to the Commission on Mental Health Services](#_Committee_to_Form) \**April 18th/19th 1968* |
| [Recommendation for Formulation of a Public Health Plan for Disaster](#_Recommendation_for_Formulation) \*\**April 18th/19th 1968* |
| [Appointment of a Full Time Nursing Consultant in Occupational Health](#_Appointment_of_a) \**April 18th/19th 1968* |
| [Renaming of Occupational Health Workers Section](#_Renaming_of_Occupational) \*\*\**April 18th/19th 1968* |
| [Research Programme into Glass Washing in Beverage Rooms](#_Research_Programme_into) \**April 18th/19th 1968* |
| **1969** |
| [Formation of Health Care Section](#_Formation_of_Health) \**April 10th/11th 1969* |
| [Redesignation of Occupational Health Workers Section](#_Redesignation_of_Occupational) \**April 10th/11th 1969* |
| [Recommendation to Minister of Health surrounding Need In-Patient Facilities, Specifically for Emotionally Disturbed Children and Juveniles](#_Recommendation_to_Minister) \**April 10th/11th 1969* |
| [Study to Determine the Extent of Need for Short Term Custodial Facilities for the Handicapped](#_Study_to_Determine) \**April 10th/11th 1969* |
| [Cost Sharing for Executive Meetings](#_Cost_Sharing_for) \**April 10th/11th 1969* |
| [Alberta Division to Ask National Body to Consider Increasing the Membership Fees on a Sliding Scale According to Income](#_Alberta_Division_to) \**April 10th/11th 1969* |
| **1970** |
| [Constitution Amendment – Section 6 Honorary Memberships](#_Constitution_Amendment_Section) \*\**April 2nd, 1970* |
| [Constitution Amendment – Section 19 Secretary/Treasurer Terms/Elections](#_Constitution_Amendment_–) \**April 2nd, 1970* |
| [Treasurer Elections](#_Treasurer_Elections) \**April 2nd, 1970* |
| [Support for Breathalyser Law](#_Support_for_Breathalyser) \**April 2nd, 1970* |
| [Support for Opposition to Bill 80](#_Support_for_Opposition) \*\*\*\**April 2nd, 1970* |
| [Amendments to Constitution/Bylaws Regarding Objects and Functions of APHA](#_Amendments_to_Constitution/Bylaws) \**April 2nd, 1970* |
| **1971** |
| [Name Change from CPHA AB Division to APHA](#_Name_Change_from) \**April 15th 1971* |
| [APHA Objects Revision](#_APHA_Objects_Revision) \**April 15th 1971* |
| [Adoption of New 1971 APHA Bylaws](#_Adoption_of_New) \**April 15th 1971* |
| [Rescinding of Legislation on Enacting a Pasteurization Bylaw](#_Rescinding_of_Legislation) \*\*\*\**April 15th 1971* |
| [Recommended Amendment of Municipal Government Act Regarding Pasteurization Bylaws](#_Recommended_Amendment_of) \**April 15th 1971* |
| [Recommended Legislation on All Milk Consumed in Public Places Be Pasteurized](#_Recommended_Legislation_on) \* *April 15th 1971* |
| [Petition for the Creation of an Alberta Council of Health](#_Petition_for_the) \**April 15th 1971* |
| [Designation of One Deputy Minister of Health and Social Development Position to Physicians](#_Designation_of_One) \**April 15th 1971* |
| **1972** |
| [Recommendation for a Province Wide Home Care Program](#_Recommendation_for_a) \**April 5th 1972* |
| [Recommendation for Greater Community Orientation of Medical Students](#_Recommendation_for_Greater) \**April 5th 1972* |
| [Recommendation for More Lecture Hours on Senior Health Care Needs Medical/Nursing Students](#_Recommendation_for_More) \**April 5th 1972* |
| [Procedure for Presenting APHA Resolutions to Respective Bodies](#_Procedure_for_Presenting) \*\*\*\*\**April 5th 1972* |
| [Recording of APHA Conference Presentations For Future Reference](#_Recording_of_APHA) \**April 5th 1972* |
| **1973** |
| [Interest of APHA Public Health Nurses in Planning Future Public Health Nurse Programs](#_Interest_of_APHA) \*\*\*\**April 5th 1973* |
| [Re: Recommended Amendment of Municipal Government Act Regarding Pasteurization Bylaws](#_Re:_Recommended_Amendment) \*\*\*\**April 5th 1973* |
| [Re-organization of the APHA](#_Re-organization_of_the) \*\**April 5th 1973* |
| [Committee to Examine Re-organization of the APHA](#_Committee_to_Examine) \**April 5th 1973* |
| [Nursing Representation on Provincial Planning](#_Nursing_Representation_on) \**April 5th 1973* |
| **1974** |
| [Re-Organization of the A.P.H.A Structure](#_Re-Organization_of_the_1) \**April 17th 1974* |
| [Judy Hill Memorial Fund](#_Judy_Hill_Memorial) \**April 17th 1974* |
| **1975** |
| [CPHA Consulting Service](#_CPHA_Consulting_Service*) \*May 26th 1975 |
| [By-Law #11 and # 23 Revisions](#_By-Law_#11_and) \*May 26th 1975 |
| [Re: Judy Hill Memorial Fund](#_Re:_Judy_Hill) \*May 26th 1975 |
| [Extraordinary Resolution: Bylaw Revisions](#_Extraordinary_Resolution:_Bylaw) \*May 26th 1975 |
| **1976** |
| [Membership Fee Revision](#_Membership_Fee_Revision*) \**April 29th 1976* |
| [Resolutions Chairman Revision](#_Resolutions_Chairman_Revision*) \**April 29th 1976* |
| [Convention Planning Committee](#_Convention_Planning_Committee*) \**April 29th 1976* |
| [Highway Accident Task Force Report](#_Highway_Accident_Task) \**April 29th 1976* |
| [Alberta Health Care Insurance Commission](#_Alberta_Health_Care) \*\*\*\*\**April 29th 1976* |
| [Foreseeable Decline in Public Health Services Delivery](#_Foreseeable_Decline_in) \*\*\*\*\*\*\**April 29th 1976* |
| **1977** |
| [Extraordinary Resolution #1](#_Extraordinary_Resolution_#1*) \**April 29th 1977* |
| [Extraordinary Resolution #2](#_Extraordinary_Resolution_#2*) \**April 29th 1977* |
| [Home Care Resolution](#_Home_Care_Resolution*) \*\*\*\*\**April 29th 1977* |
| **1978** |
| [Resolution on School Health Education](#_Resolution_on_School) \**April 14th 1978* |
| [Resolution on Smoking](#_Resolution_on_Smoking*) \**April 14th 1978* |
| [Extraordinary Resolution](#_Extraordinary_Resolution*) \**April 14th 1978* |
| **1979** |
| [Philosophy and Objectives of APHA](#_Philosophy_and_Objectives) \**April 20th 1979* |
| [Food Service Education and Health Permits](#_Food_Service_Education) \**April 20th 1979* |
| [Milk Pasteurization](#_Milk_Pasteurization*) \**April 20th 1979* |
| [Extraordinary Resolutions 1-7](#_Extraordinary_Resolutions_1-7*) \**April 20th 1979* |
| **1980** |
| [Revision of Purpose of APHA](#_Revision_of_Purpose) \**April 18th 1980* |
| [Support for the Charter of Health for Canadians](#_Support_for_the) \*\**April 18th 1980* |
| [APHA Raffle](#_APHA_Raffle**) \*\**April 18th 1980* |
| [Refuse Licensing Sun Tan Parlors in Alberta](#_Refuse_Licensing_Sun) \*\**April 18th 1980* |
| **1981** |
| [Alberta Adolescent Nutrition](#_Alberta_Adolescent_Nutrition*) \**April 10th 1981* |
| [Canadian Adolescent Nutrition](#_Canadian_Adolescent_Nutrition*) \**April 10th 1981* |
| [Public Hearings on Noise](#_Public_Hearings_on) \**April 10th 1981* |
| [Acid Rain Pollution](#_Acid_Rain_Pollution*) \**April 10th 1981* |
| [Adolescent Health Promotion](#_Adolescent_Health_Promotion*****) \*\*\*\*\**April 10th 1981* |
| [Increasing Public Membership in the APHA](#_Increasing_Public_Membership) \**April 10th 1981* |
| [Regulation of Landfills](#_Regulation_of_Landfills*****) \*\*\*\*\**April 10th 1981* |
| [Transportation of Dangerous Goods](#_Transportation_of_Dangerous) \**April 10th 1981* |
| [Promotion of Gambling](#_Promotion_of_Gambling**) \*\**April 10th 1981* |
| [Extra Billing](#_Extra_Billing*) \**April 10th 1981* |
| **1982** |
| [Membership Fee Increase](#_Membership_Fee_Increase*) \**April 2nd 1982* |
| [New Class of Membership](#_New_Class_of) \**April 2nd 1982* |
| [Public Membership CPHA](#_Public_Membership_CPHA**) \*\**April 2nd 1982* |
| [Funding of Health Services Administration Programs](#_Funding_of_Health) \*\*\*\*\**April 2nd 1982* |
| [Transportation of Dangerous Goods](#_Transportation_of_Dangerous_1) \**April 2nd 1982* |
| [Motor Vehicle Accidents](#_Motor_Vehicle_Accidents*****) \*\*\*\*\**April 2nd 1982* |
| [Hazardous Wastes](#_Hazardous_Wastes*) \**April 2nd 1982* |
| [Noise](#_Noise*) \**April 2nd 1982* |
| [Measles Elimination](#_Measles_Elimination*****) \*\*\*\*\**April 2nd 1982* |
| [APHA Position on Cruise Missile Testing](#_APHA_Position_on) \**April 2nd 1982* |
| [Food-borne Illness Investigation](#_Food-borne_Illness_Investigation*) \**April 2nd 1982* |
| [Incomes and Working Conditions](#_Incomes_and_Working) \**April 2nd 1982* |
| [Alberta Hospital Utilization Committee](#_Alberta_Hospital_Utilization) \**April 2nd 1982* |
| [Alternatives to Institutional Care](#_Alternatives_to_Institutional) \**April 2nd 1982* |
| [Policies of Flexibility Regarding Work Options](#_Policies_of_Flexibility) \**April 2nd 1982* |
| [Family Safety](#_Family_Safety*****) \*\*\*\*\**April 2nd 1982* |
| [Pincher Creek Epidemiological Study](#_Pincher_Creek_Epidemiological) \**April 2nd 1982* |
| [Family Planning Staff in Department of Social Services and Community Health](#_Family_Planning_Staff) \**April 2nd 1982* |
| **1983** |
| [Adoption of New Philosophy](#_Adoption_of_New_1) \**May 13th 1983* |
| [Chemical Threats to our environment and to public health](#_Chemical_Threats_to) \**May 13th 1983* |
| [Public Health Geriatric Programs](#_Public_Health_Geriatric) \*\*\*\*\**May 13th 1983* |
| [Influencing Governments and the Political Process](#_Influencing_Governments_and) \**May 13th 1983* |
| [Alberta Public Health Association Support Services](#_Alberta_Public_Health) \*\*\*\*\**May 13th 1983* |
| [Fluoridation of Public Water Supplies](#_Fluoridation_of_Public) \**May 13th 1983* |
| [Sexuality Education in the School health Curriculum](#_Sexuality_Education_in) \*\*\*\*\**May 13th 1983* |
| [Alternative to Institutional Care](#_Alternative_to_Institutional) \**May 13th 1983* |
| [Nuclear Disarmament](#_Nuclear_Disarmament_*****) \*\*\*\*\**May 13th 1983* |
| [Further Action Required on Cruise Missile Testing in Canada](#_Further_Action_Required) \**May 13th 1983* |
| [Alberta Public Health Association Opposition to Hospital User Fees](#_Alberta_Public_Health_1)  \*\*\*\*\**May 13th 1983* |
| [Assessment of the Health Needs of Albertans](#_Assessment_of_the) \**May 13th 1983* |
| [Balance Billing Education Campaign](#_Balance_Billing_Education) \*\*\*\*\**May 13th 1983* |
| [Monitoring Disposal of Antineoplastic Drugs](#_Monitoring_Disposal_of) \*\*\*\*\**May 13th 1983* |
| [Master's Degree in Community Health Nursing](#_Master's_Degree_in) \*\**May 13th 1983* |
| [Introduction of an Independent Professional Audit Committee for Local Health Authorities](#_Introduction_of_an) \*\**May 13th 1983* |
| [Epidemiologist. Non-Communicable Diseases for the Province of Alberta](#_Epidemiologist._Non-Communicable_Di) \*\*\*\*\**May 13th 1983* |
| **1984** |
| [Reaffirmation of Mandatory Seatbelt Legislation](#_Reaffirmation_of_Mandatory) \*\*\*\*\**June 25th 1984* |
| [Alberta Government Hazardous Waste Plant Initiative Commended](#_Alberta_Government_Hazardous) \**June 25th 1984* |
| [Pornography](#_Pornography_–_1984) \*\*\*\*\**June 25th 1984* |
| [Prenatal Education Classes](#_Prenatal_Education_Classes) \**June 25th 1984* |
| [Nuclear Disarmament, Update](#_Nuclear_Disarmament,_Update) \*\*\*\*\**June 25th 1984* |
| **1985** |
| [Change in APHA Purpose and Objectives – By-Law Change](#_Change_in_Purpose) \**April 26th1985* |
| [Health Education/Promotion Staff](#_Health_Education/Promotion_Staff) \**April 26th1985* |
| [Poison Control Information System](#_Poison_Control_Information) \**April 26th1985* |
| [Tobacco Advertising and Sponsorship](#_Tobacco_Advertising_and) \**April 26th1985* |
| [Proposed New Provincial Agency to Combat Smoking](#_Proposed_New_Provincial) \**April 26th1985* |
| [Smoking Ban in Indoor Public Places](#_Smoking_Ban_in) \**April 26th1985* |
| [Teacher In-Service](#_Teacher_In-Service_–) \**April 26th1985* |
| [Regional Health Education Consultants](#_Regional_Health_Education) \**April 26th1985* |
| [Daycare Facilities and Public Health Nursing](#_Daycare_Facilities_and) \**April 26th1985* |
| [E.R.C.B. Policy re: New Gas Drilling Sites](#_E.R.C.B._Policy_Re:) \**April 26th1985* |
| **1986** |
| [Government Legislation to Control Advertising of Smokeless Tobacco Products Aimed At Youth](#_Government_Legislation_to) \**May 16th1986* |
| [Government Legislation to Require Industry to Have a Policy Controlling “Smoking in the Workplace”](#_Government_Legislation_to_1) \**May 16th1986* |
| [Compensation for Non-Negligent Vaccine Injuries](#_Compensation_for_Non-Negligent) \*\*\*\*\**May 16th1986* |
| [Immunization by Health Units](#_Immunization_by_Health) \*\*\*\*\**May 16th1986* |
| [Adult Immunization](#_Adult_Immunization_–) \**May 16th1986* |
| [Working Flexibility](#_Working_Flexibility_–) \*\*\*\*\**May 16th1986* |
| [Indoor Air Quality](#_Indoor_Air_Quality) \*\*\*\*\**May 16th1986* |
| [Tax Increase on Cigarettes](#_Tax_Increase_on) \*\*\*\*\**May 16th1986* |
| [Child Care](#_Child_Care_–) \**May 16th1986* |
| [Daytime Running Lights](#_Daytime_Running_Lights) \**May 16th1986* |
| [Public Awareness Program re: Home Care](#_Public_Awareness_Program) \**May 16th1986* |
| **1987** |
| [Changing the Name of the Environmental Health and Accident Section](#_Changing_the_Name) \*\*\*\*\**May 7th1987* |
| [Making Alberta a Nuclear Weapons Free Zone](#_Making_Alberta_a) \*\*\*\**May 7th1987* |
| [Legislation for Drivers of Off-Road Vehicles](#_Legislation_for_Drivers) \*\*\*\**May 7th1987* |
| [Public Health Seniors’ Health Programs](#_Public_Health_Seniors’) \*\*\*\*\**May 7th1987* |
| [Teenage Sexuality](#_Teenage_Sexuality_–) \*\*\*\*\**May 7th1987* |
| [Send a Letter Endorsing Alberta as a Nuclear Weapons Free Zone](#_Send_a_Letter) \**May 7th1987* |
| **1988** |
| [Censorship – Bill C-54](#_Censorship_–_Bill) \**May 5th1988* |
| [Municipal Smoking By-Laws](#_Municipal_Smoking_By-Laws) \**May 5th1988* |
| [Increase Taxes on Tobacco Products](#_Increase_Taxes_on) \**May 5th1988* |
| [APHA Resolution](#_APHA_Resolution_–) \**May 5th1988* |
| [Administrative Support for APHA](#_Administrative_Support_for) \*\*\*\*\**May 5th1988* |
| [Recognition of the Need to Identify Dental Public Health Programs Under the Mandatory Section of the Public Health Act](#_Recognition_of_the) \*\*\*\*\**May 5th1988* |
| [Deinsurance of Contraceptive Counselling](#_Recognition_of_the_1) \**May 5th1988* |
| [Qualifications of Day Care Staff in Alberta](#_Qualifications_of_Day) \**May 5th1988* |
| [Health Promotion Learning](#_Health_Promotion_Learning) \**May 5th1988* |
| [Public Health Action on Inequities](#_Public_Health_Action) \**May 5th1988* |
| [Addressing Language and Cultural Barriers to Health](#_Addressing_Language_and) \**May 5th1988* |
| **1989** |
| [International Health](#_International_Health_–) \**May 11th1989* |
| [Community Health Funding for New Initiatives and Research](#_Community_Health_Funding) \**May 11th1989* |
| [Health Status Data](#_Health_Status_Data) \**May 11th1989* |
| [Higher Education in Public Health](#_Higher_Education_in) \*\*\*\*\**May 11th1989* |
|  [Teacher Preparation for Health Teaching](#_Teacher_Preparation_for) \*\*\*\*\**May 11th1989* |
| [Continuing Education for Day Care Workers](#_Continuing_Education_for) \**May 11th1989* |
| [Distribution of Day Care Operating Allowances to Promote Improved Staff Qualifications](#_Distribution_of_Day) \**May 11th1989* |
| [Early Intervention Program for Children with Learning Style Difficulties](#_Early_Intervention_Program) \**May 11th1989* |
| [Evaluation and Support for “Nobody’s Perfect” Program](#_Evaluation_and_Support) \*\*\*\*\**May 11th1989* |
| [Teen Parenting Data](#_Teen_Parenting_Data) \*\*\*\*\**May 11th1989* |
| [Province Wide Access to Sexuality Education](#_Province_Wide_Access) \**May 11th1989* |
| [AIDS Education](#_AIDS_Education_–) \*\**May 11th1989* |
| [Respite for Caregivers](#_Respite_for_Caregivers) \**May 11th1989* |
| [Single Point of entry to Long Term Care](#_Single_Point_of) \**May 11th1989* |
| [Mental Health Services for the Elderly](#_Mental_Health_Services) \**May 11th1989* |
| [Wellness Clinics for Older Adults](#_Wellness_Clinics_for) \*\*\*\**May 11th1989* |
| [Controlling Chlorofluorocarbons](#_Controlling_Chloroflurocarbons_–) \**May 11th1989* |
| [Herbicide and Pesticide Containers](#_Herbicide_and_Pesticide) \**May 11th1989* |
| [Dental Health Data Base](#_Dental_Health_Data) \*\**May 11th1989* |
| [Fluoride Supplements](#_Fluoride_Supplements_–) \*\*\*\*\**May 11th1989* |
| [Heart Health](#_Heart_Health_–) \**May 11th1989* |
| [Restriction/Elimination of Smoking in Workplace Settings](#_Restriction/Elimination_of_Smoking) \**May 11th1989* |
| [Increase Taxes on Tobacco Products](#_Increase_Taxes_on_1) \*\**May 11th1989* |
| [Restrictions on the Sale of Tobacco Products to Minors](#_Restrictions_on_the) \**May 11th1989* |
| [Letter Writing Campaign for Effective Tobacco Legislation](#_Letter_Writing_Campaign) \**May 11th1989* |
| [Inequities in Health Task Force for Action](#_Inequities_in_Health) \**May 11th1989* |
| [Support for Healthy Communities](#_Support_for_Healthy) \**May 11th1989* |
| [Disposition of Resolutions](#_Disposition_of_Resolutions) \**May 11th1989* |
| **1990** |
| [Establishment of Teaching Health Units](#_Establishment_of_Teaching) \**May 11th 1990* |
| [Condom Availability](#_Condom_Availability*) \**May 11th 1990* |
| [Prevention of HIV Infection in Injection Drug Users](#_Prevention_of_HIV) \**May 11th 1990* |
| [Appropriate Staff:Child Ratio in Day Care Centres](#_Appropriate_Staff:Child_Ratio) \**May 11th 1990* |
| [Teacher Preparation for Health Teaching](#_Teacher_Preparation_for_1) \**May 11th 1990* |
| [Input into Teacher Preparation Health Curriculum](#_Input_into_Teacher) \**May 11th 1990* |
| [Increase Taxes on Tobacco Products](#_Increase_Taxes_on_2) \*\**May 11th 1990* |
| [Reducing the Health Impact of Language Barriers](#_Reducing_the_Health) \**May 11th 1990* |
| [Health and Social Security](#_Health_and_Social) \**May 11th 1990* |
| [Support for Canada Assistance Plan](#_Support_for_Canada) \**May 11th 1990* |
| [Interpreting for Health](#_Interpreting_for_Health*) \**May 11th 1990* |
| [Quality of Education Standards for Day Care Workers](#_Quality_of_Education) \**May 11th 1990* |
| [Baseline Health Studies](#_Baseline_Health_Studies*) \**May 11th 1990* |
| [AL-PAC Review Board Recommendations](#_AL-PAC_Review_Board) \**May 11th 1990* |
| [WHMIS and Pesticides](#_WHMIS_and_Pesticides*) \**May 11th 1990* |
| [Alberta Health Publications](#_Alberta_Health_Publications*) \**May 11th 1990* |
| [Access to Nutrition Programs](#_Access_to_Nutrition) \**May 11th 1990* |
| [Health Promotion/Disease Prevention/Seniors' Wellness](#_Health_Promotion/Disease_Prevention/Sen) \**May 11th 1990* |
| [Recycling and Marketing of Recycled Materials](#_Recycling_and_Marketing) \**May 11th 1990* |
| [Public Health Inspection](#_Public_Health_Inspection*) \**May 11th 1990* |
| **1991** |
| [Warning Labels on Alcoholic Beverages](#_Warning_Labels_on) \**May 30th 1991* |
| [Unlinked HIV Sera-prevalence Surveillance In Alberta](#_Unlinked_HIV_Sera-prevalence) \**May 30th 1991* |
| [Human Health Effects Associated with the Pulp and Paper Industry](#_Human_Health_Effects) \**May 30th 1991* |
| [Comprehensive School Health](#_Comprehensive_School_Health*) \**May 30th 1991* |
| [Access to Abortion](#_Access_to_Abortion*) \**May 30th 1991* |
| [United Nations Convention on the Rights of the Child](#_United_Nations_Convention) \**May 30th 1991* |
| [Healthy Communities Project](#_Healthy_Communities_Project*) \**May 30th 1991* |
| [Information Sharing](#_Information_Sharing*) \**May 30th 1991* |
| [Environmentally Sustainable Lifestyle Choices](#_Environmentally_Sustainable_Lifestyle) \**May 30th 1991* |
| [Health Services Research](#_Health_Services_Research*) \**May 30th 1991* |
| [Provincial Licensing or Tobacco Retailers](#_Provincial_Licensing_or) \**May 30th 1991* |
| **1992** |
| [Health Status Indicators](#_Health_Status_Indicators*) \**May 28/29th 1992* |
| [Tuberculosis Control in Alberta and Canada](#_Tuberculosis_Control_in) \*\*\*\*\**May 28/29th 1992* |
| [HIV Testing by Life Insurance Companies](#_HIV_Testing_by) \**May 28/29th 1992* |
| [Dental Health Care for Children from Working Poor Families](#_Dental_Health_Care) **\****May 28/29th 1992* |
| [Counselling for HIV Testing](#_Counselling_for_HIV) \**May 28/29th 1992* |
| [Training for Pre & Post Test HIV Counselling](#_Training_for_Pre) \**May 28/29th 1992* |
| [Tobacco Control Act](#_Tobacco_Control_Act*****) \*\*\*\*\**May 28/29th 1992* |
| [Prevention of Injuries among Canadian Aboriginal People](#_Prevention_of_Injuries) \**May 28/29th 1992* |
| [Lighter and Hatch Safety](#_Lighter_and_Hatch) \**May 28/29th 1992* |
| [National Injury Surveillance System](#_National_Injury_Surveillance) \**May 28/29th 1992* |
| [Ban on the Import of Catha Epulis (KHAT, QUAT, QAT)](#_Ban_on_the) \**May 28/29th 1992* |
| **1993** |
| [Call for CPHA Action on Health Reform](#_Call_for_CPHA) \*\*\*\*\**May 12th 1993* |
| [Prevention of Family Violence](#_Prevention_of_Family) \*\*\*\*\**May 14th 1993* |
| [Fluoridation of Community Water Supplies](#_Fluoridation_of_Community) \*\*\*\*\**May 14th 1993* |
| [Children and Poverty](#_Children_and_Poverty*****) \*\*\*\*\**May 14th 1993* |
| [Coordination of Children's Services](#_Coordination_of_Children's) \**May 14th 1993* |
| [User Fees](#_User_Fees*) \**May 14th 1993* |
| [Extraordinary Resolutions To Amend Bylaws](#_Extraordinary_Resolutions_To) \**May 14th 1993* |
| **1994** |
| [Community Health Nutrition Services](#_Community_Health_Nutrition) \**June 14th 1994* |
| [Hepatitis B Vaccine](#_Hepatitis_B_Vaccine*) \**June 14th 1994* |
| [Year of the Family](#_Year_of_the) \*\*\*\*\**June 14th 1994* |
| [Year of the Family #2 (Flexible Work Hours)](#Year of the Family ) \*\*\*\*\**June 14th 1994* |
| **1995** |
| [Importance of the Public Health Approach to Improving Population Health](#_Importance_of_the) \**May 12th 1995* |
| [Payment for Therapeutic Abortion](#_Payment_for_Therapeutic) \**May 12th 1995* |
| [Support for Proposed Gun Control Legislation](#_Support_for_Proposed) \*\*\*\*\**May 12th 1995* |
| [Environmental Health Strategic Plan](#_Environmental_Health_Strategic) \**May 12th 1995* |
| **1996** |
| [Child Restraints](#_Child_Restraints*****) \*\*\*\*\**May 04th 1996* |
| [Anaphylactic Deaths](#_Anaphylactic_Deaths*****) \**May 04th 1996* |
| [Albertans at Risk: The Relationship Between Illiteracy and Health](#_Albertans_at_Risk:) \*\*\*\*\*\**May 04th 1996* |
| **1997** |
| [Travelling in the Back of a Pickup Truck](#_Travelling_in_the) \**May 23th 1997* |
| [Photo Radar](#_Photo_Radar*) \**May 23th 1997* |
| [A Plan for Leadership](#_A_Plan_for) \**May 23th 1997* |
| [Literacy and Health](#_Literacy_and_Health*) \**May 23th 1997* |
| [Alberta Tobacco Reduction Plan](#_Alberta_Tobacco_Reduction) \**May 23th 1997* |
| [Legislation Relating to Smoke Free Public Places Catering to Persons Under the Age of 18 Years](#_Legislation_Relating_to) \**May 23th 1997* |
| **1998** |
| [Health Care Privatization Resolution](#_Health_Care_Privatization) \*\*\*\*\**May 20th 1998* |
| [Problem Gambling Resolution](#_Problem_Gambling_Resolution*****) \*\*\*\*\**May 20th 1998* |
| **1999** |
| [Mandatory Bicycle Helmet Resolution](#_Mandatory_Bicycle_Helmet) \*\*\*\*\**May 7th 1999* |
| [Resolution on Gas Flaring and Health](#_Resolution_on_Gas) \*\*\*\*\**May 7th 1999* |
| [Women and the Minimum Wage Resolution](#_Women_and_the) \*\*\*\*\**May 7th 1999* |
| [Women's Organizations Resolution](#_Women's_Organizations_Resolution*) \**May 7th 1999* |
| **2000** |
| [Increased Risk of Collision from Use of Cellular Phones While Driving](#_Increased_Risk_of) \**May 30th 2000* |
| [Smokeless Tobacco](#_Smokeless_Tobacco*****) \*\*\*\*\**May 30th 2000* |
| [Education/Skills Training for Single Mothers](#_Education/Skills_Training_for) \*\*\*\*\**May 30th 2000* |
| [Meeting the Health Needs of Urban Aboriginal People](#_Meeting_the_Health) \**May 30th 2000* |
| [Implementation of Alberta Sustainable Livestock Production Regulations](#_Implementation_of_Alberta) \*\*\*\*\**May 30th 2000* |
| [School Lunch Programs](#_School_Lunch_Programs******) \*\*\*\*\*\**May 30th 2000* |
| **2001** |
| [Suicide: A major public health issue in AB](#_Suicide:_A_major) \*\*\*\*\**June 22nd 2001* |
| [Aging drivers in AB](#_Aging_drivers_in) \*\*\*\*\*\**June 22nd 2001* |
| [Shelter allowance increases - supports for independence](#_Shelter_allowance_increases) \**June 22nd 2001* |
| [Child hunger - supports for independence (SFI)](#_Child_hunger_-) \**June 22nd 2001* |
| [Home care needs of adults with long-term disabilities](#_Home_care_needs) \*\*\*\*\**June 22nd 2001* |
| [Economic globalization and health](#_Economic_globalization_and) \*\*\*\*\**June 22nd 2001* |
| **2002** |
| [Public Funding of Midwifery Services in Alberta](#_Public_Funding_of) \*\*\*\*\**June 13th 2002* |
| [Provincial Income Support Programs and Involuntary Separation](#_Provincial_Income_Support) \**June 13th 2002* |
| [Addressing the Reduction of Services for Children with Special Needs](#_Addressing_the_Reduction) \*\*\*\*\**June 13th 2002* |
| [Physical Activity in Seniors Housing Facilities for Health Aging](#_Physical_Activity_in) \**June 13th 2002* |
| [Provincial Breast Cancer Screening Program](#_Provincial_Breast_Cancer) \**June 13th 2002* |
| [Climate change and the Kyoto Accord](#_Climate_change_and) \*\*\*\*\**June 13th 2002* |
| **2003** |
| [Extraordinary Resolutions to Amend By-laws](#_Extraordinary_Resolutions_to_1) \**May 13th 2003* |
| [Hot Water Scalds](#_Prevention_of_Hot) \**May 13th 2003* |
| [Booster Seats](#_Booster_Seats*) \**May 13th 2003* |
| [Newborn Hearing Screening](#_Alberta_Universal_Newborn) \*\*\*\*\**May 13th 2003* |
| [Improving Oral Health](#_Improving_Oral_Health) \*\*\*\*\**May 13th 2003* |
| [Elimination of Soft Drink Promotion](#_Elimination_of_Soft) \**May 13th 2003* |
| [Quality Daily Physical Education in Schools](#_Quality_Daily_Physical) \**May 13th 2003* |
| [Alberta Disability Strategy](#_Support_for_the_1) \**May 13th 2003* |
| [Interdependence of Learning and Health](#_Addressing_the_Interdependence) \**May 13th 2003* |
| [A Call for Standards to Mandated Public Health Information for Non-English Speaking Albertans](#_A_Call_for) \**May 13th 2003* |
| [Folic Acid](#_Folic_Acid****) \*\*\*\**May 13th 2003* |
| **2004** |
| [Support for a provincially funded and centrally organized Maternal Serum Screening Program](#_Support_for_a) \**May 18th 2004* |
| [Smoke-free environments for APHA Conference Sites](#_Smoke-free_environments_for) \*\*\*\*\**May 18th 2004* |
| **2005** |
| [Enhancing Enrollment of the Alberta Child Health Benefit](#_Enhancing_Enrollment_of) \**March 4th 2005* |
| [APHA Commitment to Collaborate with AHLN on Healthy Living](#_APHA_Commitment_to) \**March 4th 2005* |
| [100% Smoke-free Workplace Legislation](#_100%_Smoke-free_Workplace) \**March 4th 2005* |
| [Maintaining Functional Independence Through Healthy Aging Interventions for Frail Older Adults Living in the Community](#_Maintaining_Functional_Independence) \**March 4th 2005* |
| [Support for a comprehensive poverty reduction among persons with disabilities](#_Support_for_a_1) \**March 4th 2005* |
| **2006** |
| [Reconsiderations of the National Child Benefit Re-investment in Alberta](#_Reconsiderations_of_the) \*\*\*\*\**June 6th 2006* |
| [Increased food security for low-income Albertans](#_Increased_food_security) \*\*\*\*\**June 6th 2006* |
| [Tobacco control policies in Alberta](#_Tobacco_control_policies) \*\*\*\**June 6th 2006* |
| **2007** |
| [Legislation to Protect Children from All Terrain Vehicle (ATV) Injuries and Deaths](#_Legislation_to_Protect) \**June 7th 2007* |
| [Tobacco Control Policies in Alberta](#_Tobacco_Control_Policies_1) \**June 7th 2007* |
| [Advocate Improvements to Safety Measures of Alberta's Graduated Drivers Licensing Program](#_Advocate_Improvements_to) \**June 7th 2007* |
| **2008** |
| [Drowning Prevention and Mandatory Four-Sided Pool Fencing](#_Drowning_Prevention_and) \**May 13th 2008* |
| [Housing](#_Housing*****) \*\*\*\*\**June 7th 2008* |
| [Promote, Protect and Support Breastfeeding in Alberta](#_Promote,_Protect_and) \**June 7th 2008* |
| [Health Week](#_Health_Week*) \**May 13th 2008* |
| **2009** |
| [Demerit Points as Penalty for Occupant Restraint Violations](#_Demerit_Points_as) \*\*\*\*\*\*\**June 18th 2009* |
| [A Ban on all Commercial Advertising Targeted to Children Under 13 Years of Age](#_A_Ban_on) \*\*\*\*\*\*\**June 18th 2009* |
| **2010 (missing)** |
| **2011 (missing)** |
| **2012** |
| [Reduce Alcohol –Related Injury in Alberta](#_Reduce_Alcohol_–Related) \**June 13th 2012* |
| [Banning Indoor Tanning for Youth Under 18 years of age](#_Banning_Indoor_Tanning) \**June 13th 2012* |
| [Supporting the Creation of a Wellness Foundation in Alberta](#_Supporting_the_Creation) \*\*\*\*\**June 13th 2012* |
| **2013** |
| [Support fluoridation of drinking water for the prevention of tooth decay in populations](#_Support_fluoridation_of) \*\*\*\*\**June 14th 2013* |
| [Substance use](#_Substance_use*****) \*\*\*\*\**June 14th 2013* |
| **2014** |
| [Guaranteed Annual Income for Albertans](#_Guaranteed_Annual_Income*) \**May 16th 2014* |
| **2015** |
| **(none)** |
| **2016** |
| Revision to APHA bylaws \**June 24th 2016* |
| **2017** |
| Support advocacy efforts to improve access to affordable housing for Albertans living low income \**June 16th 2017* |

# Appendix A: Complete Resolutions

## 1944

### One Dollar Membership Fee – 1944 \*

“Moved and seconded that one ($1.00) Dollar membership fee in the Alberta Public Health Association be charged in addition to the registration fee at the Convention of two ($2.00) Dollars.”

[Back](#a1944)

### City Health Departments & Health Units Salary Schedule \*

“Moved and seconded that a separate Salary Schedule for City Health Departments and Health Units be submitted from the Alberta Public Health Association to each of the Public Health employer groups in Alberta for their consideration.” \*

[Back](#a1944)

### Salary Schedule Committee \*

“Moved and seconded that the present Salary Schedule Committee continue to exist and carry on its activities.”

[Back](#a1944)

### Health Units Pension System

“That a system of pensions be established in Health Units similar to that in use for Provincial employees.”

[Back](#a1944)

### Health Units Workplace Advancement System \*

“That a system of advancement should be provided in which merit will be the chief criterion, but in which seniority should be considered.”

[Back](#a1944)

### Dental Public Health Post-Graduate Study \*

“That a system of post-graduate study should be provided in addition to the D.P.H. Financial assistance should be given for such study.”

[Back](#a1944)

### Dental Service Provision in Rural Health Districts \*

“That a Dental Service should be provided routinely in Rural Health Districts.”

[Back](#a1944)

### Staff Nutritionist for Health Units \*

“That a full-time nutritionist should be available to the staff of all Health Units.”

[Back](#a1944)

### Communicable Disease Isolation Accommodation Improvement \*

“That there should be better provision for isolation accommodation of communicable diseases in rural Alberta.”

[Back](#a1944)

### Authorization of Boards of Health \*

“That the necessary steps be taken to authorize local or district Boards of Health to make regulations governing health matters concerning the local Health District, such regulations to be subject to the approval of the Provincial Board of Health.”

[Back](#a1944)

### Committee for Preventive Medicine Certification for Medical Health Officers \*

“That a committee, composed of Dr. Somerville and Dr. Little interview University authorities to see upon what basis certificates of specialty in preventive medicine may be granted to Medical Health officers.”

[Back](#a1944)

### Department of Trade and Industry Act Amendment \*

“Whereas it is felt by the meeting of the Sanitary Inspectors that a limitation is placed upon the effectiveness of our Department regarding licensing of restaurants under the present regulations, it was moved and seconded that we request the Department of Trade and Industry to amend their Act to provide for the suspension or cancellation of any restaurant license on recommendation of any Local Health Authority in the Province of Alberta.”

[Back](#a1944)

### Fumigation Regulations \*

“It was moved and seconded that this meeting be resolved that the provisions of the regulations apply and be adhered to regarding fumigations.”

[Back](#a1944)

### Public Health Nurses Pension Study \*

“Resolved that all Public Health nurses not now so covered be given the opportunity to participate in a pension scheme; that a Committee be set up to study the feasibility of a pensions scheme, and that a Public Health Nurse be represented on that Committee, and that special consideration be given to a scheme of pensions that would be transferable from one service to another in Alberta and in Canada as a whole.”

[Back](#a1944)

### Rural Public Health Nurses Compensation \*

“Resolved that whereas Public Health Nurses are willing and interested in serving in rural communities, it would be an added inducement if compensation for serving in a rural area be provided, through salary adjustments and added leave to cover distances to centres of shopping and holiday facilities.”

[Back](#a1944)

### Responsibility for Living Conditions of Rural Public Health Nurses \*

“Resolved that the living conditions of nurses in rural health districts be the direct responsibility of the Unit Boards. It was suggested that the Boards at least see that the nurses obtain appropriate board and room.”

[Back](#a1944)

### Provincial Department of Health Placement Service for Public Health Nurses \*

“Resolved that until such time as the Alberta Association of Registered Nurses provides a placement bureau service, that the Provincial Department of Health by some means, notify the Public Health nurses working in existing services of vacancies which arise in other areas.”

[Back](#a1944)

## 1945

### Association Fee Collection Date \*

“Moved and seconded that at each Annual Convention we collect the association fees for the following calendar year.”

[Back](#a1945)

### Government Subsidy for Alberta Public Health Worker Magazine \*

“It was suggested that we ask the Government to subsidize the magazine. It was moved and seconded that the executive of the association approach the Provincial Government for a subsidy to be applied to the financing of the Alberta Public Health Worker magazine.”

[Back](#a1945)

### Editorial Board Appointment of Manager of Alberta Public Health Worker Magazine \*

“Moved and seconded that the Editorial Board appoint its own manager to make all necessary arrangements for the operation of the magazine.”

[Back](#a1945)

### Future Programme Planning Procedures \*

“It was moved and seconded that more time be given to section meetings and round table discussions for our future programmes, and also that there be coordination between the different sections.”

[Back](#a1945)

### Foster Home Child Supervision Training & Home Investigation \*

“That we recommend to the Provincial Child Welfare Department that more trained workers be employed in the supervision of children placed in foster homes in the province and that no children be placed without a prior thorough investigation of the home.”

[Back](#a1945)

### Revoking Measles Placarding Regulations \*

“That we recommend to the Provincial Board of Health that the regulations requiring placarding for measles be rescinded; also that material for passive immunization of contacts of this disease be supplied free for use in such cases under the age of two years.”

[Back](#a1945)

### Relaxation of Scarlett Fever Quarantine Isolation Procedure \*

“That we recommend to the Provincial Board of Health that consideration be given the relaxing of strict quarantine of the bread-winner in families where another members of the family is suffering from scarlet fever.”

[Back](#a1945)

### Secretary-Technician Permitted Operation of Sterilizer \*

“That the operation of a sterilizer by a secretary-technician be considered an acceptable procedure if the training of the secretary-technician is considered adequate by the medical officer or other officer in charge of the health district concerned.”

[Back](#a1945)

### Milk Packaging for Restaurant Consumption \*\*\*\*\*

“Moved and seconded that all milk sold in restaurants to be consumed on the premises should be sold in bottles only, or other unopened containers as received from the dairies.”

This resolution was amended to read as follows:

“Authority to be provided in the charter of the Cities and Towns and Villages Act that it be left to the discretion of the local board that all milk sold in restaurants to be consumed on the premises should be sold in bottles only, or other unopened containers as received from the dairies.”

[Back](#a1945)

### Milk Regulation Word Correction \*

“Moved and seconded that the word “natural” be deleted from Reg. 402 of the Milk Regulations.”

[Back](#a1945)

### Health Inspector Refresher Course \*

“That the refresher course for health inspectors be made an annual or bi-annual event.”

[Back](#a1945)

### Board Responsibility for Rural Health Nurses Accommodations \*

“Resolved that the living conditions of nurses in rural health units be the direct responsibility of the Board. It is resolved too that the Boards at least see that the nurse obtains appropriate room and board.”

[Back](#a1945)

### Mental Hygiene Courses for Public Health Personnel \*\*\*\*\*

“That this Association approach the university authorities with the object of instituting a course in Mental Hygiene open to Public Health Nurses.

The above resolution to be amended to read:

“That this Association approach the University authorities with the object of instituting a course in Mental Hygiene open to Public Health Personnel.

The Resolutions Committee Chairman moved the adoption of the resolution. This was seconded.”

[Back](#a1945)

### Armed Services Facilities for Youth Recreation \*

“Resolved that the Dominion Government be requested to take such steps as are necessary to make available the use of buildings and equipment which have been utilized as armed services in Canada, for the establishment and operation under proper supervision of recreational centres which will provide for physical training, the teaching of the arts and handicrafts and all other subjects contributing to the all-round development of our youth.”

[Back](#a1945)

## 1946

### Preventive Mental Health Educational Programme for Public Health Workers and Teachers \*\*\*

“The 1945 amended resolution proposing that: “This Association approach the University Authorities with the object of instituting a course in Mental Hygiene open to Public Health Personnel” was dropped and this Resolution was brought forward:

“Whereas the problem of promoting and maintaining good mental health is a very large one and its preventive aspect is at present almost untouched, therefore be it resolved that the Provincial Government be requested set aside an additional appropriation for the use of the Division of Mental Hygiene in the establishment of an Educational Programme for Public Health Workers and Teachers in the preventive field of Mental Health.”

[Back](#a1946)

### Gamma Globulin Addition to Immunization Service \*\*\*

“Whereas it is believed by many authorities that measles are extremely dangerous to young children, and that attacks should be prevented, modified or postponed until a later age, therefore be it resolved that the Provincial Department of Health be requests to provide Gamma Globulin as part of its immunization service for susceptible contacts up to four years of age.”

[Back](#a1946)

### Provincial Board of Health Nuisances Regulations \*\*\*

“Whereas the present regulations do not specifically define nuisances, therefore be it resolved that the approval of the meeting be given to take up with the Provincial Board of Health the matter of reverting to old regulations concerning nuisances.”

[Back](#a1946)

### Health Board Restaurant/Bakeshop Regulation \*\*\*

“Whereas, under existing regulations, anyone may open a restaurant or bakeshop without regard to type of building, equipment, or sanitary conditions therefore be it resolved that a regulation be made whereby no public eating place or bakeshop be allowed to open without first obtaining the written permission of the local Board of Health.”

[Back](#a1946)

### Autonomy of Licensed Fumigator \*\*\*

“Whereas the regulations governing fumigation now in effect are impractical and not generally observed therefore be it resolved, that a regulation be made whereby the individual licensed fumigator assume full responsibility when fumigating.”

[Back](#a1946)

### Nuisance Regulations Amendment for Effluent Transportation \*\*\*

“Whereas present regulations do not define type and condition of tanks transporting effluent, therefore be it resolved that this meeting recommend to the Provincial Board that a section be added to the Nuisance Regulations to cover transporting of effluent. Suggestion is as follows: “Tanks used for transporting effluent from cesspools shall be of sound construction and shall be water-proof and fly-proof.”

[Back](#a1946)

## 1947

### Canadian Public Health Association Affiliation Study \*\*\*

“A discussion was led on the affiliation with the Canadian Public Health Association. Moved and seconded that the Executive be instructed to study the matter and report at the next Annual Meeting.”

\*Reports with resolutions missing

[Back](#a1947)

## 1948

### Canadian Public Health Association Affiliation Decision \*

“1. That the APHA instruct its executive to take the necessary steps so that affiliation with the CPHA under the terms outlined by its Executive Director be effected by Jan. 1, 1950.

2. That the APHA Executive arrange with the CPHA for affiliation as from Jan. 1, 1949.”

[Back](#a1948)

### APHA Mental Health Section \*

“Resolved that the incoming Executive give careful consideration to the setting up of a section of the Alberta Public Health Association for Mental Health, and that if they approve of such, that Dr. M. R. Bow, Deputy Minister of Health, and Dr. R. R. MacLean, Director, Mental Health Division of the Department of Health be asked for their approval and support of such a section.”

[Back](#a1948)

### Notification of New Public Health Job Posts \*

“Moved and seconded that when new posts in the P.H. field are to be created the staff at presented engaged in Public Health Work in the Province be notified as far as possible of these vacancies.”

[Back](#a1948)

### Personnel Policies of Health Unit Workers Study \*

“That the general meeting appoint a committee to study the personnel policies of all Health Unit workers.”

[Back](#a1948)

### Communication of Tuberculosis Cases to Health Units \*

“1. That a letter be written to Dr. Baker, Director of the Division of Tuberculosis Control stating that the P.H. Personnel in the northern part of the province would like to be of greater assistance to the Division in case finding and follow-up work but at the present it is felt this is difficult because P.H. personnel in the north are not informed when new cases are diagnosed or patients are discharged from the sanatorium to their homes.

2. That a letter be written to Mr. Dickie, Executive Secretary, Alberta Tuberculosis Association starting that official P.H. agencies feel they could be of greater assistance in the program of the Association as regards the visits of mobile x-ray units, were they informed or contacted when the unit contemplates visiting their territories.”

[Back](#a1948)

## 1949

### Executive Empowerment to Work on APHA Problems \*

“Moved and seconded that the incoming executive be empowered to act on problems of the APHA with the Alberta Health Survey Committee.”

[Back](#a1949)

### APHA Constitutional Changes and Affiliation with the CPHA \*\*\*

“Moved and seconded that the Executive of the Alberta Public Health Association be instructed to take the necessary steps to affiliate the APHA with the Canadian Public Health Association. And that the following sections be added to the ‘Constitution and Bylaws of the Alberta Public Health Association’.

Section 24

The Alberta Public Health Association being affiliated with the Canadian Public Health Association, the secretary of the former is hereby authorized to collect from its members the following additional fees for transmission to the Canadian Public Health Association: Two Dollars from all members, or Five Dollars from those also wishing to receive the Canadian Public Health Journal.”

Section 25

The President and Secretary of the Alberta Public Health Association shall be the representatives of this Association to the Canadian Public Health Association.”

[Back](#a1949)

### Provincial Board of Health Legislation on Medical Officers of Health Authority on Food Handling Establishments \*

“Moved and seconded, whereas existing legislation does not give the Medical Officer of Health authority to close a food handling establishment at once in cases of extreme necessity, such as the possibility of immediate food infection, therefore, be it resolved that the Provincial Board of Health be requested to enact a regulation whereby medical officers of health of cities and health units be given special authority in these cases to close such food handling establishments.”

[Back](#a1949)

### Provincial Department of Public Health Provision of Literature to Local Boards \*

“Moved and seconded, whereas in the past many Boards of Health have not been informed of or supplied with current public health literature and whereas much good information is contained in these publications; therefore be it resolved that the Provincial Department of Public Health be requested to supply to all Local Boards copies or lists of all literature of an educational nature, whenever such is available.”

[Back](#a1949)

### Public Health Legislation on Food-Handling Establishments Review \*

“Moved and seconded that this Association instruct its Executive to arrange a meeting with the Provincial Board of Health, the Minister of Trade and Industry and the Attorney General to discuss the licensing of food-handling establishments throughout the province with the view to making Public Health legislation more effective; and that a report be brought in at the next general meeting.”

[Back](#a1949)

### No Fowl Killing in Food-Handling Establishments \*

“Moved and seconded that no fowl be killed in food-handling establishments.”

[Back](#a1949)

### Committee to Study the CPHA Salary Survey \*

“Moved and seconded that this Association appointment a committee to study this report [recent salary survey of the CPHA] and meet with the Department of Health with a view to adopting the resolutions forthwith.”

[Back](#a1949)

## 1950

### Public Health Worker Magazine Name Change \*\*\*

“The change in the name of the Public Health Worker to “The Alberta Public Health Bulletin”.

[Back](#a1950)

### Abolishment of the Office of the APHA Secretary-Treasurer \*\*\*

“That the office of Secretary-treasurer be abolished and the offices of Secretary and of Treasurer be established and the constitution of the APHA be amended accordingly.”

[Back](#a1950)

### Health Grant for Cities \*\*

“That the incoming executive contact the CPHA with a view to having them contact the Dominion Government to attempt to have them or the Provincial Government give a Health Grant to cities and of a substantial amount.”

[Back](#a1950)

### APHA Membership to Public Health Dental Assistants \*\*

“That Dental Assistants in Public Health be permitted to join the APHA.”

[Back](#a1950)

### Financial Recognition of Public Health Nurses Post-Graduate Work \*

“Be it resolved that financial recognition of post-graduate work should be given to Public Health Nurses and that this resolution having passed the resolutions committee should be brought to the attention of the University of Alberta that the degree of nursing in many instances is not receiving financial recognition.”

[Back](#a1950)

### Appointment of Nurse Supervisor to Rural Health Units \*

“Be it resolved that a nurse supervisor be appointed for rural health units to assist with supervision and staff education.”

[Back](#a1950)

### Provincial Government Exclusion of Public Health Workers Opinions \*

“Moved and seconded that this resolution be forwarded to Premier Manning and to Dr. Cross.

Be resolved that it is disappointing to the Public Health workers of Alberta that they have not been invited by the Provincial Government to express their group opinion in convention regarding such important public health matters as distribution of Federal Health Grants, proposed changes in the size of Rural Health Units, etc. It is noted that the public health workers at the level of the Local Boards of Health, who have a day-to-day contact with the people of our province and their public health needs, have no representation on the Survey Committee which is presently surveying the public health needs of our province.

We feel it our duty to point out to the provincial government that not only is this exclusion from such useful cooperation discouraging to the public health workers of the province, but also that the government is failing to take advantage of the aggregate opinion of the group whose intimate proximity to the public health problems of our people best equip them to interpret such problems to the Provincial Government.”

[Back](#a1950)

### Request to Provincial Department of Health to Institute Monthly Bulletin \*

“Be it resolved that the public health workers in convention request the Provincial Department of Health to institute the issue of a monthly bulletin to Local Boards of Health containing information regarding new regulations, amendments, general public health activities etc. which may be valuable to the local health workers.”

[Back](#a1950)

## 1952

### APHA Annual Fee Increase \*\*\*\*

“That the annual fee of the APHA be increased from one dollar to two dollars.”

[Back](#a1952)

### Deputy Minister of Health Appointment to APHA Executive as Ex-Officer Member \*

“That the Deputy Minister of Health be appointed ex-officer member of APHA Executive.”

[Back](#a1952)

### Appointment of Assistant to Director of Rural Health Units and Communicable Diseases \*\*\*\*\*

“That an assistant be appointed to the Director of Rural Health Units and Communicable Diseases.”

[Back](#a1952)

Amended resolution now listed as:

### Creation of Director of Communicable Diseases Post \*

“That a new post of Director of Communicable Diseases be created separate from that of Director of Health Units.”

[Back](#a1952)

### APHA Study of Provincial Standardization of Immunization Procedures \*\*\*\*\*

“That the question of standardization of immunization procedures throughout the Province be discussed at the annual APHA Convention with a view to setting up a committee to draw up recommendations for the province as a whole and to submit these to the Department of Public Health and the Alberta Medical Association for endorsement.”

[Back](#a1952)

### Request to Department of Health for Public Health Project Outlines \*

“It is felt that Public Health practices in the Province of Alberta are largely at a standstill in many areas and that a request be made to the Department of Health to outline projects that would be approved in keeping with more diversified trends in some other countries.”

[Back](#a1952)

### District Chairmen Appointment Procedure Change \*

“That in the future all district chairmen be elected from the floor of the Annual APHA Convention and not appointed by the Executive as in the past.”

[Back](#a1952)

### Arrangement for Sanitary Inspectors’ Refresher Courses \*\*\*\*\*

“That future Sanitary Inspectors’ Refresher Courses should be arranged by the Department of Public Health in co-operation with the Department of Extension, University of Alberta, and it is felt that the Director of Public Health Education should have the facilitation readily available to handle the organizing of such a course.”

[Back](#a1952)

Amended resolution:

### Arrangement for Sanitary Inspectors’ Refresher Courses - Amended \*\*\*

“That future Sanitary Inspectors’ Refresher Courses shall be arranged by the Division of Sanitary Engineering in co-operation with the Sanitary Inspectors Section of the APHA, the Faculty of Agriculture and the Department of Extension, University of Alberta.”

[Back](#a1952)

### Provision of Jamieson Kits to Health Departments \*

“That a recommendation be made to the Provincial Board of Health that Jamieson kits be made available through the Dominion Health Grant to all Health Departments.”

[Back](#a1952)

### Food-handling Establishments’ Licencing Revision \*

“Where premises now serving food are issued with Restaurant Licenses by the Department of Industries, and Labour and

Whereas these licenses are classed A,B,C which are often accepted by the public as grades, and

Whereas many obtain licenses while operating efficiently serving beverages, pastries, cold sandwiches, and foods fried on a grill and then, because they have a restaurant license, attempt to serve full-course meals and become poor handling establishments because they lack kitchen space and storage space.

Therefore be it resolved that the APHA recommend to the Provincial Board of health that:

There be 3 types of licenses for foodhandling establishments –

1. Restaurants – Which may serve full course meals, etc.
2. Lunch shops – Which may serve beverages, pastries, cold sandwiches, and fried foods on a grill.
3. Milk bars – Which may serve soft drinks and ice cream.

And be it further resolved that the APHA recommend to the Provincial Board of Health that the Department of Industries and Labour be asked to include these classifications in their licensing regulations.”

[Back](#a1952)

### Restaurant Space Recommendation to Provincial Board of Health \*

“Whereas many restaurant owners have inadequate kitchen and storage space, and

Whereas those planning new premises often are reluctant to allow sufficient space for kitchens and storerooms,

Therefore be it resolved that the APHA recommend to the Provincial Board of Health:

Restaurants must have a dining space of not more than 60% of the total floor space; a kitchen of not less than 30% of the total floor space; and a readily accessible storage space of not less than 10% of the total floor space.”

[Back](#a1952)

### Canadian Medical Association Refresher Course in Public Health Preventive Medicine \*

 “That this Association request the Alberta Division of the Canadian Medical Association to consider the inclusion of a Refresher Course in Public Health Preventive Medicine in their Annual Post-graduate educational programme.”

[Back](#a1952)

### Appointment of Nurse Supervisor to Rural Health Units Follow-up \*

“That the Committee appointed to approach the Minister of Health regarding a Nursing Supervisor for Health Units, at the meeting of the Alberta Association of Registered Nurses last May, be asked to approach him again in December if no action has been taken by that time.”

[Back](#a1952)

## 1953

### Decline of Affiliation with the Western Branch American Public Health Association – amended \*\*\*\*\*

“That it is impractical for this association at the present time to become a part of the Western Branch, American Public Health Association.”

[Back](#a1953)

### Request to Provincial Board of Health to Consult APHA Advisory Committee \*\*\*

“Whereas in view of the Public attitude to poliomyelitis the recent ruling of the Provincial Board of Health regarding the closing of theatres and swimming pools to children of school age was in some quarters considered ill advised.

And whereas similarly the ruling delaying the opening of schools for two weeks was equally open to criticism.

And whereas it is believed that these pronouncements which radically affect the Health authorities in the field, were made without any consultations with these Health authorities.

Be it resolved that the Provincial Board of Health be requested to consult with the advisory committee of the Alberta Public Health Association to the Provincial Board of Health when considering such action.

And be it further resolved that the members of the advisory committee of the Alberta Public Health Association be authorized in such cases, to suggest temporarily additional members to provide representative expert advice.”

[Back](#a1953)

### Request to Provincial Health Department for Hospital Space \*\*\*

 “Whereas the requirement for space to accommodate cases of communicable disease has not been met by many hospitals of Alberta.

And whereas during outbreaks such as our present epidemic of poliomyelitis, hospitalization for certain serious cases has been inadequate, or available only by long journey which may be dangerous to the patient.

Be it resolved that this Association recommends to the Health Department of the Province of Alberta that accommodation for such cases be provided in certain strategic hospitals in the Province, and that this accommodation be subsidized by the area which it serves, and also by the Provincial Government, if this be necessary.”

[Back](#a1953)

### Request to Provincial Departments of Agriculture and Health for Veterinary Inspection of Slaughtered Animals \*\*\*

“Whereas the health of our citizens is the first care of the Government of Alberta,

And whereas the health of livestock in our Province is important not only to the livestock industry, but also to the consumers of meat and dairy products,

And whereas the citizens in some areas of our Province are exposed to various diseases transmissible through diseased meats by lack of proper inspection,

And whereas an accepted safe guard against transmission of such diseases to human beings lies in proper veterinary examination of animals at the time of slaughter,

Be it resolved that this Association of Public Health workers strongly recommend that the Provincial Department of Agriculture and the Provincial Department of Health make every possible effort to encourage proper veterinary inspection of animals slaughtered within the Province where veterinary service is available; that the Provincial Veterinarians set up standards of inspections and reporting; and that a reasonable distribution of the cost of such inspection be made between the community desiring this protection for its’ citizens, the proprietor of the establishment in which the inspections are made, and the Provincial Government.”

[Back](#a1953)

### Recommendation to Provincial Board of Health for “Milk and Dairy” Regulation Updates \*\*\*

“Whereas it appears that the existing dairy regulations appear to be inadequate and out dated, therefore

Be it resolved that the Sanitary Inspectors’ section of the Alberta Public Health Association recommend to the Provincial Board of Health that the “Milk and Dairy” regulations be revised to bring them in accordance with modern and present day practice.”

[Back](#a1953)

### Arrangement for Public Health Personnel Directory \*

“Whereas as the directory of Public Health personnel formerly published in the Alberta Public Health Worker and Bulletin was of value and interest to our members and to Public Health agencies, and

Whereas no similar directory is now provided,

Therefore this annual meeting directs the incoming executive of this Association to arrange publication of such a directory, preferably by the Department of Public Health and failing this, action by this Association be taken and that such a directory be distributed to all interested parties.”

[Back](#a1953)

### Amendment to Department of Health Regulations on Annual Leave \*\*\*

“Whereas the existing regulations of the Department of Health stipulate one year continuous service before entitlement to leave, and

Whereas leave entitlement is recognised only in respect of the second and ensuing years of service;

Be it resolved that representation be made to the Department of Health with a view to the amendment of the regulations to make provision for three weeks annual leave in respect of each year of service including the first.”

[Back](#a1953)

### Re-submit Request to Department of Health for Public Health Project Outlines \*

It was moved and seconded that the resolution submitted last year be re-written and re-submitted as follows:

“That it is felt Public Health practices in the Province of Alberta are largely at a standstill in many areas and that a request to be made to the Department of Public Health to outline projects that would be improved in keeping with some diversified trends in some other countries.”

[Back](#a1953)

### Additional Sections within the APHA \*\*\*

“A notice of motion was moved to the incoming executive “that next year some arrangement to be made for those who do not fit into one of the three sections of the association at the present time.”

[Back](#a1953)

### Position of APHA’s Advisory Committee \*

Discussion followed regarding the position of the advisory committee. The meeting was reminded that a member of the Board of Health was an honorary member of the executive. It was moved:

“That the advisory committee continue to exist and that the resolutions from the general meetings be presented to the Province by this committee to ensure one annual contact.”

[Back](#a1953)

### Review of Allotment of Nurses in Rural Health Units \*\*\*

It was moved that allotment of nurses in Rural Health Units be reviewed, taking into consideration on the large areas served by these Units.

It was pointed out that the present time the allotment of nurses is greater in the Rural areas than in Urban areas and that some consideration had to be given to the shortage of nurses’ problem.

[Back](#a1953)

## 1954

### APHA Committee for Creation of a Public Health Personnel Directory \*

Discussion followed on the publication of a directory of Public Health Personnel. It was suggested that frequent staff changes would make it difficult to keep such a directory up to date. Dr. Somerville stated that the Department of Public Health would co-operate in giving out required information.

“Moved and seconded that a committee be immediately set up to investigate what can be done with regard to the publication, by the APHA, of a directory of workers. This committee to report at this meeting.”

[Back](#a1954)

### Creation of the Occupational Health Workers APHA Section \*

The notice of motion from the previous year regarding the necessity for additional Sections in the APHA was discussed.

The Executive had received a suggestion that a section be set up for Occupational Health Workers. Considerable discussion followed.

Moved and seconded that the Alberta Public Health Association form a section for Occupational Health Workers.”

[Back](#a1954)

### First Unofficial Meeting of the Occupational Health Workers Section & Appointment of Chairman \*

“A notice of motion was presented and seconded that this group [the Occupational Health Workers Section] meet unofficially today and appoint a chairman for the group, this chairman to become a member of the executive by an amendment of the constitution.”

[Back](#a1954)

### Request to Department of Health for Half of All Health Unit Staff to Attend Future APHA Conventions \*

“Be it resolved that, where practicable, and bearing in mind the necessity for having sufficient staff remain at the Health Units for the efficient discharge of essential duties, the Department of Health be asked to allow, under the approved budget, one half of the staff of the Health Units to attend future APHA Conventions, instead of one third as at the present time.”

[Back](#a1954)

### APHA Committee for the Creation of a Public Health Workers Nominal Roll \*

Moved and seconded that

“Whereas it is the wish of the APHA that a nominal roll of Public Health Workers in the Province be created and circulated amongst the Public Health Workers, and whereas the Provincial Government refuses to produce this nominal roll but offers their full co-operation in the work.

Be it resolved that volunteers be called for from the floor of the meeting and such volunteers be allowed by motion to create this nominal roll and circulate it to all members of the various branches of Public Health.”

[Back](#a1954)

### Registering APHA under the Societies Act \*\*\*

Moved and seconded that the incoming executive be empowered to apply for registration of the Association under the Societies Act after the Constitution has been amended.

[Back](#a1954)

### APHA Constitution Changes \*\*\*

There was further discussion concerning the obtaining of the grant from the Alberta Government for the Public Health Association.

“Moved and seconded that the executive be authorized to make any necessary changes in the Constitution in order to become registered, and that these changes be brought before the Association next year for official sanction. In the meantime the Constitution to be sent to [a APHA member] with the changes in it.”

[Back](#a1954)

## 1955

### APHA Thanks of Support to the Provincial Government \*\*\*

“It was moved and seconded that the secretary of this association convey to the Honourable Dr. W.W. Cross, the appreciation and thanks of the Association for the assistance of the Provincial Government, both financially and otherwise, in developing an effective organization for the study and dissemination of public health knowledge in our Province.”

[Back](#a1955)

### APHA Name Change and Constitutional Change \*

“It was moved that the name of the Association be changed to the ‘Canadian Public Health Association (Alberta Division)’, and that the following changes be made in the constitution of the Association to conform with the requirements of the Benevolent and Other Societies Act as made and issued by the Government of the Province of Alberta.

Firstly: The voting majority required to terminate the membership of any member be changed from two-thirds to three-quarters of the membership present who are entitled to vote.

And

Secondly: The majority required to pass an ‘Extraordinary Resolution’ as defined by section 2(b) of the above mentioned Act, be increased from two-thirds to three-quarters of the membership attending the annual meeting of the Association and who are entitled to vote.

This motion was seconded and was passed by a strong majority.”

[Back](#a1955)

### Recommendation for Annual Meetings for Senior Nurses in Health Units and City Health Departments \*

“The resolutions as presented by the Nurses’ Section were passed by the convention and are as follows:

1. Whereas it is felt by the nurses in charge of Health Units and Health Departments in Alberta that meetings of the group would be of benefit in correlating ideas and clarifying problems.

Therefore be it resolved that the Canadian Public Health Association (Alberta Division) recommend that senior nurses in Health Units and City Health Departments, meet as a group at least once a year to correlate activities.”

[Back](#a1955)

### Recommended to Alberta Health Education Department for the Review of the Film Library \*

“The resolutions as presented by the Nurses’ Section were passed by the convention and are as follows:

1. Whereas many of the film available from the Alberta Health Education Department are outmoded as to content and in many instances in poor physical condition,

Therefore be it resolved that a recommendation be passed by the Canadian Public Health Association (Alberta Division) to the Health Education Department that the film library be reviewed and films outmoded as to content and in poor physical condition be discarded if possible.”

[Back](#a1955)

### Recommendation for Issuing of Food Eating Establishment Regulations \*

“The following resolutions were presented to the meeting by the Chairman of the Sanitary Inspectors’ Section and in each case the resolution was adopted by the convention.

1. Whereas many restaurant operators (and “would-be” operators) are not familiar with the regulations concerning Food Eating Establishments, therefore, be it resolved that a copy of said regulations be issued to the operators at the time that they apply to the Department of Industries and Labour for a restaurant license.”

[Back](#a1955)

### Request for Compulsory Attendance to Food-handling Sanitation Classes for Restaurant Supervisors and Employees \*

“The following resolutions were presented to the meeting by the Chairman of the Sanitary Inspectors’ Section and in each case the resolution was adopted by the convention.

1. Whereas many restaurant supervisors and employees are in very great need of sanitation instruction, and whereas the health of many people is adversely affected, where insanitary food-handling practices are followed, and whereas it is very difficult, if not impossible, to maintain classes of instruction purely on a voluntary basis for all those in need of it;

Be it resolved that the Government of the Province of Alberta be requested to enact legislation requiring compulsory attendance to food-handling sanitation classes organized by the various Health Authorities,

And be it resolved that the Alberta Public Health Association consider recommending similar action to the Canadian Public Health Association for other Provinces.”

[Back](#a1955)

### Request to National Film Board for Films on Baking Sanitation \*

“The following resolutions were presented to the meeting by the Chairman of the Sanitary Inspectors’ Section and in each case the resolution was adopted by the convention.

1. Whereas many bakery supervisors and employees are in need of food sanitation instruction, and whereas a very large section of the Canadian Public is affected by bakeries, where insanitary practices occur, and whereas there are no films or filmstrips available, which deal specifically with bakery sanitation;

Be it resolve that the National Film Board, under the sponsorship of the Department of National Health and Welfare, be prevailed upon to produce a series of films and filmstrips on bakery sanitation.”

[Back](#a1955)

### Request to Provincial Board of Health for 3 Types of Food-handling Establishment Licenses \*\*\*

“The following resolutions were presented to the meeting by the Chairman of the Sanitary Inspectors’ Section and in each case the resolution was adopted by the convention.

Resolved that the following two resolutions be submitted for further consideration:

1. Whereas premises now serving food are issued with Restaurant Licenses by the Department of Labour and Industries and

Whereas many obtain licenses while operating efficiently, serving beverages, pastries, cold sandwiches, and food fried on a grill, and then, because they have a restaurant license, attempt to serve full-course meals and become poor food handling establishments, because they lack kitchen space and storage space,

Therefore, be it resolved that the Alberta Public Health Association recommend to the Provincial Board of Health that: There be three (3) types of licenses for foodhandling establishments –

1. Restaurants – Which may serve full course meals, etc.
2. Lunch Shops – Which may serve beverages, pastries, cold sandwiches, and food fried on a grill.
3. Milk Bards – Which may serve soft drinks and ice cream.

And be it resolved, further, that the Alberta Public Health Association recommend to the

Provincial Board of Health that the Department of Industries and Labour be asked to

Include these classifications in their licensing regulations.”

[Back](#a1955)

### Recommendation to Provincial Board of Health on Restaurant Dining Space Regulation \*\*\*

“The following resolutions were presented to the meeting by the Chairman of the Sanitary Inspectors’ Section and in each case the resolution was adopted by the convention.

Resolved that the following two resolutions be submitted for further consideration:

1. Whereas many restaurant owners have inadequate kitchen and storage space, and

Whereas those planning new premises often are reluctant to allow sufficient space for kitchens and storerooms, and

Whereas the Canadian Restaurant Association members and various Legislative Bodies have approved of our recommended percentages,

Therefore be it resolved that the Alberta Public Health Association recommend to the Provincial Board of Health that:

Restaurants must have a dining space of not more than sixty (60) percent of the total floor space; a kitchen of not less than thirty (30) percent of the total floor space; and a readily accessible storage space of not less than ten (10) percent of the total floor space.”

[Back](#a1955)

### Recommendation to Provincial Board of Health on the Definition of ‘Milk’ and Regulations Respecting Dairies and Milk \*\*\*

“The following resolutions were presented to the meeting by the Chairman of the Sanitary Inspectors’ Section and in each case the resolution was adopted by the convention.

1. Be it resolved that the Milk used in the preparation of Chocolate Dairy Drink and of Ice Cream be included in the definition of milk and that the same be required to meet the requirements of the Provincial Board of Health regulations respecting Dairies and Milk.”

[Back](#a1955)

## 1956

### APHA Representative to the American Public Health Association Western Branch \*

“Moved and seconded that the matter of appointing a representative to the Regional Board, Western Branch, American Public Health Association, be passed along to the next executive.”

[Back](#a1956)

### Recommendation to Provincial Board of Health on Kitchen Area and Food Storage Area Regulation \*

“Whereas a competent committee of Sanitary Inspectors has studied the design of restaurants with reference to the allotment of space of dining, kitchen and food storage areas, and

Whereas this committee obtained the advice of various bodies and persons, such as other health bodies, and the Restaurant Association, and

Whereas this committee, in its report, recommended that the division of space be on a 60-30-10 basis,

Now, therefore, be it resolved that this convention recommend to the Provincial Board of Health that new restaurants be required to have a kitchen floor area of at least one-half of the dining area, and a food storage area of at least one-third of the kitchen area.”

[Back](#a1956)

### APHA Constitution Amendments – Membership for Industrial Organizations \*\*\*\*\*\*

“Whereas the interest being show in Public Health by Industrial Organizations, generally, would appear to be progressively increasing, and whereas if encouraged, certain of those may wish to become sustaining members of this Association, and whereas, it is felt that both Associate and Sustaining members should be accorded voting privileges and whereas the annual fee for sustaining membership is considered to be inadequate,

Therefore be it resolved that the contribution of this Association be amended as follows:

Add to Paragraph 3: “Associate members shall have the right to vote on all questions at any meeting or congress of the Association, but shall not be eligible to hold office in the Association.”

Add to Paragraph 7: “Such membership shall carry with it identical privileges of Associate members.”

Paragraph 9 to read: “The annual fee for sustaining members shall be $850.00 payable on or before the first day of January of each year.”

An amendment was subject to provise, “sustaining membership be limited to 10, and if at some future date there is an increase in membership in the Association, this number be increased.”

An amendment to the amendment “sustaining membership be limited to 20% of membership in Association”.

On a standing vote, the amendment to the amendment was defeated; the amendment was defeated; the motion was defeated.

[Back](#a1956)

## 1957

### Request to Provincial Government for Graded Milk Labeling \*

“Whereas it is impossible to suspend a major milk supply of a community for an uncorrected minor sanitary fault in that dairy, even though the fault may potentially entail some degree of danger to health, and

Whereas prosecution for such minor uncorrected faults has, in the past, most frequently resulted in a small fine which fails to have disciplinary effect, but does cause a resistant and un-cooperative milk distributor;

Now therefore be it resolved that the Alberta Division of the Canadian Public Health Association request our Provincial Government to include in their regulations the requirement that milk sold in the province, for consumption as such, be labelled “Grade A” or “Grade B”, and that the local health authority may, in the case of persistent failure to meet the provincial regulations regarding quality or sanitation, be authorised to require that such milk be labelled “Grade B” for a specific period of time.”

[Back](#a1957)

### Regulation Change to Patient Procedures of Scarlet Fever, Scarlatina and Streptococcal Sore Throat \*\*\*\*\*

“The regulations governing the control of Scarlet Fever and Septic Sore throat be changed to retain isolation and to drop quarantine of these disease.

Moved and seconded that the resolution be amended thus:

Delete – “Scarlet Fever and Septic Sore Throat”

Substitute – “Scarlet Fever, Scarlatina and Streptococcal Sore Throat”

Moved and seconded that the resolution be further amended thus:

Add: “with exception of those contacts whose occupation involves handling of milk and food”

[Back](#a1957)

### Extension of Professional Training Grant to Occupational Health Nurses \*

“Whereas the Occupational Health Nurses are contributing to Public Health in the Province of Alberta,

And whereas the Alberta Public Health Nurses have recommended that non-public health trained applications should have a University entrance educational standard and that she should be prepared to take a University course in Public Health Nursing within two years of her appointment,

And whereas Occupational Health Nursing positions are not recognised under the Provincial Training Grant for the returning year of service,

Therefore be it resolved to have the Professional Training Grant for post graduate courses extended to include Occupational Health Nurses employed in the Province of Alberta.

--During the discussion Dr. Somerville pointed out that the grant was a Federal/Provincial grant and that the wording of the resolutions be adjusted accordingly. He also suggested that this resolution might be properly forwarded to the Federal Authorities.”

[Back](#a1957)

### Department of Public Health Make Available Free Rheumatic Fever Drugs \*

“Moved and seconded that the Department of Public Health make available free Penicillin and Sulfa drugs for the prophylaxis of Rheumatic fever.”

[Back](#a1957)

### APHA Committee to Prepare Roster of All Public Health Workers in the Province \*\*\*\*\*

“A membership committee be appointed annually to prepare a roster of all public health workers in the province with the following aims:

1. To stimulate membership and collect outstanding fees
2. To give the executive an up-to-date list of members and prospective members so that the executive can send out a tentative programme of the annual meeting to all members well in advance of the annual meeting.

Moved and seconded that the resolution be amended thus:

Delete – “Outstanding fees”

The resolution as amended was carried.”

[Back](#a1957)

### Public Health Nurses Uniforms \*

 “The next resolution originating from the Public Health Nurses Section was prefaced by the following proviso: that this resolution be submitted to the Minister of Health following the submission of the report of the special committee on uniforms, chaired by Miss Mina Pool.

Whereas it is proper professionally to have a public health uniform,

And whereas it is customary for similar agencies to receive assistance in acquiring their uniforms,

Therefore be it resolved: that the Department of Health be approached for an allowance towards public health nurses uniforms for both Health Unit and Municipal nurses.

There was much discussion on this resolution.”

[Back](#a1957)

### Nursing Consultant Position in Maternal and Child Health, Division of Local Health Services \*

“Whereas much concern is expressed for the high infant mortality rate,

And whereas in the generalised field of Public Health specialised personnel are required in assisting with programme planning and the solution of problems pertaining to these specialties,

Therefore be it resolved: that the Minister of Health be approached to consider employing a nursing consultant in Maternal and Child Health as part of the Division of Local Health Services.”

[Back](#a1957)

### New Committee To Study the APHA Constitution and Bylaws \*

“That a committee be appointed to study the constitution and bylaws of the Alberta Division of the Canadian Public Health Association and to consider what amendments are necessary and that this committee present a report at the next convention embodying its recommendations.”

[Back](#a1957)

### New APHA Health Services Section \*\*\*

“That another section be created in the Alberta Division called the Health Services Section, to absorb those members who do not belong to the present recognized categories.

An amendment to this motion was proposed to the effect that a further section to be called “Health Education and Promotion”. No seconder was found for this amendment.

During this discussion it was asked whether the constitution contained any provisions governing the creation of a new section; there were none. It was suggested that this was a matter which the revision committee might well study.”

[Back](#a1957)

### Committee to Study Restaurant and Food Handling Permits \*

“Moved and seconded that the chairman of the Sanitary Inspectors section appoint a committee to study and report on the design, equipment, operation and manner of issuing licenses and permits for restaurants and food handling permits.”

[Back](#a1957)

## 1958

### APHA Support for Occupational Health Division in the Department of Health \*

“Resolved that the CPHA (Alta. Division) support the formation of a Division of Occupational Health within the Alberta Provincial Department of Health; this Division to include a Medical Director and a Nursing Consultant.

This resolution was spoken to and it was said that the Minister of Health had announced the formation of this Division at the spring sitting of the Legislature.”

[Back](#a1958)

### Eligibility of Occupational Health Workers for the Dominion-Provincial Educational Grants \*

“Resolved that the CPHA (Alta. Division) request that the National Department of Health and Welfare accept Occupational Health workers in private industry as being eligible for the Dominion-Provincial educational grants.

It was stated that this resolution should be forwarded to the Deputy Minister of Health and Welfare, Federal Government.”

[Back](#a1958)

### Establishment of Poison Control Centres \*

“Be it resolved that Poison Control Centres be established within the Province of Alberta at the earliest opportunity.”

### Running Hot and Cold Water in All Permanent Food Establishments \*

“Be it resolved that a regulation under the Public Health Act be provided which would make it mandatory for all permanent food establishments within the Province of Alberta to provide running hot and cold water and the necessary plumbing fixtures therewith.

A discussion followed over the use of the word “permanent”. It was pointed out that the wording of this resolution would be changed by the lawyers who represent the Board of Health if they felt the meaning of the resolution was ambiguous.”

[Back](#a1958)

### APHA Support for Public Health Dentistry Division in the Department of Health \*

“Be it resolved that a Division of Public Health Dentistry be established within the Department of Public Health and a Director of Public Health Dentistry be appointed.”

[Back](#a1958)

### Course for Training Dental Hygiene Assistants on Topical Fluoride \*

“Be it resolved that a course be instituted for the training of Dental Hygiene Assistants, a new category of health workers in the application of topical fluoride within the province.”

[Back](#a1958)

## 1959

### APHA Constitution Amendment – Membership Fee \*

“The motion is as follows – That the amended Constitution and Bylaws as presented, be adopted.

Discussion then centred on the amended by-law with special attention to Section 9 and it was moved and seconded that Section 9 be amended to read as follows.

That Section 9 of proposed constitution be amended to provide for an annual membership fee of $7.50 of which $5.00 shall be forwarded to the CPHA.”

[Back](#a1959)

### APHA Constitution Amendment – Dental Officers Section \*

“A resolution was presented which had been stated the previous meeting as a notice of motion. This resolution was seconded and read as follows.

The Constitution be amended to provide for the formation of a dental officers section to include the Chairman of the dental officers section on the Executive Committee.”

[Back](#a1959)

### APHA New Occupational Health Workers Section \*

“Moved and seconded that the formation of an occupational health workers section be formed and the Chairman of this Section be chosen by the incoming Executive.”

[Back](#a1959)

### Borrowing of Books and Journals by Health Unit Staffs from the University Library \*

“Moved and seconded that the Executive explore all means for facilitating the borrowing of books and journals by Health Unit Staffs (and other members of the Association) from the University Library and a report brought forward at the next annual Convention in 1960.”

[Back](#a1959)

## 1960

### Section 13 Constitution Amendment \*

It was moved and seconded that Section 13 of the Constitution be amended to read as follows:

“Be it resolved that Section 13 be amended to read: “The officers of the Association shall be the President, the Vice-President, the Secretary, the Treasurer, the Chairman of the Medical Officers’ Section, the Chairman of the Dental Officers’ Section, the Chairman of the Nurses’ Section, the Chairman of the Sanitarians’ Section, the Chairman of the Occupational Health Workers’ Section, the Chairman of the Membership Committee, and ex-officio the Deputy Minister of Health of Alberta, who, together with the immediate Past-President, shall constitute the Executive Committee.”

[Back](#a1960)

### Section 20 Constitution Amendment \*

It was moved and seconded that Section 20 of the Constitution be amended to read as follows:

“Be it resolved that Section 20 be amended by deleting the first sentence thereof and substituting it for the following: “The Executive Committee and each member thereof shall hold office for a period of one year, more or less, from the conclusion of the Annual General Meeting at which they are elected to the conclusion of the next ensuing Annual General Meeting.”

An amendment to this motion was moved and seconded to change the term of office ‘to the conclusion of the Annual Convention’ instead of the ‘Annual General Meeting’. This amendment was carried. The amended resolution was then voted on and carried.

[Back](#a1960)

### Editorial Representative Appointment \*

It was requested that the Alberta Division appoint an editorial representative to the Advisory Editorial Board of the Canadian Public Health Association Journal.

It was moved that Dr. Orford Smith be appointed in this capacity for the two year period as requested by the Canadian Public Health Association.

[Back](#a1960)

### Desirability of Enacting Minimum Public Health Housing Standards Committee \*

“Be it resolved that the new Executive of this Association establish a committee to study the desirability of enacting minimum public health housing standards.”

[Back](#a1960)

## 1962

### Investigation of Dismissal of Medical Officer of Health \*

“Be it resolved to request the Minister of Health to initiate an investigation in the facts bringing about the dismissal of the Medical Officer of Health by the local Board.”

[Back](#a1962)

### Inquiry into Grievances of Public Health Workers \*

“Be it resolved that the executive of the Alberta Division C.P.H.A. enquire, investigate and consider problems of grievances of Public Health workers and report back to the assembly the following year.”

[Back](#a1962)

### The Amendment of the By-laws \*

A notice of an extra-ordinary resolution was proposed and seconded and the resolution reads: “That the constitution and by-laws be amended as to Section 13, by including the Director of Local Health Services as an ex-officio member of the Executive Committee.” A discussion took place concerning this motion.

[Back](#a1962)

### Investigation into Need of a Veterinary Surgeon \*

“Be it resolved that an investigation into need of a Veterinary Surgeon qualified in Veterinary Public Health to co-ordinate and assist in such matters as Zoonoses, quality of meat control, the use of antibiotics and insecticides, etc.”

[Back](#a1962)

### Maternal and Child Health Consultant Full Time Appointment \*

 “That the Medical Health Officers recommend that the position of Maternal and Child Health consultant be a full time appointment and be held by a Physician (in addition to the Nursing consultant of Maternal and Child Health).”

[Back](#a1962)

### Encouragement to the Employment of Speech Therapists \*

 “Be it resolved that more encouragement should be given to the employment of Speech Therapists in the Province of Alberta.”

[Back](#a1962)

### Director of Dental Services Full Time Appointment \*

“That the position of Director of Dental Services for the Province of Alberta be made a full time appointment.”

[Back](#a1962)

### Salary Committee \*

Resolution whereas the L.H.S.4 salary schedule issued by the provincial Department of Health, September, 1958, is the latest official salary schedule for pension purposes for all Health Unit employees and Municipal Nurses and as evidence of its outdatedness and not in keeping with the salaries paid for positions of like responsibilities in all other disciplines and the provincial Department of Health had advised the respective local Boards of Health to up grade the L.H.S. salary schedule by 10% for budget purposes as of December 1959, thereby tentatively adjusting the salaries by the same amount, and at the representatives of the local Boards of Health and Medical Officers that a revised up to date salary schedule would be officially released no later than three weeks as of the date of the conference but to date regretfully is still not available

and

Whereas the C.P.H.A had issued a salary schedule in August of 1960 for Health Unit Personnel and the A.A.R.N. issued a revised salary schedule as of February 1962 in their personnel policy in respect to nursing personnel both of which are more realistic in that they recommend remunerations which establish a greater degree of parity in salaries for positions of like responsibility in other fields of employment

and

Whereas the quality of health services and the supply of trained competent health unit staff is contingent upon remuneration and related benefits and there is at the present time dissatisfaction and unrest among presently employed health unit personnel and evidence of migration of competent, trained and desirable personnel not only from the provincial but to the U.S.A. to the detriment of both quantity and quality of urgently needed health services provided by health units

and

Whereas it is customary for business employers, nursing profession and such like to review salary schedules frequently and usually annually for purposes of adjusting salaries and related benefits to match the standards and costs of living.

“Resolved that the Alberta Division of the C.P.H.A. recommend to the members that a salary committee be appointed by the executive of the Alberta Division of the C.P.H.A. consisting of one member from each section together with one member from a Board of Health from a representative Health Unit and this body established and recognized on a permanent basis within the organization and structure of the Alberta Division of the C.P.H.A and to perform the following,

1. Review immediately the present salary schedule as it is applicable to Public Health personnel in the light of the revised and up to date salary schedules available from the C.P.H.A., A.A.R.N. and other Provincial Health Department for an improved and more realistic salary for all.
2. Thereafter annually or as frequently as may be necessary review the salary schedule and related benefits of all Public Health personnel to establish and maintain a general parity in salaries for positions of like responsibilities in all other disciplines.”

[Back](#a1962)

### Provincial Department of Public Health Emergency Disaster Plan \*

“Be it resolved that the Provincial Department of Public Health be requested to prepare an emergency disaster plan to include all phases of the Public Health organization in the province showing the responsibility of the M.O.H., nurses and sanitary inspectors.”

[Back](#a1962)

### Provincial Board of Health Regulations Requiring Compulsory Pasteurization of All Milk \*

“Be it resolved that the Provincial Board of Health be requested to draw up regulations requiring compulsory pasteurization of all milk for human consumption in the Province of Alberta.”

[Back](#a1962)

### Committee for Course in Food Handling \*

 “Be it resolved that we set up a committee to prepare a brief for presentation to the Alberta Government Board of Health, to the effect that a course be set up in food handling and that all future operators be required to complete this course before a license would be issued to operate.”

[Back](#a1962)

## 1963

### Addition to Section 22 of By-laws \*

 “Moved and seconded that the following addition be made to Section 22 of By-laws – The executive committee may appoint a standing permanent committee, without further changes in the constitution.”

The motion was amended and seconded to read: The executive be allowed, on recommendation of the general meeting, to appoint standing permanent committees, as a supplement to Section 22 of our present constitution.

[Back](#a1963)

### Formation of a Standing Permanent Committee on Personal Policy \*

 “Moved and seconded that the executive be asked to form a standing permanent committee on personal policy.”

[Back](#a1963)

### Annual Workshop for M.O.H. and P.H.N. \*

Whereas the workshop for M.O.H. and P.H.N. as planned by the Northern region of the nurses section, under the sponsorship of the C.P.H.A., Alberta Division, was strongly endorsed by the evaluation questionnaire. Be it resolved that:

A workshop be held each year in conjunction with the C.P.H.A., Alberta Division convention.”

[Back](#a1963)

### Director of Dental Services for the Province of Alberta Be Made a Full Time Appointment \*

1. Whereas \_\_\_ having now left his position as Provincial Director of Dental Services, which he occupied for 3.5 years, this body wishes to recognize the excellent contributions he has made to Dental Public Health in Alberta, and wish him well in his new appointment at the University.
2. Whereas, a new appointment now being necessary to fill the vacancy created by \_\_\_’s resignation, be it resolved that the Department of Health be requested to make the position of Director of Dental Services for the Province of Alberta a full time appointment.

[Back](#a1963)

### Pasteurization of Milk \*

Moved and seconded that all milk sold in the Province of Alberta be Pasteurized. It was moved and seconded that this resolution be dropped. Amended to read “tabled” instead of dropped. Carried.

[Back](#a1963)

## 1964

### Establishment of Roped-Off Swimming Areas \*

Whereas, the roping off of a swimming area would

1. make supervision easier with fewer life-guards
2. provide in each swimmer a potential life-guard for his fellow bathers because of proximity
3. protect swimmers from boats and water-skiers
4. facilitate cleaning, maintenance, and weed-control
5. make the maintenance of suitable bottom possible in this confined area
6. with its flexibility, allow variation to conform with anticipated volume and usable beach area.

“Be it resolved that the Canadian Public Health Association, Alberta Division request the Provincial Board of Health to make provision in Regulations Regarding Bathing Beaches for the establishment of roped-off areas.”

[Back](#a1964)

### Inclusion of a Course in Health Education as a Requirement for All Grade 10 Students \*

Whereas, health education is the most powerful weapon we have in the field of health and it is fully recognized today that no lasting progress is health work can be achieved without simultaneously undertaking to educated the population in health matters; and

Whereas, health education for children and youth helps them to better understand health problems and needs and to cooperate in prevention and treatment; and

Whereas, health education also helps build a foundation for intelligent parenthood and informed community membership; and

Whereas, children and youth who have developed respect for scientific research and a knowledge of community resources for health services, can become, as adults, intelligent consumers of health products and services; and

Whereas, health education for children and youth must encompass their particular health needs and problems;

“Therefore, be it resolved that the Canadian Health Association, Alberta Division, request the Alberta Department of Education to establish a required health education course in Grade X to replace the current elective Health and Personal Development 10.

[Back](#a1964)

### Alteration of Boundaries of Welfare Officers’ Jurisdictions \*

Whereas, cooperation between Health Units and Welfare Officers is essential and this cooperation would be facilitated by accessibility to one another

“Therefore, be it resolved that the Department of Welfare of Alberta be requested to give consideration to the alteration of boundaries of Welfare Officers’ jurisdictions to make them co-terminous with Health Units and that if possible offices of the two agencies be located in the same building.”

\_\_\_\_ stated the location of the welfare office was selected by the Province, as opposed to the method used in selecting a site for local Health Units.

\_\_\_\_ suggested the present welfare boundaries were more suitable than the Health Unit boundaries.

\_\_\_\_ pointed out the MO’s section was giving consideration to adjustment in existing Health Unit boundaries.

[Back](#a1964)

### Forgoing of Nurses Workshop for One Year \*

 “Whereas, the Alberta Division of the C.P.H.A. will be meeting in conjunction with the annual national C.P.H.A. convention which is to be a three day meeting in June, 1965, It was accepted by the Nursing Section that the annual workshop be foregone for this one year.”

[Back](#a1964)

### Secretary and Treasurer Be Appointed for a Two Year Period with Terms Commencing on Alternate Years \*

Moved the Secretary and Treasurer be appointed for a two year period with terms commencing on alternate years, seconded.

[Back](#a1964)

### Director of Local Health Services No Longer Serve as an Ex-officio Member of the Executive Committee of the C.P.H.A. (Alberta Division) \*\*

Moved the Director of Local Health Services no longer serve as an Ex-officio member of the Executive Committee of the C.P.H.A. (Alberta Division). Seconded. Not Carried

[Back](#a1964)

### Formation of a Dental Auxiliaries Section \*

\_\_\_\_ seconded the motion to form a Dental Auxiliaries Section within the Canadian Public Health Association (Alberta Division).

[Back](#a1964)

## 1965

### Report of Committee on Salaries and Personnel Policies \*

The President, in her presidential address brought the following recommendations from the Committee on Salaries and Personnel Policies C.P.H.A. (Alberta Division) to the attention of the membership –

1. We recommend that L.H.S. #6 be the minimum schedule for all public health personnel.
2. We recommend that directors of all health agencies draw to the attention of their respective employers the C.P.H.A. recommended qualification requirements and minimum salaries for public health personnel in Canada (Fifth revision), and work towards its implementation at the earliest possible moment. (Reference C.P.H.A. Journal Volume 56 April 65). We recommend that appropriate tables and graphs be used to make details clearer.
3. We recommend that the employers be urged to reward exceptional service with supplementary remuneration.
4. We recommend that the executive C.P.H.A. (Alberta Division) be authorized to delegate a member or members of the committee on salaries and the personnel policies to assist directors of health agencies at their request in negotiating salaries if a need for such service is manifest.
5. We recommend that health personnel receive after one full year of employment at least three full weeks holidays with pay per annum.
6. We have instructed the chairman of the committee on salaries and personnel policies to request by form letter copies of personnel policies from directors of health agencies. The cooperation of the membership in this regard is requested.

“Motion that the report be adopted as in the President’s address.”

[Back](#a1965)

### Pasteurization of Milk (2) \*

Whereas the Government of the Province of Alberta has indicated a need for preventive medicine and

Whereas the pasteurization of milk prevents the spread of milk borne diseases in both infants and adults

“Now be it resolved that the C.P.H.A. (Alberta Division) ask the Provincial Government to enact legislation to require that all milk for sale within the Province of Alberta be first pasteurized.”

[Back](#a1965)

### Simply Majority Sufficient in Any Future Plebiscite on Fluoridation \*

Whereas the fluoridation of the public water supplies has been shown to reduce dental caries

“Now be it resolved that this association request the Provincial Government to enact legislation to require that a simple majority be sufficient in any future plebiscite on the fluoridation of any public water supply.”

[Back](#a1965)

## 1966

### Permission for Health Personnel to Attend the Annual APHA (Alberta Division) Convention \*\*

In order that Employers of Health Personnel may be given more detailed information in consideration of granting permission to their Health Personnel to attend the Annual APHA (Alberta Division) Convention,

Therefore, be it resolved that tentative program outlines be mailed to all members of the current [illegible] year as soon as possible before the Convention.

[Back](#a1966)

### Endorsement of Fluoridation of Water \*\*

Whereas, dental decay has been shown to be a serious problem which can be safely and efficiently reduced by the fluoridation of communal water supplies,

Therefore, be it resolved that the CPHA (Alberta Division) reiterate its endorsement of the principle of adjusting the fluoride content of communal water supplies to 1 p.p.m. and commend the present action of the legislature to change the required 66 2/3 % majority to a simple majority in order to implement this measure.

[Back](#a1966)

### Telegram to Premier Regarding Resolution on Fluoridation of Water \*

That with a view to enhancing the acceptability of the preventive social services program sponsored by the Department of Public Welfare, and,

That with a view to eliminating duplication of effort,

Therefore, be it recommended to the Minister of Health and the Minister of Welfare that this program be integrated into the preventive health services already being provided by the Health Units and City Health Departments.

Motion that a telegram be sent to the Premier conveying the essence of the resolution on fluoridation and a simple majority. Moved and seconded.

(An amendment to the motion to have the telegram sent to the Minister of Health instead of the Premier was defeated.)

[Back](#a1966)

### Inclusion of Nursing in the List of Professions Eligible for Active Membership \*

Motion that section 4 of the Constitution and Bylaws be amended to include Nursing in the list of professions eligible for active membership. Moved and seconded.

[Back](#a1966)

### Redesignation of the Nurses’ Section and Sanitarians’ Section \*

Motion that section 13 of the Constitution and Bylaws be amended to redesignate the Nurses’ section as the Public Health Nurses’ section, and to redesignate the Sanitarians’ section as the Public Health Inspectors’ section. Moved and Seconded

[Back](#a1966)

### Reassignment of Responsibility of the Vice-President \*

Motion that section 15 of the Constitution and Bylaws be amended to assign the Vice-President the responsibility of acting as Chairman of the Convention Committee rather than as Publicity Officer of the Association. Moved and seconded.

[Back](#a1966)

## 1967

### Appointment of an Official Auditor \*

Motion that an official auditor be appointed. Moved and seconded.

[Back](#a1967)

### Planning for the Annual Convention \*

Motion that ongoing planning more than one year be considered in planning for the annual convention. Moved and seconded.

[Back](#a1967)

### Honorary Membership \*

Motion that \_\_\_\_\_\_\_ be accorded an Honorary Membership to the Canadian Public Health Association (Alberta Division). Moved and seconded. Carried.

[Back](#a1967)

### Investigation, Encouragement, and Promotion of Establishment of Environmental Health Sciences and Occupational Health Research Facilities and Courses \*

Whereas there is a rapid expansion of industry in Alberta, and

Whereas the public is becoming increasingly aware of pollution in our environment, and

Whereas there is an increasing need for trained personnel, medical and otherwise, in the environmental health sciences and in the field of occupational health, and

Whereas at the present time, in Alberta, there appear to be no educational and few research facilities in these fields,

Therefore, be it resolved that the Canadian Public Health Association, Alberta Division,

1. investigates the facilities now available in Alberta for education and research in the environmental health sciences and in occupational health, and
2. shall encourage and actively promote the establishment of research facilities and courses of study in these fields.

Moved and seconded.

[Back](#a1967)

### Committee to Investigate Encroachment of Department of Welfare \*\*

Whereas we have observed and deplore a tendency of the Department of Welfare to encroach on and take over responsibilities properly belonging to the Department of Health, and

Whereas this encroachment leads both to wastage of expert personnel and to economic wastage,

Therefore, be it resolved that a committee of both Departments, with an independent Chairman be appointed to investigate this problem with a view to appropriate action.

Moved and seconded. Defeated.

[Back](#a1967)

## 1968

### Communication between Executive and Members \*

Be it resolved: To maintain interest and to increase membership that some effort be made to develop a system of communication between the executive and members, in the form or a newsletter or copies of the executive minutes. Moved and seconded.

[Back](#a1968)

### Committee to Form and Present a Brief to be submitted to the Commission on Mental Health Services \*

Whereas there is presently a commission now conducting an investigation into the Mental Health Services in this Province and,

Whereas this commission has requested briefs from individuals or grounds and,

Whereas Public Health Workers are consistently confronted with problems in the area of Mental Health.

Be it resolved that Alberta Division of the Canadian Public Health Association set up a Committee to form and present a brief to be submitted to the Commission on Mental Health Services.

Moved and seconded.

[Back](#a1968)

### Recommendation for Formulation of a Public Health Plan for Disaster \*\*

Whereas in case of a major disaster Public Health personnel will play a major if not predominant role in safeguarding the health of the public and,

Whereas there appears to be a lack of pre-planning in Public Health in the Provincial Emergency Measures Organization programme.

Be it resolved that the Canadian Public Health Association (Alberta Division) recommend to the Alberta Emergency Measures Organisation that the Public Health portion of their course be reassessed so that a Public Health Plan for disaster, similar to that already in effect for hospitals, be formulated.

Moved and seconded. Defeated.

[Back](#a1968)

### Appointment of a Full Time Nursing Consultant in Occupational Health \*

Whereas there are more than 100 nurses employed in Occupational Health programmes within industrial organizations in Alberta and,

Whereas industrial development will necessitate the appointment of many more nurses during the coming years and,

Whereas Alberta has no co-ordinating authority for Occupational Health Nurses and,

Whereas there is an urgent need for such an authority to establish standards and procedures in industrial nursing,

Therefore be it resolved that the Alberta Department of Health be requested to appoint a full time nursing consultant in Occupational Health.

[Back](#a1968)

### Renaming of Occupational Health Workers Section \*\*\*\*

That the Occupational Health Workers Section be renamed the Occupational and Environmental Health Section.

Discussion followed and it was agreed that the above resolution should be presented as a Notice of Motion at the next C.P.H.A. (Alberta Division) meeting in the spring of 1969 in Edmonton, but that the word Environmental be changed to a more suitable descriptive term to include other types of workers e.g. Laboratory Workers, and Industrial Engineers. It was suggested that Industrial not be used. Whatever term is used should not interfere with the Health Inspectors Section.

[Back](#a1968)

### Research Programme into Glass Washing in Beverage Rooms \*

Be it resolved that the Department of Health in co-operation with the Alberta Liquor Control Board and the Alberta Hotel Association conduct a research programme into the matter of glass washing in beverage rooms.

1. To enquire into the adequacy of present methods and,
2. To assess the public health danger, if any, of present methods and,
3. If found desirable, proper changes to present methods be made.

Moved and seconded.

[Back](#a1968)

## 1969

### Formation of Health Care Section \*

Whereas the aims of the Association would be promoted by a closer alignment between Boards of Health and their professional employees together with a unity of purpose;

And whereas it seems desirable to establish a means of acquainting members of Boards of Health with current developments in community health;

And whereas the methods of delivering total health care are of concern to public health administrators;

Therefore Be It Resolved that a section of the Division, to be called the Health Care Section, be formed before the next Annual Meeting and that a program be organized suited to the needs of Board members attending.

Be It Also Resolved that the Executive be instructed to make every effort to publicize the activities of the Association to Board members directly, especially concerning the forementioned program.

Moved and seconded.

[Back](#a1969)

### Redesignation of Occupational Health Workers Section \*

Motion that the Occupational Health Workers section be redesignated the Occupational and Environmental Health Section.

Moved and seconded.

[Back](#a1969)

### Recommendation to Minister of Health surrounding Need In-Patient Facilities, Specifically for Emotionally Disturbed Children and Juveniles \*

Whereas there is an increasingly desperate need for in-patient facilities, specifically for emotionally disturbed children and juveniles in Alberta and,

Whereas there is almost a total lack of such facilities in Southern Alberta and the few existing facilities in Alberta are greatly over-taxed.

Therefore Be It Resolved that the Canadian Public Health Association (Alberta Division) recommend to the Minister of Health that immediate action be taken to alleviate this situation.

Moved and seconded.

[Back](#a1969)

### Study to Determine the Extent of Need for Short Term Custodial Facilities for the Handicapped \*

Whereas there is an increasing need for temporary custodial care for Handicapped Children and Adults, during periods of stress or illness in the family

And Whereas there are many conscientious custodians of handicapped person, who are often deterred by the overwhelming difficulties in obtaining short term assistance in time of need

And Whereas the expense of permanent institutional care can often be avoided if short term care were available when so required.

Therefore Be it resolved that the C.P.H.A. Alberta Division request that a study be conducted to ascertain the extent of the need in Alberta for short term custodial facilities for the Handicapped and that such facilities be made available.

Moved and seconded.

[Back](#a1969)

### Cost Sharing for Executive Meetings \*

The following recommendation of the Commission was read to the membership:

“That the ensure that members of Council and Executive Committees will not be prevented from attending meetings by lack of travel funds, that a means be devised for a method of providing financial assistance and that Branches consider an arrangement for sharing on an equal basis the travel expenses for all Branch Representatives who would otherwise be prevented from attending because of lack of travel funds”.

Considerable discussion followed.

Motion that the Alberta Division support in Principle this recommendation by the Commission and that the new Executive be asked to pursue the suggestions and that the Executive review the National Study.

Moved and seconded.

[Back](#a1969)

### Alberta Division to Ask National Body to Consider Increasing the Membership Fees on a Sliding Scale According to Income \*

That the Alberta Division ask the National Body to consider increasing the membership fees on a sliding scale according to Income.

Moved and seconded.

Considerable discussion followed. Carried.

Vote 28 against motion. 36 for motion.

[Back](#a1969)

## 1970

### Constitution Amendment Section 6 – Honorary Memberships \*\*

“That Section 6 be reworded to read “Honorary memberships be granted for such time as may be approved by the Executive and shall carry all the privileges of Active Membership.”

[Back](#a1970)

### Constitution Amendment – Section 19 Secretary/Treasurer Terms/Elections \*

“That Section 19 be reworded to read “The secretary and the treasurer may hold office for two years, and their elections shall alternate.”

[Back](#a1970)

### Treasurer Elections \*

“That the office of treasurer be up for election this year.”

[Back](#a1970)

### Support for Breathalyser Law \*

“That CPHA Alberta Division lend its support to the Provincial and Federal Governments in favor of the Breathalyser Law.”

[Back](#a1970)

### Support for Opposition to Bill 80 \*\*\*\*

“That CPHA Alberta Division support the Alberta Nurses in their opposition to Bill 80.

This motion was withdrawn due to insufficient information being available to the general body.”

[Back](#a1970)

### Amendments to Constitution/Bylaws Regarding Objects and Functions of APHA \*

“That the incoming Executive examine Section 2 of the Constitution and Bylaws with respect to the objects and functions of the Association.”

[Back](#a1970)

## 1971

### Name Change from CPHA AB Division to APHA \*

“It is proposed to alter the name of the society from “The Canadian Public Health Association, Alberta Division”, hereinafter called the Association to “The Alberta Public Health Association” hereinafter called the Association, an affiliate of the Canadian Public Health Association.”

[Back](#a1971)

### APHA Objects Revision \*

“It is proposed to alter the objects of the Canadian Public Health Association Alberta Division from “The objects of the society shall be the development and diffusion of the knowledge of preventive medicine and public health in all their branches, and to maintain an affiliation with the Canadian Public Health Association” to “The objects of the Association shall be to promote community health in all its aspects and to maintain an affiliation with the Canadian Public Health Association.”

[Back](#a1971)

### Adoption of New 1971 APHA Bylaws \*

“It is proposed to rescind all previously published Bylaws and to adopt the Bylaws as circulated at the Annual General Meeting of April 1971.”

[Back](#a1971)

### Rescinding of Legislation on Enacting a Pasteurization Bylaw \*\*\*\*

“Whereas it is now possible to supply pasteurized milk to all communities in our province

Be it resolved that the present legislation making a plebiscite mandatory to enact a pasteurization bylaw be rescinded.”

[Back](#a1971)

### Recommended Amendment of Municipal Government Act Regarding Pasteurization Bylaws \*

“That the Municipal Government Act be amended to permit a municipal government to pass a pasteurization bylaw without a plebiscite and that the present legislation under the Public Health Act requiring a plebiscite before passage of a pasteurization bylaw be struck out.”

[Back](#a1971)

### Recommended Legislation on All Milk Consumed in Public Places Be Pasteurized \*

“Whereas it is now unlawful to sell or serve raw milk in public places where no pasteurization bylaw exists and whereas a growing number of tourists are unaware of this fact

Therefore be it resolved that legislation be enacted requiring that all milk offered for human consumption in public places be pasteurized.”

[Back](#a1971)

### Petition for the Creation of an Alberta Council of Health \*

 “Whereas the government has recently introduced legislation that will allow and provide for the combining and integration of hospital, preventive health and social services at the local level and whereas, there is a need in Alberta today to provide overall direction in health planning and to co-ordinate the activities of the many official and voluntary agencies involved in the delivery of health services, Therefore be it resolved that the APHA petition the Minister of Health to establish an Alberta Council of Health, charged with the responsibility of developing an overall master plan for the delivery of Health Services in the province and further be it resolved that the Minister of Health be from the Alberta Public Health Association on this Alberta Council of Health.

This resolution was discussed and a decision reached to postpone the vote until a later business session at 1:15 pm this afternoon April 16, 1971. The proponents of the resolution will take a second look at the wording and bring the resolution forward again at that time.

Whereas the Government has recently introduced legislation which will allow and provide for the combining and integration of hospital, preventive and social services at the local level and,

Whereas there is a need in Alberta today to provide overall direction in health planning and to co-ordinate the activities of the many official and voluntary agencies involved in the delivery of health services.

Therefore be it resolved that the Alberta Public Health Association petition the Minister of Health to establish an Alberta Planning Committee or Council of Health, charged with the responsibility of developing an overall master plan for the delivery of Health Services in the Province and further

Be it resolved that the Minister of Health be requested to consider including representation from the Alberta Public Health Association on this Alberta Planning Committee or Council of Health.”

[Back](#a1971)

### Designation of One Deputy Minister of Health and Social Development Position to Physicians \*

 “Whereas the Government has recently introduced legislation to create a new department of Health and Social Development and

Whereas section 3 of this act allows for the establishment of offices of not more than three deputy ministers for the department

Therefore be it resolved that the APHA recommend to the minister of Health and Social Development that the act be amended to designate that one of the deputy ministers be a physician duly registered with the College of Physicians and Surgeons of Alberta.”

[Back](#a1971)

## 1972

### Recommendation for a Province Wide Home Care Program \*

 “That this Association recommend to the Minister of Health and Social Development that immediate action be taken to establish a province wide home care program in Alberta.”

[Back](#a1972)

### Recommendation for Greater Community Orientation of Medical Students \*

 “That this Association recommend to the Deans of Medicine at the University of Alberta and the University of Calgary that the community orientation of medical students to health care be emphasized to a much greater degree and at a much earlier stage in their undergraduate training.”

[Back](#a1972)

### Recommendation for More Lecture Hours on Senior Health Care Needs Medical/Nursing Students \*

 “That medical and nursing students be given more hours of lectures on the Health Care and other needs of the elderly and senior citizens of Alberta and on the nature of the aging process.”

[Back](#a1972)

### Procedure for Presenting APHA Resolutions to Respective Bodies \*\*\*\*\*

 “That all resolutions from the Alberta Public Health Association to respective bodies, be presented in person to these respective bodies and that the presentation of resolutions be made by a delegation from the executive and a specialist in the particular field represented by the wording of the resolution.

It was felt the motion should say “that in the submission of resolutions to government that a request be made for a personal interview, and also an interview with other related government bodies.

Another response was that there should be a more direct approach and another member supported this comment.

Amendment to the above motions and include “that the results of our discussion regarding resolutions be reported back to the APHA membership at their annual general meeting, or by mail, newsletters.”

[Back](#a1972)

### Recording of APHA Conference Presentations For Future Reference \*

 “That at future conventions we have the presentation of panels or speakers recorded and reproduced for future reference.”

[Back](#a1972)

## 1973

### Interest of APHA Public Health Nurses in Planning Future Public Health Nurse Programs \*\*\*\*

 “Whereas the Department of Health and Social Development has shown interest in the concerns of public health, and,

Whereas Public Health Nurses are the chief providers of primary health in the Community, and,

Whereas it is anticipated that there will be further developments in the field of public health nursing,

Therefore, be it resolved

That the Minister of Health and Social Development of the Province of Alberta be advised that public health nurses, of the Alberta Public Health Association, are very interested and willing to participate in the planning and development of future public health nurse programs.

Discussion followed and it was felt the resolution was not strongly enough worded. Mover and seconder withdrew to reword their resolution.”

[Back](#a1973)

### Re: Recommended Amendment of Municipal Government Act Regarding Pasteurization Bylaws \*\*\*\*

“Resolved that the Alberta Public Health Association ask the Provincial Government to amend the Municipal Government Act to permit a Municipal Council to pass a compulsory pasteurization Bylaw without a plebiscite.

One member advised that an amendment to the public health act is before the House this session asking that no plebiscite be required for pasteurization of milk.

Motion: that the above resolution be tabled for the present time (*defeated*)

Motion: that the resolution put forth be put to the floor for a vote. (resolution *carried*)

Resolved that the Alberta Public Health Association ask that the Public Health Act be amended so as to require that all milk sold or served in public places be pasteurized.”

[Back](#a1973)

### Re-organization of the APHA \*\*

“That with a view of broadening the membership base of the Alberta Public Health Association, the Bylaws be amended to replace the present discipline oriented section by the five functions – oriented sections (corresponding approximately to the new functions – oriented divisions of the Canadian Public Health Association) namely:

Health Service Administration

Environmental Health

Epidemiology and Disease Control

Health Promotion

Family Health

A change in bylaws require a ¾ majority vote. Counted vote – 67 in favor, 34 opposed.”

[Back](#a1973)

### Committee to Examine Re-organization of the APHA \*

 “That the Executive of the APHA strike a committee to examine the re-organization of the Alberta Public Health Association structure, in the spirit of the above notice of motion and report to the 1974 annual meeting.”

[Back](#a1973)

### Nursing Representation on Provincial Planning \*

 “Whereas the Dept. of Health & Social Development has shown continuing interest in the concerns of public health and

Whereas Public Health Nurses are the chief providers of primary health care in the community and

Whereas it is anticipated that there will be further developments in the field of public health nursing

Therefore be it resolved

That the Minister of Health & Social Development of the Province of Alberta, be advised that public health nurses of the Alberta Public Health Association request strong representation on any provincial planning committee responsible for revamping and developing of public health nursing and related programs.”

[Back](#a1973)

## 1974

### Re-Organization of the A.P.H.A Structure \*

It was reported to the membership the four possible proposals the Committee came up with and also the benefits of re-structure of the APHA. He also informed the membership that the Executive of the APHA favored the second proposal, which is following the National Structure (CPHA) leaving out Tropical Medicine and International Health and Laboratory.

“That with a view to broadening the membership base of the Alberta Public Health Association and ensuring a more equitable representation of interests on the Executive, the by-laws be amended to replace the present discipline-oriented sections, by five function-oriented sections, namely

1. Health Services Administration
2. Environmental Health
3. Epidemiology and Disease Control
4. Health Promotion
5. Family Health”

Bylaw #12 of the Alberta Public Health Association now reads:-

The Officers of the Association shall be the President, the Vice-President, the Secretary, the Treasurer, the Chairman of Health Services Administration, the Chairman of Environmental Health, the Chairman of Epidemiology and Disease Control, the Chairman of Health Promotion, the Chairman of Family Health, the Chairman of the Membership Committee, the Chairman of the Publicity Committee, and Ex-Officio, the Deputy Minister of Health of Alberta and the Director of Local Health Services, who, together with the immediate Past President, shall constitute the Executive Committee.

[Back](#a1974)

### Judy Hill Memorial Fund \*

It was brought to the attention of the membership of the APHA the purpose of this Fund.

“That the APHA donate $200.00 to the Judy Hill Memorial Fund.”

[Back](#a1974)

## 1975

### CPHA Consulting Service \*

“Be it resolved that the Alberta Public Health Association recommend to the Canadian Public Health Association that they set up a consulting service and notify all levels of Government;

And that this Annual Meeting instruct the Executive to direct its delegates to the Annual Meeting of the CPHA this June in St. John’s to present a Resolution for this at that meeting.”

Membership was advised that this Resolution was presented in St. John’s at the CPHA Convention and was carried. Membership was suggested to contact the National Office if anyone requires consulting services.

[Back](#a1975)

### By-Law #11 and # 23 Revisions \*

“Be it resolved that the bylaws of the Alberta Public Health Association be amended as follows:-

By-Law No. 11 Page 2

After “B” delete $25.00 and add $35.00

By-Law # 11 Now Reads:- The annual fee for sustaining members shall be $35.00.

Be it resolved that the bylaws of the Alberta Public Health Association be amended as follows:-

By-Law No. 23 Page 5

Delete the first sentence, i.e. from “On the 1st day …… to ……. Members of the Association.”

Add “The Chairman of the nominating committee shall be appointed by the Executive three months prior to the Annual General Meeting. The person so appointed will have power to add.””

Bylaw #23 now reads:-

The Chairman of the nominating committee shall be appointed by the Executive three months prior to the Annual General Meeting. The person so appointed will have power to add. It shall be the duty of the Nominating Committee to report to the Association at the Annual General Meeting as to the persons willing and considered suitable by the Nominating Committee for selection to the offices of President, Vice-President, Secretary or Treasurer of the Association for the ensuing year. The Chairman of each section of the Association shall be elected by the members of that Section for the following year. Any member in good standing shall be eligible to hold any office in the Association.

[Back](#a1975)

### Re: Judy Hill Memorial Fund \*

It was pointed out to the membership that there are two funds:-

“That the $200.00 to be donated by the Alberta Public Health Association be split 50/50 to the two funds.”

[Back](#a1975)

### Extraordinary Resolution: Bylaw Revisions \*

The following extraordinary resolution and resolutions were presented.

Extraordinary resolution

Be it resolved that the bylaws of the Alberta Public Health Association be amended as follows:-

Under Section 12, p.3

After “Chairman of the Publicity Committee” and before “Ex-Officio”

Add “the Chairman of any Standing Committee.”

Under Section 22, p.5

After “as it deems necessary” delete the period and add “and may also appoint Standing Committees.”

By-Law #12 Now Reads:-

The Officers of the Association shall be the President, the Vice-President, the Secretary, the Treasurer, the Chairman of Health Services Administration, the Chairman of Envrionmental Health, the Chairman of Epidemiology and Disease Control, the Chairman of Health Promotion, the Chairman of Family Health, the Chairman of the Membership Committee, the Chairman of the Publicity Committee, the Chairman of any Standing Committee, and Ex-Officio, the Deputy Minister of Health of Alberta and the Director of Local Health Services, who, together with the immediate Past President, shall constitute the Executive Committee.

[Back](#a1975)

## 1976

### Membership Fee Revision \*

Whereas:- The annual membership fee in the Alberta Public Health Association has remained fixed at $2.50 for many years in accordance with bylaw no. 10, AND

Whereas:- The aforementioned has remained without regard to the attendant inflationary costs, AND

Whereas:- The sectional structure of the Association is designed to provide greater membership involvement in the Association’s affairs which will occasion increased operating costs, AND

Whereas:- Employing Agencies due to fiscal restraints will reduce financial participation by these Agencies,

Therefore be it resolved:- That by-law no. 10 of the association’s by-laws be amended to provide that the annual fee for active membership in the Association shall be $5.00 above the amount which must be remitted by the Treasurer, at the commencement of each calendar year, in respect of each active member, to the National Office of the Canadian Public Health Association.

By-Law # 10 now reads:-

The annual fee for active membership shall be $5.00 above the amount which must be remitted by the Treasurer, at the commencement of each calendar year, in respect of each active member, to the National Office of the Canadian Public Health Association.

[Back](#a1976)

### Resolutions Chairman Revision \*

Whereas:- The Executive of the APHA wishes to encourage the presentation of resolutions in the furtherance of the association’s concerns, AND

Whereas:- Such resolutions must be assembled and placed in proper order in advance of the annual meeting,

Therefore be it resolved:- That the bylaw of the Alberta Public Health Association be amended to provide that the Resolutions Chairman shall be appointed by the Executive at least three months prior to the Annual General meeting, and that he/she shall have power to add.

A By-Law Under “Officers and Their Duties” will now, in part, read:-

The resolutions Committee Chairman shall be appointed by the Executive at least three months prior to the Annual General Meeting, and that he/she shall have power to add.

[Back](#a1976)

### Convention Planning Committee \*

Whereas: The sectional structure of the Alberta Public Health Association reflects the broad interests of the Association, AND

Whereas: The Scientific Program content of each Annual Convention should further reflect these broad interests,

Therefore be it resolved:-

1) That Section No. 14 of the Association bylaws be amended to provide that the Convention Committee be redesignated the Convention Planning Committee, and that the Vice-President in his capacity as Chairman of this Committee shall have power to add, AND

2) That Section No. 23 of the Association By-Laws be amended to provide that the Chairman of each Section shall be a Member of the Convention Planning Committee.

By-Law #14 now reads:-

The Vice-President shall preside at all meetings of the Association and of the Executive Committee in the absence of the President. The Vice-President shall be Chairman of the Convention Planning Committee and shall have power to add.

By-Law #23 now reads:-

The Chairman of the Nominating Committee shall be appointed by the Executive three months prior to the Annual General Meeting. The person so appointed will have power to add. It shall be the duty of the Nominating Committee to report to the Association at the Annual General Meeting as to the persons willing and considered suitable by the Nominating Committee for election to the offices of President, Vice-President, Secretary or Treasurer of the Association for the ensuing year. The Chairman of each Section of the Association shall be elected by the members of that Section for the following year. Sectional Chair – men shall be Members of the Convention Planning Committee. Any member in good standing shall be eligible to hold any office in the Association.

[Back](#a1976)

### Highway Accident Task Force Report \*

Whereas: The Executive of the Alberta Public Health Association has endorsed the recommendations of the “Ad Hoc Committee” to examine the “Highway Accident Task Force Report” regarding the imperative need for seat belt legislation,

Therefore be it resolved:

That this Meeting affirm its support for this recommendation and urge the Government to enact this legislation with a minimum of delay.

[Back](#a1976)

### Alberta Health Care Insurance Commission \*\*\*\*\*

Whereas: Data on morbidity as well as on mortality are necessary for the planning of Health Services, AND

Whereas: Hospital morbidity data do not reflect the real incidence and prevalence of disease in the Community, AND

Whereas: The potential for a more reliable index of community morbidity exist in Medicare data

Therefore be it resolve: That the Alberta Health Care Insurance Commission be urged to publish morbidity statistics, and in these statistics to make provision for the classification of traumatic conditions by external cause as well as by nature of injury.

Motion: To amend the Motion that the statistics be supplied, if possible, on a quarterly basis, but if this is not possible then within six months of the end of the calendar year or fiscal year, whichever is more convenient to the body concerned.

The above Motion was withdrawn, and the original Resolution with the insertion of the words “current” and “on a regular basis” was presented. The Resolution now reads:-

Whereas: Data morbidity as well as on mortality are necessary for the planning of Health Services, AND

Whereas: Hospital morbidity data do not reflect the real incidence and prevalence of disease in the Community, AND

Whereas: The potential for a more reliable index of community morbidity exists in Medicare data

Therefore be it resolved:

That the Alberta Health Care Insurance Commission be urged to publish current morbidity statistics on a regular basis, and in these statistics to make provision for the classification of traumatic conditions by external cause as well as by nature of injury.

[Back](#a1976)

### Foreseeable Decline in Public Health Services Delivery \*\*\*

Whereas, the Alberta Public Health Association has both an organizational and membership concern and involvement in the standard of Public Health Services in Alberta, and:-

Whereas, the rate of population growth in Alberta, plus the assumption of new and additional services in Public Health has not received the necessary fiscal and personnel requirements, and:-

Whereas, the ratio of Public Health Personnel to population has been allowed to reach unacceptable levels to the extent of now showing a serious lack of Public Health Personnel in many Local Boards of Health, and:-

Whereas, severe limitations have been imposed upon the Local Boards of Health with respect to their budgetary and staff growth and expansion, and:-

Whereas, the imposition of these limitations and restrictions will result in the deterioration of the standards of services provided by Public Health Personnel and a subsequent lowering of the public image of Public Health in this Province, both in an immediate and future manner.

Therefore, be it resolved that:-

1. The A.P.H.A. inform the Public of Alberta of its very serious concern about the foreseeable decline in the standard of Public Health Services delivery in Alberta, and:-

Be it further resolved that:-

1. The A.P.H.A. inform the Minister of Social Services and Community Health and the Government of the Province of Alberta of its very serious concern about the foreseeable decline in the standard of Public Health Services delivery in Alberta, and:-

Be it further resolved that:-

1. The Executive of the APHA initiate an intensive effort to coordinate any efforts by other Public Health Organizations and Professional Associations who have an interest in this matter to bring about a change in the policy and attitude adopted by the Government of the Province of Alberta, and:-

Be it further resolved that:-

1. The Executive of the A.P.H.A issue a media release at the conclusion of this Convention outlining the content and recommendations of this Resolution.

[Back](#a1976)

## 1977

### Extraordinary Resolution #1 \*

The extraordinary resolution was presented as per minutes of April 28, 1977.

\* Missing the actual resolution which was in Appendix ii, not attached to meeting minutes

Motion: That this resolution be adopted. Moved and seconded.

Bylaw # II now reads:

“The fee for sustaining membership be set by Executive Committee before the end of each year, for the following year, the amount not to exceed twice the fee which must be remitted to the CPHA National Office.”

[Back](#a1977)

### Extraordinary Resolution #2 \*

The extraordinary resolution was presented as per minutes of April 28, 1977.

\* Missing the actual resolution which was in Appendix iii, not attached to meeting minutes

Motion: That this resolution be adopted. Moved and seconded.

A discussion followed as to the duties of a second Vice-President. The resolution was re-read.

The extraordinary resolution #2 now reads and is to be inserted into the bylaws of A.P.H.A:

“Second Vice-President be to act as liaison officer for the Officer for the Association to actively promote the interests of the membership to Government and representative groups with corresponding interests. His duties will also include the chairmanship of the sectional chairman meetings, and he will act as chairman of the executive in the absence of the President and First Vice-President of the Association.”

[Back](#a1977)

### Home Care Resolution \*\*\*\*\*

Home Care resolution was moved and seconded, a discussion followed. Resolution was tabled for re-wording and to be brought back to the floor at 11:20 am.

\*Original resolution not included in meeting minutes

The motion moved and seconded had been withdrawn. The new motion was moved and seconded and the resolution now reads…

Whereas: The Government of Canada and the Government of Albeta have spent considerable time, money, research and evaluation on the Health Care Systems for the present and future and

Whereas: the Province of Alberta, through the Department of Social Services and Community Health and the Division of Local Health Services prepared a plan of implementation and budget for co-ordinate Home Care Programs in this Province two years ago and

Whereas: under the Division of Local Health Services the following services and administrative hierarchy has been employed.

1. Eight funded project programs in Home Care ranging in services from a completely co-ordinate program to nursing programs with back up volunteer services.
2. A nursing consultant responsible for Home Care programs in Alberta.
3. Input from research and planning in developing the proposed system.
4. A complete set of nursing and other records developed and in use in some parts of Alberta. (These records are developed to be accepted by a computer program).
5. A Home Care Co-ordinator has been hired by the Province

Whereas: community health services are available to all residents within the Province of Alberta.

Whereas: community health services emphasize the preventive aspects of health care at the primary, secondary and tertiary levels

Therefore be it resolved:

That the APHA recommend to the Minister of Social Services & Community Health immediate adoption of coordinated home care programs funded by the government and administered by Local Health Unit Boards and local Boards of health under the division of Local health services.

In phasing in programs priority should be given to rural areas.

[Back](#a1977)

## 1978

### Resolution on School Health Education \*

Whereas the Alberta Public Health Association recognizes that the leading causes of morbidity and mortality are no longer due to acute conditions but rather chronic conditions and,

Whereas it is recognized that these chronic conditions take many years to develop and then are difficult to treat costing the health care system millions of dollars annually and,

Whereas it is recognized that these chronic conditions of ischemic heart disease, stroke, respiratory diseases, cancer and other health-related problems of suicide, alcohol and drug abuse, motor vehicle accidents, and family breakdown are largely a result of self-chosen lifestyles and,

Whereas it is the position of the Alberta Public Health Association that major risk factors in lifestyle, (smoking, abuse of alcohol and drugs, lack of exercise, poor nutrition), should be effectively addressed in the early years of life when patterns of living are being developed and,

Whereas it is recognized that preventive health care and health promotion programs would assist in minimizing the increasing incidence of these problems thereby reducing health care costs and,

Whereas it is also recognized that personnel employed in community health in its many facets are experts in preventive health care and health promotion,

Therefore BE IT RESOLVED that the Alberta Public Health Association strongly urges the Government of Alberta to place a high priority on the development and implementation of a curriculum on health education from Kindergarten through to Grade Twelve, with a major emphasis on the risk factors in lifestyle and the social problems of modern day living. The Alberta Public Health Association also urges the Government the Alberta to ensure that representatives from the Community Health field are involved in the development of the Health Education Curriculum. It is further recommended that where feasible community health persons be utilized as resource persons in the delivery of Health Education.

[Back](#a1978)

### Resolution on Smoking \*

Whereas cigarette smoking is known to be a major factor in morbidity and mortality from ischaemic heart disease, chronic non-specific respiratory disease, peripheral-vascular disorders, and cancer of the respiratory tract and of many other sites; and

Whereas cigarette smoke may be harmful to the health of non-smokers; and

Whereas smoking has been condemned by the CMA and CPHA, Canadian Cancer Society and several other organizations which are members of the Canadian Council on Smoking and Health; and

Whereas the A.P.H.A. regards smoking as a life style practice which is dangerous to health and inconsistent with individuals’ responsibility to themselves, their families, and society at large; and

Whereas A.P.H.A. adopts the policy that smoking will not be allowed during the doncut of any business or scientific sessions of the organization;

Therefore BE IT RESOLVED that the Alberta Public Health Association:

1. Discourages all individuals from smoking;
2. Urges the Government of Alberta to encourage School Boards etc. to foster and facilitate the eliminations of smoking in schools; and
3. Urges the Government of Alberta sponsor programs to assist smokers to quit; and
4. Urges the Government of Alberta to amend the Municipal Government Act to permit the municipalities to pass bylaws which would restrict smoking in public places within their jurisdiction
5. Propose the formation of an Alberta Council on Smoking and Health as an affiliated to the Canadian Council to coordinate the anti-smoking activities of this Association and all other interested groups

[Back](#a1978)

### Extraordinary Resolution \*

* Missing Appendix III which contained this resolution

By-Law No. 10 now reads:

“The annual fee for membership shall be $10.00 above the amount which must be remitted by the Treasurer, at the commencement of each calendar year, in respect of each active member, to the National Office of the Canadian Public Health Association.”

[Back](#a1978)

## 1979

### Philosophy and Objectives of APHA \*

Moved and seconded with the amendments that:

The word ‘critically’ be removed.

That the Philosophy and Objectives of the Alberta Public Health Association be approved.

\*Resolution not included in meeting minutes

[Back](#a1979)

### Food Service Education and Health Permits \*

Whereas the spread of foodborne disease and other illnesses may be prevented by means of proper sanitary food preparation practices; and

Whereas food service operations have a legal and a moral obligation to meet food sanitation requirements; and

Whereas there currently does not exist an adequate means of ensuring a minimum knowledge of food sanitation among food service operators;

Therefore

1. Be it resolved that the Alberta Public Health Association supports the concept that food service operators (resident owners or managers) be required to demonstrate their knowledge of relevant health legislation to a certain minimum level; and that
2. The successful demonstration of this knowledge, by means of a written test, become a requirement, by law, for the granting of a health permit to operate a food service facility.

[Back](#a1979)

### Milk Pasteurization \*

Whereas pasteurization of milk is a known and proven method of preventing illness

Whereas the travelling public could be served unpasteurized milk without their knowledge

Whereas although there have been control areas to prevent brucellosis in cattle, numerous herds have recently had to be quarantined

Therefore be it resolved that the Alberta Government be asked to pass the necessary legislation to insure that all milk served, distributed or sold to the public in Alberta, be pasteurized.

[Back](#a1979)

### Extraordinary Resolutions 1-7 \*

\*Extraordinary Resolutions 1-7 were all carried however the appendices that contained these resolutions were not found in the meeting minutes.

[Back](#a1979)

## 1980

### Revision of Purpose of APHA \*

“Whereas: the purpose of the Association has not been formally updated since the incorporation of the Association in July 1955, and

Whereas: the membership at the Association’s annual meeting in April 1979 approved in principle the purpose and objectives of the Association as proposed in this resolution

Therefore, be it resolved that the name of the Society shall be the “Alberta Public Health Association” hereinafter called the Association, an incorporated society in affiliation with the Canadian Public Health Association.

The purpose of the Association shall be to improve and maintain the health of people and their environments through the promotion of:

1. Professional development of those persons interested in public health, and
2. The application of positive health concepts”

[Back](#a1980)

### Support for the Charter of Health for Canadians \*\*

“Whereas Albertans have been drawn into the physician’s bargaining with the government for a “fair fee for their services”, and

Whereas some Albertans are being asked by their physicians to state their opinion regarding legislation about conditions placed on physicians’ participation in the Alberta Health Care Insurance Plan, and

Whereas some Albertans may not have all the information necessary to make informed decisions on these complex issues,

Be it resolved that the Alberta Public Health Association reaffirms its support for the “Charter of Health for Canadians” (1964) and commits itself to take opportunity to promote equal access to comprehensive, universal, portable medical care for all Albertans, and to facilitate the dissemination of information required to make informed decisions in this area.”

Resolution was brought back to the floor and was amended to read:

“Whereas: physicians are entitled to “fair fee for their services”, and

Whereas: some of the means by which the support “for fair fee for their services”, is being elicited, potentially threatens the “Charter of Health for Canadians” (1964),

Therefore be it resolved that the Alberta Public Health Association reaffirms its support for the “Charter of Health for Canadians” (1964), and commits itself to take opportunity to promote equal access to comprehensive, universal, portable medical care for all Albertans.”

[Back](#a1980)

### APHA Raffle \*\*

 “Whereas the Alberta Public Health Association is desirous of raising funds to further the aims and objectives of the Association, and

Whereas membership fees alone cannot fully support its aims and objectives,

Therefore be it resolved that the Alberta Public Health Association sponsor a raffle during the coming year, to expand its financial resources.”

[Back](#a1980)

### Refuse Licensing Sun Tan Parlors in Alberta \*\*

“Whereas skin car, premature aging of the skin, and other health hazards are known to be caused by ultraviolet light, and that these conditions are dose related,

Therefore be it resolved that this meeting requests the Minister of Social Services and Community Health, to consider refusing the licensing of Sun Tan Parlors in the Province of Alberta.”

[Back](#a1980)

## 1981

### Alberta Adolescent Nutrition \*

“Whereas: The Edmonton Local Board of Health “Nutrition needs assessment of Edmonton Adolescents”, based on a sample of 1500 grade eight students, using the technique of 24 hour dietary recall, determined that 82% of the sample did not meet the recommended lower range of Canada’s Food Guide for food consumption, and;

Whereas: The Edmonton survey also determined that 18% of the sample reported weights below the 10th percentile for height; furthermore, many students did not appear to know how to achieve and maintain an energy balance at a weight appropriate for height, and;

Whereas: It is not known whether these Edmonton findings are representative of the food practices, knowledge and attitudes of the Alberta grade eight population, and in fact, of Alberta adolescents in general;

Therefore be it resolved that the Alberta Public Health Association undertake to actively encourage and support comprehensive scientifically conducted research to determine the food intake practices, nutritional knowledge and attitudes of Alberta adolescents as a basis for developing relevant nutrition education: to improve the nutritional health status of Alberta adolescents, with the aim of improving the quality of life of Alberta families, now and in the future.”

[Back](#a1981)

### Canadian Adolescent Nutrition \*

“Whereas: The Edmonton Local Board of Health “Nutrition needs assessment of Edmonton Adolescents”, based on a sample of 1500 grade eight students, using the technique of 24 hour dietary recall, determined that 82% of the sample did not meet the recommended lower range of Canada’s Food Guide for food consumption, and;

Whereas: The Edmonton survey also determined that 18% of the sample reported weights below the 10th percentile for height; furthermore, many students did not appear to know how to achieve and maintain an energy balance at a weight appropriate for height, and;

Whereas: It is not known whether these Edmonton findings are representative of the food practices, knowledge and attitudes of the Alberta grade eight population, the Canadian grade eight population, and in fact, of Canadian adolescents in general;

Therefore be it resolved that the Canadian Public Health Association, alone or in cooperation with the Alberta Public Health Association undertake to actively encourage and support comprehensive scientifically conducted research to determine the food intake practices, nutritional knowledge and attitudes of Canadian adolescents, as a basis for developing relevant nutrition education programs to improve the nutritional health status of Canadian adolescents, with the aim of improving the quality of life of Canadian families, now and in the future.”

[Back](#a1981)

### Public Hearings on Noise \*

“Whereas: The members of the APHA support the claim that “Noise is a major threat to health and quality of human life”, and

Whereas: The Government of Alberta has requested the Environment Council of Alberta to conduct Public Hearings throughout the Province on the subject of Noise;

Therefore be it resolved that this association urge its membership to participate in the public hearings on noise, and encourage all health oriented organizations such as health units and local boards of health, to provide leadership and encouragement to the general public and community organizations towards participation in the public hearings.”

[Back](#a1981)

### Acid Rain Pollution \*

Whereas: Pollution from Acid Rain is reaching critical proportions in Canada’s industrial areas, and

Whereas: Acid Rain pollution cannot be geographically limited to the area in which it arises; and

Whereas: Mechanisms for control of Acid Rain pollution are already in place, and only await enforcement legislation;

Therefore be it resolved that the APHA and the CPHA support and undertake consciousness raising in the public, to actively appeal to the provincial and federal governments, through lobbying if necessary, to institute control of pollution due to acid rain, by introducing relevant legislation.”

[Back](#a1981)

### Adolescent Health Promotion \*\*\*\*\*

Whereas: The young constitute one of our most precious (health) resources, and

Whereas: Suicide, drug and alcohol abuse, and unwanted pregnancies are on the increase in Alberta, and

Whereas: Peer pressure and unwise decision making are judged to be at the centre of that increase, and

Whereas: There exists no provision at present to provide formal training to adolescents in decision making skills and/or resisting peer pressure;

Therefore be it resolved that the APHA institute a health promotion pilot project directed at testing the feasibility and immediate impact of providing formal decision making skill training to adolescents in a circumscribed geographic area.”

[Back](#a1981)

### Increasing Public Membership in the APHA \*

Whereas: It is the intention of the APHA to become an acknowledged representative of health interests and concerns of all Albertans, and

Whereas: It is the intention of the APHA to have it membership represent a mold of multi-discipline professionals and the public, and

Whereas: Anyone interested in health may become a member of the APHA, and

Whereas: Non-professional membership presently constitutes less than 3% of the total;

Therefore be it resolved that the APHA Executive, and particularly the membership committee, actively recruit members to represent various facets of the public.”

[Back](#a1981)

### Regulation of Landfills \*\*\*\*\*

Whereas: Recommendation 42(d) page 223 of the Report and Recommendations of the Public Hearings of Hazardous Waste Management in Alberta, Environment Council of Alberta, proposed that full responsibility for regulating municipal landfills should be transferred to the Environment Protection Services, Alberta Environment and

Whereas: This recommendation does not appear to recognize the significance to environmental health protection necessary in waste management;

Therefore be it resolved that the APHA request that the whole area of responsibility as it relates to municipal landfills and their operation under local government, be studied in depth by the ministry of Alberta Social Services and Community Health and the ministry of the Environment prior to taking any action as proposed in the recommendation referred to above.”

[Back](#a1981)

### Transportation of Dangerous Goods \*

Whereas: The Transportation of Dangerous Goods Act, Bill C-18, has been passed by the Parliament of Canada, and will become law in July 1982, and

Whereas: This statute places the transportation of dangerous goods under the jurisdiction of Canada Environment, and

Whereas: The transportation of dangerous goods has significant environmental health implications;

Therefore be it resolved that the APHA request the CPHA to request Environment Canada to specify a relevant role for environmental health and accident prevention personnel employed by health authorities in the management of the transportation of such goods.”

[Back](#a1981)

### Promotion of Gambling \*\*

Whereas: The promotion of gambling encourages the belief that what happens in life is a matter of chance; and

Whereas: The belief that “what happens in life is a matter of chance”, is in direct opposition to the belief that individuals can systematically influence their own well-being by adopting healthful lifestyles, and

Whereas: Both the CPHA and the APHA encourage members of the public to adopt lifestyles that reduce self-imposed hazards to health, such as habitual smoking and the abuse of alcohol and drugs; and

Whereas: Habitual gambling is a self-imposed health hazard, and

Whereas: The promotion of gambling by the public media is on the increase;

Therefore be it resolved that both the CPHA and the APHA openly oppose the promotion of gambling on the basis that is encourages in the public, a self-imposed hazard to health.”

[Back](#a1981)

### Extra Billing \*

Whereas: Doctors deserve to receive a fair and reasonable income, and

Whereas: Any individual in Alberta ought to be guaranteed opportunity for complete medical care despite personal lack of money, and

Whereas: Extra Billing, in which doctors within the Medicare system charge an extra fee directly to patients, undermines the main concept of Medicare, namely guaranteed complete care, despite lack of money;

Therefore be it resolved that the APHA actively encourage the AMA and the government of Alberta, to negotiate in good faith to preserve Medicare in Alberta.”

[Back](#a1981)

## 1982

### Membership Fee Increase \*

“That the APHA increase its portion of the annual active membership fee from $10.00 to $15.00 commencing in 1983.”

[Back](#a1982)

### New Class of Membership \*

“That APHA create a new class of sustaining membership for non-voluntary organizations with a yearly fee of $350.00 commencing in 1983. The CPHA portion of $30.00 should be paid out of this amount.”

[Back](#a1982)

### Public Membership CPHA \*\*

Whereas: It is the intention of APHA to become the acknowledged representative of the health interests and concerns of all Albertans; and

Whereas: It is the intention of APHA to have its membership represent both a meld of professionals from various disciplines and citizens-at-large; and

Whereas: Non-professional membership presently constitutes a small percentage of the total membership; and

Whereas: A reduction in membership fees for a public member may facilitate an increase in non-professional membership; and

Whereas: There is a precedent for a differential fee structure in that there are special categories of ‘student’ and ‘retired’; and

Whereas: APHA is bound to the membership and fee structure set by the CPHA;

Therefore be it resolved that the CPHA be requested to alter the membership structure to include a category for a “public member” with an associated reduced feed, with the intent of promoting public membership and involvement in CPHA/APHA.

“Public” defined as a non-professional, not eligible for a professional affiliation; not employed in a health planning, research or service field.”

[Back](#a1982)

### Funding of Health Services Administration Programs \*\*\*\*\*

Whereas: There is a continuing pressing need in all branches of the Canadian Health Care System for Health Services Administrators prepared at the Masters level; and

Whereas: The University of Alberta Department of Health Services Administration and Community Medicine (HAS & CM) is the major source of graduate Level Health Care Administrators for the prairie provinces; and

Whereas: Demands on this division for educational resources from such groups as community physicians, dentist, nurses, and pharmacists seeking advances qualifications are increasing; and

Whereas: Faculty with optimal qualifications for teaching in the Department of HAS and community Medicine are scare and difficult to attract; and

Whereas: The University of Alberta Department of HAS & CM is at present inadequately funded to employ sufficient qualified full-time faculty and to provide other essential resources required to meet these increasing demands; and

Whereas: Funding which has been partially provided by the Kellogg Foundation will shortly terminate;

Be it resolved that the APHA request and lobby appropriate bodies within the UofA and the government of Alberta to provide increased funding to the department of health services administration and community medicine at UofA in order that adequate numbers of quality faculty can be secured.”

[Back](#a1982)

### Transportation of Dangerous Goods \*

Whereas: Section 11, Subsection 7 of Bill 80 of the Transportation of Dangerous Goods Control Act proposes that no claims may be instituted after 2 years from the event of exposure to the discharge, emission or escape of a dangerous substance; and

Whereas: The subsection ignores the fact that some ill effects have a latency period well in excess of 2 years after exposure;

Therefore be it resolved that the APHA request the minister responsible to modify section 11, su-section 7 of bill 80 so that the time restriction clause is deleted.”

[Back](#a1982)

### Motor Vehicle Accidents \*\*\*\*\*

Whereas: The Government of Alberta has not implemented recommendation by the APHA for mandatory seat belt legislation; and

Whereas: The government of Alberta has not implemented any legislation to reduce road fatalities and injuries; and

Whereas: The number of traffic accidents is continuing to increase; and

Whereas: The successful trial of the said legislation in one state of Australia let to its adoption by other states, as a reduction in fatalities and injuries was demonstrated.

Therefore be it resolved that the APHA request the minister of transportation to implement mandatory seat belt legislation.”

[Back](#a1982)

### Hazardous Wastes \*

Whereas: The Government of Alberta has earmarked fifty million dollars for the development of a network of waste disposal sites designed to handle industrial waste generated in the future; and

Whereas: The health of the public is threatened by industrial wastes disposed of in the past, as has been shown by experiences in the United States of America;

Therefore be it resolved the APHA request that the minister of the Environment and the minister of Social Services and Community Health take action to identify and alert the public where hazardous waste disposal sites exist and to allocate resources for the surveillance of the health of persons living close to or coming into contact with these sites.”

[Back](#a1982)

### Noise \*

“Whereas: The members of the APHA support the claim that “Noise is a major threat to health and the quality of human life”; and

Whereas: The young are continually exposed to environmental noise which is increasing with advancing technology; and

Whereas: The young are often targeted without warning by manufacturers of harmful noise-producing equipment; and

Whereas: Current school curriculae do not adequately address the risk of exposure to noise;

Therefore be it resolved that the APHA approach the minister of education and the minister of social services and community health to initiate programs to educate children about the adverse effects of exposure to noise.”

[Back](#a1982)

### Measles Elimination \*\*\*\*\*

Whereas: Measles is a serious childhood illness; and

Whereas: Measles is a disease which is a readily preventable by the appropriate administration of a live, attenuated measles vaccine which has been shown to be safe and effective; and

Whereas: The reported rate of measles in Canada is ten times higher than that in the USA; and

Whereas: The high degree of control achieved in the USA did not occur until legislation requiring measles immunization at or prior to school entry was introduced in all 50 states;

Therefore be it resolved that the APHA request the department of social services and community health of Alberta to formulate a measles elimination strategy that would include the following four elements:

1. Intensification of efforts to immunize all children on or after their first birthday
2. Acceptance of a policy of mandatory choice that requires immunization or wirrten refusal of immunization as a requirement of enrollment into school or other institutions where children congregate such as nursery schools and day care centers, and strict enforcement of this policy,
3. Maintenance of an active measles surveillance system,
4. The setting up of a prompt response mechanism for measles epidemic control and to provide the resources necessary to implement the above strategy.”

[Back](#a1982)

### APHA Position on Cruise Missile Testing \*

Whereas: The buildup of stockpiles of nuclear weapons by the world’s superpowers continues unabated; and

Whereas: The uncontrolled proliferation of nuclear weapons makes the possibility of a nuclear conflagration either by design or by accident increasingly likely; and

Whereas: The APHA is cognizant of the negative effect such a nuclear disaster would have on the health of populations in terms of extremely high mentality, morbidity, environmental, ecological and health services, disruption, social disorganization and long-term far-reaching effects on any surviving populations; and

Whereas: The government of Canada is on record as being opposed in principle to any further nuclear weapons proliferation and supportive of disarmament endeavours; and

Whereas: The government of Canada now proposes to agree to the use of Northern Alberta as the testing site of the U.S. cruise missile, which is designed to carry nuclear warheads;

Therefore be it resolved that the president of APHA on behalf of the membership immediately send a telegram to the prime minister of Canada urging him to disallow the plans to test the cruise missile Alberta and to reiterate Canada’s stand against nuclear arms proliferation.”

[Back](#a1982)

### Food-borne Illness Investigation \*

Whereas: Food-borne illness is a continuing public health problem; and

Whereas: Execution of existing investigative procedures are deficient in identifying, recording, and controlling sources of food-borne illnesses; and

Whereas: There is an absence of a standardized procedure for investigating outbreaks of food-borne illness in Alberta;

Therefore be it resolved that the APHA urge the minister of social services and community health to immediately initiate a task force to develop a standard procedure for executing the investigation of food-borne illness in Alberta.”

[Back](#a1982)

### Incomes and Working Conditions \*

Whereas: There is mounting evidence of discontent among health professionals and health workers in Alberta about their incomes and working conditions, and

Whereas: There is evidence of distress among the citizens of Alberta about the erosion of health services due to disputes within the health care system, and

Whereas: There is a need for all parties concerned (management, labour, government, citizens) to acquire a better understanding of the facts and problems, both narrowly and broadly defined, associated with these dissatisfactions, and

Whereas: There is a need to develop more rational and long-term solutions to questions of resource allocation in the health system; therefore

Be it resolved that the APHA request the government of Alberta to establish a broad-based committee of inquiry to examine comprehensively the question of incomes and working conditions of health professionals and health workers in Alberta and to make recommendations on means of resolving reoccurring disputes over these questions.

[Back](#a1982)

### Alberta Hospital Utilization Committee \*

Whereas: The Alberta Hospital Utilization Committee was established only on an ad hoc, temporary basis, responsible for the minister of hospitals and medical care, and

Whereas: The committee’s mandate was restricted to a study of hospital utilization rates, and

Whereas: The committee’s report of march 1981 provided valuable information of interest to the health professionals and to health administrators and planners, and

Whereas: The committee’s report cited the need for further study and investigation, and

Whereas: Other types of health services besides hospitals require similar study, and

Whereas: Health services require similar comprehensive statistical analyses on an on-going basis,

Be it resolved that: the APHA request the minister of hospitals and medical care to establish a permanent hospital utilization committee, and

Be it resolved that: the terms of reference of the hospital utilization committee be expanded to include additional health services and be re-titled the health service utilizations committee.”

[Back](#a1982)

### Alternatives to Institutional Care \*

Whereas: a number of alternative programs to institutional health care are currently operating in Alberta, and

Whereas: still other alternative programs are operating elsewhere, and

Whereas: Financial resources may be better allocated to alternative programs, and

Whereas: Pressure on institutions will increase as the general population grows and the number of persons over 65 years and over 80 years grows disproportionately, and

Whereas: responsibility for institutions and for alternative programs is divided between two departments,

Be it resolved that the APHA request the department of hospitals and medical care and the department of social services and community health jointly to undertake or sponsor a comprehensive study to:

1. Determine the type and number of existing alternative programs in Alberta;
2. Evaluate their effectiveness and costs, particularly in comparison to institutional care;
3. Explore the potential for other alternative programs; and
4. Explore the impact on the health care system if alternative programs were to be expanded”

[Back](#a1982)

### Policies of Flexibility Regarding Work Options \*

Whereas: Current economic conditions strain the resources of one salaried families, and therefore both parents are required to enter the work force.

Whereas: Both parents having to leave the home simultaneously experience stress when forced to make alternate child care arrangements.

Whereas: this could have a negative impact on the health and wellbeing of the family.

Be it resolved that: the APHA prepared a position paper on the need for policies of flexibility regarding parental leave, job sharing, flex-time and transfers.”

[Back](#a1982)

### Family Safety \*\*\*\*\*

 “Whereas: Accidents have been identified as a major cause of mortality and morbidity and contribute heavily to potential years of life lost in Alberta; and

Whereas: The Family Health Section is concerned with designing effective programs directed towards accident prevention; and

Whereas: design of effective programs is contingent on having accurate information on accident causation and,

Whereas: there is a present in Alberta no central mechanism for data collection on accidents and available data is non-specific as to cause.

Be it resolved that: the APHA approach the government to establish a comprehensive mechanism for collecting data that would include cause of accidents, that prevention throughout the life cycle of the family may be facilitated.”

[Back](#a1982)

### Pincher Creek Epidemiological Study \*

 “Whereas: The CPHA at the request of the AB Social Service and community health department undertook a preliminary investigation into health problems in the pincher reek area and as a result recommended that an in-depth study of at least ten year duration be undertaken.

Whereas: previous studies on the pincher creek environment issue have agreed on the need for an in-depth epidemiological study, and;

Whereas: the majority of environmental health studies related to pincher creek area reflect the lack of baseline data to determine the existence of environmental health related problems and;

Whereas: the study presently proposed by the AB social service and community health department does not necessarily guarantee adequate baseline data nor the required epidemiological data

Be it resolved that: the APHA communicate to the minister of AB social services and community health their support in principle of the CPHA task force recommendation that an epidemiological study of one year minimum duration be undertaken.”

[Back](#a1982)

### Family Planning Staff in Department of Social Services and Community Health \*

“That the Executive take appropriate action to seek the retention within the Department of Social Services and Community Health of a centrally based specialty staff in family planning.”

[Back](#a1982)

## 1983

### Adoption of New Philosophy \*

“That the Alberta Public Health Association adopt the philosophy which was circulated to the membership. Carried”

[Back](#a1983)

### Chemical Threats to our environment and to public health \*

“WHEREAS the government of Alberta’s economic policies and industrial development program is committed to the diversification and expansion of the petrochemical industry and encourages the expansion of industries which use petrochemical products; and

WHEREAS concomitant with the government's policies and programs will be an inordinate increase in the levels of unwanted hazardous chemicals in our environment; and

WHEREAS there presently exist a multitude of Alberta statutes and regulations which have failed to prevent repeated episodes of chemical contamination harmful to public health and the environment (in no small measure because of their limited scope or authority and because there exist a significant number of legal and administrative conflicts);

THREREFORE BE IT RESOLVED THAT the Alberta Public Health Association petition the provincial government to take immediate action to ensure that:

(a) all chemical threats to the environment, and hence public health, are addressed under a single comprehensive Alberta statute,

(b) one branch of the government is responsible for that statute, and

(c) economic incentives and disincentives are applied to encourage industry to eliminate these chemical threats.”

[Back](#a1983)

### Public Health Geriatric Programs \*\*\*\*\*

“WHEREAS the age group 65 years and over is the fastest growing segment of the population; and

WHEREAS the elderly have health needs arising out of the diverse and multiple changes which are a part of the aging process; and

WHEREAS programs of disease prevention and health promotion can increase senior's ability to maintain and improve their health;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association urge the Department of Social Services and Community Health to fund the development of public health programs to serve senior citizens.”

[Back](#a1983)

### Influencing Governments and the Political Process \*

WHEREAS the Alberta Public Health Association is a voluntary association whose central intentions include being:

(a) an effective liaison with government, health-related and health-directed groups,

(b) an ongoing, objective monitor of social, political, economic and environmental developments which affect public health, and

(c) an acknowledged representative of the health interests and concerns of Albertans; and

WHEREAS health-related legislation, policies and programs of the government affect the quality of the health of Alberta residents; and

WHEREAS the Alberta Public Health Association is prepared to take informed action on behalf of the health of Albertans; and

WHEREAS any association intending to take informed political action needs a systematic means of doing so; and

WHEREAS the Alberta Public Health Association has not had a systematic means of monitoring and influencing health legislation, policies and programs;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association develop and implement a systematic means of influencing the government and the political system on public health related issues.”

[Back](#a1983)

### Alberta Public Health Association Support Services \*

WHEREAS the Alberta Public Health Association does not have a permanent address to ensure that the members, the media and the public can contact the association; and

WHEREAS the Alberta Public Health Association does not have either clerical support or an Executive Director; and

WHEREAS the volume of support services required by the Alberta Public Health Association is substantial; and

WHEREAS the local health authorities who are already funding members for their participation in the association may also be providing these support services at their expense;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association

(a) establish a well-publicized and permanent means to ensure that the membership, the media and the public can readily contact the association, and

(b) investigate the feasibility of obtaining a part-time Executive Director and clerical support staff.

[Back](#a1983)

### Fluoridation of Public Water Supplies \*

“WHEREAS fluoridation as used in fortifying fluoride-deficient water supplies has been irrevocably demonstrated to be a safe, economical, effective and reliable public health measure; and

WHEREAS for more than forty-four years it has been well established that fluoride in drinking water produced a change, particularly in the permanent tooth enamel so that it became more resistant to tooth decay; and

WHEREAS fluoride is classified as an essential dietary element on the grounds that it significantly promotes the development of teeth more resistant to tooth decay and of skeleton more resistant to fractures; and

WHEREAS calcification of the aorta seen on x-ray was significantly higher in the low fluoride areas; and

WHEREAS escalating health care costs are a serious concern to all; and

WHEREAS voluntary action after all these years has still deprived more than fifty percent of the population of Alberta from the benefits of adequate levels of fluoride in the public water systems; and

WHEREAS it is the understood responsibility of the elected officials to determine the right course of action for the best interests of the Province and its citizens;

THEREFORE BE IT RESOLVED THAT that the Alberta Public Health Association write to the Minster of Social Services and Community Health and the Minister of Municipal Affairs requesting that fortification of all fluoride deficient public water systems in Alberta be made mandatory.”

[Back](#a1983)

### Sexuality Education in the School health Curriculum \*\*\*\*\*

“WHEREAS the Alberta Public Health Association supports the principle that every child in the Alberta education system has the right to a comprehensive health education; and

WHEREAS the study of human sexuality is a necessary component of a comprehensive health curriculum; and

WHEREAS the Alberta government is recommending that the human sexuality component be an optional part of the health curriculum; and

WHEREAS excluding sex education from the classroom will leave many young Albertans at risk of acquiring unreliable information about human sexuality;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association actively encourage the Minister of Education and the local Boards of Education in Alberta to:

(a) include sexuality education as a part of the mandatory health curriculum from kindergarten through to Grade twelve, and

(b) provide courses for teachers which will enable them to gain a thorough knowledge of basic health principles, including human sexuality.”

[Back](#a1983)

### Alternative to Institutional Care \*

“WHEREAS research has indicated that alternatives to institutional care (such as early discharge programs, home care programs, and day surgery programs) are

(a) safe, more cost effective and acceptable to patients, and

(b) may contribute to improved quality of life during the recovery period; and

WHEREAS the public is presently lacking in knowledge of alternatives to institutional care;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association make it a primary objective for the next decade to elevate public awareness to appropriate alternatives to institutional care.”

[Back](#a1983)

### Nuclear Disarmament \*\*\*\*\*

WHEREAS the cataclysmic effects of a nuclear weapons exchange have been well documented; and

WHEREAS the nuclear arms race continues unabated; and

WHEREAS the weapons programs of the United States, the Union of Soviet Socialist

Republics and other countries, if allowed to continue as planned for the next decade, will almost inevitably lead to a nuclear arms exchange;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association, in its role as an advocate for the health of Albertans, petition the Prime Minister of Canada to:

(a) reaffirm Canada's commitment to a policy of nuclear suffocation as expressed in his 1978 speech to the United Nations Disarmament Conference, and

(b) express the support of the Canadian people for a bilateral verifiable nuclear arms freeze.”

[Back](#a1983)

### Further Action Required on Cruise Missile Testing in Canada \*

“WHEREAS the Alberta Public Health Association, during its 1982 Convention passed a resolution, A.P .H.A. Position on Cruise Missile Testing to the effect that "be it resolved that the President of the Alberta Public Health Association on behalf of the membership immediately send a telegram to the Prime Minister of Canada urging him to disallow the plans to test the cruise missile in Alberta and to reiterate Canada's stand against nuclear arms proliferation"; and

WHEREAS the telegram that was sent to the Prime Minister was not acknowledged; and

WHEREAS no action to implement that intention of the 1982 resolution has occurred during the past year;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association

(a) re-assert its position through an air mail, registered first class letter to the Prime Minister of Canada that the cruise missile not be tested on Canadian soil, and

(b) request that the Canadian Public Health Association act on behalf of all the Provincial associations to reaffirm its 1982 Convention resolution C.P.H.A. Position on Testing of U.S. Cruise Missile in Canada.”

[Back](#a1983)

### Alberta Public Health Association Opposition to Hospital User Fees \*\*\*\*\*

“WHEREAS the philosophy of the Canadian health care system is to provide a comprehensive, universal and accessible system for all Canadian; and

WHEREAS the allowing of the introduction of hospital user fees by the Alberta government seriously threatens this philosophy; and

WHEREAS it is highly questionable whether user fees would be effective in reducing either hospital costs or abuses of the health care services; and

WHEREAS the Alberta Public Health Association has stated that the application of user fees is a harsh and simplistic attempt to deal with a complex problem;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association approach the Alberta government to:

(a) retract its position of allowing Alberta hospitals to impose user, fees, and

(b) institute an immediate investigation of the reasons underlying increasing hospital costs and propose alternative solutions based on the results of a thorough investigation.”

[Back](#a1983)

### Assessment of the Health Needs of Albertans \*

“WHEREAS there is a lack of current data available on the health status of Albertans; and

WHEREAS effective programming for health services must reflect the needs of the designated population; and

WHEREAS research provides a sound basis for programming in disease prevention and health promotion;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association request the Minister of Social Services and Community Health to undertake a study to examine the health needs of Albertans.”

[Back](#a1983)

### Balance Billing Education Campaign \*\*\*\*\*

“WHEREAS in its 1980 submission to the Hall Commission (Health Services Review) the Alberta Public Health Association expressed opposition to balance billing; and

WHEREAS balance billing has become a reality in Alberta; and

WHEREAS studies have indicated that people may be reluctant to seek needed medical attention for fear of balance billing; and

WHEREAS the College of Physicians and Surgeons of Alberta has developed a policy excluding balance billing persons who have been granted A.H.C.I.P. premium subsidies or exemption from paying premiums (e.g., income security recipients, senior citizens or disabled persons without private means of income); and

WHEREAS the public may not be aware of their rights and responsibilities regarding balance billing and their rights of appeal;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association approach the College of Physicians and Surgeons of Alberta, the Minister of Social Services and Community Health, and the Minister of Hospitals and Medical Care to request their acceptance of responsibility for establishing an on-going and comprehensive educational campaign to increase public awareness of its rights and responsibilities regarding balance billing and its right to appeal.”

[Back](#a1983)

### Monitoring Disposal of Antineoplastic Drugs \*\*\*\*\*

“WHEREAS increasing concern is being expressed on all fronts about the creeping and hidden pollution of the environment; and

WHEREAS there is an increasing awareness of the danger to the environment posed by the unsafe disposal of antineoplastic drugs; and

WHEREAS there has been recent recognition of the potentially carcinogenic effects of antineoplastic drugs on healthy organisms; and

WHEREAS there is increasing use of these agents in treating cancer patients both in major centers and the home; and

WHEREAS effective detoxification of waste material from these procedures is limited in absence of very high temperate incineration;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association request that the Minister of Hospitals and Medical Care, in cooperation with the Minister of the Environment and the Minister of Social Services and Community Health, initiate a system to monitor the current annual use of antineoplastic drugs in the province and to assess the adequacy of current methods of handling, preparing, dispensing of antineoplastic drugs and of their disposing particularly in areas where high temperature incineration may not be available.”

[Back](#a1983)

### Master's Degree in Community Health Nursing \*\*

“WHEREAS it is apparent that the University of Alberta will be notified that the proposed Master's of Nursing (Community Health) program will be denied funding for the 1983 - 1984 fiscal year; and

WHEREAS it has been established that there exists an urgent need for preparation at the graduate level in community health nursing as evidenced by the unmet health care needs in the community, the demand by a waiting body of enrolees, and expressed by the community health agencies;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association

(a) petition the Alberta government to fund the Master's of Nursing (Community Health) program at the University of Alberta; and

(b) the Alberta Public Health Association design and. implement strategies to influence the decision-makers of funding priorities in the next year to ensure funding in 1984 - 1985.”

[Back](#a1983)

### Introduction of an Independent Professional Audit Committee for Local Health Authorities \*\*

“WHEREAS accreditation is a philosophy; a process and a procedure by which health professionals consciously and consistently seek to provide better service; and

WHEREAS accreditation promotes high quality care through the establishment of consistent standards; and

WHEREAS accreditation is a voluntary process;

THEREFORE BE IT RESOLVED THAT the, Alberta Public Health Association support the resolution made by the Canadian Public Health Association to urge the government to expedite discussions preparatory to the introduction, at the earliest opportunity, for an independent professional audit mechanism for local health authorities in Alberta and preferably on a national level.”

[Back](#a1983)

### Epidemiologist. Non-Communicable Diseases for the Province of Alberta \*\*\*\*\*

“WHEREAS the impact of non-communicable diseases with regard to disability and premature mortality have grown, as communicable diseases have come under control; and

WHEREAS the importance of non-communicable disease has increased; and

WHEREAS epidemiology studies are essential for identifying risk factors associated with chronic disease; and

THEREFORE BE IT RESOLVED THAT The Alberta Public Health Association commend the Social Services· and Community Health Department of the Alberta Government for their current search for an Epidemiologist, Non-Communicable Diseases.”

[Back](#a1983)

## 1984

### Reaffirmation of Mandatory Seatbelt Legislation \*\*\*\*\*

“Whereas during the past few years, there have been a number of initiatives requesting that the provincial government establish mandatory seatbelt legislation in the province of Alberta, including two resolutions passed by the Alberta Public Health Association in 1976 and 1982; and

Whereas the position of the Alberta government with respect to mandatory seatbelt legislation is that it does not wish to impose on the so-called rights of Albertans to choose between wearing and not wearing seatbelts, but to encourage seatbelt use, based upon a program of public education; and

Whereas the Alberta Safety Council has demonstrated that less than 15 percent of Albertans use seatbelts and that this figure has not improved during the past ten years, despite extensive and expensive educational and promotional activities; and

Whereas driving a vehicle is not a legal right, to which all Albertans are entitled, but is a licensed privilege based upon a duty to comply with traffic laws; and

Whereas the mandatory use of seatbelts must be seen as merely a condition of a license and should not be confused with the concept of legitimate individual rights; and

Whereas the expression of, or operation of a right to choose to wear or not wear a seatbelt does not (and cannot) operate within the conceptual or legal framework of a licensed duty; and

Whereas the political will has been exercised elsewhere in Canada, and the mandatory use of seatbelts has become a condition of the licensed privilege to drive in virtually every other Canadian province; and

Whereas those who do not wear seatbelts (and are injured as a result) are not required to pay all the costs associated with their choice; and

Whereas the costs associated with not wearing a seatbelt should be borne entirely by those who make this choice, especially in an unregulated market; and

Whereas people who are injured in automotive accidents (where their use of a seatbelt could have prevented or minimized their injuries) create a burden upon our health care system, and such abuses should be of great concern to a government concerned with rising health care costs; and

Whereas numerous studies have shown that seatbelt use could save many lives and many hundreds of thousands of dollars, to say nothing of family and social grief and suffering; and

Therefore be it resolved that (a) the Alberta government immediately introduce mandatory seatbelt legislation to cover all Albertans. (b) appropriate educational programs be established to promote the new law, and (c) effective enforcement programs are initiated to ensure compliance with the new law.

Be it further resolved, if the Alberta government does not make seatbelts use mandatory for all Albertans, that at least seatbelt use for children be mandated, actively promoted and enforced.

Motion: Change: Move ‘(a)’ before “introduce”. Delete “immediately”. Add “and child… (MISSING PAGE)”.”

[Back](#a1984)

### Alberta Government Hazardous Waste Plant Initiative Commended \*

“Whereas the Alberta Public Health Association has been active in petitioning the Alberta government to establish a viable and effective hazardous waste disposal plant; and

Whereas the Alberta public will continue to be faced with the environmental and public health hazards associated with petro-chemical wastes for many years to come; and

Whereas other jurisdictions, despite the expressed concerns of their citizens for the need to effectively dispose of hazardous wastes, have not taken such an initiative and continue to allow the environment to be contaminated and the public's health to be threatened by hazardous wastes;

Therefore be it resolved that the Alberta government be commended for taking the initiative to establish hazardous waste disposal plants which will employ all of the latest technical and scientific advances for safely disposing of hazardous wastes. “

[Back](#a1984)

### Pornography \*

“Whereas the Alberta Public Health Association is concerned with the promotion of healthy family and interpersonal sexual relationships; and

Whereas pornographic material depicts inequality, degradation, and coercion against human beings which is detrimental to healthy family and interpersonal sexual relationships; and

Whereas a notable escalation of pornographic production in Canada has been documented by the Canadian Coalition Against Media Pornography, which reports that 6 out of 10 top selling magazines are pornographic, and the number of monthly pornographic magazines has grown from 30 in 1965 to over 200 in 1983; and

Whereas the increase of pornographic material and increase in violence portrayed through the media contributes to a culture in which violence is seen as normal, and hostile sexual relations as common and acceptable behaviour; and

Whereas there are civic by-laws restricting the manner in which pornographic material is displayed by merchants to decrease the exposure of children to this material;

Therefore be it resolved that the Alberta Public Health Association:

(1) urge the Alberta government to promote and fund media campaigns to

(a) raise the level of awareness of the harmful effects and the extent of pornography, and

(b) advocate healthy family life and interpersonal sexual relationships; and

(2) lobby the appropriate levels of government for the introduction of civic by-laws to restrict the manner in which pornographic materials can be displayed by merchants.”

[Back](#a1984)

### Prenatal Education Classes \*

“Whereas quality prenatal education is essential to the health of newborns and families; and

Whereas formal pre-natal classes are means of providing quality prenatal education; and

Whereas there is an increasing public demand for prenatal education classes; and

Whereas existing prenatal classes are unable to meet the demand; and

Whereas the Alberta Public Health Association strives to ensure that the health needs and problems of Albertans are being met in an efficient and effective manner;

Therefore be it resolved that the Alberta Public Health Association lobby the Department of Social Services and Community Health to provide an appropriate level of financial support to local health authorities for provision of prenatal classes to meet the demand throughout Alberta.”

[Back](#a1984)

### Nuclear Disarmament, Update \*\*\*\*\*

“Whereasthe Alberta Public Health Association resolved at its 1983 Annual General Meeting to petition the Prime Minister of Canada to express the Association's support for bilateral verifiable nuclear arms freeze; and

Whereasthe Prime Minister, The Right Hon, Pierre E. Trudeau, did undertake a series of visits and discussions with a number of world leaders for the purpose of advancing the cause of world peace,

Therefore be it resolved thatthe Alberta Public Health Association request the Canadian Public Health Association to:

(1) commend The Right Hon, Pierre E.Trudeau for taking this initiative, and

(2) urge the Canadian government to continue to pursue every possible action towards world acceptance of the strategy of nuclear suffocation, proposed by Canada at the United Nations First Special Session On Disarmament, in 1978.”

[Back](#a1984)

## 1985

### Change in Purpose and Objectives – By-Law Change \*

“Whereas: the membership voted to adopt a new Purpose and Objectives of the Association at the Annual Business meeting on June 25. 1984; and

Whereas: the present purpose contained in the introduction to the By-laws is different than the one adopted;

Therefore, be it resolved that the statement of purpose contained in the introduction to the By-Laws be amended by

removing the statement,

“The purpose of the Association shall be to improve and maintain the health of people and their environments through the promotion of:

a) professional development of those persons interested in public health; and

b) the application of positive health concepts," and replacing it with the purpose adopted at the Annual meeting of June 25, 1984, that is,

"the purpose of the Association is to constitute within a unifying perspective on health an unique resource in Alberta for the improvement and maintenance of health."

Re: Change in Purpose and Objectives as voted on at the Annual Business Meeting on June 25, 1984 (see attached).

Motioned and Seconded by the APHA Executive. Carried. The consensus was to allow the recording of an abstaining vote. \_\_\_\_ abstained.” (Note: there is a page missing from the 1984 meeting minutes which may refer to this)

[Back](#a1985)

### Health Education/Promotion Staff \*

“Whereas the mandate of Health Units is to prevent disease and promote health:

Whereas only 7 of the 27 Health Units have designated a health education/promotion staff person to provide health education/promotion specific expertise:

Whereas the Provincial Health Education and Promotion Services unit under the auspices of Alberta Social Services and Community Health is expected to provide leadership and coordination of Health Education/Health Promotion programs for health units across Alberta;

Be it resolved that the Alberta Public Health Association petition the Minister of Alberta Social Services and Community Health to provide the necessary funds and support services for establishment of at least one professional in Health Education/Promotion for each of the health units.

Moved and seconded.

Resolution approved.”

[Back](#a1985)

### Poison Control Information System \*

“Whereas there have been deaths in the province arising directly from the lack of a poison information system in the province;

Whereas other provinces have established poison information systems to meet the needs of the public and health professionals;

Whereas the provincial government has been studying this matter for the past five years;

Whereas poison information centres are recognized as being cost effective programs;

Whereas organizations such as the Edmonton Jaycees have requested a poison information centre and are prepared to help fund it;

Be it resolved that the APHA urge the Government of Alberta to initiate immediately a poison information system that will meet the needs of the public and the health professionals.

Moved and seconded.

Amendment: Insert in the Be it resolved that the … “APHA urge the” Government….

Resolution approved as amended.”

[Back](#a1985)

### Tobacco Advertising and Sponsorship \*

“Whereas smoking has been declared the leading cause of death and disability in the industrialized world, contributing to the deaths of almost 30,000 Canadians each year;

Whereas even "moderate" smoking may increase the risk of life-threatening disease;

Whereas exposure to tobacco smoke in the air is both an irritant and a health hazard for non-smokers;

Whereas tobacco advertising and sponsorship have been demonstrated to influence the smoking behaviour of youth;

Whereas the Canadian Code of Advertising Standards prohibits advertising which encourages "unsafe or dangerous practices, yet has not prevented tobacco products from being advertised;

Whereas the tobacco industry has consistently ignored its own voluntary code of advertising ethics by implying that smoking promotes physical health and plays a part in romance, prominence, and personal achievement;

Be it resolved that the Alberta Public Health Association and its members actively encourage the Governments of Canada and of Alberta to prohibit all forms of tobacco advertising and promotion and tobacco company sponsorship.

Moved and seconded.

Resolution approved.”

[Back](#a1985)

### Proposed New Provincial Agency to Combat Smoking \*

“Whereas the tobacco industry will spend about ten million dollars this year in Alberta to promote a product that will kill about 3,000 Albertans;

Whereas the latest consumption figures show that Canada ranks fourth in the world in per capita cigarette consumption behind countries such as Cuba, Greece, and Cyprus;

Whereas smoking is the largest single cause of preventable illness and death in Canada today;

Whereas the Environmental Protection Agency in the United States has recently indicated that up to one third of all fatal cancer in non-smokers is secondary to the effects of secondhand smoke:

Whereas there is a fragmented collection of organizations and governmental departments with meager resources stacked against the wealth and power of the tobacco industry;

Be it resolved that the Alberta Public Health Association lobby the Government of Alberta to create a new autonomous agency whose mandate would be to work towards the reduction of tobacco related deaths and morbidity.

Moved and seconded. (Presented by the Health Promotion Core Committee)

Resolution approved.”

[Back](#a1985)

### Smoking Ban in Indoor Public Places \*

“Whereas smoking is the largest single preventable cause of death, accounting for 30,000 deaths annually in Canada, and 2900 deaths in 1981 in Alberta;

Whereas there is mounting evidence of harmful effects of secondhand smoke on non-smokers;

Whereas there has been a drop in smoking prevalence in Canada from 1966 to 1981 of males, age 15 and over from 53.6 to 36.7 and in females from 32.1 to 28.9;

Whereas in Alberta, Saskatchewan and Manitoba a decrease in smoking from 46.5 to 34.2 for males and a decrease from 30.3 to 27 for females over the age of 15 years has occurred;

Whereas the total percentage of non-smokers (male and female) has increased from 50.2 to 61.5 from 1965-1981;

Whereas a growing attitude of social non-acceptance of smoking has been an important reason for this decline;

Whereas legislation restricting smoking in indoor public place is an important measure in fostering this social non-acceptance;

Be it resolved that the Alberta Public Health Association lobby all levels of government in the province to enact legislation for the are within their jurisdiction, banning smoking from indoor public places except those designated as smoking areas.

Moved and seconded. Presented by the Health Promotion Core Committee and supported by the Epidemiology Core Committee)

Resolution approved.”

[Back](#a1985)

### Teacher In-Service \*

“Whereas the Report of the Interdepartmental Task Force on Health Education in Schools (Alberta 1980) recommended "that involved government departments ensure the adequate preparation of their personnel participating in school health education programs";

Whereas the national Canada Health Survey 1982-83 recommended "that teachers be provided with high quality pre-service and in-service training given by health education specialists so that teachers approached health instruction in a sequential, progressive and effective manner”;

Whereas A.P.H.A. 1984 passed Resolution #3 "that courses be provided for teachers enabling them to gain a thorough knowledge of basic health principles including human sexuality";

Whereas there is no pre-service major or minor in Health Education available at any Alberta university;

Whereas the Alberta Teachers’ Association has recommended that all staff working in a new subject specialty, other than the area for which they were educated, be given adequate preparation to teach before assuming responsibility for that course

WHEREAS limited financial resources are currently availab le through Alberta Education to provide in-service for school health education:

Be it resolved that the Alberta Public Health Association actively encourage the Minister of Education to ensure the provision of ongoing comprehensive in-service to teachers to teach the School Health Education Curriculum in Alberta.

Moved and seconded.

Amendment: Change Be it resolved to: “that the Alberta Public Health Association actively encourage the Minister of Education to ensure the provision of ongoing comprehensive in-service to teachers to teach the School Health Education Curriculum in Alberta”.

Amendment approved. Resolution approved as amended and changed in wording.”

[Back](#a1985)

### Regional Health Education Consultants \*

“Whereas the Canada Health Knowledge Survey 1982-83 recommended that "provincial departments of education and health prioritize school health education”;

Whereas the Canada Health Knowledge Survey 1982-83 recommended that "a network of health education professionals be identified locally, provincially, and nationally";

Whereas the Report of the Interdepartmental Task Force on Health Education in Schools (Alberta 1980) recommended that “Alberta Education provide consultative assistance to school jurisdictions in the delivery of the school health education program”;

Whereas the Canada Health Knowledge Survey 1982-83 recommended that "Health and Physical Education be separate curricula” with separate support systems;

Whereas the six regional zone offices of Alberta Education currently provide subject specialists from other disciplines but no regional specialist whose primary expertise is school health education;

Be it resolved that the Alberta Public Health Association actively encourage the Minister of Education to recognize HEALTH as a separate subject specialty and to hire HEALTH CONSULTANTS in each regional office of Alberta Education.

Moved and seconded

Resolution approved.”

[Back](#a1985)

### Daycare Facilities and Public Health Nursing \*

“Whereas children attending day care facilities in the province of Alberta are a precious and special population;

Whereas no Public Health Nursing surveillance service is legislated by the government;

Whereas children assembled in group situations are at an increased risk of communicable diseases;

Whereas there is no legislation requiring a completed primary series of immunization prior to day care entry;

Whereas the Public Health Nurse is, on occasion, refused entry to day care by the operator;

Be it resolved that:

1. APHA urge all Alberta Health Units to increase their emphasis on health services to children in each licensed day care centre in the province.

And be it also resolved that:

1. APHA urge that the Department of Alberta Social Services and Community Health mandate and fund Public Health Nurses in the province of Alberta to visit each licensed day care centre at least once a month with the intent and purpose of carrying out a Public Health Nursing Surveillance Service to the children therein.

Moved and seconded.

Part 1: Amendment: Delete “full”; insert “licensed” throughout. Carried.

Amendment: Change “Alberta Local Health Authorities” to “Alberta Health Units”.

Part 1 carried as amended.

Resolution approved.”

[Back](#a1985)

### E.R.C.B. Policy Re: New Gas Drilling Sites \*

 “Whereas each new gas drilling proposal has been subjected to a different standard for public protection;

Whereas there have been a number of breakdowns at well sites;

Whereas there has been a lack of consistency by the Energy Resources Conservation Board with respect to H2S concentration, distance, notification, and evacuation;

Be it resolved that the APHA urge the Minister of Social Services and Community Health to urge upon the new government the need for a consistent E.R.C.B. policy to be enforced in all new gas drilling sites.

Moved and seconded.

Amendment: Insert: Be it resolved section - - consistent “Energy Resources Conservation Board” Policy …. In all new gas drilling sites.”

Amendment: “Whereas”: Insert “with respect to H2S concentration…”

Amendment: Insert: Be it resolved section - - “to be enforced in all new and existing petroleum extraction sites”.

Defeated.

Resolution as amended was approved.”

[Back](#a1985)

## 1986

### Legislation Requiring Labels on Smokeless Tobacco Products \*

“Whereas documented scientific evidence re medical harm resulting from smoking products led to government legislation requiring tobacco companies to place warning labels on cigarettes, cigars, and pipe tobacco;

Whereas there is also substantial scientific evidence documenting the health hazards resulting from consuming "smokeless" tobacco products e.g. snuff and chewing tobacco;

Whereas many people are of the misinformed opinion that smokeless forms of tobacco are safe because they have no such warning labelling;

Therefore be it resolved that the Alberta Public Health Association lobby the Government of Canada to require that warning labels be placed on ALL tobacco products including the smokeless forms of tobacco.

Moved and seconded.

Carried unanimously.”

[Back](#a1986)

### Government Legislation to Control Advertising of Smokeless Tobacco Products Aimed At Youth \*

“Whereas smokeless forms of tobacco contain sufficient nicotine to promote addiction;

Whereas smokeless forms of tobacco have been linked to various forms of cancer, cause bad breath and discolored teeth;

Whereas there is an increased effort on the part of tobacco companies to target new groups of users especially teenagers and young adults;

Whereas the use of smokeless tobacco is initiated at an earlier age than smoking;

Therefore be it resolved that the Alberta Public Health Association actively lobby the governments at all levels to promote sales, distribution and possession of smokeless tobacco to persons under 18 years of age; and, promote endorsements and advertising for smokeless forms of tobacco.

Moved and seconded.

Carried unanimously.”

[Back](#a1986)

### Government Legislation to Require Industry to Have a Policy Controlling “Smoking in the Workplace” \*

 “Whereas the provincial government has Air Quality Standards in place which define the levels of toxic substances permissible in the workplace;

Whereas existing air quality standards do not directly specify an acceptable level for tobacco smoke;

Whereas increasing evidence suggests that there are major health hazards related to exposure to side-stream smoke;

Whereas scientific evidence suggests that there may not be a "safe" level for such exposure;

Therefore be it resolved that the Alberta Public Health Association lobby the Government of Alberta to extend its mandatory regulations re Air Quality to rover the issue of smoking and to require industry to implement a policy pertaining to SMOKING IN THE WORKPLACE.

Moved and seconded.

Carried unanimously.”

[Back](#a1986)

### Compensation for Non-Negligent Vaccine Injuries \*\*\*\*\*

 “Whereas there are certain rare untoward and damaging effects from the most carefully prepared and administered vaccines;

Whereas the benefits of these vaccines far outweigh any risks associated with their use;

Whereas publicity and concern about these injuries may lead to a reduction in vaccination in Canada;

Whereas manufacturers, distributers, health units, and professional people who administer these vaccines are spending large amounts of money to protect themselves against suite;

Whereas a national compensation program for individuals would have the following benefits;

1. there would be coverage for every person injured;
2. coverage would be uniform across the nation
3. competing and costly types of liability insurance would not be required for this complication of immunization
4. uniform access to compensation for all individuals harmed by vaccination would be provided

Therefore be it resolved that in the absence of federal response to the 1985 Canadian Public Health Association resolution on compensation for non-negligent vaccine injuries, the Alberta Public Health Association encourage the provincial Government to address this issue in appropriate Federal-Provincial discussion.

Moved and seconded.

Amendment: Delete “this topic” -- add “compensation for non-negligent vaccine injuries”.

Carried unanimously.”

[Back](#a1986)

### Immunization by Health Units \*\*\*\*\*

“Whereas children in Alberta deserve protection from communicable diseases:

Whereas we accept the goal of optimal immunization coverage for vaccine-preventable diseases;

Whereas public immunization provides a both cost-effective and consistent method of immunization for all children:

Therefore be it resolved that the Alberta Public Health Association demonstrate its support to the Government of Alberta for the maintenance of health units as the primary providers of childhood immunization services within the province.

Moved and seconded.

Amendment:

Second Whereas; delete “100%”.

Third Whereas; delete “represents”.

Second Whereas; delete “childhood”; insert “vaccine-preventable”.

-Referred back to the Epidemiology Committee to be reworked.

Change: Therefore to be resolved that the Alberta Public Health Association demonstrate its support to the Government of Alberta for the maintenance of health units as the primary providers of childhood immunization services within the province.

Motion on the Revised Version: Carried unanimously.”

[Back](#a1986)

### Adult Immunization \*

“Whereas recent survey figures\* show that between 49% and 66% of persons 60 years of age and older lack protective levels of circulating antitoxin antibody against tetanus, and

Whereas statistics indicate that less than 5% of patients age 60 years and over suffering from tetanus have received a primary series of Tetanus Toxoid, and 93% have received fewer than 2 doses of Tetanus Toxoid, and

Whereas the case fatality for persons over the age of 60 years is 26%, versus 13% for those aged 30-60 years and 0 for those under 30 years, and

Whereas the provincial immunization guidelines recommend repeat immunization for Tetanus Toxoid and Diphtheria every ten years,

Therefore be it resolved that the A.P.H.A. request the Government of Alberta to raise the awareness of physicians, public health agencies, and senior citizens in the province to the need for primary immunization against Tetanus and Diphtheria for those without it, and of booster doses every 10 years for others.

\*"Tetanus USA: 1982-1984", reported in M.M.W.R., October 4, 1985 and reprinted in Epi Notes, December 30, 1985.

Moved and seconded.

Carried unanimously.”

[Back](#a1986)

### Working Flexibility \*\*\*\*\*

“Whereas flexibility of work arrangements has advantages for both the employee and the organization;

Whereas part-time workers are valuable employees who contribute greater flexibility and decreased overtime and sick time costs to the organization;

Whereas job flexibility, in that it gives power and choice to individuals in meeting their needs, creates greater job satisfaction, and therefore less stress and burnout;

Whereas flexibly scheduled work leads to high job satisfaction, high productivity and low turnover;

Whereas the granting of equitable benefits to all workers increases justice in the workplace and increases job satisfaction;

Whereas benefits for all employees should be distributed in such a way as not to penalize the organization;

Therefore be it resolved that the Alberta Public Health Association lobby the government to amend the Employment Standards Act to require that all employee benefits offered full-time employees be offered to all permanent part-time employees on a proportionate basis.

Moved and seconded.

Amendment: Insert “permanent part-time” and delete “flexibly scheduled” in Be it resolved.

Amendment: Title of resolution should be “Working Flexibility”.

Amendment: Insert “Act” after “Employment Standards” in Be it resolved.

Amendment: Delete “regularly scheduled” in Be it resolved.

Motion: To refer this resolution back to the Health Promotion Committee. Carried unanimously.”

[Back](#a1986)

### Indoor Air Quality \*\*\*\*\*

“Whereas in our modern society we spend an average of 70-90% or more of our time within contrived environments, which isolate us from the natural environment;

Whereas it is increasingly apparent that elevated pollutant levels are common inside these tightly constructed artificial structures: residences, recreational facilities, shopping malls, office buildings, factories, etc.

Whereas recent experiences with two widely used elements of the modern building industry, asbestos and formaldehyde, suggest that governments require proactive planning and established procedures to respond to future concerns.

Therefore be it resolved that the A.P.H.A. recommend to the Government of Alberta that it mandate the Department of Social Services and Community Health to establish standards and provide facilities for monitoring indoor air pollutants in public and residential buildings, and controlling indoor air pollutants in public buildings.

Moved and seconded.

Amendment: Insert “the APHA recommend to” before “the Government in Be it resolved section.

Carried unanimously.”

[Back](#a1986)

### Tax Increase on Cigarettes \*\*\*\*\*

 “Whereas the present Alberta Provincial Tobacco Tax is the lowest in Canada.

Whereas more than 300 million packages of cigarettes are sold annually in Alberta and increasing the Provincial Tobacco Tax by $0.02 per package of cigarettes would generate more than $6,000,0000 revenue per year.

Whereas price of cigarettes has a demonstrated inverse relationship to consumption.

Therefore be it resolved that the A.P.H.A. urge the Alberta Government to increase the cost of cigarettes through a tax increase.

Be it further resolved that the increased revenue generated from cigarette taxes be used for a comprehensive health promotion program for non-smoking.

Moved and seconded.

Amendment: Insert “the APHA urge the Alberta Government to” in the first Be it resolved. Carried. (8-Opposed.”

[Back](#a1986)

### Child Care \*

“Whereas children are an important resource and a special population in our communities;

Whereas the traditional family unit is changing with increasing numbers of two parent families with both parents working and increasing numbers of single parent families in the work force, resulting in parents having to make alternate child care arrangements;

Whereas these changes have been recognized by the federal government with the formation of a Special Committee on Child Care to explore this issue and the role of the federal government;

Whereas the Task Force on Child Care (1986) recommended that the federal, provincial, and territorial governments jointly develop a nation wide system of child care in Canada and that the federal government declare its willingness to share a substantial portion of the cost;

Whereas the need for cost sharing is important and standards for care equally important;

Whereas there is a need for universal, comprehensive programs and standards for child care available to all Canadians;

Therefore be it resolved that APHA recommend that CPHA urge the Department of National Health and Welfare to initiate the development of a shared program with the provincial and territorial governments to provide a system of child care that is comprehensive and accessible to all Canadians and that this system provide standards for care.

Be it further resolved that A.P.H.A. recommend that CPHA encourage the Provincial/ Territorial Branch/Associations to urge their respective provincial or territorial governments to declare a willingness to participate in such a program.

Moved and seconded.

Carried. (One opposed).”

[Back](#a1986)

### Daytime Running Lights \*

 “Whereas studies of accident causation indicated that both perception and comprehension error were the cause of approximately 45% of all automobile accidents, and

Whereas the Canada Safety Council estimates that the use of daytime running lights alone could prevent 200 deaths and 10,000 injuries per year, and

Whereas daytime running lights permits improved visibility of oncoming vehicles, better estimation of distances, and causes drivers facing the lights to position themselves more safely on the road, and

Whereas vehicles with daytime running lights are also more visible to cyclists and pedestrians, and

Whereas in Canada, federal law has required compulsory running lights for motorcycles since 1975;

Therefore be it resolved that the A.P.H.A. request that the Federal Government require the installation of automatic daytime running lights for all vehicles as of September 1, 1988, and

Be it further resolved that the Alberta Public Health Association request that the Government of Alberta require the use of daytime running lights for all pre-1989 automobile models as of September I, 1988, and

Be it further resolved that the interim period shall be used for a public education program to promote this measure.

Moved and seconded.

Carried unanimously.”

[Back](#a1986)

### Public Awareness Program re: Home Care \*

 “Whereas there is debate within the health care system as to which agency is appropriate for delivery of Home Care services and

Whereas the delivery of coordinate, multidisciplinary, interagency services is essential to quality Home Care services and

Whereas Home Care is best integrated into a comprehensive, community-based system;

Therefore be it resolved that the Alberta Public Health Association develop a public awareness program to promote the retention of the Home Care program within an adequately funded, community-based public health system.

Moved and seconded.

Carried unanimously.”

[Back](#a1986)

## 1987

### Changing the Name of the Environmental Health and Accident Section \*\*\*\*\*

“Whereas it has been recognized that the activities and interests of the Environmental Health and Accident Prevention Section cover a broad range of occupational and environmental health issues, and the present name of the section does not fully represent this range of activities and interests;

Whereas accident prevention is subsumed within several of the sections of the Alberta Public Health Association;

Whereas the proposed name will be congruous with the equivalent section of the Canadian Public Health Association.

Therefore be it resolved that the name of the Environmental Health and Accident Prevention Section be changed to the Environmental and Occupational Health Section.

Moved and seconded.

Amendment: Second Whereas: “delete “occupational and environmental health” and insert “several of the sections of the Alberta Public Health Association;”

Amendment: Therefore be it resolved: change to read “that the name of the Environmental Health and Accident Prevention Section be changed to the Environmental and Occupational Health Section”.

Carried unanimously.”

[Back](#a1987)

### Making Alberta a Nuclear Weapons Free Zone \*\*\*\*

 “Whereas the Alberta Public Health Association (APHA) is on record as being concerned with the profoundly negative effects of nuclear weapons and the nuclear arms build up on the health and safety of the population of the world,\* and

Whereas the APHA has been specifically concerned with Cruise Missile testing in Alberta airspace,\* and

Whereas a motion to have Alberto declared a Nuclear Free zone has been placed on the order paper for the current session of the Alberta Legislature by Marie Laing, M.L.A. for Edmonton Avonmore, and

Whereas this motion is consistent with the general philosophy and with formerly adopted resolutions of APHA,

Therefore be it resolved that the President of APHA write to the Premier and all members of the Alberta Legislative Assembly expressing support forMs. Laing's motion to declare Alberta a Nuclear Weapons-Free zone.

\*See 1982, 1983 Resolutions, attached

Defeated.”

[Back](#a1987)

### Legislation for Drivers of Off-Road Vehicles \*\*\*\*

“Whereas the safe use of off-road vehicles requires skill, judgement, and experience lacking in children under 14 years of age;

Whereas the promotion of off-road vehicles has been targeted to children as well as adults;

Whereas almost half of the deaths from off-road vehicle accidents occur in children under 16 years of age;

Whereas presently neither off-road vehicles nor the riders of the vehicles need to be licensed in Canada.

Therefore be it resolved that the Alberta Public Health Association lobby the Government of Canada to legislate a minimum age requirement of 16 years, compulsory licensing and insurance, and mandatory helmets in the use of off-road vehicles.

More clarification required as to what is termed “off-road vehicle”. Table to next meeting. ”

Note from 1988 Meeting Minutes: “No further information was received regarding the resolution “Legislation for Drivers of Off-Road Vehicles’. Discussion was not called for and the resolution has been dropped.”

[Back](#a1987)

### Public Health Seniors’ Health Programs \*\*\*\*\*

“Whereas the elderly are the fastest growing segment of the population;

Whereas the elderly have health needs arising out of the diverse and multiple changes which are a part of the aging process;

Whereas the government has recognized the special needs of the frail and ill elderly by increased funding for Home Care Programs;

Whereas programs of health promotion and disease prevention, which hitherto have received little attention, can increase seniors' ability to maintain and improve their health;

Whereas proposals have been submitted to the government which address the health needs of the well-elderly in the community (eighty percent of the older population).

Therefore be it resolved that the Alberta Public Health Association urge the Department of Com- munity and Occupational Health to fund programs to promote the health of and prevent illness in senior citizens.

Moved and seconded.

Amendment: Delete “public health programs to serve senior citizens” and insert “programs to promote the health of and prevent illness in senior citizens” in Be it resolved.

Carried unanimously.”

[Back](#a1987)

### Teenage Sexuality \*\*\*\*\*

“Whereas a large number of Alberta teens are sexually active. One study shows 24% by age 14 and 67% by age 18 (1);

Whereas the rate of live births to teens aged (15-19) in Alberta is significantly higher than the national average (1985); 34.4 live births per 1,000 Alberta teens compared to 23.7 live births per 1,000 Canadian teens;

Whereas 68% of all reported Canadian cases of gonorrhea in Canada were recorded in the 15-24 year-old age group with the highest rate noted in 15-19 year olds (2);

Whereas the rate of chlamydia (MPC) infection is estimated to be 2-3 times the rate of reported gonorrhea;

Whereas the greatest increase in Pelvic Inflammatory Disease (P.I.D.) in Canada from 1971-1982 was in the 15-19 year old group (66% with recurrent infections leading to ectopic pregnancy or sterility;

Whereas Alberta has a 40% higher rate of ectopic pregnancy than Canada as a whole.

Therefore be it resolved that the Alberta Public Health Association and its members actively encourage education in sexuality and decision making including abstinence and the use of birth control and the prevention of sexually transmitted diseases among adolescents and young adults.

Moved and seconded.

Amendment: Change: Therefore be it resolved that the Alberta Public Health Association and its members actively encourage education in sexuality and decision making including abstinence and the use of birth control and the prevention of sexually transmitted diseases among adolescents and young adults.

Carried unanimously.”

[Back](#a1987)

### Send a Letter Endorsing Alberta as a Nuclear Weapons Free Zone \*

“Motion: that APHA send a letter to the Premier and M.L.A.s endorsing Alberta, as a Nuclear Weapons Free Zone. Carried. (one opposed).”

[Back](#a1987)

## 1988

### Censorship – Bill C-54 \*

“Whereas the Alberta Public Health Community recognizes the effectiveness of sexually explicit educational material in secondary prevention; and noting that Bill C-54 would strongly inhibit the use of sexually explicit materials by professionals;

Whereas the public health community recognizes the presence of sexually oppressive governmental policy as being counter to both primary prevention and the tenets of the Ottawa Charter for health promotion; and noting that Bill C-54 will create an environment of sexual oppression and repression;

Whereas the proposed law (Bill C-54) would result in the handling of paraphilias (sexual "perver- sions") as a criminal issue rather than one of a medical nature;

Whereas the proposed law would make illegal even the scientific or medical portrayal or discussion of certain "normal" and "abnormal" types of sexuality;

Whereas educators in the areas of sexually transmitted diseases and Acquired Immunodeficiency Syndrome (AIDS) are apt to become criminals for their continued use of currently acceptable visual materials for teaching purposes in the classroom;

Whereas the existing censorship law is adequate to meet any dangers that exist regarding sexual materials involving children or violence;

Therefore be it resolved that the Alberta Public Health Association call on the Minister of Justice to withdraw Bill C-54 from consideration by the Parliament of Canada.

Carried.”

[Back](#a1988)

### Municipal Smoking By-Laws \*

“Whereas passive smoke, i.e. sidestream and second-hand smoke, is a proven health hazard;

Whereas 21% of Canadian population have medical conditions aggravated by tobacco smoke;

Whereas people do not have the choice of entering their workplace settings as they do public place settings;

Whereas all Albertans should be protected from passive smoke in public places and in workplaces;

Whereas municipal smoking by-laws encourage people to quit or smoke less, and infer non-smoking is the accepted norm;

Whereas municipal smoking by-laws are legislated in only a few Alberta municipalities, despite the increased awareness of the need to control smoking in public places; and

Whereas municipal smoking by-laws which include the workplace are increasing in number across Canada and Alberta has only two such by-laws;

Therefore be it resolved that the Alberta Public Health Association encourage its membership to direct requests to senior levels of municipal government in their jurisdiction to legislate by-laws to control smoking in public and workplace settings.

Carried.”

[Back](#a1988)

### Increase Taxes on Tobacco Products \*

“Whereas the Alberta Public Health Association resolved in 1986 to urge the Alberta government to increase taxes on tobacco products;

Whereas the Alberta budget of March 20, 1987 increased cigarette prices by $5.00 per carton, and this resulted in a 16% reduction in tobacco consumption;

Whereas despite this reduction in consumption and an overall reduction in the proportion of smokers in Canada, teenagers and young women are s t i l l smoking in large numbers;

Whereas smokers are switching to "roll-your-own" in order to cut costs;

Whereas the use of smokeless tobacco among teenagers is on the increase;

Whereas reductions in smokeless tobacco usage could be expected with tax increases; and

Whereas a tax increase on tobacco products would prevent hundreds of premature smoking-related deaths;

Therefore be it resolved that the Alberta Public Health Association petition the Provincial Government to impose an additional tax on all tobacco products.

Carried.”

[Back](#a1988)

### APHA Resolution \*

“Whereas the Federal Government has recently released the paper "Achieving Health for All, A Framework for Health Promotion" which stresses the need for self care, community empowerment and need for change of emphasis on health care;

Whereas the Government of Alberta has requested the "Premiers Commission on Future Health Care for Albertans" to focus on the promotion of health and prevention of disease;

Whereas the Government of Alberta has repeatedly publicly stated their concern regarding the maintenance of high quality health care while controlling associated costs;

Whereas the Health Units currently provide a multidisciplinary and community oriented approach directed to health promotion and illness prevention;

Therefore be it resolved that the APHA urge the Government of Alberta to recognize and fully utilize the potential of health promotion programs provided by the Alberta Health Units and to increase their available resources.

Carried.”

[Back](#a1988)

### Administrative Support for APHA \*\*\*\*\*

“Whereas the Alberta Public Health Association has a membership which carries out the business of the Association solely on a volunteer basis;

Whereas there are increasing constraints on executive members to provide the Association's organizational and clerical services which are increasing in amount and complexity;

Whereas the APHA is increasingly being seen as an active and credible authority on public health matters in the Province of Alberta;

Whereas the APHA must prepare government response, media reports and position papers to fulfill its purpose as a public health voice for Albertans;

Whereas such services as typing, filing, telephone answering, library storage, mail distribution and meeting room facilities would provide the needed support to enhance the visibility and growth of APHA:

Therefore be it resolved that that the APHA commit up to a maximum of $8500 for the Executive to purchase administrative services for a one-year period.

Amendment: Therefore be it resolved: delete “hire an organization to provide such” and insert “purchase administrative…”

Carried.”

[Back](#a1988)

### Recognition of the Need to Identify Dental Public Health Programs Under the Mandatory Section of the Public Health Act \*\*\*\*\*

“Whereas oral diseases are a public health problem; and

Whereas oral disease is an infective, transmissible disease; and

Whereas the lack of dental care can have harmful effects in other body areas; and

Whereas most oral diseases are preventable; and

Whereas segments of the Alberta population, primarily the indigent, have limited or no access to quality dental care

Therefore be it resolved that all Albertans should have access to educational and preventive dental services provided by properly qualified dental public health staff where such services are unavailable through the private dental sector, and

Be it further resolved that the Alberta Public Health Association and its members actively encourage the Department of Community and Occupational Health to ensure universally available dental programs will be maintained or enhanced within Alberta Health Units under the mandatory section of the Public Health Act.

Amendment: Resolved: change “identify” to read “make universally available”

Amendment: Resolved: change to read “…to ensure universally available dental programs will be maintained within Alberta Health Units under the mandatory section of the Public Health Act.”

Amendment: Resolved: change to read “…maintained or enhanced within…”

Carried.”

[Back](#a1988)

### Deinsurance of Contraceptive Counselling \*

Whereas the population at highest risk for unplanned pregnancies are teens and young women aged 20-24 years;

Whereas these same individuals often have low-paying, part-time jobs or no employment, with con- sequent difficulty affording birth control supplies;

Whereas the cost of contraceptive counselling in addition to the cost of contraceptive supplies is expected to result in a tendency to use less reliable birth control methods or no birth control at all;

Whereas there is confusion *over* the billing codes for contraceptive counselling by both physicians and clients;

Whereas the cost of uninsured birth control services will impact disproportionately on teens, unemployed young women and low income couples who are least able to afford a child, and

Whereas the demand for abortion will undoubtedly increase as the rate of unwanted pregnancy rises;

Therefore be it resolved that the Alberta Public Health Association and its members urge the Government of Alberta either to reverse its decision to deinsure contraceptive counselling, or clearly state the coding under which a contraceptive visit may be charged without having to present with another major or minor ailment.

Carried.”

[Back](#a1988)

### Qualifications of Day Care Staff in Alberta \*

 “Whereas children are an important resource and a special population in our communities;

Whereas more than one half of mothers with children under the age of 3 work outside the home in Alberta;

Whereas day care is essential for the increased number of families requiring the income generated by working adult(s) to keep above the poverty line;

Whereas most experts agree that the three components of quality day care are high ratio of workers to children, small group sizes, and professionally trained staff;

Whereas Alberta's staff training standards are the lowest in Canada. Alberta requires only that child care workers be 15 years or older. A child care supervisor must be only 18 years or older and have a first aid certificate;

Whereas research shows that the quality of child care and its impact on the emotional and physical development of young children is directly related to the training child care workers have;

Therefore be it resolved that the Alberta Public Health Association urge the provincial government to raise minimum educational standards for all daycare workers.

Carried.”

[Back](#a1988)

### Health Promotion Learning \*

 “Whereas APHA has a provincial mandate and a commitment to health promotion;

Whereas 11 health units to date have expressed an interest in health promotion learning opportunities for their staff through APHA:

Whereas the CPHA President indicated at this 1988 conference that new funding will be available to provincial associations and that APHA would be advised to put forward its request to CPHA during May, 1988;

Therefore be it resolved that APHA's Executive submit a funding proposal to CPHA by May 31, 1988 and seek matching funds from the provincial government to: (1) hire a coordinator to facilitate health promotion learning institutes in locations easily accessed by public health workers, and (2) cover the costs of sponsoring the events (e.g. publicity, workshop materials, resource persons, transportation subsidies).

Carried.”

[Back](#a1988)

### Public Health Action on Inequities \*

 “Whereas APHA anticipates the theme of "inequities in health" for its 1989 conference;

Whereas one in six Alberta families live in poverty;

Whereas APHA recognizes and seeks action on the links between poverty and health, affecting, in particular, single parent families, the working poor, persons on social assistance, recent immigrants and refugees, urban natives and elderly women;

Therefore be it resolved that APHA create an "inequities working group" to support the 1989 APHA conference planning, comprised of core committee representatives, regional APHA members and community advocates for social equity and that this working group stimulate development of at least four regional staff/community consultations during 1988-89 on public health strategies to address equity in health

Be it further resolved that a working group member liaise with APHA executive concerning conference planning and enable the results of the consultations to be brought forward to the 1989 APHA conference.

Carried.”

[Back](#a1988)

### Addressing Language and Cultural Barriers to Health \*

“Whereas the majority of immigrants and refugees who entered Alberta in 1986 and 1987 were non-English speaking, many of whom were not literate in their first language;

Whereas immigrants and refugees are settling in large and small communities throughout Alberta;

Whereas one in four Canadians is considered functionally illiterate, with direct and indirect health consequences;

Therefore be it resolved that APHA request Alberta Community and Occupational Health to (1) develop culturally appropriate health education materials through full participation of potential user groups, and (2) develop, with community participation, print and non-print educational resources to benefit persons with low literacy skills.

Be it further resolved that these resources be disseminated province-wide

Carried..

[Back](#a1988)

## 1989

### International Health \*

“Whereas achieving equity in health is an international issue that crosses national boundaries, Whereas the Canadian Public Health Association is very actively involved in international health projects and educational exchanges,

Whereas the Alberta Public Health Association has not been directly involved in international health, Whereas the Alberta Public Health Association has members who have been very actively involved in international health

Therefore be it resolved that the Alberta Public Health Association form an ad hoc committee on international health with the mandate to develop initiatives that would involve the Alberta Public Health Association and its members in international health.

Carried.”

[Back](#a1989)

### Community Health Funding for New Initiatives and Research \*

“Whereas Public Health agencies are well positioned to assess community health issues, design and evaluate effective programs, and promote awareness of health issues through social marketing, Whereas community health services are labor intensive and public health agencies spend almost their entire budget on staff who deliver services,

Whereas the structure of the Alberta community health system is decentralized and leaves assessment of health issues and design of program interventions to the local level, Whereas it is inappropriate to design health programs without proper research into the determinants of health behavior which are often not known,

Whereas funds for innovative programming have been set aside in the Extended Health Care Services portion of the established program funding from the federal government,

Therefore be it resolved that the Alberta Public Health Association urge the Government of Alberta to establish a Community Health Trust Fund of two million dollars, to which both governmental and non-governmental organizations could apply, which could provide committed funding over time to ensure that research and program design funds are available to assess and address community health issues.

Carried.”

[Back](#a1989)

### Health Status Data \*

 “Whereas the Canada Health Survey released in 1985 was the last comprehensive report on the health status of Canadians, and, Whereas the Federal and Provincial governments are strongly advocating an increased emphasis on health promotion there is no current baseline information and data from which to evaluate programs and measure potential changes in health, and

Whereas the emphasis for implementation of public health initiatives of the future will be population and community based to a greater extent, there is a crucial need to develop a depth of epidemiological data, and

Whereas expenditures on institutional health care continue to rise in the face of decreasing available provincial funds and there is no data to evaluate effects of such expenditure, and Whereas there is more focus by the media and public on the cost of health care in Alberta and the need to determine future directions for better utilization of services,

Therefore be it resolved that the Alberta Public Health Association urge the appropriate government departments and the Alberta Universities to implement the strategies that will allow for the ongoing collection of data on the health of Albertans,

Be it further resolved that the Alberta Public Health Association urge implementation of suggested programs and their evaluation.

Carried.”

[Back](#a1989)

### Higher Education in Public Health \*\*\*\*\*

“Whereas the future public health challenges flowing from the broader holistic view of health will be more complex and diverse and will require expertise from many scientific fields to conduct research and to deal with the problems, and,

Whereas the public health education programs in Canada are medically oriented and operating within a relatively narrow definition of health, and are not designed to address the public health challenges occurring now and in the future, and

Whereas the public are more aware of public health issues such as environmental hazards, AIDS, and lifestyle issues and are seeking more informed leadership to resolve these issues, and Whereas Jake Epp in his paper "Achieving Health for All: A Framework for Health Promotion" urged a collaborative effort among government departments and community services to work towards the resolution of public health problems,

Therefore be it resolved that the Alberta Public Health Association urge the Government of Alberta and the universities to explore the feasibility of a school of public health in Alberta. These programs should reflect the current definition of health and be designed to attract and accommodate professionals from a variety of backgrounds.

Motion: That “programs for higher education in public health” be replaced with “a school of public health.” Carried.

Motion: That the motion be accepted as amended. Carried.”

[Back](#a1989)

### Teacher Preparation for Health Teaching \*\*\*\*\*

“Whereas the last phase of implementation of the Alberta Education Health Curriculum from Grade One to High School is now complete, Whereas the community is depending on the health curriculum and teachers to positively influence the many health issues which face Alberta youth, such as high rates of teenage pregnancy,

Whereas teachers need extensive preparation to teach health, and their current teaching preparation does not necessarily prepare them for this subject area,

Therefore be it resolved that the Alberta Public Health Association request the Universities of Alberta which have Faculties of Education offer a course within the Bachelor of Education in health teaching.

Be it further resolved that this be offered to teachers preparing for both elementary and secondary levels, and that this new course be jointly designed by health and education professionals.

Motion: That “which have faculties of education” be deleted. Defeated.

Motion: That the resolution be passed as originally presented. Carried.”

[Back](#a1989)

### Continuing Education for Day Care Workers \*

“Whereas children are an important resource and a special population in our communities, Whereas most experts agree that one of the major three components of quality care is professionally trained staff,

Whereas research shows that the quality of child care and its impact on the emotional and physical development of young children is directly related to the training child care workers have,

Whereas Alberta's staff training standards are the lowest in Canada, Alberta requires only that child care workers be 15 years or older. A child care supervisor must be only 18 years or older and have a first aid certificate,

Whereas continuing education programs for day care workers are limited,

Therefore be it resolved that the Alberta Public Health Association urge the provincial government to increase the funding and provision of continuing education programs for day care workers.

Carried.”

[Back](#a1989)

### Distribution of Day Care Operating Allowances to Promote Improved Staff Qualifications \*

 “Whereas children are an important resource and special population in our communities, Whereas most experts agree that one of the major three components of quality day care is professionally trained staff,

Whereas research shows that the quality of child care and its impact on the emotional and physical development of young children is directly related to the training child care workers have, Whereas Alberta's staff training standards are the lowest in Canada. Alberta requires child care workers be 15 years or older. A child care supervisor must be only 18 years or older and have a first aid certificate,

Whereas a monthly operating allowance of between $257.00 for children under eighteen months to $65.00 for children five years and older is paid to the day care on all day care spaces created before 1986 regardless of the level of staff education,

Therefore be it resolved that the Alberta Public Health Association urge the provincial government to redistribute operating allowances to benefit those day cares which ensure higher staff qualifications.

Carried.”

[Back](#a1989)

### Early Intervention Program for Children with Learning Style Difficulties \*

 “Whereas children are an important resource and a special population in our communities,

Whereas 10% of children in the school system have special learning style difficulties,

Whereas the learning style difficulties have a detrimental effect on the child's self-esteem, family functioning and adult productivity,

Whereas early intervention will have the greatest positive effect on self-esteem, learning style difficulties, harmonious family functioning and optimal adult functioning,

Whereas there are insufficient resources to which children with learning style difficulties can be referred,

Therefore be it resolved that the Alberta Public Health Association urge Alberta Education to increase and target funding for early intervention for students with learning style difficulties.

Carried.”

[Back](#a1989)

### Evaluation and Support for “Nobody’s Perfect” Program \*\*\*\*\*

“Whereas children are an important resource and a special population in our communities,

Whereas Alberta has families with limited financial, educational and social support,

Whereas the "Nobody's Perfect" program is designed to improve parenting and coping skills in these families,

Whereas parents with few resources are at higher risk for family dysfunction,

Whereas "Nobody's Perfect" is currently being implemented in Alberta and provincial disparities have not been addressed,

Therefore be it resolved that the Alberta Public Health Association encourage Alberta Health to provide funding to health units and other agencies for the effective training of staff, implementation and evaluation of the "Nobody's Perfect" program.

Motion: That the motion be accepted as editorially amended with the insertion of “training” before “implementation.” Carried.”

[Back](#a1989)

### Teen Parenting Data \*\*\*\*\*

“Whereas Alberta has a high number of live births to teenage mothers (3,031 birth3 to teen3 age 15 - 19 in 1987),

Whereas 80 - 90% of teen mothers keep their infants,

Whereas few data are available in Alberta on the subsequent health, economic and social implications for the infants and parent(s), i.e., information deficits exist in the areas of:

* economic status of parent(s), (welfare dependency, income/poverty level) by maternal age
* adequacy of food and shelter allowance for pregnant and parenting teens
* rate of adoption, including late adoption, ward placement
* child abuse, neglect and hospitalization
* injury rates to infant/young child
* health status of infant at birth, 6 months and 2 years
* education level achieved by % finishing high school and/or post-secondary training by maternal age
* education level achieved by % finishing high school and/or post-secondary training by paternal age
* rate of divorce, separation by age of delivery, male and female

Therefore be it resolved that the Alberta Public Health Association urge Alberta Health and Alberta Family and Social Services to collect, analyze, and disseminate the data on birth and parenting outcomes of teen pregnancies by parental age to facilitate program planning in health units and other agencies.

Motion: That “and other agencies” be added to last sentence. Carried.

Motion: That the motion be rescinded. Carried.

Motion: That the resolution read “Therefore be it resolved that the Alberta Public Health Association urge Alberta Health and Alberta Family and Social Services to collect, analyze and disseminate data on birth and parenting outcomes of teen pregnancies by parental age to facilitate program planning in health units and other agencies.” Carried.”

[Back](#a1989)

### Province Wide Access to Sexuality Education \*

“Whereas a 1981 study in Alberta showed that 11% of teens were sexually active by age 13 and 67% by age 18, Whereas Alberta with a birth rate of 34.4 per 1000 women aged 15-19

(1985) is exceeded only by Manitoba and Saskatchewan and is currently higher than the Canadian average of 23.7, Whereas Alberta has an unacceptably high rate of gonorrhea, chlamydia, pelvic inflammatory disease and ectopic pregnancy in teens,

Whereas unprotected sexual activity with significant health and socioeconomic problems does occur in Alberta teens, Whereas provinces with well developed curriculum integrated into the health education program (Ontario and Quebec) along with clinical services have dramatically reduced their adolescent pregnancy rates, Whereas Alberta does not have a sexuality component in the health curriculum which is universally available to all students (Theme 5, Human Sexuality is optional),

Whereas only 16% of Alberta students (grade 10) learned about sexuality from courses at school (King, 1984), Whereas many children in Alberta graduate from Grade 12 without any exposure to formal sexuality education except from their uninformed peers,

Whereas it is essential for young people to gain knowledge about sexuality in order to make informed decisions regarding reproduction and healthy reproductive lifestyles (including abstinence or postponing sexual involvement),

Whereas the provincial curriculum human sexuality component does provide education in sexuality and decision making, including abstinence, and the prevention of sexually transmitted diseases but is not universally offered. Many parents do not have the option of sexuality education for their children provided by the school system,

Therefore be it resolved that the Alberta Public Health Association and its members actively encourage the Department of Education to provide universal access to the sexuality education component of the provincial health curriculum. Optionality for sexuality education (Theme 5) should be taken out of the curriculum with allowance for individual students to be withdrawn from such programs if their parents do not wish such participation.

Carried.”

[Back](#a1989)

### AIDS Education \*\*

 “defeated”

[Back](#a1989)

### Respite for Caregivers \*

“Whereas the majority of physically disabled persons and senior citizens requiring care do not live in long-term care centres, and, Whereas the expressed preference of most physically disabled persons and senior citizens and their families, is to remain in the familiar surrounding of their own homes, and,

Whereas family members are the primary and often sole caregivers for these persons, and,

Whereas the family members are often an elderly spouse or adult children who may themselves have limited capacity to provide needed care as a result of health problems of their own, and,

Whereas the stress of caregiving is cumulative and often results in jeopardy to the physical health and psychosocial well-being of the caregiver if respite and relief are not available, and,

Whereas a stressed caregiver will not provide the same quality of care, and may even tend toward neglect or abuse of the care recipient, and,

Whereas the existing resources for respite, including adult social day programs, day health care programs, home care in home respite, and respite beds in long-term care centres, are inadequately funded to meet the existing need, and,

Whereas the importance of respite in supporting the caregiving role of family members has been repeatedly identified in studies of health care in Alberta (Nursing Home Review Panel, Home Care Review, Mirosh Report),

Therefore be it resolved that the Alberta Public Health Association encourage the government of Alberta to provide adequate funding in support of community and institutional based respite services.

Carried.”

[Back](#a1989)

### Single Point of entry to Long Term Care \*

 “Whereas the preliminary results of the Single Point of Entry to Long Term Care pilot projects in the Calgary and Foothills Health Units have demonstrated the ability to support seniors in their home environment, prevent unnecessary institutionalization and promote discharge from institutions,

Whereas the interests of older people in our province are best served by a community based home care program,

Whereas Alberta's limited resources should not be used to create a new administrative structure,

Therefore be it resolved that the Alberta Public Health Association urge the provincial government to designate home care, as presently delivered through the health units, as the single point of entry to long term care.

Carried.”

[Back](#a1989)

### Mental Health Services for the Elderly \*

 “Whereas the mentally ill elderly are often misdiagnosed or go undiagnosed,

Whereas mental health concerns often place the greatest strain on families in their own homes,

Whereas the existing resources for diagnosis and treatment (particularly in the community) are inadequately funded to meet the existing need,

Therefore be it resolved that the Alberta Public Health Association urge the provincial government to increase funding to provide more health care professionals, educated in psychogeriatrics, for both community and institutional settings.

Carried with the addition of the word “provincial” before government.”

[Back](#a1989)

### Wellness Clinics for Older Adults \*\*\*\*

“Motion rescinded.”

[Back](#a1989)

### Controlling Chloroflurocarbons \*

 “Whereas chlorofluorocarbons (CFCs) are a group of highly persistent synthetic chemicals that are destroying the earth's protective ozone layer,

Whereas a three percent reduction in ozone is predicted to produce about 2,000 more cases of skin cancer each year in Canada, Whereas CFCs are known to exacerbate smog formation in urban areas, impair agricultural and forest productivity and accelerate the degradation of some plastics and paints,

Therefore be it resolved that the Alberta Public Health Association request the Government of Alberta to work with AUMA, MD and Counties Association and Federation of Canadian Municipalities to control the manufacture and use of CFC related products.

Motion: That the resolution be accepted with the replacement of “associations of Urban and Rural Municipalities” by “AUMA, MD and Counties Association, and Federation of Canadian Municipalities.” Carried.”

[Back](#a1989)

### Herbicide and Pesticide Containers \*

 “Whereas herbicide and pesticide containers continue to be stockpiled in fenced areas adjacent to landfills,

Whereas there is presently no other option available to dispose of such containers,

Whereas such containers constitute a serious and increasing potential health hazard now,

Therefore be it resolved that the Alberta Public Health Association actively lobby the provincial government to develop appropriate legislative and economic measures to produce an acceptable and safe alternative for disposal of pesticide and herbicide containers at the earliest possible moment.

Carried.”

[Back](#a1989)

### Dental Health Data Base \*\*

 “Defeated”

[Back](#a1989)

### Fluoride Supplements \*\*\*\*\*

“Whereas scientific literature indicates that systemic fluorides are essential during the period of tooth formation for maximum prevention of tooth decay,

Whereas tooth formation takes place during childhood, approximately from birth to age twelve,

Whereas only 46% of Albertans consume water from fluoridated communal supplies,

Whereas many Albertans consume water from small communal supplies, e.g., private wells, which are not economically feasible to fluoridate,

Whereas programs to provide fluoride supplements are the financial responsibility of the individual health units and are inconsistent throughout the province,

Therefore be it resolved that the Alberta Public Health Association actively urge Alberta Health to resume financial responsibility for the purchase of dietary fluoride supplements for provision to those children in Alberta who require them.

Motion: That the resolution read “that the Alberta Public Health Association urge Alberta Health…” Carried.

Motion: That the first line of the resolution be deleted. Carried.

Motion: That the word “fluoride be added prior to “supplements.” Carried.

Motion: That the resolution be accepted as amended. Carried.”

[Back](#a1989)

### Heart Health \*

“Whereas cardiovascular disease is the number one cause of morbidity and mortality in Alberta adults, Whereas several community-based, international heart health promotion programs have demonstrated efficacy through reduced morbidity and mortality1,2,

Whereas the recent report (of the Working Group on the Prevention and Control of Cardiovascular Disease) Promoting Heart Health in Canada3 called for a public health strategy,

Whereas it is known that the federal government is willing to provide funding to provincial governments for heart health demonstration projects,

Therefore be it resolved that the Alberta Public Health Association urge Alberta Health to provide funding to supplement the federal contribution to local health authorities for:

1. implementation of an Alberta Heart Health Survey
2. implementation of heart health programs based on data obtained from the survey

Motion: That the resolution be reworded to read “Therefore be it resolved that the Alberta Public Health Association urge Alberta Health to supplement the federal contribution to local health authorities for:

1. implementation of an Alberta Heart Health Survey
2. implementation of heart health programs based on data obtained from the survey.

Carried.”

[Back](#a1989)

### Restriction/Elimination of Smoking in Workplace Settings \*

“Whereas recent evidence shows unequivocally that exposure to sidestream smoke is hazardous to the health and/or wellbeing of non-smokers,

Whereas people have not the same choice as to work settings as they do to recreational settings,

Whereas people forced to work in an environment where smoking is allowed absorb equivalencies of nicotine similar to their having smoked 3 or more cigarettes daily,

Whereas 25% of the Canadian population has medical conditions which are aggravated by exposure to tobacco smoke,

Whereas 75% of the Canadian population has indicated that they approve of restrictions on smoking in the workplace,

Whereas 55% of the Canadian population does not smoke,

Whereas restricting smoking in the workplace setting will have a profound impact on a young person's decision not to smoke,

Therefore be it resolved that the Alberta Public Health Association petition provincial and municipal governments to invoke legislation protecting workers from exposure to tobacco smoke in the workplace setting.

Carried.”

[Back](#a1989)

### Increase Taxes on Tobacco Products \*\*

“Defeated.”

[Back](#a1989)

### Restrictions on the Sale of Tobacco Products to Minors \*

“Motion: Therefore be it resolved that the Alberta Public Health Association petition the provincial government to:

* 1. implement a tobacco licensing system which would require all tobacco retailers to have a tobacco license, and which would revoke the retailer's license if he or she sold to minors, and
	2. legislate a prohibition on all tobacco-vending machines accessible to minors.

Carried.”

[Back](#a1989)

### Letter Writing Campaign for Effective Tobacco Legislation \*

“Motion: Be it resolved that APHA members be encouraged to participate in a personalized letter-writing campaign to their Members of Parliament to:

* 1. have the Regulations of the TPCA strengthened according to recommendations of major health organizations (National Campaign for Action on Tobacco),
	2. have the NsHA proclaimed into law with an amendment which would designate tobacco under the Hazardous Products Act if the TPCA is repealed or struck down by the courts.

Carried.”

[Back](#a1989)

### Inequities in Health Task Force for Action \*

 “Motion: It is moved that the Alberta Public Health Association strike a 12 month Inequities in Health Task Force for Action, reporting directly to the Executive, to guide the Association through the awareness-raising, advocacy efforts, research and community "empowerment" strategies and action as a reflection of the Association's continuing commitment to achieving equity in health, and that the Alberta Public Health Association allocate a budget to the Inequities in Health Task Force, and the Inequities in Health Task Force report regularly to Board meetings of the APHA and to the 1990 Convention of APHA.

Carried. Opposed for the record-3.”

[Back](#a1989)

### Support for Healthy Communities \*

“Motion: It is moved that the Alberta Public Health Association membership endorse the Healthy Communities -Alberta project in principle and that the Alberta Public Health Association lend support to the project through its public relations, policy-making and programming activities.

Carried.”

[Back](#a1989)

### Disposition of Resolutions \*

“Motion: That the executive obtain from Richard Vivone a copy of his presentation on effective lobbying and that the executive not act on any of the resolutions passed today until it has carefully considered the best strategy for achieving the highest impact possible at governmental level.

Carried.”

[Back](#a1989)

## 1990

### Establishment of Teaching Health Units \*

“Whereas universities need to provide stimulating field experience for students in a wide variety of disciplines related to community health and health units recognize their responsibility in this regard;

Whereas opportunities for post-graduate study leading to higher degrees which would be of value to the community health system are noticeably lacking in Alberta:

Whereas all public health programs need to be based on sound research and the efficacy of new programs must be established in practice, and there is therefore a need to improve the quantity and quality of research being carried out in community health;

Whereas the designated teaching health unit concept has been developed and successfully evaluated in Ontario.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association ask the Minister of Health to consider establishing and supporting several teaching health units which would provide a broad range of functions in teaching and research and generally facilitate the provision of high quality field experience for all community health disciplines.”

[Back](#a1990)

### Condom Availability \*

Whereas over half of senior high school students have had sexual intercourse but few use condoms on a regular basis;

Whereas sexually transmitted disease (NGV. MPC) is highest among Alberta women aged 15-19 followed by women 20 - 24 and then by men 20 • 24;

Whereas over 25% of AIDS cases are in the 20 - 29 year old age group and with latency may have been infected as adolescents;

Whereas a recent Gallup Survey released by CPHA suggested that 64% of adult Canadians and 73% of 16-17 year old students support installation of condom dispensing machines in high schools;

Whereas the Canada Youth and AIDS Study showed that only 19% of male college/university respondents who often had sexual intercourse used condoms always for protection;

Whereas 43% of school youth Slate that they would be embarrassed to buy condoms (Canada Youth and AIDS Study);

Whereas condoms help to prevent the spread of HIV and SID infections;

Whereas as a public health measure we need to support sexually active youth through safer sexuality and make condoms more accessible be they in local drug stores, gas station, recreation centre, high school or work site;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association support the Canadian Public Health Association position to promote access to condoms in Alberta that will make the use of condoms the norm for sexually active youth and adults in the 1990s.”

[Back](#a1990)

### Prevention of HIV Infection in Injection Drug Users \*

“Whereas experience in several jurisdictions in the United States and Europe has demonstrated the potential for extremely rapid spread of the human immunodeficiency virus (HIV) among injection drug users (IDU);

Whereas the major vehicle for transmission among the IDU population is through sharing of unclean needles and syringes containing HIV infected blood;

Whereas the IDU population is a sexually active group who frequently have multiple sex partners;

Whereas the IDU population is seen as the widest bridge by which HIV spreads to the general population;

Whereas the behaviours of needle sharing and unsafe sexual practices represent a serious public health threat. Immediate intervention is needed to reduce the spread of HIV among the IDU population and their sexual partners;

Whereas an IDU education and prevention program based upon the least harm principle will:

1. discourage the use of injection drug practices;

2. increase awareness of HIV transmission among the IDU population;

3. facilitate access to community support services by members of the IDU population wishing to pursue a healthier lifestyle: and

4. provide materials and skills that will enable members of the IDU population to follow safer injection and sexual practices.

THEREFORE BE IT RESOLYED that the Alberta Public Health Association ask the Minister of Health to support the establishment of and maintenance of education and prevention programs for the reduction of human immunodeficiency virus (HIY) among injection drug users and their sexual partners.”

[Back](#a1990)

### Appropriate Staff:Child Ratio in Day Care Centres \*

“Whereas children are an important resource and a special population in our communities;

Whereas most child care experts agree that one of the major three components of quality care is a high ratio of workers to children;

Whereas the White Paper on Reforms to the Alberta Day Care Program recommends that the minimum day care centre staff:child ratio for infants, birth to 18 months of age be lowered from 1:3 to 1:4;

Whereas there have been no conclusive studies to determine what constitutes an adequate staff child ratio for infants from birth to 18 months;

Whereas children from birth to 18 months are in a critical stage of development;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the provincial government to postpone the lowering of minimum day care centre staff:child ratios for infants until further research is conducted to establish adequate standards.”

[Back](#a1990)

### Teacher Preparation for Health Teaching \*

“Whereas Alberta Education has a mandated health curriculum throughout the school years;

Whereas current and past graduates of education faculties did not have compulsory core academic courses in health;

Whereas comprehensive school health programs require preparation such as: nutrition, sexuality education, health promotion and prevention theory and knowledge of particular health and social systems;

Whereas undergraduate (preservice) as well as inservice training is required to equip teachers for the current and revised health curriculum;

Whereas the Canadian Association for School Health defines comprehensive health programs as those which "consider and promote an interdependent and dynamic relationship among health instruction, health services and a healthy environment within the school, family and community;"

Whereas public health services can assist in high schools to respond to: a) current issues and trends relating to health and b) new concepts and knowledge about promoting health and fitness as well as the prevention of disease

THEREFORE BE IT RESOLVED that the Alberta Public Health Association request the Universities of Alberta which have Faculties of Education to mandate core courses in health for all undergraduate programs leading to a Bachelor of Education degree

AND BE IT FURTHER RESOLVED that the Alberta Public Health Association request that the Department of Education set as a priority sufficient funds and release time for all teachers currently in the system to be offered substantial ongoing inservice training commensurate with the extent of the health curriculum

and that the Department of Education and universities utilize public health professionals along with education professionals as part of the team in developing undergraduate programs and ongoing inservice curricula in health.”

[Back](#a1990)

### Input into Teacher Preparation Health Curriculum \*

“Whereas most provinces and territories have or are in the process of mandating health in the school curriculum (elementary to senior grades);

Whereas comprehensive school health programs "Consider and promote and interdependent and dynamic relationship among health instruction, health services and healthy environment within school, family and community" (1)

Whereas teacher training for comprehensive school programs require preparation in areas such as nutrition, sexuality education, health promotion and illness prevention theory along with knowledge of particular health and social problems;

Whereas public health professionals have a traditional and unique role in helping schools respond to current issues and trends relating to health along with new concepts and knowledge about promoting health and the prevention of disease;

Whereas the Canadian Associate for School Health (CASH) and other interested agencies are involved in the process of defining health and recommending core courses for teacher preservice and inservice training in health.

THEREFORE BE IT RESOLVED

* that the Alberta Public Health Association encourage CPHA to request representation on CASH and other National Education committees in order to better represent the public health dimension in the development of undergraduate core curricula and components of ongoing inservice training for teachers of health.
* that the Alberta Public Health Association request CPHA establish a mechanism to receive input and to formulate responses in the area of school health teacher preparation.”
1. Canadian Association for School Health

[Back](#a1990)

### Increase Taxes on Tobacco Products \*\*

“Whereas 30% of Alberta youths 15 - 19 years, and 21%, 12 - 17 years, are regular smokers, and the use of smokeless tobacco by youth is on the increase;

Whereas tobacco is a powerfully addictive product, as addictive as heroin and cocaine, and at present young people are becoming addicted before being able to make an informed decision on the use of the product;

Whereas our youth are the adults of tomorrow, the future mothers and fathers and the potential leaders of our society;

Whereas if tobacco use can be prevented prior to age 19, it will be prevented for the vast majority of Canadians, since few people begin after age 20;

Whereas young people are more sensitive than adults to increases in tobacco prices because they have a lower disposable income, similarly the poor are sensitive to price increases;

Whereas the lower socioeconomic group smoke more than middle class and upper socioeconomic Canadians, and they also have a significant lower life expectancy, poorer health and a higher prevalence of disability than the average Canadian this group needs these inequalities reduced;

Whereas the Alberta Council on Smoking and Health (ACSH) has presented a submission to the Honourable Nancy Betkowski to increase taxes by $6.40 per carton of cigarettes and an equivalent rate on other tobacco products;

Whereas the above tax increases will reduce consumption by 8% overall and by 28% among teenagers. The combined effect will be to prevent 12% of Alberta youth from ever starting to use tobacco products and will reduce consumption by 14%in those youth who are presently smoking;

Whereas the above tax increases would prevent hundreds of premature smoking related deaths, reduce smoking related disease and disabilities, and save millions in health care costs;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association support the ACSH submission by petitioning the Alberta Government to increase cigarette taxes by $6.40 per carton with an equivalent increase in taxes on all other tobacco products.”

[Back](#a1990)

### Reducing the Health Impact of Language Barriers \*

Whereas only 47% of immigrants to Canada have some knowledge of English or French and that frequently at a very basic level;

Whereas a language barrier to full and equal participation in society has health implications, through consequences such as limited opportunities for employment, loss of esteem, isolation of women in the home, and reduced access to health services and resources;

Whereas programs providing English training are insufficient to meet demand, waiting lists for pan-time classes are long, and restrictions on eligibility and duration, as well as lack of child care and transportation, limit the opportunity of many individuals to participate in programs:

THEREFORE BE IT RESOLVED that the Alberta Public Health Association request the federal and Alberta government to:

1) provide additional funds to support English language training to meet the needs of non-English speaking persons;

2) increase support for flexible programs which meet special needs of women and employed persons, including part-time classes in community-based centres and at the worksite, with child care and transportation allowances where needed; and

3) re-examine restrictions on eligibility and duration of classes, in consideration of the impact on women and elderly persons.

[Back](#a1990)

### Health and Social Security \*

“Whereas public health has recognized the critical influence of social conditions, including income, shelter and food availability on health status;

Whereas Alberta Family and Social Services provides crisis and extended support to families in need or likely to become in need;

Whereas public health workers, in the course of community outreach in low income neighborhoods, depend upon an immediate response from Alberta Family and Social Services when a need is identified;

Whereas Alberta Family and Social Services social work caseloads, exceeding 250 families jeopardize accessibility to Alberta Family and Social Services;

Whereas a high caseload heightens the risk to the mental and physical health of families in need of social support;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association petition the Minister of Alberta Family and Social Services to take immediate action to implement their own guidelines with respect to the size of the social work caseloads, in recognition of the risk to the health and security of Alberta families, and that the Alberta Public Health Association issue a press release to reflect its concern.”

[Back](#a1990)

### Support for Canada Assistance Plan \*

“Whereas public health is significantly concerned with the prevention of disease and promotion of health, and the delivery of these services through local administration;

Whereas since 1965, the internationally recognized CAP legislation has enabled the federal government to cost-share provincial social welfare programs, including Alberta's Family and Community Support Services program, and social allowance;

Whereas none of the provincial social allowance programs meet the accepted poverty line cut-offs;

Whereas any limits opposed on federal contributions through CAP services as a disincentive to provinces to upgrade their social assistance programs;

THEREFORE BE IT RESOLYED that the Alberta Public Health Association urge the Minister of Finance to remove the recently imposed cap on CAP payments to Alberta, Ontario and British Columbia and restore full federal support for this important Canadian social legislation.”

[Back](#a1990)

### Interpreting for Health \*

Whereas public health intends to make the full range of its services and resources universally accessible;

Whereas non-English speaking people experience inequities accessing public health resources due to language and cultural barriers;

Whereas non-English speaking people whose mental and physical health is already at high risk due to social-economic factors and health problems prior to immigration, are placed at an even higher risk due to inaccessibility to critical public health resources;

Whereas the rate of immigration to Alberta from non-English speaking countries has ranked high over the past decade and is projected to continue to be high;

Whereas practice standards are being compromised by the extensive use of untrained interpreters (e.g. children as interpreters for adult health problems) in health units;

Whereas interpreter services available through settlement agencies are usually non health-specific, they are often provided by bilingual individuals without training as interpreters, and represent only a portion of settlement responsibilities;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association petition Alberta Health to make funds available to health units to support interpreter training, coordination of interpreters, and to purchase quality health interpreter services.”

[Back](#a1990)

### Quality of Education Standards for Day Care Workers \*

“Whereas children are an important resource;

Whereas most experts agree that professionally trained staff are one of the three major components of quality day care;

Whereas research shows that the quality of child care and its impact on the emotional and physical development of young children is directly related to the amount of training child care workers have;

Whereas the provincial government has introduced a minimum day care staff education requirement of a non-credit, “50-hour Orientation Course”;

Whereas existing community colleges in Alberta have in place a structure complete with experienced, qualified instructors and curricula for early childhood education;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Government of Alberta to contract with the community college system to make the "50-hour Orientation Program" accredited and transferrable towards a diploma in early childhood education

AND BE IT FURTHER RESOLVED that the Alberta Public Health Association urge the Government of Alberta to develop long range plans to gradually increase the minimum education requirements of day care staff.”

[Back](#a1990)

### Baseline Health Studies \*

Whereas the government of Alberta has proposed or approved a number of pulp mills or expansions of existing mills on both the Athabasca and Peace River systems;

Whereas little is known about the human health impact of the pulp mill process which does affect air, soil and water,

Whereas a yardstick is needed to measure future health effects of the human population affected by pulp mill development;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association lobby the Government of Alberta to perform baseline studies of the current health of people residing in the vicinity of the proposed/approved mills in order to monitor and evaluate the health effects of those mills.

[Back](#a1990)

### AL-PAC Review Board Recommendations \*

“Whereas full public participation was an integral part of the AL-PAC Review Board public hearings into the proposed bleached kraft pulp mill near Athabasca;

Whereas the members of the Review Board were Canadians chosen by/from the Alberta, Federal and Territorial governments and represented lay and scientific personnel;

Whereas the Review Board recommended that the proposed project on the Athabasca River NOT be approved until further river studies are conducted regarding Chlorinated organic compounds which, in tum, would determine whether the AL-PAC pulp mill could proceed without serious hazards to downstream users of the river system or aquatic life in it;

THEREFORE BE IT RESOLYED THAT the Alberta Public Health Association urge/lobby the provincial government to follow through on the AL·PAC Review Board’s recommendation that further river studies be conducted regarding chlorinated organic compounds prior to the commencement of any further pulp mill development on the Athabasca River system.”

[Back](#a1990)

### WHMIS and Pesticides \*

“Whereas WHMIS (Workplace Hazardous Materials Information System) has been implemented in Canada with respect to workplace chemicals;

Whereas pesticides/herbicides are excluded from the legal provisions of WHMIS;

Whereas workers in the agricultural sector and ancillary industries have a right to know through appropriate labels and Material Safety Data Sheets, the hazards of pesticides/herbicides and how to protect themselves from those hazards;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Canadian Public Health Association to lobby the federal government to remove pesticides/herbicides from the exemption list and include these chemicals under the Hazardous Products Act (WHMIS).”

[Back](#a1990)

### Alberta Health Publications \*

“Whereas since 1984 print publications from Alberta Health. Family Health Branch have been available in inadequate numbers, inconsistent supply, or not available at all;

Whereas print resources are necessary to reinforce client education and to motivate clients to change health behaviours;

Whereas print resources promote consistent health information from a variety of health professionals;

Whereas private sector publications are promoting specific products, and, as in the case of breast feeding and infant formula, private sector publications conflict with the WHO Breast Milk

Substitute Code;

Whereas the cost of printing publications by small health units can be 5 - 10 times the cost of printing by Alberta Health;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association recommend that Alberta Health, Public Health Division have adequate financial resources and expertise to provide a consistent supply and upgrade quality and content of all print resources.

[Back](#a1990)

### Access to Nutrition Programs \*

“Whereas major changes are occurring in the health care system generated by advances in medical technology, increasing health care costs and population demographics;

Whereas health promotion and disease prevention strategies are being increasingly accepted as an essential component of any comprehensive health care system;

Whereas good nutrition is an integral part of effective health promotion and disease prevention;

Whereas nutrition services are an essential component of any cost-effective health care system;

Whereas most Albertans are not entirely familiar with the necessary composition of a nutritious diet;

Whereas provincial initiatives such as cardiovascular disease prevention necessitate communitywide nutrition education;

Whereas the current nutritionist to population ratio is 1:124,000 for health promotion programs and the recommended ratio is 1:50,000;

Whereas approximately 33% of health units do not have any qualified nutrition personnel on staff to direct programs;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association request the Minister of health to implement province wide nutrition services as an essential component of prevention, treatment and rehabilitation programs at an adequate level and that the services be planned by qualified nutrition personnel.”

[Back](#a1990)

### Health Promotion/Disease Prevention/Seniors' Wellness \*

“Whereas it is well documented that there must be increased emphasis on programs for health promotion/disease prevention and wellness for seniors;

Whereas the planning for health care and long term care needs of the aging population is currently being addressed, a comprehensive approach is necessary. Demographics project that our senior population will increase dramatically in Alberta;

Whereas Alberta Health's “targeted funding guidelines” for home care programs prioritizes persons at highest risk of institutionalization (higher level of care), surveillance level seniors will become lower priority and these individuals may eventually not receive preventive service in the continuum of care;

Whereas as home care caseloads increase, community health nurses will be expected to expand services in such areas as Wellness Clinics and Geriatric Surveillance programs for seniors;

Whereas community education regarding seniors' wellness and the aging process is a vital component in health promotion/disease prevention and is being provided by community health nurses to a limited degree and could be expanded with additional resources;

Whereas Alberta Health "Draft Operational Plan in Long Term Care and Geriatric Programs' states “to encourage , strengthen and develop health promotion programs for the elderly” adequate funding must be available to all health units to accomplish this objective;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Government of Alberta to increase funding for expansion of seniors' health promotion/disease prevention/surveillance in community health nursing programs to enhance the preventive aspect within the continuum of care for our aging population.”

[Back](#a1990)

### Recycling and Marketing of Recycled Materials \*

“Whereas our society has become a throwaway society;

Whereas governments worldwide are looking for space to dispose of accumulated waste and many are turning to recycling of waste;

Whereas the cost of producing a product from recyclable waste is estimated to consume one quarter to one third the energy required to produce the same product from raw material;

Whereas the Town of Hanna was once considered the recycling capital of Alberta and perhaps the recycling capital of Canada;

Whereas due to the lack of available market for recyclables and a monetary downturn received for recyclables, the Hanna Lions Club has had to cease operation as recovery of cost was unattainable;

THEREFORE BE IT RESOLVED that the Alberta Department of the Environment provide funding incentives to Alberta communities to initiate recycling programs and incentives to potential purchasers of used items such as oil, paper, cardboard, glass, aluminum and plastics;

AND FURTHER BE IT RESOLVED that the Alberta Department of the Environment develop a marketing campaign to encourage the purchase and consumption of recycled items by Albertans.”

[Back](#a1990)

### Public Health Inspection \*

“Whereas there is a shortage of fourteen certified Public Health Inspectors in Alberta and approximately sixty in Western Canada;

Whereas BCIT is the only school in Western Canada producing graduates and their classes are limited to only twenty students;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Minister of Advanced Education to consider the establishment of a School of Environmental Health at a post-secondary education institution in Alberta.

AND FURTHER BE IT RESOLVED that the Alberta Public Health Association of Alberta urge post-secondary institutions to establish such programs and offer to help them.”

[Back](#a1990)

## 1991

### Warning Labels on Alcoholic Beverages \*

“Whereas Alcohol consumption has severe public health consequences

Whereas Consumption of alcohol during pregnancy is known to cause fetal alcohol syndrome.

Whereas Consumption of alcohol impairs the ability to drive a car or operate machinery.

Whereas Alcoholic beverages, when not used in moderation, present a significant risk to physical, social and community health. Governments traditionally warn about dangerous products; and,

Whereas Warning labels do impact consumers if the labels are credible and easy to read.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Minister of National Health & Welfare and the Federal Minister of Consumer & Corporate Affairs to institute labels on alcoholic beverages that warn about:

a) the risk of alcohol consumption to the fetus during pregnancy

b) the risk of drinking and driving

c) the health risks related to excessive intake of alcoholic beverages”

[Back](#a1991)

### Unlinked HIV Sera-prevalence Surveillance in Alberta \*

“Whereas in Canada health is both a provincial and a federal government responsibility;

Whereas Alberta is presently in the early and unpredictable phase of the HIV epidemic;

Whereas reliable information is essential to an effective response to the HIV epidemic;

Whereas the means of HIV surveillance presently in place suffer from important deficiencies;

Whereas the World Health Organization (WHO), the Centers for Disease Control (CDC) and the Federal Centre for AIDS (FCA) all recommended unlinked sero-prevalence as an important element in HIV surveillance.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association strongly recommend to the Alberta Government that they implement or actively support the implementation by other groups, of unlinked sera-prevalence surveillance for HIV in Alberta as soon as possible and in consultation with people knowledgeable in the area, both nationally and provincially.”

[Back](#a1991)

### Human Health Effects Associated with the Pulp and Paper Industry \*

“Whereas the pulp and paper industry is spread world-wide, engaging hundreds of thousands of workers. Approximately 360,000 workers were employed in this industry in Western Europe in 1988. An International Agency for Research on Cancer (IARC) working group evaluated in 1987 the evidence concerning carcinogenic risk in humans as inadequate;

Whereas the IARC searched the published scientific literature through the major computerized data libraries and the IARC archives. Only three prospective studies with exposure specific information have been conducted to date;

Whereas scientific literature on the health hazards associated with employment in the pulp and paper industry indicate that workers may have an increased risk of neoplasms of the stomach, lung, and the lymphatic tissue. The evidence is, however, not convincing and most of the data derive from proportional mortality studies using death certificate information;

Whereas the few prospective epidemiological studies in the pulp and paper industry indicate that cancer risk may be elevated for workers in this industry, evidence still is not strong. Compared to other large industrial sectors, there appears to be a lack of high quality epidemiological studies and there is a need for more investigation;

Whereas the main processes used in the pulp mills are the sulphite (acidic) and the sulphate or Kraft (alkaline). The latter is the prevailing process globally. Technology in the paper mills is more diverse and has undergone changes recently. The main exposures in the pulp and the paper mills are gaseous sulphur compounds (SOZ' hydrogen sulphite, organic sulphite, mercaptans), chlorine, chlorine compounds. Exposure to many other chemicals occurs, e.g., urea formaldehyde resins, dyes, asbestos, chlorophenols, wood dust. Type and intensity of exposure differs according to process and according to the specific department/job within the process; and,

Whereas the Canadian Pulp and Paper Association (CPPA) has formally committed itself to support in principle a thorough epidemiological investigation of cancer mortality through participation in the multinational historical cohort study proposed by IARC.

THEREFORE BE RESOLVED that the Alberta Public Health Association commend the CPPA for its support of further epidemiological investigation and urge the various provincial and federal research granting bodies to be supportive in recognizing research in this area as a priority.”

[Back](#a1991)

### Comprehensive School Health \*

“Whereas schools play a critical role in instilling and reinforcing attitudes that promote well-being;

Whereas health related problems of today's children and youth do not respond to simplistic or one dimensional approaches;

Whereas lack of integration of health services, social services, health instruction to children and youth reduces the impact of intervention and support for well-being; and,

Whereas an integrated strategy is necessary to coordinate health instruction with health services and within a healthy school and community environment.

THEREFORE BE IT RESOLVED

that the Alberta Public Health Association urge the Ministers of Health, Family, and Social Services & Education, and Recreation & Parks to establish a Ministerial Committee on the delivery of health, social services, and education to reflect a comprehensive school health approach.

and that the Alberta Public Health Association urge the Ministers of Health. Family, and Social Services &Education, and Recreation &Parks to provide seed funding for comprehensive school health pilot projects in Alberta.”

[Back](#a1991)

### Access to Abortion \*

“Whereas from a public health viewpoint early access to abortion is preferable to avoid the medical complications of later procedures;

Whereas all necessary medical procedures should be equally accessible;

Whereas women in Alberta are denied equal access to therapeutic abortion as it is now existent in most rural areas and seriously curtailed in urban environments;

Whereas the lack of access results in women compromised into later abortion or no procedure available; and,

Whereas the restrictions on access force a two tiered system whereby women with financial means can travel outside the province to obtain the procedure while those without funds are denied the procedure.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Minister of Health, and to the Health Caucus to increase funds for prevention by education and clinical services to reduce the need for therapeutic abortions, and further

that the Alberta Public Health Association urge the Minister of Health, and to the Health Caucus to ensure equal access to therapeutic abortions across the Province.”

[Back](#a1991)

### United Nations Convention on the Rights of the Child \*

“Whereas in 1989 the United Nations adopted the Convention on the Rights of the Child. This international legal document provides a range of rights to the world's children;

Whereas the Convention's 52 articles cover most aspects of a child's life, including health, education, child care, juvenile justice, and poverty. The Convention is unique in bringing together in one comprehensive code the legal benefits and provisions regarding children;

Whereas Canada played a leading role in drafting the Convention and is expected to ratify it;

Whereas before ratification can take place, each Province must examine its own legislation affecting children, amend that which is not in compliance with the Convention and send the Federal Government a letter agreeing to its ratification; and,

Whereas If Alberta does not agree to ratification, the protections and rights outlined in the Convention will not apply to Canada's children.

THEREFORE BE IT RESOLVED

that the Alberta Public Health Association express its strong support for the ratification of the United Nations Convention On The Rights Of The Child, and further be it resolved

that the Alberta Public Health Association approach the Ministers of Family and Social Services and Health to request that the Government of Alberta ratify the United Nations Convention On The Rights Of The Child.”

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### Healthy Communities Project \*

“Whereas the health of people is intimately linked with that of the community and family;

Whereas people are faced with unprecedented threats to social, economic, and environmental health;

Whereas professionals and agencies alone cannot create healthy communities;

Whereas all people play a role and must be enabled to take responsibility for creating healthy communities;

Whereas our society has drifted away from traditional values of family and community interdependence;

Whereas there is a renewed commitment at all levels of society to participatory development;

Whereas a number of national and international bodies have endorsed principles of increasing prevention, strengthening communities, building supportive environments, fostering healthy public policy and enhancing personal skills and reorienting health services, embodied in the WHO documents on Health Promotion, the Epp Framework for Health Promotion and the Ottawa Charter; and

Whereas Health and Welfare Canada, CPHA and the Canadian Institute of Planners have supported a national office for Health Communities, recently merging with the federal Strengthening Community Health initiative.

THEREFORE BE IT RESOLVED that the appropriate governments Communities Alberta Public Health Association move to advocate for resources and commitment from provincial and municipal and other interest groups in Alberta to continue the Healthy movement and projects in Alberta.”

[Back](#a1991)

### Information Sharing \*

“Whereas Alberta Health is the only government department that singularly upholds the primacy of human health over all other priorities;

Whereas protection and promotion of human health is a basic underlying principle in the management of environmental issues;

Whereas the Environmental Health Division, Alberta Health, retained the mandate to protect public health from environmental factors following the establishment of the Department of Environment in 1987.

[Resolution 1990-20 HUAA Annual General Meeting, sponsored by Calgary Board of Health, November 20-23, 1990]

THEREFORE BE IT RESOLVED that we advocate the Alberta Government to fully support Alberta Health's mandate in environmental health by ensuring a communication strategy for managing the public release of data regarding substances in the environment that are causing a significant potential for real hazard to human health. More specifically, to ensure copies of all incident reports required by the Pollution Control Division, Alberta Environment be forwarded to Alberta Health so that local boards of health can assess the information as it pertains to the Public Health Act. Such a strategy would involve an interdepartmental mechanism which is time limited, and would produce decisions on responsibility for content of the communication.”

[Back](#a1991)

### Environmentally Sustainable Lifestyle Choices \*

“Whereas the quality of life of the physical environment has declined progressively in the past decades;

Whereas there are increasing threats to human, plant, and animal survival as a result of human activity;

Whereas lifestyle and consumption patterns of the Western World contribute disproportionately to global degradation;

Whereas a sustainable environment and sustainable development have been advocated by the United Nations World Commission on the Environment and Development, endorsed by many world governments; and,

Whereas lifestyle changes including reduction in consumption and waste minimization are the primary requirements for a sustainable environment.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association adopt a policy of advocating a policy which makes environmentally sustainable lifestyle choices the easier choices.”

[Back](#a1991)

### Health Services Research \*

Whereas there is a growing need for research into the provision of health services and population-based research; and,

Whereas the National Health Research and Development Program is one of the few sources of funding for this research; and,

Whereas the amount spent on evaluation of health care services is proportionately very low.

THEREFORE BE IT RESOLVED that the Minister of Health and Welfare Canada be requested to restore funding for the National Health Research and Development Program.

[Back](#a1991)

### Provincial Licensing or Tobacco Retailers \*

“Whereas smoking is the leading preventable cause disease and disability in Canada today;

Whereas the health consequences associated with tobacco use increase with years of smoking;

Whereas if smoking onset can be delayed, there is a significant chance that person will never smoke;

Whereas conversely, if smoking onset occurs in early childhood, there is a significant chance that person will be a lifelong smoker with the accordingly high health risk;

Whereas a Calgary Health Services study showed that young people in Calgary have no difficulty obtaining tobacco products;

Whereas there is no real incentive for tobacco retailers NOT to profit from the sale of tobacco products to children;

Whereas tobacco vending machines are currently, largely, unattended and provide easy access to anyone with the change.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Provincial Government to increase the legal age to 18 years for the purchase of tobacco products; and

BE IT FURTHER RESOLVED that the Alberta Public Health Association urge municipalities to initiate a licencing scheme for tobacco vendors which encourages municipalities to assume responsibility for issuing permits, fee structures, and regulations restricting the sale of tobacco products (including controlling vending machines) to persons under 18 years of age.

[Back](#a1991)

## 1992

### Health Status Indicators \*

“Whereas there is a need to assess our progress toward better health based on the provision of health care;

Whereas best use of health resources can only be made based on an evaluation of their effectiveness;

Whereas data derived from the Canada Health Survey is now over thirteen years old;

Whereas self-evaluation has been shown to be a valuable component of health status and needs to be surveyed;

Whereas there is a need for developing better measures of health of the population.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Alberta Minister of Health to initiate a continuing survey of the health status of the people of Alberta.

AND BE IT FURTHER RESOLVED that the Alberta Public Health Association recommend to the Alberta Minister of Health that Alberta actively participate in the re--establishment of the Canada Health Survey.”

[Back](#a1992)

### Tuberculosis Control in Alberta and Canada \*\*\*\*\*

“Whereas tuberculosis rates rose in Canada in 1989 for the first time in 30 years;

Whereas there is a rise in incidence of tuberculosis as human immunodeficiency virus

(HIV) and tuberculosis infected populations overlap, not only in sub-Saharan

Africa, but also in urban North America;

Whereas tuberculosis is not only 98% curable with effective drug regimes, but 90% preventable with Isoniazid (INH) prophylaxis even in the face of HIV infection;

And

Whereas the Laboratory Center for Disease Control (LCDC) is responsible for monitoring special pathogens in Canada.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge CPHA to recommend to Health and Welfare Canada the need to establish a central steering committee to examine the status of tuberculosis across Canada and to work with LCDC to design strategies for tuberculosis control and eradication and;

FURTHER BE IT RESOLVED that such a committee have representation from the provinces and territories, the Canadian Lung Association, the Canadian Infectious Disease Society, the Canadian Paediatric Society, the Advisory Committee on Epidemiology, the Canadian

Medical Association, the Canadian Public Health Association, and Medical Services Branch, Health and Welfare, Canada and;

FURTHER BE IT RESOLVED that the committee develop national standards for the treatment of cases, the identification of contacts and other persons at risk of developing tuberculosis, in order to intervene early in the natural history of the infection by providing vaccine or prophylaxis where appropriate and;

FURTHER BE IT RESOLVED that this committee:

1. act in an advisory capacity to LCDC and to provincial programs facing difficulties,
2. list available educational resources and ensure that, where necessary, new ones are developed,
3. monitor epidemiologic trends in tuberculosis provided by Statistics Canada,
4. interact with international initiatives for the control and eradication of tuberculosis,
5. encourage tuberculosis research which has application in Canada and the rest of the world.”

[Back](#a1992)

### HIV Testing by Life Insurance Companies \*

“Whereas HIV sere-resting has a potential impact on an individual which may be greater than that of any usual screening test or procedure;

Whereas a consensus exists in the medical community that HIV testing should be done with informed consent;

Whereas the implications of an incorrect test result could be extremely serious;

Whereas prompt access to appropriate medical and counselling services is believed to be very important in the care and management of an HIV infected individual;

Whereas the potential associated stigma and other implications of a positive test for HIV requires that such information be handled according to a high standard of medical confidentiality.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association request that the Canadian Public Health Association urge the Insurance Bureau of Canada to ensure that insurance companies requiring HIV sero-testing for the purchase of an insurance policy adhere to the following guidelines in testing applicants for HIV:

1. Any individual being tested for HIV must be explicitly and specifically informed of this.

2. The representative of the Insurance Company should be sufficiently knowledgeable to answer basic questions about the nature and the implications of the test.

3. The standard of the testing process should be Comparable to that used in medical facilities in the United States and Canada. No positive result should be reported until it has been confirmed with an acceptable confirmatory test on serum.

4. The mechanism for informing an individual of a positive test for HIV should be clearly established, in most cases by identifying at the time the sample is taken, a physician to whom the applicant wishes his or her result sent.

5. Access to an individual's HIV test results should be strictly limited to those within the insurance company with a demonstrable need for that information in order to process an application.: If HIV test result information may be shared with a central agency (eg. the Medical Information Bureau) applicants should be explicitly informed of this. No information concerning an applicant's HIV sero-status should ever be released from the data bank to any other party without the express written consent of the applicant.”

**HIV TESTING BY LIFE INSURANCE COMPANIES**

**BACKGROUND**

The advent of the HIV epidemic has understandably been of concern to Life Insurance Companies. Testing for HIV is now required by many companies as a part of the application process for at least some policies.

A positive test for HIV has an immense impact on the tested individual, arguably greater than that of any other test likely to be used as a screening measure. The medical implications are considerable, since HIV is believed to be fatal in an unknown, but large proportion of cases. The social implications are also great because of the public perception of an association with certain life styles or risk behaviours. What is most unique about a positive test for HIV is that it continues to carry in our society, a greater potential for stigmatization than a diagnosis of any other illness. For this reason, it is generally accepted that testing for HIV should follow certain guidelines. Whatever the reason for testing, the individual must be clearly informed that he or she is being tested for HIV, should consent to the test, and should have access to information about the implications of the test.

The impact of a falsely positive test for HIV may be devastating. On the other hand, a falsely negative test could misleadingly reassure an applicant, resulting in him or her putting others at risk. Testing for HIV must therefore be done by a reputable laboratory, using established and validated screening and confirmatory techniques and with systematic quality control.

An individual found to be HlV-infected needs both immediate and long term psychosocial support as well as medical follow-up and care. A person or agency testing for HIV has a responsibility to ensure that any individual found to be seropositive is put in touch with an appropriate source of care.

Because of the implications of a positive test for HIV and the serious negative impact if this information were to be misused, it is important to apply recognized standards of medical confidentiality with particular rigor in the case of HIV infection.

In 1987, the Canadian Life and Health Insurance Association published industry guidelines which recognize these issues and concerns, Anecdotal reports of individuals undergoing HIV testing for the purpose of obtaining life insurance in Alberta indicate that these guidelines are not always followed at present. Applicants have reported being completely unaware of having undergone testing for HIV some have found out only by careful scrutiny of "fine print", which is not consistently read by applicants. One insurance company includes in their consent form, a long list of individuals and agencies (including the employer) to whom medical information may be released. Most insurance companies contribute medical information about applicants to a central data collection agency in the U.S.

[Back](#a1992)

### Dental Health Care for Children from Working Poor Families \*

Whereas there are inequities in the access and availability of dental health programs for disadvantaged groups, such as the indigent, native and immigrant populations;

Whereas many Alberta children from low income families suffer from urgent dental problems;

the incidence of dental disease is related to socio-economic status and a growing group of "working poor" families have no access to dental health care;

Whereas urgent dental problems may cause pain and chronic infection which

jeopardizes the child's general health, nutrition choices, well-being, and

ability to concentrate and function in school.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Provincial Minister of Health to provide a mechanism for the provision of dental treatment services to financially needy children;

AND FURTHER BE IT RESOLVED that the Alberta Public Health Association advocate to the Provincial Minister of Health the need for increased funding for preventive health dental programs.”

[Back](#a1992)

### Counselling for HIV Testing \*

“Whereas one valid objective for HIV antibody testing is to limit or prevent the spread of HIV infection;

Whereas those who are aware of their HIV status and provided with counselling are more likely to adopt "safer" behaviour;

Whereas individuals who present for HIV antibody testing require informed consent;

Whereas HIV testing may be requested by an individual or as a third party request U, evaluate levels of individual wellness (e.g., Immigration, Life Insurance);

Whereas pre and post-test counselling with every request for HIV testing ensures education for informed consent and client follow-up and counselling.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the provincial Minister of Health to ensure that all testing (including that required for Life Insurance and immigration) for HIV be accompanied by pre and post-test counselling by qualified professionals.

[Back](#a1992)

### Training for Pre & Post Test HIV Counselling \*

“Whereas informed consent for HIV antibody testing is a required standard of professional practice;

Whereas professionals require specific skills to provide pre and post-test counselling for individuals seeking HIV antibody testing.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Provincial Minister of Health to ensure that all professionals involved in HIV testing receive adequate training and ongoing inservice education which will enable them to provide skilled pre and post-test counselling.”

[Back](#a1992)

### Tobacco Control Act \*\*\*\*\*

“Therefore be it resolved that the Alberta Public Health Association urge the Provincial Minister of Health to introduce a Tobacco Control Bill to reduce access to tobacco for children less than 18 years of age.”

[Rest of the text missing]

[Back](#a1992)

### Prevention of Injuries among Canadian Aboriginal People \*

“Whereas injuries are the number one cause of premature death among aboriginal Canadians'";

Whereas the Alberta region has the highest rate of premature death related to unintentional trauma in Canada\*;

Whereas motor vehicle accidents, drowning and fires are the principal cause of unintentional injury\*;

Whereas effective injury prevention programs for aboriginal people would result in the saving of lives and a decrease in morbidity\*;

Whereas the young and the elderly have the most unintentional injuries\*.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Canadian Public Health Association to urge the Ministers of Health and Indian Affairs to support injury prevention programs for aboriginal people which are developed in cooperation with aboriginal people and professionals in injury prevention.”

\* Interdisciplinary Working Group on Injury Prevention. (September, 1990).

Prevention of Injuries Among Canadian Aboriginal People.

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### Lighter and Hatch Safety \*

“Whereas in Alberta, between 1983-1987, children playing with lighters and matches caused 1,933 fires resulting in 28 deaths (24 of them children), 161 injuries (64 of them children) and $12 million in property damage;

Whereas in Edmonton, in 1988, children playing with lighters and matches set 54 blazes causing $600,000 damage and 14 injuries and; in 1989 one person was killed and 13 injured in 27 house fires;

Whereas in the United States, fires started by children has contributed to the high per capita fire death rate for young children accounting for one-third of all fire deaths for children less than 5 years of age;

Whereas lighters are very easy to access and operate by children as young as 18 months and easily operated by 3-4 year olds;

Whereas the children who die or who are injured usually are not the children who start the fire but the younger playmates of siblings.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association request CPHA to lobby the Federal Minister of Consumer and Corporate Affairs to urge manufacturers to modify lighters so that children cannot operate them;

AND FURTHER BE IT RESOLVED that APHA request CPHA to urge the Federal Minister of Consumer and Corporate Affairs to approach manufacturers of lighters and matches to place warning labels on lighters and matches to indicate their hazards to children.”

[Back](#a1992)

### National Injury Surveillance System \*

“Whereas there is a paucity of data regarding injuries causing death and disability in the home, community, sports and recreation sectors;

Whereas the lack of baseline data on the epidemiological patterns of injury means that it is difficult to plan injury prevention programs and monitor their effectiveness;

Whereas some data is collected by various government departments and public agencies, resulting in fragmentation of data;

Whereas the lack of data on morbidity is the greatest deficit.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Canadian Public Health Association to lobby the Federal Minister of Health to establish a national injury surveillance system.”

[Back](#a1992)

### Ban on the Import of Catha Epulis (KHAT, QUAT, QAT) \*

“Whereas Khat (an amphetamine-like euphoriant) is used by several million people in mainly North and South Yemen and the Middle East. Its use, however, is spreading into other African countries and also into Canada;

Whereas Khat is used in semi-religious and lawful customs in eastern Africa and the Middle East and is known to cause abnormal behaviour changes such as withdrawal, schizophreniform speech patterns, aggressive verbal outbursts and demands for sexual activity;

the consumption of Khat can result in decreased productivity in the work force due to loss of work hours, lack of proper health care and nutrition in the workers and aggravation of previously dormant diseases because of the after effects of drug use;

Whereas the chewing of Khat can effect family life due to the diversion of family income to attain the drug and the effects of behavioral changes resulting from the use of the drug.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Canadian Public Health Association to recommend to the Federal Minister of Health that the categorization of Catha Epulis as a drug is banned in Canada;

AND BE IT FURTHER RESOLVED that the Alberta Public Health Association inform the appropriate professional groups in Alberta about the drug, its use and potential harmful side effects.”

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## 1993

### Call for CPHA Action on Health Reform \*\*\*\*\*

Whereas: the Canadian Public Health Association (CPHA) has a supportive and collaborative partnership relationship with the Provincial/Territorial Branches/Associations **(PTBAs)** as a composite of those organizations;

Whereas: the **PTBAs** are engaged in developing visions or mental models of the concept of health, the determinants of health, and the potential of health reform to promote health;

there are similarities and common contextual factors that point to the need for regional approaches to developing this vision it is widely acknowledged that health policy is increasingly being developed in the provinces, and that a new role for CPHA is therefore emerging.

THEREFORE BE IT RESOLVED

1) that the Alberta Public Health Association urge CPHA to facilitate provincial and territorial roundtables on health policy and health reform.

AND FURTHER BE IT RESOLVED

2) that Alberta Public Health Association urge CPHA to develop a national statement of the principles of health reform consistent with the promotion of health based on the deliberations of the regional round tables.

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### Prevention of Family Violence \*\*\*\*\*

“Whereas: family violence is a significant health problem and a serious social issue;

Whereas: family violence affects society in numerous ways including individual physical, emotional and psychological harm, delayed development in children, and substantial costs to the health, social and legal systems;

And

Whereas: methods to address and prevent family violence are documented in the literature.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the ministers of Health, Family and Social Services, Education, Community Development and Justice to continue to collaborate on strategies to prevent family violence in Alberta.”

THE PREVENTION OF FAMILY VIOLENCE

BACKGROUND

Family Violence is the abuse of family members by other family members. It is a significant health problem and a serious social issue that can be expected to touch all Albertans, either directly or indirectly.

Family Violence affects society in numerous ways. Abuse may result in physical, emotional and psychological harm. Child abuse may cause developmental and intellectual damage or delay. When it occurs, family violence can be self-perpetuating. Those who have been psychologically damaged may abuse others in return.

There are many recognized ripple effects to society, including substantial costs to the health, social and legal systems. It is an expectation within our society that family members will care for one another in a loving and nurturing manner. However, there are times when some family members are unwilling or unable to do so.

The Alberta Public Health Association believes that no one should have to live with abuse. The Association endorses voluntary initiatives and public policy which contribute to the prevention of family violence at any level described in the Framework for the Prevention of Family Violence.

Prepared by the Family Health Core Committee

Alberta Public Health Association

May, 1993

A Framework for the Prevention of Family Violence is a Primary Health Care Approach to the prevention of family violence. It has been developed by the Family Health Core Committee and is attached to this position statement.

[see Framework document p 179]

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### Fluoridation of Community Water Supplies \*\*\*\*\*

“Whereas: water fluoridation at recommended levels has been emphatically reaffirmed as an economical and effective means of preventing dental caries in large populations.

And

Whereas: everyone benefits from water fluoridation - - regardless of one's age, income, education or motivation to seek dental care.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association reaffirm its support of the fluoridation of community water supplies.

**WATER FLUORIDATION**

**Background**

Fluoride is a natural element found in varying concentrations in water supplies, soil, and some foods. Fluoride is considered an essential nutrient in the Recommended Dietary Allowances according to the American Dietetic Association. Water fluoridation only brings the level of fluoride (a natural element) to a practical level that benefits the members of the community.

Water fluoridation has been one of the most thoroughly researched community health measures studied in recent history and its value in the prevention of tooth decay has been unquestionably demonstrated. Water fluoridation is the least expensive and most effective way to reduce tooth decay in large populations. Water fluoridation tends to reach and benefit most of the high risk groups who usually underuse preventive services.

The effectiveness and safety of fluoridation has been documented in approximately 25,000 papers over forty years from around the world. The data from these papers and other recent studies consistently have shown that children living in fluoridated communities experience a reduction in decay. Fluoridation also benefits adults.

Water fluoridation was implemented in Edmonton's water in 1967. Between 1967 and 1990, there has been a 72% reduction in tooth decay experience. Fluoridation played a significantly major role in this huge decline in tooth decay among Edmonton's children.

Calgarians voted in favour of fluoridating their water supply in October 1989 and fluoridation was implemented in August 1991. Now that Calgary's water is fluoridated, approximately 75% of Albertans have access to fluoridated water.

At a national conference on fluorides which was held in Toronto on April 9 to 11, 1992, water fluoridation at recommended levels has been emphatically reaffirmed as an economical and effective means of preventing dental caries in all age groups. This conference was attended by dental researchers and specialists from across North America interested in reviewing the topic of the public's exposure to fluoride from a variety of sources and examining current policies and practices in the light of this review. It was emphasized that water fluoridation does not present a risk to general health. It was felt, however, that fluoride levels in community water supplies should be monitored and adjusted to ensure consistency in concentrations and avoid fluctuations, and that there should be periodic review of definitions of the minimal, optimal and maximum concentrations of fluoride.

Everyone benefits from water fluoridation - regardless of one's income, education, age, or motivation to seek dental care. The Canadian Dental Association remains firmly in support of water fluoridation as a proven, safe and effective means of preventing dental caries.

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### Children and Poverty \*\*\*\*\*

“Whereas: 14.4% of children in Canada and 17.2% of children in Alberta live below the poverty line;

And

Whereas: poverty has significant consequences for children's health including low birth weight infants, learning and behavioural difficulties, psychiatric disorders, suicide and chronic illness.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Alberta Ministers of Health, Education, Family and Social Services, Justice and Community Development to continue their combined focus on preventing and overcoming the consequences of child poverty in Alberta through the funding, support and evaluation of intervention programs for children and their families living in poverty across Alberta.

AND FURTHER BE IT RESOLVED that the Alberta Public Health Association urge the Premier of Alberta to develop a plan of action to reduce the level of poverty among families in Alberta.”

**Children and Poverty - Background Documentation**

Statistics Canada (1989):

* infant mortality rates in families whose income falls within the lowest 20% of the population are twice as high as mortality rates of infants from families whose income falls within the highest 20% of the population;
* low birth weight infants are twice as common in families of low income than in families of high income;
* psychiatric and school related disorders are twice as common in children of families that receive social assistance;
* suicide is 5 to 11 times higher than the national average among children of low income families;
* children from low income families have significantly more chronic illnesses and miss more time at school due to illness than children from higher income families.

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### Coordination of Children's Services \*\*\*\*\*

Whereas: children with complex health, educational or social problems require a coordinated effort by numerous disciplines to meet their needs;

Whereas: the categorical funding requirements and conflicting policies and mandates of municipal, provincial and federal governments present a barrier to the implementation of coordinated and integrated service delivery for children and their families;

Whereas: evidence indicates a coordinated and comprehensive approach can overcome gaps and overlaps in service provision;

And

Whereas: an Interministerial Committee has been established to improve service delivery and coordination for children and families.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Ministers of Health, Education, Family and Social Services and Justice to continue to support .and enhance the coordination of children's services and that coordination and integration of these services be considered a high priority for government action.”

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### User Fees\*

“that the Board of APHA prepare a position statement on user fees by June 1, 1993 and circulate it to government officials”

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### Extraordinary Resolutions To Amend Bylaws\*

**Change from Core Committee Structure to Program Committee\***

“EXTRAORDINARY RESOLUTION

Whereas: the roles and duties of the executive members of the Board have evolved to meet the needs of the membership

Whereas: The section chairs and section committees have indicated a need to restructure to a planning committee of 5 at large members reflecting a variety of disciplines rather than the current core committee structure

Whereas: The Association wishes to use the expertise of its members in a variety of ad hoc committees based on emerging issues and identified priorities rather than the current core committee membership set for a 1-2 year period

Therefore: BE IT RESOLVED that the core/section committees be dissolved (article 2.2 and 3.1)

Therefore: BE IT RESOLVED that 5 members at large be elected to form a program committee for the association.”

**BACKGROUND TO PROPOSED RESTRUCTURING OF THE BOARD OF APHA FOR CONSIDERATION AT THE AGM - MAY 1993**

The Board is proposing a structural change so that the Association can respond more quickly to the issues requiring action in the 90's.

A number of issues have been brought forward.

1. Is the organization effectively utilizing areas of expertise of the membership?

2. Is the existing core committee structure restrictive? Does it allow for quick response to emerging issues? How can core committees link together for action? Who determines priorities?

3. Is the 2-3 year time commitment necessary for core committee work? How can members from outside Edmonton and Calgary with restricted travel budgets be involved?

4. Would we be more productive and inclusive if members worked on specific tasks with in short time frames?

5. How can actions, resolutions and position statements of APHA tracked for results? How can accountability be ensured?

The proposed structure is suggested to address these concerns.

THE PROPOSED STRUCTURE:

THE BOARD

The officers of the Board of APHA, elected by the membership at the AGM would be president, president-elect, treasurer, secretary, membership plus 5 elected members at large. The latter replace the 5 core committee chairs in the existing structure who have been elected at the AGM by their respective core committees.

The 5 members at large would form a program committee. They would be nominated for office to provide regional representation and expertise based on but not limited to existing core committee categories or emerging, criteria.

The Board, through the Program committee will identify priorities for action. Ad hoc committees will be struck from the broader membership to develop actions, resolutions, issue papers, and respond to emerging needs and be time limited.

This elected members-at-large will act as brokers in identifying members of APHA to sit on working groups and coordinate action with the other members of the program committee. They will also be responsible to bring forward issues from the membership to the Board. The ad hoc committees/working groups will report to the Board through the members-at-large. The membership on the will change to address newly identified issues. By their nature each working group would be time limited.

The board believes this structure will enable the Association to meet its need for more efficient utilization of the expertise existing within the membership. This will lessen the stress on time commitments experienced by the existing Core Committees. This will also provide continuity in actions and directions taken by the Board as well as an accountability to the members on what issues have been addressed by APHA and what results are achieved. Currently, each core committee identifies issues and acts, somewhat independently, on development and follows through of position papers, resolutions and responses to current events.

It is believed that a new structure of a Program Committee could better identify:

a. priorities for action in a 1-3 year time frame and

b. provide a vehicle for mobilizing members to respond to individual issues with a quick turnaround.

TERM OF OFFICE

PRESIDENT:

The current term of office for the president is 1 year. It is proposed that for continuity of action, balance between administrative and policy issues a term of two years would better serve the membership. In order to enable the overall time commitment to leadership, it is suggested that the president-elect would serve 2 years and the President 2 years. The position of past president be eliminated.

MEMBERS AT LARGE:

It is suggested that the term be for 2 years elections be staggered to ensure a blend of experience on the board, and that there be maximum of 2 consecutive terms.

MEMBERSHIP, PUBLICITY, SECRETARY, TREASURER:

No change in term of office.

[See 230-233]

**EXTRAORDINARY RESOLUTIONS** Amendment to Bylaws

Whereas: The proposed restructure of the Board will replace section\core committees with a program committee of 5 elected members at large

Whereas: the program committee will be responsible for furthering the purpose of the association through identification and action on issues in public health

Whereas: the program committee will be expected to draw on expertise of the members to develop and or respond to public health concerns

BE IT RESOLVED that the bylaws be changed to reflect the structure in articles 2.2

**Program Committee**

2.2 The program committee shall consist of 5 elected members at large representing interests in but not limited to, Environment and occupational Health; Epidemiology and Disease Control; Family Health; Health Promotion; Health Services Administration.

2.3 The program committee shall appoint a chair at the first meeting following election to sit on the executive of APHA for a one year term.

2.4 The program committee shall be responsible for receiving input from the membership on issues in public health, identifying priorities for action, recommending action to the Board, following through on actions, resolutions and positions taken by APHA.

2.4 The program committee shall strike ad hoc committees and task forces, as required, to further the purpose of the Association, using the expertise and interests of the membership as a whole. These committees\task forces shall be time limited to address a specific issue.

Standing Committees

Whereas: in order to further the purpose of the association and

Whereas: in order to fulfil the organization and administrative functions of the association 5 standing committees have been identified as part of the new board structure

Therefore: BE IT RESOLVED to amend Article 3. 13 to read STANDING COMMITTEES, with terms of reference and the election procedure of the chairpersons specified shall be created by the majority vote of the membership.

The following standing committees shall be struck for a 2 year term and report to the Board.

a. Convention liaison (chair appointed by executive)

b. Finance (chair president elect)

c. Membership ( chair membership chair)

d. Nominating (chair to be appointed by executive)

e. communication (chair publicity)

f. Program (chair elected by the 5 Members at Large)

Extraordinary Resolution - Meetings

Whereas The proposed restructure of the Board will replace the section/core committees with a program committee made of 5 elected members at large

BE IT RESOLVED, that current article 6.6 "In the course of the annual general meeting, section

chairpersons shall call and hold at least one separate meeting of their section be deleted and that Article 6.7 be renumbered as 6.6 and article 6.8 be renumbered as 6.7.

**Background-Resolution on APHA Only Membership**

A sub-committee of the Board was struck in October 1992 to investigate the possibility of creating a new membership/fee structure for the Association which would include an APHA only membership in addition to the current conjoint membership. The purpose of the change would be to increase the size and diversity of the membership base, enabling APHA to have a stronger voice in public health issues in Alberta

Why Consider a Change at This Time?

Membership is currently primarily made up of members from health units, most of whom work in Edmonton and Calgary. It is well recognized that health reform and current strategies for addressing public health issues cannot be resolved by the formal health sectors alone; the actions of many others have an impact on health and they can be allies in advocating for healthy public policy.

Feedback from the APHA Round Tables indicated that members want the association to be more accessible and responsive to health issues.

The current conjoint membership fee of $110 for individuals can be a deterrent for health professionals (especially if paying membership fees to several other associations) as well as for others with no professional allegiance to public health. A lower fee for the Alberta only membership may encourage new members to join the Association.

Alberta would be the fourth provincial association to establish a separate provincial membership; British Columbia, Manitoba and Ontario have all established provincial memberships and Saskatchewan is also considering the change.

Implications of the Change

CPHA will continue to handle registration for conjoint members and APHA will handle registration for Alberta only members. While APHA will continue to be affiliated with CPHA, parts of the relationship may need to be renegotiated.

Currently, of the $110.00 conjoint registration fee, $83.00 is retained by CPHA and $27.00 is retained by APHA. It is expected that a separate APHA membership would increase membership in APHA and therefore increase the revenue of the Association.

The Board has proposed that the APHA only membership fee be set at $35.00.

Revised Membership/Fee Structure

The following membership categories are proposed:

Alberta

1. Active membership

2. Corporate membership

3. Associate membership

4. Honorary life membership

5. Retired membership

6. Student membership

Conjoint CPHA/APHA

1. Active membership

2. Honourary Life membership

3. Retired membership

4 Student membership

Benefits to Members

Alberta membership

* voting privileges at APHA meetings
* opportunity to serve on APHA Board and committees
* subscription to the APHA newsletter and special mail-outs
* opportunity to participate in professional development events
* reduced registration fees at the annual APHA conference and other events
* contribute to position papers, briefs and other submissions on public health issues in
* Alberta
* reduced membership fee compared to the conjoint membership.

Conjoint CPHA/APHA membership

* all of the Alberta benefits, plus:
* subscription to the CPHA Journal and special supplements e.g., CPHA Health Digest, The New Facts of Life Newsletter and other publications
* discounts on CPHA, World Health Organization and Pan American Health
* Organization publications
* reduced registration fees at the annual CPHA conference and other events
* opportunity to participate on CPHA Board and committees.

Recommendation

The Board has supported the recommendation of the sub-committee that an Alberta only membership be created, in addition to the current conjoint CPHA/APHA membership. This change requires an amendment to the APHA By-laws which will be voted on at the May 1993 annual meeting. The proposed amendment to the By-laws is attached.

[Back](#a1993)

## 1994

### Community Health Nutrition Services \*

Whereas certain patterns of eating are associated with several of the leading causes of death - cardiovascular diseases, cancer, stroke, and diabetes;

Whereas the document titled Health Goals for Alberta includes illnesses, injuries and premature deaths from cardiovascular diseases and cancer, encouraging Albertans to choose healthy eating habits, increasing the number of babies born with a healthy weight range and increasing the duration of breast feeding;

Whereas nutrition education and promotion programs have demonstrated effectiveness in increasing individuals' knowledge, developing positive attitudes between health and dietary practices and increasing the adoption of positive dietary practices;

Whereas nutrition intervention and treatment services have demonstrated cost savings in the development of secondary complications and expensive emergencies;

And

Whereas nutrition programs and services have an essential role to play in the continuum from health promotion to treatment, to enhance health outcomes and to decrease morbidity and mortality;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association advocate and lobby Alberta Health and all the health regions to mandate community health nutrition services for the public health sector at a ratio of one nutritionist per 50,000 population.

Background:

Diet is linked to other diseases such as osteoporosis, hypertension, hypercholesterolemia, obesity and dental cares. Diet also has a role in lowering the incidence of low birth weight infants.

Prenatal nutrition services for such high risk pregnancies have shown that one dollar invested in prevention yields an average of $3.00 in treatment savings”

[Back](#a1994)

### Year of the Family #2 (Flexible Work Hours) \*\*\*\*\*

Whereas 1994 is the Year of the Family;

Whereas an increasing proportion of jobs are temporary in nature, part time, low paying and filled by women;

Whereas an increasing number of part time jobs held by women are in the evenings and on weekends;

And

Whereas there are increasing financial, work and family pressures that are a threat to family health;

THEREFORE BE IT RESOLVED that APHA communicate with the Federal and Provincial Ministers of Health to urge them to encourage employers to create more flexible and supportive work situations for staff so that they can better balance work and family responsibilities.

[Back](#a1994)

### Year of the Family \*\*\*\*\*

Whereas 1994 is the Year of the Family.

Whereas an increasing proportion of jobs in Canada are contractual, part time, low paying and filled by women,

Whereas there is an increasing prevalence of poverty among women and children;

Whereas the social support system for these groups is threatened by governmental financial changes;

THEREFORE BE IT RESOLVED that APHA urge Alberta Health to give the health impact of poverty increased consideration to in health planning.

[Back](#a1994)

### Hepatitis B Vaccine \*

Whereas hepatitis B is a preventable disease through immunization of those at risk;

Whereas vaccine is not available through public health programs free of charge to all those who are at risk;

Whereas vaccine cost is a significant factor limiting vaccination of vulnerable at risk people in Alberta, such as street people, high-risk pregnant women and their partners, drug users, and prostitutes;

Whereas not immunizing at risk individuals contributes to a reservoir of hepatitis B infection in Alberta;

Whereas providing the vaccine to public health personnel to distribute and/or to vaccinate is a cost effective measure that will reduce the incidence, reservoir of infection and negative sequelae of the infection;

And

Whereas the cost of the vaccine at $20.00 per dose prohibits agencies who have identified risky behaviour in their population from providing vaccination;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Minister of Health to include people with multiple sexual partners and injection drug users on the list of risk groups for which free hepatitis B vaccine will be provided by Alberta Health.

[Back](#a1994)

## 1995

### Importance of the Public Health Approach to Improving Population Health \*

“Whereas the determinants of health are many and varied and lie, for the most part, outside the health care system; and

Whereas the public health approach to the control of disease and the advancement of hearth has proved effective and economical over the past 150 years; and

Whereas there is a need to approach many problems from a population health perspective, identifying and addressing inequities as well as opportunities for health gain; and

Whereas the Provincial Government, through its focus on ACTION FOR HEALTH and other initiatives, has demonstrated its commitment to improving population health; and

Whereas the Federal/Provincial/Territorial Ministers of Health at their September 1994 meeting in Halifax adopted the population health framework outlined in STRATEGIES FOR POPULATION HEALTH, INVESTING IN THE HEALTH OF CANADIANS,

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association urge the Alberta Minister of Health to ensure that all Regional Health Authorities in Alberta develop and implement plans and policies which fully utilize the public health approach to diminishing the burden of disease and injury, reducing risks to health, building knowledge, promoting health and creating wellness for the entire population, with special attention to the disadvantaged; and

BE IT ALSO RESOLVED THAT the Alberta Public Health Association urge the Canadian Public Health Association to urge the Federal Minister of Health to fully utilize the population health framework to develop plans and policies to diminish the burden of disease and injury, reduce risks to health, build knowledge, promote health and create wall ness for the entire population.”

[Back](#a1995)

### Payment for Therapeutic Abortion \*

“Whereas access to abortion should remain open to all Albertans regardless of ability to pay for the medical procedure; and

Whereas de-insuring of this medical service will limit access to those in need; and

Whereas cost to taxpayers will increase due to increased costs for pregnancy care and social supports lf access to therapeutic abortion is not provided in the health care system;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Alberta Minister of Health to continue the payment of therapeutic abortions through the Alberta Health Care system.”

[Back](#a1995)

### Support for Proposed Gun Control Legislation \*\*\*\*\*

“Whereas Alberta has above average rates of firearms-related deaths and one of the highest national rates of hospitalization due to gun injuries; and

Whereas many crimes, deaths. and injuries result from impulsive rather than premeditated acts; and

Whereas easy access to guns has been identified as a significant risk factor during these impulsive acts; and

Whereas gun control measures are an important part of healthy public policy and part of a safe community strategy;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association urge the Provincial Minister of Justice to support proposed gun control legislation currently under discussion in the House of Commons and to also urge the Federal Minister of Justice to maintain his position on strengthening gun control legislation in Canada; and

FURTHER BE IT RESOLVED THAT the Alberta Public Health Association become a member of the Coalition for Gun Control; and

FURTHER BE IT RESOLVED THAT the Alberta Public Health Association publicly communicate its support for gun control legislation as an intervention that improves health.”

[Back](#a1995)

### Environmental Health Strategic Plan \*

“Whereas Alberta Health has traditionally maintained an active involvement in environmental hearth issues; and

Whereas international authorities are urging an increased focus on the environment as a determinant of health; and

Whereas protection of public health from environmental factors is gaining more recognition as a critical component of public health programs; and

Whereas in 1990 the Minister of Health called for a Strategic Plan in Environmental Health; and

Whereas Alberta Health and the regional health authorities have invested $200,000 and five years in development and distribution of the Strategic Plan and the supportive documents (Strategic Directions for Regional Environmental Health Programs in Alberta, with summary attachments); and

Whereas Alberta Health representatives have previously vetted and sanctioned the recommendations that are put forward in the Strategic Plan and the supporting documents;

THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association urge Alberta Health and the Regional Health Authorities to adopt the recommendations of the report “Strategic Directions for Regional Environmental Health Programs in Alberta.”

[Back](#a1995)

## 1996

### Child Restraints \*\*\*\*\*

Whereas In 1994, there were 205 deaths and 21,684 injuries associated with motor vehicle collisions to Canadian children under the age of 15

Whereas In Alberta in 1994, there were 26 deaths and over 2000 hospitalizations to children under the age of 14 from motor vehicle collisions

Whereas In Alberta, 7 out of 10 parents or caregivers incorrectly use child passenger restraints,

Whereas Some motor vehicles are not compatible for the correct installation of a child passenger restraint and, in fact, render the use of a child passenger restraint impossible

Therefore, BE IT RESOLVED, that APHA coalesce with the Alberta Coalition for Child Passenger Restraints and other interested agencies to lobby manufacturers for the design of easy-to-use, affordable, and accessible child passenger restraints.

BE IT FURTHER RESOLVED, that APHA in conjunction with the Alberta Coalition for Child Passenger Restraints and other interested agencies lobby the motor vehicle manufacturers to ensure vehicle designs are compatible with the correct installation and use of child

Passenger Restraints

AND BE IT FURTHER RESOLVED that CPHA be requested to lobby the federal government to modify child restraint and motor vehicle standards to meet both their needs.

[Back](#a1996)

### Anaphylactic Deaths \*

Whereas: Anaphylaxis due to various causes but particularly food-induced, is increasingly recognized as a concern and indeed a real threat to the safety and wellbeing of children in our schools,

Whereas: The greater St. Albert Catholic Regional Division #29 has commissioned a study of this issue that has resulted in a report that is being shared nationally,

Whereas: Four out of six food-induced anaphylactic deaths in American children in 1995 occurred in schools,

Whereas: It has been demonstrated that Alberta has the highest incidence of asthma in Canada and further that there is a correlation between asthma and allergies,

Therefore, BE IT RESOLVED, that APHA approach Alberta Education and other appropriate agencies to request that all school boards develop a policy that will reflect a safe environment for all children including those with life threatening allergies.

[Back](#a1996)

### Albertans at Risk: The Relationship Between Literacy and Health \*\*\*\*\*\*

(Rejected because it contained many clauses that are beyond our control.)

Whereas: Functional illiteracy affects nearly 42% of the adult population in Canada and approximately 480,000 Albertans, especially the poor, minorities, immigrants, the unemployed, those over 60 years of age and the undereducated,

Whereas: Functional illiteracy interferes with people's ability to make appropriate choices relating to health for themselves, their families and their environments,

Whereas Functional illiteracy prevents people from getting or understanding information about their health and their own personal health care,

Whereas: Functional illiteracy, poverty, feelings of powerlessness and an inability to cope with the stresses of daily life have been shown to have a causative effect on disease,

Therefore, BE IT RESOLVED, that APHA reduce the negative effects of functional illiteracy on health by:

* developing a public health policy for the APHA regarding literacy and encouraging other health service providers to create similar policies for their organizations,
* advocating for the elimination of the gap in health services created by poverty, unemployment and functional illiteracy,
* addressing problems of inequity and access to health care services and information through the development and implementation of special literacy and health initiatives'
* increasing awareness of the impact of literacy on health within organizations both inside and outside health care sectors,
* facilitating opportunities for discussion to promote equity and access and to eliminate barriers to health services through the creation of formal and informal networks throughout the province, and
* supporting the efforts of other organizations working on literacy and health-related issues.

[Back](#a1996)

## 1997

### Travelling in the Back of a Pickup Truck \*

WHEREAS three Albertans under the age of nineteen were killed in 1996 as a result of being thrown from the back of a pickup truck (Source: Edmonton Journal, March 13, 1996 and September 17, 1996); and

WHEREAS research demonstrates that people riding unrestrained in the back of a pickup truck are at a much higher risk of serious injury and death than those riding in the cab (Source: Agran et al., 1994; and Hamar et al., 1991); and

WHEREAS injuries to passengers riding in the back of pickup trucks frequently occur in non-crash events, and ejections leading to death or serious injury can easily occur at speeds of 25mph (40 km/h) or less (Source: Bucklew et a/., 1992; Agran et a/., and Hamar et a/., 1991); and

WHEREAS head injuries are the most frequently injured body region following a fall or ejection from the back of a pickup truck and the direct average cost of care during the first year following severe brain injury can be as high as $300,000 with a lifetime care cost ranging from 2.5 to 5.5 million dollars (Source: Bucklew et a/., 1992; SAFE KIDS, Children's Health Centre, Fact Sheet); and

WHEREAS Alberta requires that all passengers of motor vehicles on highways wear a seat belt assembly with a penalty of $25 for violation, and prohibits passengers from riding on the outside of motor vehicles but exempts those riding in the box of a truck (Source: Highway Traffic Act s.65(4); s.129); and

WHEREAS Alberta does not allow people to occupy a house trailer, where a house trailer is any vehicle capable of being attached to and drawn by a motor vehicle and designed, constructed or equipped as a dwelling place, living abode or sleeping place, while it is being moved on a highway (Source: Highway Traffic Act s.128); and

WHEREAS numerous provinces prohibit unrestrained passengers from riding in the back of pickup trucks and the penalties range from $29 to more than $84 (Source: Motor Vehicle Act Regulations s.39.01; Injury Prevention Centre, Provincial/Territorial Motor Vehicle Legislation Review, 1997);

THEREFORE BE IT RESOLVED that the Alberta Public Health Association request the Government of Alberta to take immediate action to make it illegal for passengers to ride in the back of pickup trucks except by permit for special purposes (e.g., to transport farm workers); and

BE IT FURTHER RESOLVED that the Alberta Public Health Association request the Government of Alberta to educate the public about the benefits of the legislation and how to comply with the legislation.

[Back](#a1997)

### Photo Radar \*

“WHEREAS motor-vehicle related injury was the second leading cause of injury deaths and injury hospitalizations in 1994, accounting for 338 deaths and 4,173 hospitalizations of Albertans in Alberta (Source: Injury Prevention Centre, Alberta Injury Data Report, 1996); and

WHEREAS in 1995 in Alberta, 10.2% of total traffic collisions involved one or more drivers indicated by the police as having been travelling at a speed too great for the given conditions, however 29.6% of fatal collisions involved unsafe speed (Source: Alberta Transportation and Utilities, Alberta Traffic collision Statistics, 1995); and

WHEREAS in 1996 the number of motor vehicle collisions investigated by the Royal Canadian

Mounted Police increased by 5% over 1995 and 89,286 speeding charges were laid (Source: Royal Canadian Mounted Police, 1997); and

WHEREAS excessive or inappropriate speed compounds the problem of collisions by preventing the driver from reacting to dangerous situations and speed also proportionately affects the severity of the collisions (e.g., an increase of 25 km/h in a 60 km/h zone doubles the impact energy) (Source Victoria Police, Australia, Traffic Camera Office Information Update); and

WHEREAS preliminary findings from the photo radar program in British Columbia have shown an approximate 10% reduction in the proportion of drivers exceeding posted speed limits by at least 10 km/h, an 11% reduction in collisions, a 9% reduction in injuries, and a 15% reduction in fatalities (Source: British Columbia Integrated Traffic Camera Unit, 1997); and

WHEREAS implementation of a speed camera program in Australia corresponded with a 22% reduction in collisions, a 51% reduction in motor vehicle fatalities, and a 36% reduction in injuries in a five year period, further supporting the efficacy and appropriateness of photo radar technology (Source: Victoria Police, Australia, Traffic Camera Office Information Update; Speed Cameras); and

WHEREAS in a 1996 survey in Alberta, 57.6% of respondents agreed that the use of photo radar by police services has reduced speeding in Alberta and 54.6% agreed that it has improved road safety (Source: AMA Traffic Safety Survey, 1996); and

WHEREAS motor vehicle trauma in Alberta cost the province over $3.55 billion in 1994 (Source: Alberta Motor Association, Mission Possible, 1996); and

WHEREAS legislation in Alberta and Australia assigns responsibility of speeding vehicles to the owner of the vehicle photographed (Source: Motor Vehicle Administration Act s.102(1));

THEREFORE BE IT RESOLVED that the Alberta Public Health Association request that the Government of Alberta, in conjunction with traffic safety partners, develop a speed management program of which photo radar is one of the tools to be utilized; and

BE IT FURTHER RESOLVED that the Alberta Public Health Association encourage the Royal

Canadian Mounted Police to use photo radar speed enforcement on those roadway locations in Alberta where there are high rates of collisions; and

BE IT FURTHER RESOLVED that the Alberta Public Health Association encourage that speeding penalties laid through this means of enforcement carry demerit points for the offending driver and that the owner of the vehicle be required by law to declare the name of the driver at the time of the infraction; and

BE IT FURTHER RESOLVED that the Alberta Public Health Association request that the Government of Alberta educate the public about the benefits of the legislation and how to comply with the legislation.

[Back](#a1997)

### A Plan for Leadership \*

WHEREAS public health principles include:

* Focus on individuals and communities in a societal and global context,
* Build capacity in individuals and communities to improve health,
* Facilitate community mobilization through community participation,
* Embrace promotion, prevention and protection,
* Provide disease and injury surveillance and control,
* Influence the orientation of the health system toward health outcomes,
* Build partnerships among sectors at the local level,
* Advocate for the health of the public; and

(Source: CJPH Jan./Feb. 1996)

WHEREAS the Alberta Public Health Association is a leader and a voice in promoting and protecting the health of the public through advocacy, partnerships and education;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association focus on the following areas:

* Provide leadership for public health,
* Advance healthy public policy,
* Stimulate support for public health,
* Improve public health practice,
* Strengthen and support the Association; and

BE IT FURTHER RESOLVED that the Alberta Public Health Association develop a plan for leadership based on the above.

[Back](#a1997)

### Literacy and Health \*

WHEREAS one in three Albertans has serious problems with literacy; and

WHEREAS limited literacy skills further marginalize individuals and families in terms of health determinants; and

WHEREAS literacy skills have a significant impact upon individual and community abilities to achieve positive health outcomes;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association, in conjunction with those working in the area of literacy, develop guidelines for "literacy friendly" settings for broad distribution to health, social service and community agencies; and

BE IT FURTHER RESOLVED that the Alberta Public Health Association support the efforts of other organizations working on literacy and health issues.

[Back](#a1997)

### Alberta Tobacco Reduction Plan \*

“WHEREAS tobacco use is the leading avoidable cause of premature death in Alberta, resulting in an estimated 3,214 deaths in 1994, or one in every five deaths in the province (Source: Alberta Tobacco Control Centre, 1996); and

WHEREAS about 10,000 adolescents start smoking each year in Alberta and 15% of youths aged 10 19 are regular smokers (Source: Youth Smoking Survey, 1994); and

WHEREAS tobacco use cost the Alberta economy an estimated $730 million in 1992 or almost $300 per capita (Source: Canadian Centre for Substance Abuse, 1994); and

WHEREAS the Alberta government is the only remaining province in Canada without provincial tobacco control legislation (Source: Action on Smoking and Health, 1997); and

WHEREAS only 30 cents per capita was committed to tobacco reduction efforts in Alberta in 1992 (Source: Alberta Alcohol and Drug Abuse Commission, 1996); and

WHEREAS the proposed Alberta Tobacco Reduction Plan aims to achieve a five percent reduction in smoking prevalence over the next three years through a comprehensive and coordinated provincial strategy that includes mass media campaigns, healthy public policies, program infrastructure, and support for community action on tobacco;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Government of Alberta, in partnership with the Alberta Tobacco Reduction Alliance, to approve the proposed Alberta Tobacco Reduction Plan and provide the necessary funding to ensure its success as requested by the Alliance.

[Back](#a1997)

### Legislation Relating to Smoke Free Public Places Catering to Persons Under the Age of 18 Years \*

WHEREAS there is conclusive evidence of the harmful effects of second hand smoke; and

WHEREAS the health of the population of Alberta is a provincial responsibility; and

WHEREAS the purpose of tobacco reduction legislation is to enhance the health of Albertans and reduce the potential years of life lost as the result of exposure of Albertans to the harmful effects of second hand smoke; and

WHEREAS the Government of Alberta is on record as promoting the health of Albertans in a Healthy Alberta; and

WHEREAS the provincial government is a major beneficiary of any health care cost reductions resulting from the reduction of long term exposure of its citizens to second hand smoke; and

WHEREAS exposure to tobacco smoke is a major causative or contributor agent of illness and mortality, being associated with upwards of 50% of malignancy, respiratory and cardiovascular illness; and

WHEREAS the implementation of tobacco control by-laws at the municipal level is exceedingly costly and time consuming for local government and health authorities, making it difficult to pass by-laws within a single term of office of a municipal council; and

WHEREAS local business perceives such by-laws to be financially prejudicial because it drives smoking patrons to competitors in adjoining municipalities without restrictions; and

WHEREAS enforcement of smoking by-laws is difficult for smaller municipalities who may not have bylaw enforcement personnel; and

WHEREAS the Government of Alberta has not yet taken action restricting smoking in government buildings and workplaces; and

WHEREAS children are at high risk of exposure to second hand smoke and have little control over exposure to smoke in their environments;

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Government of Alberta to move quickly to pass legislation designating all public places, including restaurants, catering to persons under the age of 18 years as smoke-free environments.

[Back](#a1997)

## 1998

### Problem Gambling Resolution \*\*\*\*\*

“WHEREAS the liberalization of provincial gambling regulations has facilitated the increase of gambling within the province of Alberta;

WHEREAS Alberta has the highest prevalence rate in the country for problem gambling;

WHEREAS problem gamblers are significantly more likely than recreational gamblers to have: defaulted on debts or other financial responsibilities; attempted suicide; lost a job due to gambling; received financial support from parents, friends or relatives; passed bad cheques; borrowed money from illegal sources;

WHEREAS problem gamblers suffer an inordinately high number of stress-related emotional and physical disorders such as depression, stomach afflictions, insomnia, high blood pressure, migraines, and skin conditions;

WHEREAS problem gambling is associated with: rising insurance costs; increased health service consumption due to high incidence of stress-related impairments; lowered productivity in the work place; and involvement in crimes related to a violation of trust (i.e., forgery, embezzlement, fraud);

WHEREAS the problems associated with problem gambling have a negative impact beyond the gambler to family, friends and community;

WHEREAS the Guiding Principles included in the 1995Report of the Lotteries Review Committee deal only with the allocation of lottery revenue and do not take into account the social and economic impact of the gambling industry itself;

AND WHEREAS there are many unanswered questions and a lack of research on gambling and its implications;

THEREFOREBE IT RESOLVED THAT the APHA lobby elected officials at the municipal, provincial, and federal levels as well as national health organizations to implement a comprehensive and coordinated strategy to deal with all aspects of gambling. This must include a plan for the use of existing research; a comprehensive impartial research plan that addresses gaps in existing knowledge related to gambling; a research-based approach to future decision-making about gambling; a socially-responsible preventive approach to the negative social, health and economic impacts of gambling; regulation and enforcement for the gambling industry; public input in the planning, decision-making and review process; and full government accountability and disclosure of information regarding gambling from revenue allocation to research results.

**Background Paper for an APHA Resolution on Problem Gambling**

*(Background information is taken directly from Gambling and the Public Interest? a report written by Gaming Research Specialist Garry Smith. Ph.D. (Professor Emeritus at the University of Alberta) with the assistance of Canada West Foundation Research Analyst Jason Azmier. November 1997. ISBN:;1-895992-5-1-0*]

Gambling in Canada is regulated under federal law - the Criminal Code of Canada. Most forms of gambling were considered serious vices until two amendments permitted and facilitated expanded gambling in Canada. In 1969, an amendment sanctioned lotteries and casino gambling conducted by licensed charities and a 1985 amendment opened the door for electronic gambling devices such as slot machines and video lottery terminal (VLTs). This latter change also gave provincial governments greater authority over gambling matters.

With the liberalization of the Criminal Code gambling statutes, Canadian jurisdictions found themselves promoting gambling as a cure-all that could assist charities, fund worthy causes, create jobs, boost faltering economies, keep taxes down, and augment provincial coffers. It is not surprising that in the early 1990s, the provinces, faced with recessions, massive cutbacks in federal transfer payments, budget deficits, and mounting social problems, embraced gambling – a quick-fix initiative that promised economic development and windfall profits (Black, 1996)

Alberta's gross gambling revenues are the highest of the four western provinces, although its population is 30% lower than British Columbia's.

There has been an exponential rise in Alberta's legal gambling revenues from the early '70s to the present. Gross revenues now are 24 times higher than they were in the early' 70s and revenues from horse racing have collapsed from a high of 68% of the province's total gambling revenues at the start of gambling expansion to a minuscule 4% at present. In the five years since their debut, VLTs have emerged as the principal source of government gambling profits. The yearly dollar figures generated by charity gambling and traditional lottery products have dropped only marginally in the past few years. However, their segment of the gambling pie has receded drastically because of the spectacular growth of VLT revenues. Indeed, the take in Alberta from VLTs now exceeds health-care premiums, fuel, liquor, and tobacco taxes and rivals corporate income tax as a revenue source (Calgary Herald, 1996).

Gambling regulations in these provinces have also been liberalized in recent years; for example, in Alberta, simulcast and teletheatre wagering were brought in to subsidize the horse racing industry. Moreover, casinos were given permission to open on Sundays and extend their hours of operation on the other six days. Casinos in Alberta now offer high betting limits ($500 a play), slot machines, and serve alcohol to their patrons.

In Alberta, a mounting grass-roots opposition has expressed concern about the government's reliance on VLT revenues to balance its budget and increase surpluses. This year petitions were circulated in several communities calling for a plebiscite on whether or not VLTs should be removed. To date, five municipalities have voted on the issue and in four cases the verdict was to pull the machines Pressure is also mounting within Calgary among concerned citizen groups to hold a plebiscite on VLTs in conjunction with the next civic election.

[Back](#a1998)

### Health Care Privatization Resolution \*\*\*\*\*

WHEREAS the Canada Health Act protects public funding and administration of health care by stating that “In order that a province may qualify for a full cash contribution... for a fiscal year, the health care insurance plan of the province must, throughout the fiscal year satisfy the criteria: public administration, comprehensiveness, universality, portability, and accessibility”

WHEREAS current health services restructuring within the province of Alberta is creating increased opportunities for private delivery of both institutionally-based and community-based health care services;

WHEREAS the Canada Health Act does not constrain the private delivery of health care services;

WHEREAS there are currently no appropriate guidelines or standards for contracting the delivery of private health care services;

WHEREAS problems associated with private delivery of health services include:

a) creaming- health service deliverers preferentially select clients who require only select health care services:

b) dumping- health service deliverers refuse to provide services to clients that require multiple or extensive health care services;

c) lack of accountability – private agencies are accountable to private investors, not to the public;

d) lack of coordination - different Regional Health Authorities may negotiate different contract arrangements with private providers resulting in inconsistent service provision across the province;

e) lack of control over the quality of service- in the absence of provincial guidelines and standards, responsibility for the quality of service remains under the jurisdiction of the private provider.;

AND WHEREAS the potential problems associated with unconstrained private delivery of health care services have yet to be fully identified;

THEREFORE BE IT RESOLVED THAT the APHA lobby elected officials at the municipal, provincial, and federal levels as well as national health organizations to implement a comprehensive and coordinated strategy to deal with all aspects of health care privatization. This must include a plan for the use of existing research; a comprehensive impartial research plan that addresses gaps in existing knowledge related to health care privatization; a research-based approach to future decision-making about health care privatization; a socially-responsible preventive approach to the negative social, health and economic impacts of health care privatization; regulation and enforcement for the health care services; public input in the planning, decision-making and review process; and full government accountability and disclosure of information regarding health care privatization from revenue allocation to research results.

**Background Paper for an APH A Resolution on Health Care Privatization**

The principles of the Canada Health Act were established to ensure access to health care for every Canadian. Most of the services that are currently covered by the Canada Health Act are services provided in hospitals and services provided by physicians (AARN, 1995). In an attempt to reduce the public expense of the health system, the advocates of current restructuring initiatives have begun to examine the services that are publicly funded. The rationale for this examination is that such an examination would identify nonessential services that could be de-insured. By de-insuring such services, the public system would save money. An underlying assumption of this rationale is that the private system would take responsibility for the services that are de-insured. All services that currently lie outside the jurisdiction of the Canada Health

Act have the potential to be privatized; this includes such services as homecare and public health.

Increased private delivery of services which are considered medically necessary is also a trend.

Privatization is based on a number of assumptions that can be effectively challenged. These include:

* being able to pay privately for health care will increase your choices;
* if it happens, privatization will not reduce your access to health care:
* private health care businesses would benefit you;
* a private business is more efficient than a public one;
* privatization would reduce abuse of our public system;
* privatization would improve the quality of health care services;
* private health care providers are more accountable;
* privatization of the health care system could occur without costs being shifted to the public;
* the Canadian health care system is already extensively privatized:
* private funding will save our health care system;
* most provinces are allowing or encouraging private financing of health care. (Wilson, 1995)

The ability to effectively challenge each of these assumptions indicates that there is a high level of uncertainty regarding the impacts of health system privatization within the Canadian context. Given this level of uncertainty, it is advisable to proceed with caution. The implications for privatization, a major shift in policy, must be thoroughly examined from a variety of perspectives before the commitment is irreversible.

A study conducted in 1994-1995found that an overwhelming majority of Canadians wanted the health care system to continue to operate within the Canada Health Act but, at the same time, to be more cost-effective (Wilson, 1995). To ensure that the current restructuring initiatives are responsive to the expressed needs of Canadians, it is therefore imperative that, a comprehensive and coordinated policy strategy be developed through a thorough examination of the implications of the privatization of health service delivery. This strategy would include the development of regulations and standards that would ensure that the intent of the Canada Health Act is not undermined.

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## 1999

### Mandatory Bicycle Helmet Resolution \*\*\*\*\*

WHEREAS 71 Albertans suffered a severe head injury requiring hospitalization as a result of a bicycle related incident in 1997, 1

WHEREAS -l61 Albertans made ambulatory visits (including emergency room visits) for medical treatment as a result of bicycle-related head injuries between Abril 1, 1997 and March 31, 1998, 1

WHEREAS bicycle helmets are extremely effective in reducing deaths and head and brain injuries resulting from bicycling incidents, 2,3

WHEREAS a combination of legislation and education is the most effective way to increase helmet usage and decrease bicycling-related head injuries, 4

WHEREAS the cost of care of a brain-injured individual can reach $300,000 in the first year, $2.5 to $5.5 million over a lifetime, 5

WHEREAS the human societal costs of brain injuries resulting from bicycling incidents are immeasurable,

AND WHEREAS 65,4% of Albertans and 77% of Alberta parents are in favour of mandatory bicycle helmet legislation, 6,7

THEREFORE BE IT RESOLVED that the Alberta Public Health Association lobby elected officials at the provincial level to enact regulations under the Traffic Safety Act making the wearing of approved bicycle helmet mandatory for bicyclists of all ages,

AND THEREFORE BE IT ALSO RESOLVED that the Alberta Public Health Association lobby the provincial government to support a minimum of a one-year bicycle safety campaign designed to promote safe cycling practices including the use of bicycle helmets in advance of the legislation,

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### Resolution on Gas Flaring and Health \*\*\*\*\*

WHEREAS gas flaring is regulated under joint management of the Alberta Energy and Utilities Board (AEUB) and Alberta Environmental Protection (AEP), and

WHEREAS flaring produces incomplete combustion with the release of carcinogens including benzopyrene, benzene, carbon di-sulphide, toluene and other toxins, and

WHEREAS flaring contributes to greenhouse gases, and

WHEREAS there is mounting research evidence of direct damage from this pollution to plant and animal life (particularly cattle), and

WHEREAS there is a lack of research on the health effects on human populations, and

WHEREAS there is an urgent need for exposure and health-effects research, and

WHEREAS flaring targets have been established for industry by 2001,

THEREFORE BE IT RESOLVED that the Alberta Public Health Association Urge Alberta Health, AEP and AEUB to move quickly to:

1. Provide resources for increased research on measurement of emissions and the effects on human health of flaring;

2. support the efforts of industry to reduce flaring;

3. renew discussion in 1999 with industry to establish further reductions in targets for flaring.

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### Women and the Minimum Wage Resolution \*\*\*\*\*

WHEREAS 70% of Alberta's minimum wage earners are women1.

WHEREAS many of the women working on the minimum wage are juggling several part-time jobs and are sacrificing time with their children and their hopes for the future, simply trying to cope with the present.

WHEREAS Alberta social assistance programs demand that minimum wage earners work their way out of their low-income but the low minimum wage means that most cannot,

WHEREAS low pay is only part of the problem faced by women who work for the minimum wage. Other associated issues that may be faced include: poor working conditions; choosing between supporting herself and her children on the minimum wage or living in an abusive relationship; racial discrimination, and; having little social support to work toward improving employment options.

WHEREAS the majority of Albertans who responded to the provincial government’s January 1998 Employment Standards Regulation Review questionnaire, supported keeping minimum wage protection and recommended that the wage be increased.

WHEREAS the provincial government subsequently announced a gradual raise in the minimum wage to $5.90/hour effective October 1, 1999.

WHEREAS at $5.90/hour, the increase will only be to $12,272 per year or $1,022 month. In addition, those working part-time, temporary or casual jobs will take home considerably less.

WHEREAS, in 1997, the National Council of Welfare set the low-income mark for single persons in Edmonton and Calgary at $16,318 per year. To meet this cut-off point, a single person would have to earn $7.85/hour and work full-time2

AND WHEREAS Alberta's 1977 minimum wage of $3/hr translates into over $8/hr in 1998 dollars.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association lobby elected officials at the municipal and provincial levels to increase the minimum wage to at least $8.00/hour and to index the minimum wage to inflation so it never again falls so low in real terms'

AND THEREFORE BE IT ALSO RESOLVED THAT the Alberta Public Health Association initiate public discussion of issues related to the minimum wage. Such issues may include: dignity of work; underemployment; social costs of poverty; living wage; affordable and accessible day care; improved working conditions; coverage for health care premiums; poverty and health, and; subsidized housing.

1 See The Poverty of Alberta's Minimum Wage, by Trevor Harrison, at the Parkland institute’s home page www.ualberta.ca/PARKLAND

2 Tear Out Guide, by Jim Selby, Labour News March 1998

3 Tear Out Guide

**Watering Down the Mille**

**Women Coping on Alberta's Minimum Wage**

A summary of the report by Calgary Status of Women Action Committee, February 1999

by Julie Black

In the fall of 1997, the Alberta government began publicly discussing minimum wage legislation. At $4.50/hr for youth under 18 and $5/hr for adults, the minimum wage has been an outrage to Alberta human rights activists who decry both the low level and the double standard of a youth wage. 1

The government announced that all options were being considered - from raising or lowering the wage, to eliminating minimum wage protection altogether. Suddenly the embarrassment of the lowest wage in the country shrank in comparison with the possibility of no minimum wage protection at all.

*"Isn't Alberta the richest province? Shouldn't they have the highest minimum wage?"* Alberta woman

**Living on the Minimum Wage**

Given that 70% of Alberta's minimum wage earners are women', Calgary Status of Women Action Committee decided to intervene. Unlike the Alberta government, we actually talked with women working on, below or just above the minimum wage to find out how changes to the wage might effect their lives.

In focus groups with 50 women throughout Southern Alberta, we heard that minimum wage workers are scrambling to earn enough to pay their bills. Juggling several part-time jobs, women working on minimum wage are sacrificing time with their children and their hopes for the future, simply trying to cope with the present. Alberta social assistance programs demand that they work their way out of their low-income, but the low minimum wage means that most cannot. For example, women are considered employable when their baby is six months old. Working at minimum wage and paying childcare expenses for a baby means that women are less likely to participate in educational or training courses and are less able to work their way out of poverty.

Here are some voices of Alberta women working on, below or just above the $5/hour minimum wage:

*"I've lived on nothing. I was going to school to learn computers, but since I was capable of*

*working for $5/hour, social services cut me off. My kids and I went for months without hot water.*

*1 was struggling to keep things 'normal' so people didn't know. In the end, it all fell apart. I* *was living on $200/month with three kids."*

"*I* *just got another part-time job and I'm glad it's a paper route because that's when I get to spend quality time with my son. "*

[translation:] *"She works as a cleaner in an office, and it's too hard for the money. And when you don't speak English, it's worse. It's really heavy work, and for the amount she has to pay for the children, it's not worth it. Some days she works, she ends lip in debt. "*

"*I water down the milk so that one glass makes three. "*

Working Conditions: Low pay is only part of the problem.

*"Where I work, people are quitting their positions. It's so bad' I couldn't keep up, I didn't have time to do my homework. We are so understaffed, I would have been fired but they need me. I ask for time off for school- they don't like that.* The *head manager gets mad ... Then when the customer yells, the manager yells. Calling people stupid ... "*

*"When I apply for a job, I don't put down that I'm Native. "*

*"A lot of time it's the name. They look at the name and they put the application away. "*

*"I had a bad experience with UIC. I went to apply for a course in customer service at [a local agency]. But UIC didn't agree. I told UIC that I wanted to improve my English and my writing and get a better job, but they told me I had enough English since I managed house cleaning. And I said, but I didn't need to talk!"*

No Real Choices: Poverty or Abuse?

*"You ask why so many women go back. We go back for the children. We can take the abuse, but we don't want our children to do without. We think if we only try harder to get things right* ... "

*"I had an appointment with a financial benefits worker because my job ended and I have two kids. She said, 'Don't you think you should have thought about this before you got divorced? 'Well, I left an abusive husband!"*

Little Hope for the Future

*"I worked as a teacher in my country. I came to the day care hoping I could go back to school, but I cannot, I'm stuck. "*

Results of the Government's Review

In order to solicit public opinion, the government released the Employment Standards Regulation

Review questionnaire in January 1998. Luckily for minimum wage earners, most of the Albertans who responded to the review supported keeping minimum wage protection and even recommended that the wage be increased.

Subsequently, in July 1998, the government announced a gradual raise in the minimum wage:

*Oct* 1, 1998: eliminate the youth wage, raise wage from $5 to $5.40/hour

*April* 1, 1999: raise wage to $565/hour

*Oct* 1, 1999: raise wage to $5.90/hour

So is this a victory for those who care about human rights?

Yes, in that we kept minimum wage legislation and got rid of the youth wage.

No. $5.90/hour is still not enough.

No. We can't risk legislation by popular vote. Given that the government did nothing to ensure the diversity of opinions were represented, the results could easily have been different. Judging from the women with whom we spoke, most minimum wage earners in Alberta are so politically disenfranchised they never heard about the minimum wage debate. This may have meant fewer sleepless nights, but it gave no chance to influence the decisions.

The Raising of the Minimum Wage - $5.90 is not enough

POVERTY AND HEALTH

The link between income distribution and health has been widely acknowledged (National Forum on Health, 1997; Evans, Barer, & Marmor, 1994). The Determinants of Health Working Group Synthesis Report for the National Forum on Health (1997) emphasized that growing inequalities in earnings "have had significant repercussions on health" (p. 9). This report also decried the high poverty rate among lone-parent families (primarily headed by women) and suggested that the fact that the problems of inequality and poverty still exist "suggests that we have resisted taking collective responsibility for the health of Canadian [women and] children" (National Forum on Health, 1997, p. 10).

INCOME

At $5/hour, the before-tax income of an adult working full-time is only $10,400 per year or $867 per month. At $5.90/hour, the increase will only be to $12,272 per year or $1,022 month. Those working part-time, temporary or casual jobs will take home considerably *less.*

EXPENSES

In 1997, the National Council of Welfare set the low-income mark for single persons in Edmonton and Calgary at $16,318 per year. To meet this cut-off point, a single person would have to earn $7.85/hour and work full-time.'

The City of Calgary estimates even higher. "A single worker supporting herself would need to earn $8.24 an hour at a full time full year job to reach the low income cut off; while a parent supporting one child would need to earn $10.30 an hour."4

Such figures may seem a big jump from $5/hour, but as Jim Selby of Labour News has noted,

Alberta's 1977 minimum wage of$3/hr translates into over $8/hr in 1998 dollars. The minimum wage needs to be increased and also indexed to inflation so it never again falls so low in real terms'

Alberta minimum wage workers are still not getting paid a living wage.

* To Work Towards a Better Future:
* Women in our survey said they needed:
* An increased minimum wage, to at least $8/hour. *"Enough to cover the basic needs. To live. "*
* Steady and reliable working hours.
* Recognition that minimum wage jobs playa valuable role in our society.
* Upgrading, education; grants not loans
* Education to recognize, stop and heal from abuse
* Affordable and accessible day care; with day care providers being paid a decent wage
* Coverage for health care premiums
* Dignity and respect - from bosses and social service workers
* Recognition for foreign qualifications
* More secure housing at a reasonable cost

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Alberta's minimum wage Calgary, AB: CSWAC.

*How You Can Help*

Make one phone call.

Call your MLA, opposition leaders or Ralph Klein (427-2251), Minister of Labour Murray Smith (427-3664) or Minister for Family and Social Services Lyle Oberg (427-2606).

**Participate!**

Watch out for consultations and participate. If you think the process is flawed, protest I

**Support**

Support ongoing efforts of groups and agencies. Get involved in preparing for the World

March of Women in the Year 2000.

**Reach Out**

If you are dealing with a low income, contact local groups about community programming. You might find employment counselling, collective kitchens, communal gardening, and counsellors who can advocate for you with social assistance.

*"I can't tell you how many millionaires started out with minimum wage jobs. "*

Ontario Premier Mike Harris

*"Our vision: Alberta's prosperity requires an effective labour relations framework; safe and healthy workplaces; and high standards in employment practices and safety service. "*

Alberta Labour's Annual Report, 1997-98

*"I have four part-time jobs and a baby! I feel guilty because I can't spend time with him. The government has no respect for children and mothers, the opposite of 'family values.* '"

For a copy of the complete report, contact

*Calgary* Status of Women Action Committee, #302501 18 Avenue SW, Calgary T2S OC7

Phone (403) 209-3232; email cswac@cadvision.com., web site www.mycalgary.com/cswac

1 At that time Alberta's minimum wage was the lowest in the country (NWT -$8.50, BC-$7.15,

Ontario - $6.85, Yukon - $6.85, Quebec - $6.80, Saskatchewan - $5.60, New Brunswick - $5.50,

Nova Scotia - $5.50, PEl - $5.40, Manitoba - $5.40, Newfoundland - $5.25, and ALBERTA$

5.00).

2 See The Poverty of Alberta's Minimum Wage, by Trevor Harrison, at the Parkland Institute's home page - www.ualberta.ca/PARKLAND

3 Tear Out Guide, by Jim Selby, Labour News March 1998

4 City of Calgary submission to Alberta Growth Summit, 1997

5 Tear Out Guide

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### Women's Organizations Resolution \*

WHEREAS for more than ten years studies have demonstrated the positive impact on women's health of the growth of the women's movement, feminism and establishment of women's services and organizations.

WHEREAS the Federal Provincial Territorial Working Group on Women's Health (1990) recognized the importance of the participation of women in planning, implementing and evaluating health program and policies.

WHEREAS cutbacks in health and social services have increased the volume and complexity of the demands placed on women-centred organizations at the same time that these organizations are being forced to lay off staff and reduce service delivery options.

WHEREAS increased demands on these organizations to provide essential community services have resulted in high levels of burnout among paid staff as well as among volunteers.

WHEREAS increased demands on these organizations has meant that women's organizations and thus women, have become disconnected from the policy process.

AND WHEREAS the "shift from a universal basic minimum standard of community care to a charity model" (O'Neill, 1998, p. 3) has resulted in increased demand on women as caregivers and less equitable access to services for vulnerable groups.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association lobby elected officials at the municipal, provincial, and federal levels to develop and implement a comprehensive and coordinated strategy to increase support for women's organizations so that they may fulfill their direct services obligations while participating actively in the health policy process.

**The Role of Women's Organizations in Health Policy Development, Implementation and**

**Dissemination**

INTRODUCTION

More than ten years ago key informants noted the positive impact on women's health of the growth of the women's movement, feminism and establishment of women's services and organizations (Minister of Supply and Services, 1988). The Federal Provincial Territorial Working Group on Women's Health (1990) recognized the importance of the participation of women in planning, implementing and evaluating health programs and policies. This would entail representation of women on committees and boards and in decision-making positions throughout the health system. In addition, the working group recommended that:

“Each jurisdiction recognize women's groups and voluntary organizations as essential partners and collaborate with them in planning and providing services to women". (p. 43)

Unfortunately, the report did not expand on how tills recommendation could be implemented, but briefly mentioned women's health collectives and women-centred approaches to health care delivery as collective organizational models that encouraged self-help (p. 36). The Canadian Framework for Population Health also mentioned the importance of community groups. It stated that the determinants of health include: personal health practices; individual capacity and coping skills; social and economic environment; physical environment; health services; culture; and gender (Health Canada, 1996). It has been as a result of the women's movement that women's health issues have become a policy priority, yet in the health sector there is little support for and few formal linkages between women's health groups and health policy makers.

CURRENT REALITIES

In 1998, a study was conducted in Alberta to examine the roles of women's organizations in health policy development, implementation, and dissemination (Thurston, Crow, & Scott). Data was collected in focus groups held throughout the province. The results highlighted the key roles that women's organizations play in the policy process and also identified fundamental barriers to the participation of women's organizations. In addition, it was indicated that broad issues faced by women's organizations across Alberta are remarkably similar. Women's organizations generally provide a variety of services and fill many roles. Cutbacks in health and social services have increased the volume and complexity of the demands placed on women centred organizations at the same time that these organizations are being forced to lay off staff and reduce service delivery options. Increased demands on these organizations to provide essential community services have resulted in high levels of burnout among paid staff as well as among volunteers. The "shift from a universal basic minimum standard of community care to a charity model" (O'Neill, 1998, p. 3) has resulted in increased demand on women as caregivers and less equitable access to services for vulnerable groups.

The women who participated in the 1998 study defined the roles of women's organizations as: advocacy for social justice; networking; research; education; lobbying, and; direct service to bridge service gaps. It is through these organizations that women have participated in the public policy process. The priority given to advocacy, lobbying and research work is largely dependent upon the resources available to women's organizations. Cutbacks cause budget priorities to shift, and people whose primary role is advocacy become vulnerable, whether they be within large government and/or non-profit or private organizations. Advocacy and lobbying roles are redefined so that direct service demands at the individual level can be addressed. With inadequate resources to devote to the public policy development, women's organizations and thus women, become disconnected from the policy process. Advocacy groups have traditionally identified service and policy gaps and dealt with difficult issues in an anus length way that people working in government and private sector agencies do not have the freedom to do. Community advocates have historically facilitated major social changes such as reframing wife abuse as a social rather than a personal issue. In the absence of women's advocacy groups, policy innovation and gendered analysis are often missing.

RHETORIC AND POLICY

In an apparent move to recognize the importance of responding to women's experiences on a policy level, the Federal-Provincial-Territorial Ministers Responsible for the Status of

Women commissioned a report on gender equality indicators. This report was in response to:

international recognition that progress toward gender equality is a necessary condition to improve society's ability to manage major domestic and international challenges such as reducing poverty, violence and the spread of disease, addressing population and intergenerational equity issues, achieving environmental sustainability, and promoting social cohesion and an equitable distribution of work, employment and resources.

(Federal-Provincial/Territorial Ministers Responsible for the Status of Women, 1997, p. 7)

Recommendations from the report encourage the use of gendered analyses throughout the policy development process.

Despite the existence of such frameworks for analysis, recent federal and provincial health policy documents remain largely gender neutral (Thurston, Scott, & Crow, 1997). The impact of reduced resources and increased workloads has served to strengthen, rather than weaken, the barriers which prevent women from participating in the public policy process. In a letter that was sent to Member of Parliament by the National Action Committee on the Status of Women (Grant Cummings, March, 1998), the President of the Committee indicated that recent funding changes will mean that women's organizations "will cease to have the capacity to facilitate women's democratic access to the political, social and economic life of this country" (p.2). In a subsequent letter to the Secretary of State for the Status of Women, the Honourable Hedy Fry, Grant-Cummings emphasized that "organizations have had to rename and redefine their work in order to qualify and fit into restrictive guidelines" (Grant-Cummings, April, 1998). These changes serve to undermine many of the elements the focus group participants identified as being important to women's health and to women's participation in the policy process (Thurston, Crow, & Scott, 1998).

Creating policy that responds to the needs of women requires consistent, systematic gendered analyses across policies rather than the implementation of a gendered analysis whenever it is believed to be appropriate. Such a systematic approach to policy development requires a society that ensures equity in participation by women's organizations, women's advocacy organizations currently need dedicated resources to enable participation in the development of public policy.

Women's organizations have been pivotal in organizing and providing services, in recognizing gaps in policy, and in policy analysis related to the development of healthy public policy. The rhetoric of governments recognizes the relevance of issues and concerns of women's organizations but most women's organizations continue to be frustrated by the lack of linkage between rhetoric and action. For example, the National Forum on Health explicitly recognized the importance of gender while at the same time the Federal government refused to provide infrastructure funding for women's health organizations. This contradicts the rhetoric of equity and participation.

Women's organizations have made it clear that they are aware of the discord between rhetoric and policy. This creates a climate of mistrust in which it is difficult to form partnerships with policymakers. There is a burden on women's groups to make sure that government follows through on promises while women's organizations continue to provide services. The results of the 1998 study (Thurston, Crow, & Scott) clearly indicate that governments need to be proactive and implement strategies to facilitate collaborative relations between policy makers and women's organizations.

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## 2000

### Increased Risk of Collision from Use of Cellular Phones While Driving \*

WHEREAS injuries are the leading cause of death for people in Alberta aged 1 to 44 years, 1

WHEREAS Alberta's injury and fatality rates have consistently been of the highest in the country for the last several years, 2

WHEREAS motor vehicle related injury is the leading cause of unintentional death in Alberta,3

WHEREAS every year Albertans are involved in over 98,000 traffic collisions. Of these, approximately 24,935 people are injured and over 400 die,4

WHEREAS within the current scientific research available on the correlation between motor-vehicle collisions and cell phone use, it was found that using a cellular telephone was associated with a risk of having a motor vehicle collision that was about four times as high as that among the same drivers when they were not using their cell phones,5

WHEREAS it was also found in the same study that there was no large safety advantage to using hands-free as compared to hand-held phones and that motor vehicle collisions result from a driver's limitations with regard to attention rather than dexterity,6

AND WHEREAS 70.4% of Albertans agree that regulations should be put in place to address distractions like cellular phones that take a driver's full attention away from the care and control of an automobile,7

THEREFORE BE IT RESOLVED that the Alberta Public Health Association use its membership, the media and other stakeholders to encourage drivers to practise safe cellular phone habits, including, refraining from using a cellular phone while driving whenever possible,

BE IT FURTHER RESOLVED that the Alberta Public Health Association will encourage its membership, the media and other stakeholders to raise the awareness among the public that using cellular phones while driving increases the risk of becoming involved in a motor vehicle collision by taking the driver's attention away from driving.

1 Canadian Institute for Health Information. National Trauma Registry Report - Hospital Injury Admissions 1995/96

2 Alberta Infrastructure, Driver Safety and Research Section. Alberta Traffic Collision Statistics 1998., (1998), page i, 5.

3 Injury Prevention Centre. Alberta Injury Data Report: Injury Deaths and Hospitalizations Province-Wide (1992-1994) and by Health Region. ,

4 Alberta Infrastructure, Driver Safety and Research Section. Alberta Traffic Collision Statistics 1998., (1998), page I, 5.

5 Redelmeier, Donald and Tibshirani, Robert. "Association Between Cellular-Telephone Calls and Motor Vehicle Collisions" The New England Journal of Medicine. Vol.336, NO.7.

6 Ibid.

7 Alberta Infrastructure. Rules of the Road Discussion Paper, November 10, 1999

**Background**

Injuries are the leading cause of death for people in Alberta aged 1 to 44 years, with motor vehicle related injury responsible for the majority of these deaths.1 Shamefully, Alberta's injury and fatality rates have consistently been of the highest in the country for the last several years and every step possible needs to be taken to address this very serious problem.

Most motor vehicle collisions are the result of driver error.2 And, as the number of people owning cellular phones continues to increase, the Alberta Centre for Injury Control and Research (ACICR) is attempting to raise the awareness of the risks associated with cell phone usage in motor vehicles.

Dr. Donald Redelmeier, Director of Clinical Epidemiology at Sunnybrook Health Science Centre

(Toronto), examined the correlation between motor-vehicle collisions and cell phone use. In his study, published in the New England Journal of Medicine (Vo1.336, No.7), Dr. Redelmeier found that using a cellular telephone was associated with a risk of having a motor vehicle collision that was about four times as high as that among the same drivers when they were not using their cell phones. Most telling though, was his observation that there was "no large safety advantage to [using] hands-free as compared with hand-held telephones." Dr. Redelmeier's research essentially points to the fact that motor vehicle collisions result from a driver's limitations with regard to attention rather than dexterity. While very important, Dr. Redelmeier stated that it was not necessarily a question of keeping one's hands on the steering wheel, but more a matter of keeping one's mind on the road. 4

The ACICR recognizes that cellular phones can allow freedom, convenience, personal security and the ability to access emergency response systems. Yet these advantages come with responsibility - to drive safely, so as not to endanger yourself or those around you. Some suggestions for drivers as to how to use a cellular phone safely are as follows:

• Whenever possible, wait until you can pull over and make the call.

If it is essential to use the cellular phone while driving:

• Use the phone sparingly;

• Avoid unnecessary calls;

• Keep conversations short;

• Suspend dialogue if you encounter hazardous situations.5

Considering that 70.4% of Albertans agree that regulations should be put in place to address dangerous distractions like cellular phones,6 the ACICR asks for the Alberta Public Health Association's support in using its membership, the media and other stakeholders to encourage the public to practise the recommended safe cellular phone habits, including refraining from using a cellular phone while driving.

1 Injury Prevention Centre. Alberta Injury Data Report: Injury Deaths and Hospitalizations Province-Wide (1992-1994)and by Health Region. Canadian Institute for Health Information. National Trauma Registry Report - Hospital Injury Admissions 1995/96.

2 Alberta Infrastructure. Alberta Traffic Collision Statistics (1998)

3 Redelmeier, Donald. And Tibishirani, Robert J. "Association Between Cellular-Telephone calls and Motor Vehicle Collisions," The New England Journal of Medicine. Volume 336, Number 7.1997.

4 Redelmeier, Donald. "Using Cell Phones While Driving: Does it cause collisions? Public Presentation at Edmonton City Hall. September 28, 1999

5 Ibid.

6 Alberta Infrastructure. Rules of the Road Discussion Paper, November 10, 1999.

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### Smokeless Tobacco \*\*\*\*\*

WHEREAS smokeless tobacco poses a health risk, and

WHEREAS youth are most susceptible to smokeless tobacco addiction, and

WHEREAS the initial age of smokeless tobacco use is 10to II years of age, and

WHEREAS tobacco is the number one preventable health problem,

THEREFORE BE IT RESOLYED that the Alberta Public Health Association, through its membership, the media and other stakeholders, advocate to the provincial government and its various ministries for:

1. The compilation of information related to the use of smokeless tobacco by Alberta youth.

2. Tobacco-free public places, in particular tobacco-free schools.

3. The inclusion of smokeless tobacco information in all elementary school health curricula.

4. Funding for smokeless tobacco cessation programs.

**Background**

In the past decades, the lobby against smoking has pushed the fight onto the public's agenda resulting in information campaigns, social marketing tools and policy creation. The acceptability of smoking due to its health risk has decreased to the point where advertising has been limited, warning labels have been placed on tobacco products and no smoking areas exist in a multitude of areas. The fight against tobacco has been generally limited to cigarettes and has rarely generalized itself to smokeless tobacco products.1

Smokeless tobacco has been divided into three categories; snuff, chewing tobacco and plug. All three categories of products are placed in between the lip and the gum. Snuff is constituted from ground tobacco, the plug is compressed tobacco while chewing tobacco is composed of loose leaves contained within a pouch.1

The ill effects of smokeless tobacco include receding gums, tooth decay, bad breath, increased caries and gum disease. Of more serious note is its association with oral, laryngeal and pharyngeal cancer along with leukoplakia which is considered precancerous. As with cigarettes, the health impact of nicotine is also felt.

The rates of smokeless tobacco use range from 6% to 12% in rural junior and senior high schools in Alberta. It was noted that white males in rural areas are the highest consumers of these products. Canadian statistics note that initial smokeless tobacco use occurs at ages 10 to I I which is approximately two years prior to the average age of initial cigarette use.2 It is unfortunate that research has indicated the use of smokeless tobacco as pacifiers for children aged 5 to 6 years within Canada's northern aboriginal residents.3 Peer and parental use are found to be the primary influence and introductory agents of smokeless tobacco to youth and breaking this influence poses an important public health challenge.4

Due to the public health impact of smokeless tobacco, we recommend the adoption of the attached resolution.

1 Lowe, J.B. & Evans, R. (1986). Smokeless tobacco: A new addiction. Health Values: Achieving High Level Wellness, 10(6), 19-28.

2 Abernathy, TJ. & Bertrand, L.D. (1992). The prevalence of smokeless tobacco and cigarette use among sixth, seventh and eighth grade students: A longitudinal investigation. Canadian Journal of Public Health, 83(1), 15-18.

3 Peterson, J. & Barreto, L. (1987). Smokeless tobacco: A northern perspective. Canadian Nurse, 83(1), 17-19.

4 Miller, L. (1987). Smokeless tobacco: An emerging health threat for Canadian youth. Canadian Nurse, 83(1), 14-16.

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### Education/Skills Training for Single Mothers \*\*\*\*\*

Whereas single mothers on assistance are required to actively seek employment six months after the birth of their infant, and thus have no access to continued education, other than financing through student loans, and

Whereas these young women have often limited secondary education or employment skills, and

Whereas such education is a significant factor in determining the income level for them and their child, thus promoting cross generational poverty, and

Whereas these young women have limited resources for the provision of child care which is a secondary factor in limiting their access to education, and

Whereas the financial benefits of educational programs with subsidized day care to society far exceed the cost of such programs

Therefore be it resolved that the Board of the APHA encourage the government of Alberta to reinstate educational/employment skills training for single mothers and further these programs be supported by appropriately financed and accessible childcare.

**Background**

Alberta Social Services requires young mothers to be available for employment and no longer financially supports them in the continuance of their education. It is an established fact that if children drop out of school their lack of education diminishes their prospects for employment as adults. J Because of their lack of education and experience, young adults have an unemployment rate twice that of adults over the age of 25 years and have seen a decline in earnings in recent years. In 1994 the average income for young adults in the work force was $10,500. Most are employed in part-time unskilled work.

Working parents report being stressed, 50% of working mothers report difficulties in managing work and family responsibilities. 2

Less than 1% of Canadian children live with teenage mothers but these children are at particularly high risk of growing up in poverty. 3 The lack of education most frequently results in a poverty cycle that is perpetuated in future generations. Higher school dropout rates are one of the ways in which the cycle is perpetuated. Poor children are more likely to live in families in which parents have lower levels of education. If these children drop out of school, their job prospects are poor and their likelihood of becoming low-income adults is increased.4

1 Canadian Council on Social Development, Statistics Canada, The Changing Face of Poverty., 1996

2 Canadian Council on Social Development. Progress of Canada 's Children, 1996

3 ibid.

4 Canadian Council on Social Development, Statistics Canada, The Changing Face of Poverty., 1996

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### Meeting the Health Needs of Urban Aboriginal People \*

Whereas increasing numbers of First Nations people are leaving the reserves, with their associated health benefits, and migrating to the cities1, and

Whereas many of these individuals live below the poverty line in poor housing,2 and

Whereas many of the new aboriginal urban dwellers are unfamiliar or uncomfortable with the health and social services available in the urban environment, 3

Therefore be it resolved that the Alberta Public Health Association lobby the Minister of Health and Wellness for Alberta and the First Nations and Inuit Health Branch of Health Canada to provide funding, through RHAs, for community health representatives/liaison workers in all urban areas where aboriginal people are a significant percentage of the population, and further that RHAs be encouraged to provide employment and training opportunities for appropriately qualified aboriginal persons in all areas of operation.

**Background**

Although they are substantial users of the health care system and compose approximately 5% of the overall population,4 aboriginal people are noticeable by their absence in all sectors of the health industry in Alberta. Research has shown that many urban aboriginal people are reluctant to use the existing health care services due to unfamiliarity with the services that are available or because they are uncomfortable accessing the system without an advocate.5

Much of the health care industry remains unaware of aboriginal culture or concerns. In instances where advocates, in the form of community liaison persons or community health representatives have been used, aboriginal use, understanding, and satisfaction with health care services have significantly improved. 6

The health care industry is a major employer and as such one would expect the number of aboriginal employees to be representative of the provincial aboriginal population. They should reflect the size and need of the aboriginal population' (approximately 5%). One has only to review the present health system to see that this is not the case in Alberta.

A concerted effort needs to be made to recruit, train and retain aboriginal staff across a wide scope of health care professions and general health care workforce if we are to see Significant change in the health of aboriginal people and their use of both the public health care and hospital systems in Alberta. Joint initiatives, agreements and working arrangements need to be developed between the First Nations Health Care Authorities and the Regional Health Authorities to facilitate the training and interface of workers within the two systems.

1 Lenjentes, Donna. Hasselback, Paul and Courchene, Wayne. Evaluation of the Impact of a Community Health Representative Program on Access to and Utilization of Health Services by Aboriginal People in an Urban Sating, 1998

2 Canadian Nurses Association, Health In Canada: Perspective of Urban Aboriginal People. 1995. Edgecombe-Green, Barbara, Lethbridge Aboriginal Survey. 1994

4 Lejentes, D Hasselback, P., and Courchane, W., Evaluation of the Impact of a Community Health Representative Program on Access to and Utilization of Health Services by Aboriginal People in an Urban Sating, 1998 Edgecombe-Green, Barbara, Lethbridge Aboriginal Survey. 1994

6 Lejentes, Donna, Hasselback, Paul, and Courchane, Wayne, Evaluation of the Impact of a Community Health Representative Program on Access to and Utilization of Health Services by Aboriginal People in an Urban Sating, 1998

7 Canadian Public Health Association, The Preliminary Study on the Training and Recruitment of Aboriginal Public Health Workers. Dec. 1993

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### Implementation of Alberta Sustainable Livestock Production Regulations \*\*\*\*\*

Whereas the Government of Alberta, through its livestock review task force, has recognized the importance of:

» preventing pollution of the water sheds throughout Alberta

» using known scientific proofs for the standards which will apply to any intensive livestock development, and

» the importance of protecting health of the citizens of Alberta, and

Whereas a great deal of work, effort, and expense has been expended over the past eighteen months to develop scientifically valid industry guidelines, and

Whereas these guidelines were developed through multidisciplinary, cross sectorial discussion and collaboration between health, livestock producers, the Department of Agriculture and other interested stakeholders which has resulted in regulations that deserve commendation for their comprehensiveness and innovation, and

Whereas it is in the best interest of the livestock producers to have equitable and consistent guidelines in order to attract sustainable growth and development.

Therefore be it proposed that the Alberta Public Health Association urge the Minister of Agriculture Food and Development and the Minister of Health and Wellness to move swiftly to implement and enforce the Sustainable Livestock Production Regulations that have been developed, and further that the Alberta Public Health Association be actively involved in the public consultation process now being developed.

**Background**

During the J990 IS Alberta has experienced a significant growth in the size and number of intensive livestock facilities (feedlots, hog facilities, dairies and chicken operations).

Neighbors of these facilities have become increasingly concerned about the potential environmental impacts of these operations on the air they breathe, the water they drink and the lakes and streams they use for recreational purposes. Concerns have also been raised about the economic impact of large feed lots on existing producers.1

Several years ago no concerted provincial approaches to addressing the potential health and environmental issues arising from intensive livestock operations existed. The past few years have seen significant changes in the industry and stakeholder willingness to cooperate in the development of a broadly supported approach to the development of a sustainable agriculture sector/ Regulations have been developed but not yet implemented. These regulations are now being referred to a public consultation process for which MLA Dave Broda will be responsible.3

Issues relating to the health impacts of large intensive livestock operations are of growing importance and concerns to those living in the vicinity of such operations.1 With the "Alberta Advantage" and absence of regulations, this type of farming operation is attracting European farmers seeking to relocate in areas with fewer environmental regulations than have been enacted in the EEC.2 Operations are increasing and tend be located in close proximity to each other and the impact of manure management and odor control

is a critical issue.

The progress made thus far is commendable and has involved considerable research and financial investment by multi-sectorial partners but political action by the large industry players appears to be delaying the adoption and implementation of these regulations through use of a prolonged "public consultation process".

1 Hasselback, Dr. Paul, MD., MSC., FRCPC Response to Chinook Health Authority Board (unpublished) to the Act, Regulations and Standards Document For Intensive Livestock Operations 1999

2 Ibid

3 MacFarland, Barry MLA, Response to enquiry of Coalhurst Town Council, Feb,2000.

1 National Research Council Canada, Farm Animal Manures in the Canadian Environment (1983)

2 European Economic Common Market

6 Minnesota Dept. Health. Health and Environmental Concerns associated with Swine Feedlots, Feb 1996.

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### School Lunch Programs \*\*\*\*\*\*

## 2001

### Suicide: A major public health issue in AB \*\*\*\*\*

### Aging drivers in AB \*\*\*\*\*\*

### Shelter allowance increases - supports for independence \*

### Child hunger - supports for independence (SFI) \*

### Home care needs of adults with long-term disabilities \*\*\*\*\*

### Economic globalization and health \*\*\*\*\*

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## 2002

### Public Funding of Midwifery Services in Alberta \*\*\*\*\*

“WHEREAS the Canadian birthrate is decreasing while the birthrate in Alberta is increasing; and

WHEREAS the number of physicians providing maternity services in Alberta is decreasing; and

WHEREAS four Canadian provinces provide publicly funded maternity services provided by registered midwives; and

WHEREAS midwives are registered in Alberta but midwifery services are not publicly funded; and

WHEREAS the practice of midwifery has been demonstrated to be cost effective and to produce excellent clinical outcomes

WHEREAS Alberta women have demonstrated a desire to receive publicly funded midwifery services,

NOW THEREFORE BE IT RESOLVED that The Alberta Public Health Association lobby elected provincial officials to request the Ministry of Health and Wellness of the Government of Alberta to publicly fund midwifery services.

**Background**

A "baby boom" in Alberta has been reported in the Calgary Herald1. The increase in births that resulted in this report was recorded by Statistics Canada as an increase in the Alberta birthrate of 0.7% in 1999, while the national rate actually decreased by 1.5%. The number of physicians in Alberta providing maternity services is reaching dangerously low levels in some areas. For instance in the south of Calgary where 17 of 52 practising family physicians were interviewed, only one is providing obstetrical services2. This could be a recipe for disaster.

While availability of maternity services continues to decline in Alberta an underutilized resource exists in the form of 18 registered midwives providing maternity services. These midwives are underutilized due to the fact that their services are not publicly funded. Women and babies who receive care from a midwife must pay for it out-of-pocket despite the fact that they have already paid for health care services through their Alberta Health Insurance premiums. The fact that more women would use funded midwifery was clearly demonstrated in 2001 when 1600 women applied to participate in a research project offering150 courses of midwifery care at no cost3.

Midwifery care has been demonstrated to be safe, efficacious, cost effective and satisfying to its recipients, both in Alberta4, and in Canada5. In British Columbia, Manitoba, Quebec and Ontario midwifery services are publicly funded and the number of midwives practising is increasing. In Alberta the number of midwives practising has decreased from 24, when midwives were first registered in 1998, to 18 at present as midwives move to more secure situations in provinces where midwifery is funded.

Unlike some other health care services where waiting lists can grow longer when inadequate services are available, women needing maternity services cannot wait. Funding midwifery services would provide women with the maternity services they need and encourage more midwives to practise in Alberta. As a result, the impending crisis in providing maternity services to the women of Alberta could be averted.

1 McGinnis, S & Reid, M. (2001) Ambitious Albertans generate baby boom. Calgary Herald, Monday, December 17.

2 Personal Communication January, 10,2002; L. Parsons, Department of Family Medicine. University of Calgary, Calgary, Alberta.

3 O'Brien, B; Harvey, S & Beischel, S (2001). Quarterly report on the evaluation of midwifery services in Alberta. Unpublished Report.

4 Harvey, S, Jarrell, J; Brant, R; Stainton, C, & Rach, D (1996). A randomized controlled trial of nurse-midwifery care. Birth, 128-135

5 Tyson, H. (1989) 1,001 midwife attended home births in Toronto.

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### Provincial Income Support Programs and Involuntary Separation \*

WHEREAS the intent of AISH and SFI is to provide support and basic needs for low income individuals or families with disabilities; and

WHEREAS married couples receive a lower rate than singles on the assumption that they are able to pool their resources; and

WHEREAS married individuals may be required to live in separate places of residence due to individual circumstances beyond their control (care centers, designated assisted living or group homes); and

WHEREAS when the married rates are received individuals in separate accommodations cannot afford to meet their basic needs; and

WHEREAS currently there exists no formal process through AISH or SFI for married couples to acquire involuntary separation; and

WHEREAS the only options for couples receiving AISH and SFI is to divorce or be granted a special exception for which there are no established guidelines; and

WHEREAS the Federal Government has a precedent of acknowledging Involuntary Separation for income security programs such as Old Age Security and Canada Pension Plan,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association lobby the Provincial Government to request that:

AISH and SFI develop a formal process for individuals to pursue involuntary separation and thus receive the increased single rates in cases where it becomes necessary for them to reside in separate accommodation.

**Background**

Involuntary separation is defined as a state of affairs whereby a married couple must live in separate dwellings for reasons beyond their control, such as medical or economic. Situations may include:

• Each live with different families for economic or medical reasons.

• One person is in a care center, designated assisted living or group home (personal care home).

• They live in separate care centers, designated assisted living or group homes.

• One or both are in treatment hospitals awaiting long-term placement. 1

In all these situations, married couples are penalized economically, receiving the lower married, not single, rates through the SFI or AISH system. In the case of AISH this can be up to 20% difference. The married rates are based on the total family income with the assumption that the couples are able to cohabitate and pool resources. Although remaining legally married, as they are living separately, they should receive the same funding as two single individuals. In fact, for many, in order to afford the very basic costs of separate accommodations, it is essential they receive the same monetary benefits as singles. 2

Social workers have been suggesting, and helping facilitate involuntary separations in order to assist individuals, in cases where one or both of the spouses require a care center, designated assisted living or group homes permanently or even temporarily. There is currently no process in place provincially for acquiring Involuntary Separation and it is granted by exception. However, there is currently no definition for what constitutes an exceptional case.

There is a precedent available in that the Federal Government Income Security Programs (OAS/CPP) have long facilitated Involuntary Separation. This is seen to be a right of low-income recipients to apply for this status." The provincial government could control the number of clients applying for this status by requiring that only those clients assessed as requiring facility placement by the Health Authority be eligible.

1 Human Resources Development Canada, Information Sheet.

2 Communication with Front Line Social Workers, Adult Acute Care, Calgary Health Region.

3 Written Communication with Calgary Health Region Social Workers, Adult Acute Care.

4 Human Resources Development Canada, Information Sheet

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### Addressing the Reduction of Services for Children with Special Needs \*\*\*\*\*

“WHEREAS the intent of Services to Children with Special Needs/Handicap Children's Services is to aid with the funding for families to cover extraordinary needs related to their children's special needs, such as: travel, meals, lodging, respite and sibling care and exceptional health related expenses; and

WHEREAS cutbacks to this program will further disadvantage low income families; and

WHEREAS newly defined criteria has made this program increasingly difficult to access; and

WHEREAS annual documentation requirements have increased hardship on already overwhelmed families and professionals; and

WHEREAS the families' only current recourse is a lengthy and exhausting appeal process, which is now only available when all funding has been refused,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association lobby the Provincial Government to request that Alberta Children's Services:

1. Give budget and funding priority to services that affect vulnerable children and their families (i.e. children with disabilities and those in need of early intervention, prevention and protective services)

2. Promote broader guidelines to make services more accessible to children with short term/acute illnesses that require extraordinary costs.

3. Eliminate the requirement for contracts to be evaluated on an annual basis for conditions that are chronic and/or progressive in nature.

**Background**

Services for Children with Special Needs (CSN)/Handicap Children's Services (HCS) programs encompass three areas, funding for families, regional services funding for agencies, and support for the Community Coordinating Council for Children with Special Needs (CCC).

The overall goals of CSN/HCS are to: Sustain the child within the family; Facilitate the child's

developmental growth; Participation in community life; and to retain family involvement if a child requires out-of-home support.1

Supports that are available include:

• Family support services, both in and out of home.

• Travel, meals and lodging expenses when accompanying a child for necessary treatment or specialized services within Alberta.

• Extraordinary health expenses (i.e. dental/orthodontic treatment, prescription drugs, ambulance services, special prescribed diets and psychological services).

• Other exceptional costs, such as respite and sibling care.

The Alberta College of Social Work reports that approximately 1400 families who have children with special needs contracts in Calgary have been told their child no longer qualifies for a contract, and therefore will no longer receive services necessary for their well-being in 2002.2

Social workers report that with reduced funding and limited resources, higher expectations will be placed on families to meet the needs of their special needs children. This can lead to an increased risk of burnout, breakdown of the family unit and consequently the placement of children in care, resulting in increased impact on systems.3

1 2001 Calgary Rocky View Child and Family Services, Services for Children with Special Needs, Brochure.

2 2001 Alberta College of Social Workers, Service Cuts to Programs Affecting Children and Families in Alberta, Fact Sheet.

3 2002 Personal interviews with front line social workers, Calgary Health Region.

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### Physical Activity in Seniors Housing Facilities for Health Aging \*

WHEREAS 7% of seniors in Alberta live in supportive housing facilities; and

WHEREAS a significant number of those in supportive housing have multiple disabilities; and

WHEREAS the engagement in regular physical activity plays a very important role maintaining an individual’s health and well-being; and

WHEREAS the availability of appropriate physical activity programming plays a significant role in the ability of individuals to engage in daily physical activity; and

WHEREAS changes to the supportive housing environment will impact a growing number of senior's health, and should therefore reflect their unique needs and circumstances; and

WHEREAS the housing environment should be supportive of physical activity engagement for all residents to maintain or increase their functional ability, decrease risk of falling, and improve overall health,

NOW THEREFORE BE IT RESOLVED that the Board and members of the Alberta Public Health Association take action to increase awareness among the Alberta Seniors Ministry and decision makers involved with seniors housing of the nature and importance of creating supportive environments that encourage and enable residents to engage in regular physical activity, and

BE IT FURTHER RESOLVED that the Alberta Public Health Association encourage decision makers involved with developing policies and standards for seniors housing to develop standards regarding the physical space, the basic components that should be included in the programming, and the level of training for leaders of the programs.

**Background**

Adults over the age of 65 represent a significant proportion of the Canadian population, a trend that is evident at the provincial level as well. Today's seniors are generally living long, healthy lives. Despite this overall positive trend, chronic illness and the natural aging process may compromise an individual's health. In response, physical activity is one preventative measure that may help seniors maintain their independence and increase their social support. Opportunities for physical activity are often influenced by physical and social environments, including housing situations and access to appropriately trained practitioners.

The population distribution in Alberta, as described in Alberta Community Development's Alberta For All Ages: Directions for the Future report, is similar to the national demographics. As of July 1998, seniors comprised 9.9% of Alberta's total population and numbered nearly 290,000, with senior women outnumbering men in every age group. The majority of Alberta's seniors are homeowners (68%), followed by renters (19%), those accessing provincial housing programs (8%) and those residing in continuing care facilities (5%). With respect to the provincial housing programs, 8,000 seniors live in lodges and 14,000 in self-contained subsidized housing. In 1991, 18% of Albertans 75 years and older resided in collective housing such as care centres (Poon et al., 1999). Although most older Canadians live in their own homes or with family members, the likelihood of institutionalisation increases with age.

Many of the chronic health conditions facing Alberta's seniors could be positively impacted by regular physical activity. O'Brien Cousins (1998) reports that physical activity can help with the prevention and control of heart disease, control of obesity and cholesterol as well as prevention of osteoporosis. In addition, physical activity contributes to maintaining independence by improving cognitive functioning, reaction time, balance and muscular strength (O'Brien Cousins, 1998). It has been reported that this gradual functional decline does not have to be part of aging; that as much as one half of the decline between the ages of 30 and 70 can be attributed not to aging itself, but to a sedentary lifestyle (Alberta Centre for Well-Being, 1999).

Health Canada's Physical Activity Guide to Healthy Active Aging for Older Adults outlines the amount and type of physical activity older adults need to improve health and fitness and consequently preserve their independence. The Guide recommends 30 to 60 minutes of moderate activity on most days of the week, including activities from each of the three activity groups of endurance, flexibility as well as strength and balance.

When addressing the Determinants of Health physical activity falls within 'Personal Health Practices and Coping Skills' along with other strategies such as seat belt use and tobacco cessation. As an aspect of one determinant, physical activity influences and is influenced by the other determinants. For example, individuals may be deterred from physical activities by the barriers in the physical environment such as transportation or facility design.

Alberta's senior citizens' have access to a variety of housing options that, as an aspect of physical

environments. may influence physical activity. Lodges are one housing option that provide affordable room and board for senior citizens who are functionally independent or who are functionally independent with the assistance of existing community-based services. Seniors living in lodges are typically older and less independent than seniors living in their own homes and would have specific needs when participating in physical activity programs. In addition, residents of lodges would be exposed to and influenced by determinants unique to this setting, particularly access to health services. social support networks and physical environments

Alberta Seniors collected information on residents of 7,328 lodge units in Alberta in the 2001 Social Housing Client Profile Survey. The survey reported that the average age of the principal lodge tenant was 84.3 years and the average age of the co-resident was 84.0 years. The majority of lodge residents were widowed (69.4%), followed by married or common law (12.1%), single (9.3%), unknown (4.6%) or divorced (4.5%). Sixty-seven percent of seniors have lived in the current lodge for three years or less, 18.7% for years, 7.5% for 7-9 years and 5.9% for ten years or more. Thirty-nine percent of these seniors previously owned their own home. With respect to accessing community services, 54.6% of lodge residents used mobility aids, 54.4% use homecare services, 30.0% use medication assistance and 4.6% use oxygen. Of seniors using mobility aids, 40.3% use walkers, 7.0% use wheelchairs and 12.3% use 'other' mobility aids.

Lodges offer many services to residents including life enrichment activities, which are available to enhance the residents' physical, emotional, social, spiritual and intellectual needs. Although recreation has been identified as an important component within lodges, research indicates there may be a gap in adequate programming. The Alberta Centre for Well-Being survey, Availability of Physical Activity Programs in Alberta Continuing Care Facilities contacted a total of 97 long-term care and continuing care facilities within Alberta (Poon et aI., 1999). Analysis indicates that 100% of the facilities provided some type of physical activity programming for their residents, with the majority of programming (97.8%) taking place within the facilities and being led by various types of physical activity leaders.

Less than 50% of the facilities met the frequency and duration guidelines for endurance, flexibility and strength activities as recommended in Canada's Physical Activity Guide to Healthy Active Living for Older Adults (Health Canada, 1999). The Impact of Aging Albertans: Report A: Review of Current Government Programs and Services by Alberta Community Development in 1999 set out a number of recommendations that addressed this problem and recognized the need to take action for specialized training, support and awareness around the importance of physical activity in maintaining older adults health and well-being.

There an absence of training for practitioners leading physical activity programs in Alberta's lodges, and there is a gap in the standards and guidelines. Specifically, there are no standards indicating the level of training required for leaders of physical activity programs in senior citizens' lodges in Alberta, nor are there standards outlining the basic components that should be included in a program such as endurance, flexibility and strength training. There are g6i16ial Standards for 'the Operation of Senior Citizens' Lodges, which may present an appropriate place for physical activity Standards to be housed.

Addressing the physical environment of lodges and other facilities, and training in the area of physical activity designed specifically for practitioners working in lodges in conjunction with policy development is one strategy for positively impacting the health of Alberta's seniors.

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Alberta Housing Act [on-line]. www.gov.ab.calmcd/seniors/housing/

housingact.htm Alberta Lodge Standards [on-line]. www.gov.ab.calmcdlseniorslhousing/

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### Provincial Breast Cancer Screening Program \*

WHEREAS the appropriate use of mammographic screening for women has the potential to reduce breast cancer mortality by up to 30%; and

WHEREAS the Province of Alberta has failed to properly implement a coordinated and comprehensive breast cancer screening program; and

WHEREAS the Province of Alberta has initiated numerous processes to achieve such a program which have not been successful in the sharing of responsibility between various vested groups; and

WHEREAS the reluctance of the province of the Alberta to choose a single provider has resulted in significant number of preventable deaths,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association call on the Minister of Health and Wellness to make a decision which will lead to the implementation of a provincial breast cancer screening program based on the provision of a population level screening program which includes:

a) clear identification of all members of the target population

b) recruitment to all members of the target population

c) linkage between recruitment and provision of service to ensure comprehensiveness of the program

d) client portability between regions and service sites; and

e) supporting women with abnormal results in obtaining appropriate and definitive intervention

f) quality control monitoring and outcome evaluation of the Program.

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### Climate change and the Kyoto Accord \*\*\*\*\*

WHEREAS the Intergovernmental Panel on Climate Change (IPCC) has identified human activity (fossil fuel use) as the main contributor to greenhouse gases during the 20th century; and

WHEREAS the rise in the world's global average temperature is predicted to be 3-6 degrees C by mid-century; and

WHEREAS Canadians are among the highest per capita consumers of energy in the world and are the second-highest per capita emitters of greenhouse gases per capita; and

WHEREAS Canada's federal government has committed to reduce greenhouse gas emissions by six percent below 1990 levels by the year 2012, an obligation made under the 1997 Kyoto Protocol; and

WHEREAS with more fossil fuel emissions comes a greater risk of climate change and more air pollution, with serious health consequences including lung disease, water-and vector-borne disease, extreme weather events, changes in agriculture and food production and flooding of coastal areas; and

WHEREAS the Analysis and Modeling Group has estimated that the economic impacts of achieving the Kyoto Accord are likely to be 1-3% of GOP in the next decade,

NOW THEREFORE BE IT RESOLVED the APHA calls on the Government of Alberta to take leadership and work constructively with other provinces and the federal government to

a) consider health and economic impacts of climate change in provincial policy

b) explore incentives to facilitate greater renewable energy development

c) develop regulations with respect to energy use and conservation of energy

d) examine all possible strategies to work toward greenhouse gas reductions in Alberta in order to meet or exceed the Kyoto target.

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## 2003

### Extraordinary Resolutions to Amend By-laws \*

The President read the proposed by-law changes. He explained that the board felt the terms of the President-Elect and Past-President should be shortened to one year each, so that a President would sit on the board for only four years, rather than six, i.e. one year as President Elect, two as President, and one as Past-President. This rationale was behind the proposed bylaw change to Article 3.7 of the bylaws. The turnover in President Elect and Past President would happen in alternate years so that in the year where there is a Past President, there is no President Elect and vice versa (change to Article 3.12). Because both Past President and President Elect have specific duties associated with the position, proposed alternating nature of the positions requires addressing who will take on the duties in the absence of one of the positions (changes to Articles 4.3 and 4.4).

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### Prevention of Hot Water Scalds \*

WHEREAS, injury is the leading cause of death for those aged 1 to 44 years in Alberta (killing over 1,300 Albertans each year, approximately 3.6 people every day)1 and

WHEREAS in Alberta during 1998, 61 children under 9 years of age were seen in emergency and 9 were admitted to hospital, and in 1999, 62 were seen in emergency and 11 were admitted2, and

WHEREAS over 300 children, elderly people and people with disabilities are treated annually across Canada for burn injuries caused by hot tap water3, and

WHEREAS people in these groups are particularly at risk because they are slower or have thinner skin or a combination of both factors4, and

WHEREAS over half of the injuries (52%) occur in the bathroom", and

WHEREAS the majority of incidents (84.2%) happen in the home during bath time, hand washing, splashing, siblings bathing each other and playing with the faucet3, and

WHEREAS burns from hot coffee, tea and food for example are more common, but hot tap water scalds tend to be more severe5, and

WHEREAS every year 50 children or 28% of hot tap water victims are hospitalized for hot tap water burn injury compared to a hospital admission rate of 4% for other types of injuries in Canada', and

WHEREAS children between the ages of 0-6 years old are most at risk4, and

WHEREAS 1 in 7 .elderly suffer from hot tap water scalds4, and

WHEREAS 70% of these hot tap water scald injuries are unintentional - that is they are not the result of willful child abuse or neglect4, and

WHEREAS hospital stays are long, averaging 21-35 days for children and require frequent skin graft for 2nd and 3rd degree burns4, and

WHEREAS-hot water heaters in Canadian homes are typically set at 60 degrees Celsius4,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association (APHA) uses its position in health promotion to educate public health professionals on the need to lower the maximum temperature of hot water supplied to each fixture in a residential occupancy to 49 degrees Celsius, and

BE IT FURTHER RESOLVED that the APHA encourage the Alberta Safety Codes Council and the Alberta Minister of Municipal Affairs to amend the provincial building code to specify the maximum temperature of hot water supplied to each fixture in a residential occupancy to not exceed 49 degrees Celsius, and

BE IT FURTHER RESOLVED that the APHA encourage the Canadian Commission on Building and Fire Codes to amend the National Building Code to include an addition requiring the maximum temperature of hot water supplied to each fixture in a residential occupancy to not exceed 49 degrees Celsius.

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### Booster Seats \*

WHEREAS injury is the leading cause of death for those aged 1 to 44 years in Alberta (killing over 1,300 Albertans each year, approximately 3.6 people every day)1, and

WHEREAS motor vehicle crashes are the leading cause of injury, disability and death in Canadian children6, and

WHEREAS motor vehicle collisions are the leading cause of death for children over 1 year of age in Alberta8, and

WHEREAS motor vehicle collisions are the second leading cause of injury and hospitalization for all children under the age of 161, and

WHEREAS in Alberta the rate of children aged 5-9 years injured or killed in motor vehicle collisions is 30.8 per 10,000 population, nearly double that of children under 5 years (15.9 per 10,000 population)2, and

WHEREAS the societal costs associated with these collisions have been estimated to be in excess of 57 million dollars per year in Alberta1, and

WHEREAS safety experts and advocates currently recommend the use of booster seats for children who have outgrown child safety seats but are too small to fit into an existing adult belt system 10,11.3.4.9,13,5.12, and

WHEREAS children aged 4 to 8 often graduate prematurely from child restraints to seat belts, increasing their risk of injury, disability, and death, and

WHEREAS seat belts are designed for adults and are intended to sit low across the hips and pelvic bones and cross the sternum for optimal protection, and

WHEREAS young children do not fit in a car seat properly because of their physical development and are prone to serious lap belt injuries when the belt is loose across the abdomen7.and

WHEREAS in Alberta recommendations for the use of booster seats have not been clearly articulated into a single reference document for distribution and use by health and enforcement professionals, educators and practitioners,

NOW THEREFORE BE IT RESOLVED that the APHA encourage, in collaboration with the Alberta Occupant Restraint Program and the Alberta Centre for Injury Control & Research, the distribution of information and a position paper on booster seats to health care providers, enforcement professionals, practitioners and injury prevention coordinators and government decision makers, and

BE IT FURTHER RESOLVED that the APHA work in collaboration with the Alberta Occupant Restraint Program and the Alberta Centre for Injury Control & Research to encourage the development and implementation of a public awareness, education and communication campaign, and

BE IT FURTHER RESOLVED that the APHA encourage its membership to provide feedback on the public acceptance and readiness for booster seat legislation.

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### Alberta Universal Newborn Hearing Screening \*\*\*\*\*

WHEREAS the Universal Newborn Hearing Screening (UNHS) project is a population health approach to detect hearing impairment in newborns; and

WHEREAS the UNHS is the first component of an effective early hearing loss detection and intervention program that is critical to normal growth and development of Alberta's children including, but not limited to communication, academic, social and vocational success5; and

WHEREAS the UNHS project ensures infants with hearing losses are identified and receive amplification before 6 months of age; and

WHEREAS before the UNHS project, the average age of detected hearing loss was greater than 18 months of age1, the critical years for language development; and

WHEREAS a UNHS pilot project has been implemented in 4 Alberta health regions (Chinook, Palliser, Mistahia, Calgary) over the past 2 years and has screened over 11,000 babies; and

WHEREAS twelve newborns with significant hearing loss have been detected in the project health regions who would otherwise have missed this early identification and intervention,

THEREFORE BE IT RESOLVED that the Alberta Public Health Association call on Alberta Health and Well ness to implement a provincial Universal Newborn Hearing Screening program.

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### A Call for Standards to Mandated Public Health Information for Non-English Speaking Albertans \*

WHEREAS Health Canada's vision/values include: Respect for individual choice and circumstance, credible information, reliable advice, quality services and embracing diversity, and

WHEREAS provincial health goals, including immunization target rates, include all cultures and culture is a determinant of health affecting our immigrant minority population, and

WHEREAS foreign language materials are given minimal consideration in guidelines and Alberta Wellness' principles purport reasonable access to health care services without barriers noting that guidelines are a collaborative effort , and

WHEREAS "Government sets the vision, provides funding and ensures performance, and health authorities plan and ensure the delivery ..."2,

NOW THEREFORE BE RESOLVED that the Alberta Public Health Association support and promote, in collaboration with Regional Health Authorities (RHAs) and Alberta Health and Wellness, equal access to current, accurate, accountable health information materials for minority non-English speaking populations, and

BE IT FURTHER RESOLVED that the Alberta Public Health Association support and promote, in collaboration with Alberta Health and Wellness, a thorough review of mandated Public Health program information in non-English health materials, that are currently available within each health region, identify various deficits thereof, and assist in the promotion of a provincial minimal standard for the presentation and formatting of non-English health information materials, and

BE IT FURTHER RESOLVED that the APHA assist RHAs to promote provincial government collaboration and funding for the purpose of the mentioned review, and

BE IT FURTHER RESOLVED that APHA investigate, in cooperation with the RHAs and Alberta Health and Wellness, the potential for creating a provincial 'clearing house' of health information or 'task force' for the purpose of acquiring and/or revising non-English materials; so that objectives set by the review can be met, making Alberta a leader in health accountability to non-English speaking persons.

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### Improving Oral Health of Albertans: Access to Dental Public Health Services \*\*\*\*\*

WHEREAS Alberta's Framework for Health Reform calls for a recognition of the importance of helping people be healthier, choosing good health behaviours and reducing the risk of disease through improved lifestyle choices and increased access to prevention; and

WHEREAS oral health is an integral part of total health, and oral health care is an integral part of comprehensive health care, including primary care; and

WHEREAS dental caries is one of the most prevalent, chronic diseases of childhood; and

WHEREAS many Albertans still experience needless pain and suffering due to oral disease, complications that devastate overall health and well-being, and financial and social costs that diminish the quality of life and burden society; and

WHEREAS many Albertans have difficulty accessing appropriate dental care, particularly preventive services; and

WHEREAS safe and effective disease prevention measures exist to improve oral health and prevent disease, and these services can be provided through dental public health programs to members of the population for whom accessibility is difficult; and

WHEREAS dental public health programs in parts of the province have experienced reductions, elimination or threatened elimination,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association take action to encourage Alberta Health and Wellness and Regional Health Authorities, as charged with provision of health services and improving health of Albertans, to maintain, support and strengthen access to funded dental public health services in Alberta, and

BE IT FURTHER RESOLVED that the Alberta Public Health Association endorse the development of a provincial direction for oral health and improving access to preventive dental services and encourage Alberta Health and Wellness to take steps in that direction.

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### Elimination of Soft Drink Promotion\*

WHEREAS the prevalence of childhood overweight tripled among boys (11-33%), and doubled among girls (13-27%) from 1981-1996 in Canada, and increases in rates of obesity were even more dramatic; increasing from 2-10% in boys and 2-9% in girls1, and

WHEREAS obese children and adolescents demonstrate increased prevalence of hypertension and dyslipidemia as cardiovascular risk factors 2, 3, 4, 5, and

WHEREAS Type 2 diabetes is being diagnosed at younger ages as childhood obesity increases2, and

WHEREAS the successful prevention and treatment of obesity in childhood could reduce the adult incidence of chronic diseases3, and

WHEREAS food consumption survey data for children and adolescents suggest that total energy intake, mostly from carbohydrate sources, has increased concurrently with rising obesity rates 6,7, and

WHEREAS a prospective, 19 month observational analysis of children in grades 6 & 7 revealed that sweetened soft drink consumption was associated with increased 8MI and frequency of obesity after controlling for baseline obesity status, maturational changes, physical activity, and other dietary factors8, and

WHEREAS soft drinks available for consumption in Canada has increased from 55.1 litres/person in 1972 to 113.3 litres/person in 20019, and

WHEREAS competition among soft drink companies has led to a practice of exclusive contracts with universities and school districts in which lump sum payments to schools are made in return for exclusive rights to sell the company's products in vending machines and at all school events10 and in US schools, the number of such exclusive rights contracts doubled between 1997 and 1998,11 and

WHEREAS such contracts may not be commonplace in schools in Canada, however, they are in place at post-secondary institutions. Food and beverage vending machines, the majority of which offer high-fat and high-sugar choices, are nearly universal in high schools in Canada, and are visible in junior high and elementary schools, and

WHEREAS adopting school policies that promote healthy food choices at school have been evaluated as environmental interventions with moderate to high impact on healthy eating with easy to moderate changeability12, and

WHEREAS school districts in the US are beginning to refuse to enter into exclusive contracts with soft drink companies13, and

WHEREAS Oakland school district banned all soda and candy from schools in February 2002,13 and in August 2002, Los Angeles district voted to ban all soft drinks beginning in 2004, while sale of bottled waters, sports drinks and juices will still be permitted 14,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association (APHA) inform Alberta Learning and individual school boards of the potential risks of exclusive contracts with soft drink companies in promoting food habits that promote obesity, and

BE IT FURTHER RESOLVED that APHA encourage Alberta school boards to remove soft drinks from all schools (K-12) in the province, and

BE IT FURTHER RESOLVED that APHA encourage Alberta Learning to provide financial support to school boards to decrease dependence upon revenues from soft drink sales.

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### Quality Daily Physical Education in Schools \*

WHEREAS the prevalence of childhood overweight tripled among boys (11-33%), and doubled among girls (13-27%) from 1981-1996 in Canada, and increases in rates of obesity were even more dramatic; increasing from 2-10% in boys and 2-9% in girls1 and

WHEREAS obese children and adolescents demonstrate increased prevalence of hypertension and dyslipidemia as cardiovascular risk factors2, 3, 4, 5, and

WHEREAS Type 2 diabetes is being diagnosed at younger ages as childhood obesity increases2, and

WHEREAS the successful prevention and treatment of obesity in childhood could reduce the adult incidence of chronic diseases 3, and

WHEREAS 58% of Canadian youth aged 12-19 (64% of girls and 52% of boys) are physically inactive6, and

WHEREAS levels of physical activity decrease dramatically from elementary to high school 7, and physical activity levels of children decline at approximately the same age at which school physical education is no longer required", and

WHEREAS in Canada, physical education is becoming an option; only Quebec requires physical education in its curriculum until graduation. In all other provinces physical education becomes optional as early as Grade 8 9, and

WHEREAS increasing pressure for academic time may also lead to decreases in time for unstructured physical activity during recess and lunch breaks'", and

WHEREAS in Canada, the average amount of time in a school week devoted to physical education is less than one hour; this is among the lowest in the world and is less than 40% of the 150 minutes recommended to meet standards for Quality Daily Physical Education (QDPE)8, and

WHEREAS less than 5% of schools in Canada meet standards of QDPE8, and

WHEREAS adopting school policies that promote mandatory physical education at school are also strongly recommended for the promotion of healthy weights and prevention of childhood obesity upon the basis of available evidence1 and

WHEREAS curriculum changes within the context of a supportive school environment have also been shown to be effective in promoting physical activity12,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association, in collaboration with other stakeholders, encourage Alberta Learning and individual School Boards to implement Quality Daily Physical Education (QDPE) to a minimal standard of 150 minutes per week.

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### Support for the Alberta Disability Strategy \*

WHEREAS half a million people in Alberta are living with a disability, and

WHEREAS equality for all citizens, regardless of their race, creed, background or abilities, is a fundamental right in Albertan and Canadian society, and

WHEREAS persons with disabilities are not free from intolerance and discrimination making full citizenship difficult for these individuals, and

WHEREAS the right to full participation in all aspects of society is a fundamental principal of the WHO definition of health,

NOW THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Government of Alberta to support and facilitate the major recommendations in the Alberta Disability Strategy

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### Addressing the Interdependence of Learning and Health for Children and Youth \*

WHEREAS children's academic achievement, self-esteem and wellbeing are inextricably linked; and

WHEREAS 60% of premature death and disease can be linked to unhealthy lifestyles established in childhood; and

WHEREAS students with high levels of connection to family and school are less likely to engage in a range of risk behaviours; and

WHEREAS healthy children have better school attendance and get along better with others; and

WHEREAS healthy kids learn better,

WHEREAS The Alberta Coalition for School Health has called on the Alberta Learning Commission, the Minister of Learning, Minister of Health, and the Minister of Children's Services to provide leadership, funding, policy support, and collaborative community processes to ensure that the health and well-being of children and youth are priorities in Alberta school communities.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association urge the Alberta government through the Ministers of Learning, Health and Wellness, and Children's Services, and Alberta's Learning Commission to:

a) identify collaborative school health programming as a requirement of performance reporting from local school, health and Children and Family Services Boards

b) ensure an adequately resourced interdepartmental unit to provide provincial expertise on school health and its programming standards

c) Undertake and report on an assessment of the current state of health and wellbeing of students in Alberta's schools

d) Provide leadership in sharing best provincial practices in collaborative school health within the province.

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### Folic Acid \*\*\*\*

[Resolution not defeated or carried. Only referred to board. Board said “don't think it can happen on a provincial basis”.]

[Member1] spoke to the benefits of fortifying flour with folic acid. The membership discussed this and some questioned the choice of flour although [Member1] noted that flour would be the most stable means of folic acid fortification and is widely consumed. [Member2] suggested that the program committee could take into consideration that there may be other things to fortify.

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## 2004

### Support for a provincially funded and centrally organized Maternal Serum Screening Program \*

WHEREAS 1-2 babies per 1000 births in Alberta are born with Down syndrome (DS) a trend that has been increasing in Alberta over the past 2 decades.1

WHEREAS Down syndrome is detectable in pregnancy by prenatal diagnosis.

WHEREAS the purpose of testing in pregnancy is to provide women with information concerning the health and wellbeing of their unborn child. The majority of women receive reassurance regarding the health of their child following testing.

WHEREAS Maternal serum screening (MSS) and ultrasound are two non-invasive tests available to screen for DS in pregnancy. These screens evaluate a woman's risk of delivering a child with DS. Should that risk be elevated, women would then be offered the option of prenatal diagnosis (amniocentesis).

WHEREAS provincially funded and centrally organized MSS programs provide a comprehensive service including prenatal care provider education, counselling support for women; quality control and follow-up on all pregnancy outcomes following MSS testing.

WHEREAS provinces with provincially funded and centrally organized MSS programs (British Columbia, Manitoba, Ontario and Newfoundland) have high MSS utilization rates. Further, these established provincial programs are better equipped to adopt new screening initiatives as practices evolve.

WHEREAS the utilization rate of MSS in Alberta is considerably lower compared to provinces with provincially funded and centrally organized MSS programs. Furthermore, regional variations in utilization rates within the province exist, suggesting that there are barriers affecting women's access to MSS.

WHEREAS women across the country, regardless of province of residence should have equal

access to comprehensive MSS services to make an informed choice on testing.

NOW THEREFORE BE IT RESOLVED THAT the Alberta Public Health Association call

on Alberta Health and Wellness to implement a provincially funded and centrally organized MSS program.

BACKGROUND

Approximately 1 in 800 Alberta babies are born with Down syndrome (DS), a genetic condition associated with developmental delay and other physical anomalies. The risk for having a child with DS increases with a woman's age.1

Second trimester maternal serum screening (MSS) involves a blood test and ultrasound at 15-19 weeks in pregnancy. The concentrations of selected biochemical substances in the maternal blood are sufficiently different in pregnancies affected with DS. Combining the measurements of these substances with a woman's age provides a means of assessing a woman's risk for delivering a child with DS, as well for two other conditions, Trisomy 18 and open spina bifida. Women who receive a result that place them above the 'increased risk' cutoff are offered prenatal diagnosis (amniocenteses) to determine if the fetus has D.S. If the amniocentesis confirms the diagnosis, women are offered counselling to make an informed choice about continuing or ending the pregnancy. Prenatal screening, using the advances in ultrasound technology are continually evolving. Other screening initiatives have been introduced into clinical practices that are geared to improving the positive predictive, reducing the false positive rate and the number of diagnostic tests performed.

The Society of Obstetricians and Gynaecologists of Canada clinical practice guidelines endorse provincially funded and centrally organized MSS programs. 2 Similar support is provided by the American Society of Human Genetics and the American College of Obstetrics and Gynecology.3,4 Elements of such a program include: assisting in accessing women to testing, providing appropriate education for health care providers and patients, providing post-test counselling for women receiving an 'increased risk' screen result or abnormal amniocentesis result. Additionally, the program would include pregnancy outcome follow up and program evaluation.

Provincially supported programs influence access to testing. In 2000, the MSS utilization rate in Alberta was estimated to be 11% . 5 The uptake in Ontario and Manitoba, two provinces with established centrally organized, provincially funded programs, was 50% and 70% respectively. In Ontario, 97% of health care practitioners were offering MSS to the pregnant women in their practice with 88% routinely offering the screen to all pregnant women. Currently in Alberta, only 24% of physicians are routinely offering maternal screen to their patients. 6

References:

1. Alberta Congenital Anomalies Surveillance System Annual Report. Fifth Report. 1980-1998.

Alberta Health and Wellness. Available at:

http://www.health.gov.ab.ca/reading/publications date.html

2. Society of Obstetricians and Gynaecologists of Canada Clinical Practice Guidelines. 1999.

Prenatal Genetic Screening for Down Syndrome and Open Neural Tube Defects Using

Maternal Serum Marker Screening. Available at:

http://sogc.medical.org/SOGCnet/sogc docs/commonlguide/library e.shtml.

3. American College of Obstetrics and Gynecology education bulletin (1996) Maternal Serum

Screening, International Journal of Gynecology & Obstetrics 55:299-308.

4. American Society of Human Genetics policy statement for maternal serum alpha-fetoprotein

screening programs and quality control for laboratories performing maternal serum and

amniotic fluid alpha-fetoprotein assays. (1987) American Journal of Human Genetics 40:7582.

5. Prenatal Services Report, 2000 National Survey, Health Canada, Unpublished report.

6. McElligott KJ, Christian SM, Kieffer SA, Revve J, Bamforth F, Bamforth JS. Maternal

Serum Screening in Northern Alberta: The Need for a Provincial Program, (submitted CMAJ

January 2004)

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### Smoke-free environments for APHA Conference Sites \*\*\*\*\*

WHEREAS the evidence that tobacco smoke is a preventable cause of chronic morbidity

and mortality, is widely accepted.

WHEREAS legislation restricting smoking in indoor public places is an important measure in fostering healthy public policy, protecting individuals from the harmful effects of environmental tobacco smoke, and reducing smoking prevalence and tobacco consumption.

WHEREAS the APHA is recognized as an Association dedicated to promoting and protecting the health of the public by speaking out for health and advocating on issues that affect health. '

WHEREAS the Association has a duty to be a role model and provide leadership in health promotion and disease prevention.

WHEREAS public health and other medical associations, including Canadian Public Health, Canadian Medical and Canadian Pediatric Associations have adopted resolutions restricting the location of annual conferences to jurisdictions with 100% smoke-free by-laws.

BE IT RESOLVED that future Alberta Public Health Association (APHA) annual meetings and conferences be held in jurisdictions with bylaws requiring 100% smoke free public places.

BE IT FURTHER RESOLVED that APHA urge other provincial and national organizations, especially health organizations, to adopt the same policy.

BE IT FURTHER RESOLVED that APHA communicate this to jurisdictions that would be potential holders of the event.

**Background**

Tobacco use is an addictive behavior and is a leading cause of preventable death, contributing significantly to the leading causes of death: heart disease, stroke and chronic obstructive pulmonary disease.1 The risks for morbidity and mortality caused by tobacco use is not limited to the negative health effects on the smoker, extends to non- smokers exposed by occupation to environmental tobacco smoke-a carcinogen for which there is no safe level of exposure. 2,3

Legislation for smoke-free public establishments is an important strategy to protect individuals from exposure to environment tobacco smoke and encourage tobacco reduction among smokers.4

The APHA can take a complementary role in advocating for tobacco reduction in Alberta. One role is the continued advocacy for tobacco reduction in the promotion of healthy Albertans and a healthy Alberta. As conventions are an economic boost to municipalities, the second role would be in taking leadership in developing a health- orientated policy that restricts APHA conferences to 100% smoke-free jurisdictions.

Municipalities throughout Canada have been passing and strengthening bylaws that provide the public with an ever-increasing number of smoke-free public places. Arguments that retailers will incur economic losses as a result of smoke-free legislation have lost credibility based on the mounting evidence. 5,6,7

References

1. Physicians for a smoke-free Canada. Tobacco and the health of Canadians.

Available at http://www.smoke-free.calHealth/pscissueshealth.htm.

2. Siegel M. Review. Involuntary smoking in the restaurant workplace. JAMA 270: 490-

493.1993.

3. Physicians for a smoke-free Canada. Second Hand Smoke. 1999 Available at:

www.smoke-free.ca

4. Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behavior:

systematic review. BMJ. 325: 17-175.

5. Glantz SA, Charlesworth A. Tourism and hotel revenues before and after passage of

smoke-free restaurant ordinances. JAMA. 281:1911-1918.1999.

6. Tang H, Cowling DW, Lloyd JC. et al. Changes of attitudes and patronage behaviors in

response to a smoke-free bar law. AJPH. 93: 611-617. 2003.

7. Scollo M, Lal A, Hyland A, Glantz SA. Review of the quality of studies on the

economic effect of smoke-free policies on the hospitality industry. Tobacco Control.

12:13-20.2003

To accept the Resolution in support of Smoke-Free Environments for APHA Conference Sites, amended to read effective July 2005.

Carried

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## 2005

### Enhancing Enrollment of the Alberta Child Health Benefit \*

Motion BE IT RESOLVED that the Alberta Public Health Association (AHPA) urge the Alberta Ministries of Human Resources & Employment, Health Alberta & Well ness, Children's Services and Educations to work collectively to develop and implement an improved method to ensure 100% enrollment of eligible families for the Alberta Child Health Benefit.

Whereas reducing child poverty is a goal of the National Child Benefit.

Whereas the Alberta Child Health Benefit (ACHB) program was established in 1998 as part of Alberta's role under the National Child Benefit.

Whereas the ACHB program serves to cover the full cost of dental, optical, drug prescription, and ambulance bills for children in low-income families.

Whereas the ACHB program supports low-income families towards independence, and ensures Alberta's children are provided access to the necessary health services.

Whereas access to ACHB-covered health services has a positive long-term impact on the health of children raised in low-income families, reducing the need for more costly health services in the future.

Whereas it is estimated, based on 2001 figures that only one-third of eligible families are registered for the ACHB.

Whereas Alberta Human Resources & Employment has made a concerted effort to increase the percentage of eligible children in the province registered, through various public awareness and education means and in spite of this, many families still do not benefit from this valuable health service.

Whereas the most effective way to increase program uptake would be to provide for the automatic enrolment of eligible families.

BE IT RESOLVED that APHA urge the Ministries of Human Resources & Employment, Alberta Health & Wellness and Children's Services to work collectively to develop an improved method to ensure l00% enrollment of eligible families for the ACHB.

Background

Poverty is a serious problem in Alberta. Locally, in Calgary, 11.7% of children live in poverty. The poverty rate for lone parent families and Aboriginal children reached 49% and 60%, respectively in 2003. 'Families facing such challenging economic barriers such as these are often unable to meet basic needs of food shelter and clothing, let alone, dental and added health care for their children.

Commitment to a bright future for children and youth is of the highest priority to the Alberta government as evident from the 2003 Speech from the Throne. The ACHB was designed to address child poverty in Alberta. Since its inception, the AHCB has met a number of successes.

Ninety-two percent of ACHB parents, as example, rely on this program to access highly needed dental and added health benefits for their children. 2

In Alberta, 60,633 were enrolled in the ACHB program in October 2004. This figure is believed to be well below the number of eligible children in the province. Reducing barriers and ensuring 100% enrollment is of priority. The Ministry of Human Resources & Employment is addressing one barrier, the lack of awareness, through extensive marketing and health/service provider education. The ACHB application process, however, presents an additional barrier to families.

Families are responsible for completing the registration forms, which poses difficulties for those with language or other barriers. Further, families eligible one year, must reapply the subsequent year once they have filed their tax return. Although it would be expected that changes in income would make some families ineligible the following year, repeated application testing can in effect pose barriers to families. The most effective way to increase enrollment, as noted in an evaluation of the ACHB program conducted by NICHOLS Applied Management, would be to provide for the automatic enrolment of eligible families. This and other creative means of addressing barriers to 100% enrollment should be considered jointly across the Ministries of Health, Human Resources & Employment and Children's Services.

References

1. Fact Sheet: Poverty in Calgary. City of Calgary, Community Strategies, Policy and Planning Division. November 2003.

2. NICHOLS Applied Management. Evaluation of the Alberta Child Health Benefit. June 2003.

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### APHA Commitment to Collaborate with AHLN on Healthy Living \*

Whereas four types of chronic disease - cardiovascular, certain types of cancers, diabetes and chronic obstructive pulmonary disease (COPD) - accounted for approximately half of all deaths of Albertans in 2002 and are major causes of premature death and hospitalization.

Whereas many chronic diseases can be prevented; up to 70% of premature deaths and two thirds of chronic disability cases are preventable.

Whereas chronic diseases place a tremendous strain on Alberta's health system. In 2000/1 for example, diabetes and its complications cost the Alberta health system an estimated $149 million; lung cancer cost an estimated $24 million; COPD cost an estimated $103 million; and cardiovascular disease cost an estimated $622 million in direct and indirect costs. The economic burden for people with chronic disease in Alberta in that timeframe was $1.07 billion.

Whereas these diseases are linked by common risk behaviours associated with chronic disease such as physical inactivity, unhealthy eating and tobacco use which can be tackled successfully if action is coordinated and comprehensive. And the results benefit not only individual Albertans, but also all levels and various sectors of government.

Whereas chronic disease prevention provides a significant opportunity for reducing the demand, and therefore saving costs, of the healthcare system. By addressing physical inactivity, unhealthy eating and tobacco use, government can help reduce resource pressures and wait lists faced by hospitals. Through providing supportive environments such as access to healthy food and physical activity opportunities, nearly 34.1% Albertans who are overweight could avoid chronic disease. Healthy eating, active living and tobacco free will ultimately improve the health of Albertans and support a sustainable health system.

Whereas the Alberta Healthy Living Network and it's over 100 organizational members are considered leaders in integrated approaches to chronic disease prevention. By collaborating with AHLN, APHA can make a significant contribution to healthy living in Alberta.

NOW THEREFORE BE IT RESOLVED THAT APHA support the development of integrated community networks addressing chronic diseases through AHLN linkage with the APHA Districts Representatives; and

NOW THEREFORE BE IT RESOLVED THAT APHA support healthy public policies as related to chronic disease prevention such as provincial tobacco legislation, comprehensive school policies related to physical activity and healthy eating; and

NOW THEREFORE BE IT RESOLVED THAT where possible, APHA align their plans, and encourage their members to align their plans, with the AHL Framework; and

NOW THEREFORE BE IT RESOLVED THAT APHA advocate for health promotion and chronic disease prevention capacity be increased in the regional health authorities.

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### 100% Smoke-free Workplace Legislation \*

Whereas the evidence that tobacco smoke is a preventable cause of chronic morbidity and mortality, is widely accepted.

Whereas legislation restricting smoking in indoor public places is an important measure in fostering healthy public policy, protecting individuals from the harmful effects of environmental tobacco smoke, and reducing smoking prevalence and tobacco consumption.

Whereas 68% of Alberta resident would support provincial legislation to make all workplaces smoke-free, including bars, restaurants and gaming establishments.

Whereas the APHA is recognized as an Association dedicated to promoting and protecting the health of the public by speaking out for health and advocating on issues that affect health.

Whereas the Association has a duty to be a role model and provide leadership in health promotion and disease prevention.

Whereas public health and other medical associations, including Canadian Public Health, Canadian Medical and Canadian Pediatric Associations have adopted resolutions supporting comprehensive smoke-free workplace legislation.

Whereas several Canadian Provinces and Territories (Manitoba, Saskatchewan, New Brunswick, Northwest Territories, and Nunavut) have passed, or are considering passing (Ontario, Quebec, and Newfoundland), comprehensive smoke-free workplace legislation.

Whereas several states (New York, California, Maine, Delaware, Connecticut, and Massachusetts) and countries (Ireland, Norway, Sweden, Britain, Italy, and New Zealand) have also passed comprehensive smoke-free workplace legislation.

Whereas published studies have consistently demonstrated that designated smoking rooms do not provide protection from the harmful components of environmental tobacco smoke.

BE IT RESOLVED that the Alberta Public Health Association (APHA) encourages the Alberta government to adopt comprehensive smoke-free workplace legislation.

BE IT FURTHER RESOLVED that APHA urge other provincial and national organizations, especially health organizations, to advocate adoption of this legislation.

**Background**

Tobacco use is an addictive behavior and is a leading cause of preventable death, contributing significantly to the leading causes of death: heart disease, stroke and chronic obstructive pulmonary disease. (I) The risks for morbidity and mortality caused by tobacco use is not limited to the negative health effects on the smoker, extends to non-smokers exposed by occupation to environmental tobacco smoke-a carcinogen for which there is no safe level of exposure. (2, 3)

Legislation for smoke-free workplaces is an important strategy to protect individuals from exposure to environmental tobacco smoke and encourage tobacco reduction among smokers. (4)

Both smokers and non-smokers are positively affected by gold standard legislation. There has been a considerable reduction in chronic diseases and cancers caused by tobacco in California in the past 12 years, since the enactment of the state-wide smoke-free workplace law.

The APHA can take a complementary role in advocating for tobacco reduction in Alberta. One role is the continued advocacy for tobacco reduction in the promotion of healthy Albertans and a healthy Alberta. Provinces and municipalities throughout Canada have been passing and strengthening laws that provide the public with an ever-increasing number of smoke-free public places. Arguments that retailers will incur economic losses as a result of smoke-free legislation have lost credibility based on the mounting evidence. (5, 6, 7)

References

1. Physicians for a smoke-free Canada. Tobacco and the health of Canadians. Available at http://www.smoke-free.ca/Health/pscissues\_health.htrn.

2. Siegel M. Review. Involuntary smoking in the restaurant workplace. JAMA 270: 490-493. 1993.

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7. Scollo M, Lal A, Hyland A, Glantz SA. Review of the quality of studies on the economic effect of smoke-free policies on the hospitality industry. Tobacco Control. 12:13-20.2003 Calgary Herald, Tuesday, February 8,2005, Smoking Debate May Rise Again URL: http://www.canada.com/calgary/calgarvherald/news/citv/storv.html?id=ceefe5de553a-403f-90b7-f1f545b4 7bf3 Smokefree.net, Tuesday, November 18,2003. Cancer Down in California as Smoking Rates Plummet. URL: not available.

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### Maintaining Functional Independence through Healthy Aging Interventions for Frail Older Adults Living in the Community \*

Whereas a significant proportion of Alberta's population is over the age of 65 and 96% of these seniors live in their own homes or in supportive housing; and

Whereas the frail older adult living in the community is particularly difficult to reach and is at high risk for loss of functional independence and thus institutionalization; and

Whereas the health of this hard-to-reach population is influenced by factors such as low income, lack of social support, an unsupportive physical environment, cultural issues, and isolation; and

Whereas it is well documented and recognized that physical activity and a healthy diet can maintain functional mobility and independence and enable seniors to be healthier to a more advanced age with less reliance on the health care system; and

Whereas a significant number of this population receives assistance from home-care personnel in daily activities; and

Whereas having home care provide a healthy living (physical activity and healthy eating) intervention would be a proactive and cost-effective way of improving the health of this population; and

Whereas a healthy living intervention delivered through existing home-care services would complement the Alberta health regions' existing health-promotion programs and provide a service that fits within the continuum of care;

NOW THEREFORE BE IT RESOLVED that the Board and members of the Alberta Public Health Association act to increase awareness among the government departments and health regions responsible for the health of frail, isolated, elderly Albertans about the importance of implementing and supporting accessible community healthy living (physical activity and healthy eating) initiatives.

BE IT FURTHER RESOLVED that the Board and members of the Alberta Public Health Association recommend to government and health region decision-makers that the regional health authority staff working with older adults receive specialized training in physical activity and healthy eating as a strategy to increase successful aging in this population (see the Alberta Active Living Strategy, 1998) and that government and the health regions provide funding for these prevention initiatives.

**Resolution Background**

Adults over 65 represent a significant proportion of the Canadian population-a trend evident at the provincial level as well. Today's seniors are generally living long, healthy lives. Despite this overall positive trend, chronic illness and the natural aging process may compromise an individual's health. Seniors who still live in their own homes, but receive home care to enable them to live independently, risk continual decline and eventual institutionalization. How do we keep these seniors well? Physical activity and a healthy diet are two key preventive measures to help seniors maintain their health and independence. Easy-to-access resources and support promote frail, homebound seniors' engagement in healthy living.

Some Population Statistics

The population distribution in Alberta, as described in Alberta Seniors' Fact Sheet: A Portrait of Alberta Seniors (2004), is similar to national Canadian demographics. As of July 2004, seniors made up 10% of Alberta's total population (the number of seniors is growing more quickly than the rest of the Alberta population). Most Alberta seniors are homeowners (78%), followed by renters (10%), those accessing provincial housing programs (8%), and those living in continuing-care facilities (4%).

Although 96% of older Albertans live in their own homes, the likelihood of institutionalization increases with age. Of older adults who still live in their own homes, many are frail, isolated, unable to access community services, and receive home care to enable them to live independently. Alberta Health and Wellness (2003) calculated that 56,497 seniors over the age of 65 (approximately 17% of the senior population) accessed home-care services.

Effects of Healthy Living

Many of the chronic health conditions facing Alberta's frail seniors could be positively affected by regular physical activity and a healthy diet. Skelton and Beyer (2003) report that some age-related changes once thought to result solely from aging are now known to result from disuse. These changes are therefore potentially reversible.

Schroll (2003) reports that sedentary participants had a higher incidence of premature chronic diseases, death, and need for help in daily living activities at an earlier age. It is never to late to receive the benefits of physical activity. Most importantly for the frail senior, physical activity contributes to maintaining independence by improving cognitive functioning, reaction time, balance, and muscular strength (O'Brien Cousins, 1998).

Physical activity and healthy eating fall within the Personal Health Practices and Coping Skills determinant of health, along with other strategies such as seat-belt use and tobacco cessation. As an aspect of one determinant, physical activity influences and is influenced by the other determinants. For example, people may face barriers to physical activity such as a lack of social support, low income, unsupportive physical environment, and lack of education about the benefits of daily physical activity and healthy eating.

Home Support Exercise Program (HSEP)

The HSEP concept is unique-implementing a non-time-consuming healthy living intervention through seniors' home-care staff. HSEP recognizes the many issues and barriers facing this senior population. The program is simple, progressive, uses no equipment, done by the seniors in their own homes, and addresses the key components of functional mobility (strength, balance, flexibility, aerobic exercise), and healthy eating.

The Alberta Centre for Active Living is collaborating with the Canadian Centre for Activity and Aging to deliver HSEP in Alberta. This physical activity and healthy eating intervention targets frail, isolated seniors who risk institutionalization. We hope to implement HSEP as an accessible community-health service in all Alberta health regions, In partnership with the health regions, staff will be trained to deliver the HSEP intervention to older adult clients through existing home-care services. HSEP in Alberta is consistent with the health recommendations made by both the federal and provincial governments. The Romanow report and the 2002 Speech from the Throne recommended that all Canadians improve their health through healthy living and physical activity. HSEP also complements current recommendations of the Alberta ministries of Community Development, Health and Wellness, and Seniors and responds to recommendations 3 and 18 of the Alberta Active Living Strategy (Alberta Community Development, 1998).

Research conducted by the Canadian Centre for Activity and Aging has proven that HSEP is a successful way to connect with a marginalized and at-risk population. HSEP significantly increases both the physical and psychological well-being (quality of life) of program participants. HSEP will also complement Alberta health regions' existing programs and provide a service that fits within the continuum of care. In addition, HSEP could lessen the current burden on health professionals and create a more efficient and cost-effective way for health regions to manage personnel.

Summing Up

Frail, homebound seniors fall through the cracks when it comes to healthy living programming in the community. By implementing a healthy living program designed for that population, seniors can maintain their functional mobility, improve their confidence, and stay in their own homes longer. Preserving quality of life is important to decrease and delay the likelihood of seniors ending up in costly institutions.

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Alberta Health and Wellness. (2003). Information to support health authority business plan and annual report requirements. Retrieved January 7,2005, from www.health.gov.ab.ca/regions/require/list.htm.

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### Support for a comprehensive poverty reduction among persons with disabilities \*

BE IT RESOLVED that the Alberta Public Health Association (AHPA) urge the Alberta Ministries to work in concert to reorient services that build on the capacity of disabled Albertans and contribute to a healthier and more inclusive society.

BE IT FURTHER RESOLVED that the Alberta Public Health Association (AHPA) urge the Alberta Ministries to develop a comprehensive approach that will assure that the amount of AISH income support meets the daily living needs of disabled Albertans and their families, and further, that reduces identified barriers and enhances individual-centred solution-orientated services.

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## 2006

### Reconsiderations of the National Child Benefit Re-investment in Alberta \*\*\*\*\*

WHEREAS the National Child Benefit Supplement is approximately $1400 annually per child.

WHEREAS it is estimated that approximately 25,600 children in families receiving social assistance a month in Alberta.

WHEREAS children living in low income households are at considerable risk of developing social, emotional and physical health issues.

WHEREAS families receiving social assistance in Alberta are currently living significantly below the low-income cut-off.

WHEREAS the National Child Benefit payment is clawed back for social assistance recipients, thereby continuing to maintain families in low-income situations.

WHEREAS the Alberta Government re-invests these funds into ten programs including:

• Child Care Subsidy

• Quality Child Care

• Alberta Child Health Benefit

• Alberta Adult Health Benefit

• Protection of Children Involved in Prostitution

• Transitional Support for Youth Leaving Welfare

• Shelter Benefits

• School Allowance

• Earnings Exemption Increase

• Employment Maintenance Benefit

THEREFORE BE IT RESOLVED that the Alberta Public Health Association (APHA) encourage the Alberta Government to continue to offer the ten programs currently funded through the re-investment scheme with non-National Child Benefit funds.

BE IT FURTHER RESOLVED that APHA urge the Alberta Government to permit social assistance recipients to accept the National Child Benefit without penalty.

BE IT ALSO RESOLVED that APHA increase awareness and concern among various stakeholders regarding this issue.

Background

The National Child Benefit (NCB), created in 1998, was exclusively designed to address child poverty in Canada. The main goals of the NCB are: reduce depth of child poverty, and promote attachment to the work force. NCB initiative has two components: NCB supplement (monthly payments to all low-income families); and programs/services designed for low-income families.

There are two options to fund the NCB: provincial investment (new funds), or provincial re- investment (c1awback).

The concern with this policy is that re-investment funding, used by the majority of provinces, claws back income from social assistance families- families who are the poorest in society.

HOW IS NCB FUNDED? different funding approaches used

Re-investment (clawback) reduces the amount of social assistance families receive by the amount equivalent to the NCB supplement. It then uses the clawed back money to fund the second part of the NCB initiative: programs and services for low-income families.

Two provinces- New Brunswick and Manitoba- do not use re-investment and instead use 100% new investments to fund their NCB initiatives. These provinces handed over the full amount of the federal NCB supplement to all low-income families (including families on social assistance) while also investing provincial funds into new programs and services for low-income families.

WHY NOW? This policy may not be achieving its intended goals

One of the primary goals of the NCB- to prevent and reduce the depth of poverty- may need to be re-addressed in light of other provinces' restoration of the NCB supplement. Discussions have emerged across the country towards considering restoration of the NCBS, decreasing the amount

clawed back, or in the case of Manitoba, ending the claw back completely. Support for ending the provincial claw back is wide but no uniform stance has been established, though support has ranged from United Nations recommendations to non-governmental support to municipal and provincial movements.

Discussions with Manitoba and New Brunswick Governments found that their primary reason for ending the clawback was ethical and they believed it was a step in the right direction to reduce poverty.

The main concern with ending the clawback is that it may also result in an end to the programs/ services created from the NCBS c1awback funds. Task Groups and Working Groups have been established in Ontario in support of ending the claw back. Their ultimate goal is to end the NCBS clawback while simultaneously gaining additional funding for the programs designed under the NCB.

WHAT'S HAPPENING IN ALBERTA? NCB in Alberta Context

Alberta uses re-investment funding for the NCB. The Alberta Child Health Benefit is Alberta's key initiative under the NCB policy. In 2004, Alberta ranked last in a measurement of the depth of poverty (for single-parent, one child families) across the provinces.

In 2003, Alberta, like other provinces, allowed the federal NCBS increase (approximately $14 a month per child) to flow directly to families on social assistance without clawing this increase

back. However, further interest and support of ending the clawback at the political level in Alberta has been quiet.

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### Increased food security for low-income Albertans \*\*\*\*\*

Support for low income Albertans to acquire sufficient, nutritious and safe food in a dignified manner.

WHEREAS the right to adequate food is a human right.

WHEREAS 45,481 Albertans utilized food banks within the month of March 2005 and Alberta food banks reported a 40% increase in the number of clients served.1 It is unacceptable to have food bank use remaining at a record high in a wealthy province like Alberta and the alarmingly disproportionate number of children accessing food bank services.

WHEREAS Alberta's minimum wage increased in September 2005, it is still insufficient to ensure food security and is the sixth lowest wage in Canada. Comparatively, levels of Income Support are also insufficient.

WHEREAS the monthly cost of living often exceeds income by $290 to $1000 per month ($3480 to 12,000 per year) for low income Albertan families.2

WHEREAS food insecurity and malnutrition has lifelong consequences.3456

WHEREAS support needs to be improved for a Population Health Approach to reduce social inequalities through the social safety net enable Albertans to improve their health, social capital and create a more secure province.

WHEREAS food security is inseparable from social justice and requires provincial action to implement sustainable economic, environmental and social policies that eliminate hunger and poverty.

WHEREAS the right to food for all Albertans is a priority and funding is a necessity in order to decrease current hunger rates and food bank usage.

WHEREAS sustainable agricultural systems are important in the attainment of the right to adequate food and need to be practiced across the province.

WHEREAS community-based response programs such as Good Food Box, Community Kitchen, Urban Farms, often run on temporary funds and have limited resources. These programs require increased support and standards to provide a dignified route of obtaining food, learning valuable skills and find ways to influence policy toward food security.

WHEREAS school and community-based food programs for children require standards and sustainable and adequate financial support to properly administer these programs and seek ways to find long term solutions to food insecurity policy change.

THEREFORE BE IT RESOLVED that the Alberta Public Health Association (APHA) urge the appropriate Alberta Ministries to collectively develop a comprehensive approach that will support sustainable food security systems and;

AND FURTHER BE IT RESOLVED that APHA encourage the appropriate ministries to assure Alberta wages and financial assistance to meet the basic costs of living, which includes the obtainment of sufficient, nutritious and safe food in a dignified manner.

1 Canadian Association of Food Banks. Hunger Count. Poverty in a land of plenty: Time for Action. www.cafb-acba.ca 2005.

2 The Cost of Eating In Alberta. A report prepared by the Alberta Provincial Community Nutritionist's Group. 2005.

3 Tjepkema, M., Shield, M. Measured Obesity: Adult Obesity in Canada. Nutrition: Findings for the Canadian Community Health Survey. Statistics Canada. 2004.

4 Mcintyre, L., Tarasuk, V. Food Security as a Determinant of Health. Published by Health Canada. 2002: t-4.

5 Minaker, L., Hanning, R. In Touch. The Impact of Poverty on Nutrition in Infancy and Early Childhood. 2002; 19(3): 1-4.

6 Position of the American Dietetic Assoc: Domestic food and nutrition security. Journal of the American Dietetic Assoc. 1998; 98(3):337-342.

**Background**

Eighteen percent of families in Alberta or 1 in 5 children are suffering from poverty in Alberta. The first food bank was started in Alberta In 1981 to alleviate emergency food needs. Today, the number of food banks has grown to 81 (representing 12.5% of the 650 food banks in Canada) and has caused a reliance on these programs that were only meant to be temporary solutions. Of the food bank users, 31 .9% are sole-parent families and 40.7% of food bank clients are children. Thirty-nine percent of food banks have difficulty meeting demand. The government provides $0 for core operations for the Canadian Association of Food Banks (Hunger Count, 2005).

In 2001, Alberta had 16,000 single-parent mothers living in poverty, 34,000 two-parent families living in poverty and 15,000 couples without children living in poverty. 1 Alberta welfare rates have not increased since 1993. Canada is a low-wage country with one in six Canadians working full-time earning a low pay (less than $10 an hourl.2 Despite strong economic growth over the last decade the proportion of jobs paying less than $10 an hour has not decreased since 1981. Much of the financial inequality that exists in Alberta is due to the fact that minimum working wages are sixth lowest in Canada.

Food security among Albertans is declining as a result of a number of factors including the continuously increasing cost of living along with policies that decrease income and other resources available to low-income Albertans. Since the grocery budget is more flexible than rent and power bills, poorer people tend to cut money from their food budget first in a situation of financial distress. There are psychological, social and physical consequences across the continuum of hunger severity including social exclusion and health problems, such as distress, drug abuse and depression. Food security is not only necessary for optimal growth and development but also for the maintenance of health and the prevention of chronic disease. Food insecurity leads to poor nutrition which can decrease the immune system and increase the risk of obesity and chronic disease which all lead to higher health care bills.3 Malnutrition can have severe lifelong consequences. Food insecurity has major consequences particularly for pregnant women, infants and children, Aboriginals and older adults.4

In early childhood, improper nutrition can impair brain development and cognitive function' and decrease ability to concentrate6. Undernourished children are more susceptible to illness, have lower attention spans and are unable to perform tasks at school as well as their adequately nourished peers? Action is needed to improve the health of all children, and especially those who are at risk. Making children's health a priority will benefit

Alberta's children, families and the health system.8

As the global market forces control the food supply, healthy food is a political issue. Increased consumption of processed foods shipped from distant factories has contributed to increased food costs and rates of obesity at the same time. It also brings a range of unseen costs to the environment, agricultural landscape and farm communities as financial income is decreased for local food producers and the local Alberta agriculture economy. Funds spent on local produce at farmer's markets and locally-owned shops stays in the community longer, creating jobs, raising income and supporting farmers.9 The current vulnerable and unsustainable agriculture situation is a threat to Alberta's food security.

1 National Council on Welfare. Poverty Profile 2001. Minister of Public Works & Government Services Canada. Autumn 2004. Vol 122.

2 Canadian Policy & Research Networks. lifting the Boats: Politics to Make Work Pay. June 2005.

3 Tjepkema M., Shield M. Measured Obesity: Adult obesity In Canada. Nutrition; Findings for the Canadian Community Health Survey. Statistics Canada. 2004.

4 Position of the American Dietetic Association: Domestic food and nutrition security. Journal of the American Dietetic Association. 1998; 98 [3J: 337-342.

5 Minaker L, Hanning R. In Touch. The Impact of poverty on nutrition In infancy and early childhood. 2002; 19(3): 1-4.

6 Position of the American Dietetic Association: Domestic food and nutrition security. Journal of the American Dietetic Association. 1998; 98 (3): 337-342.

7 Hamm MW, Bellows AC. Community food security: Background & future directions. Journal of Nutrition Education & Behaviour. May 2003: 35; 37-43.

8 Alberta Health and Wellness. Getting on with better health care- the third way package. 2005.

9 Halwell B. Home Grown: The case for local food in a global market. World Watch Paper 163. www.worldwatch.org 2002.

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### Tobacco control policies in Alberta (tabled) \*\*\*\*

Whereas tobacco use is the leading avoidable cause of disease, disability and premature death in Alberta, resulting in an estimated 3,400 deaths annually-or one in every five deaths;

And whereas Alberta has the third lowest tobacco taxes among provinces and territories, has the weakest provincial smoking restrictions in Canada, and is the only province without any legislation to control tobacco sales and marketing;

And whereas these policy deficiencies and omissions undermine the Alberta Tobacco Reduction Strategy and the Alberta government's efforts to significantly reduce tobacco use, especially among young people.

Therefore be it resolved that the Alberta Government adopt the following evidence-based measures to reduce tobacco use in Alberta:

1. A provincial tobacco tax increase of at least $1 per pack of 25 cigarettes and equalizing the tax rates on loose tobacco based on cigarette equivalents. This tax increase should be offset with subsidies to help people quit smoking, especially low income Albertans.

2. Provincial legislation to make all indoor workplaces completely smoke-free including liquor and gaming facilities.

3. Provincial legislation to prohibit all retail tobacco displays (powerwalls),

4. Provincial legislation to prohibit tobacco sales in pharmacies, healthcare facilities and educational institutions.

5. Legislation to enable the recovery of a portion of tobacco-related healthcare costs from tobacco companies for contributing to the ill health of Albertans.

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## 2007

### Legislation to Protect Children from All Terrain Vehicle (ATV) Injuries and Deaths \*

Proposed APHA Resolution Submitted March 15,2007

WHEREAS injury continues to be the leading cause of death for Albertans aged 15 to 19 years in Alberta (causing over 75% of all deaths in this age group){ {300 Alberta Centre for Injury Control & Research 2006; }} and,

WHEREAS in Alberta children and youth account for 38% of all ATV-related deaths, greater than the Canadian rate of25% and,

WHEREAS most ATVs are of a size and power that is beyond the capability of children to safely operate and,

WHEREAS most ATVs are not constructed to safely carry passengers and,

WHEREAS the Canadian Paediatric Society was thoroughly researched the issue and makes a number of recommendations intended to reduce the rates of death and injury due to ATV use,

NOW, BE IT RESOLVED that the Alberta Public Health Association in the coming year advocate changes to the Alberta Traffic Safety Act as recommended by the Canadian Paediatric Society including minimum operator age of 16 years; restriction of passengers to the number for which the vehicle was designed; compulsory helmet use with no exemptions; mandatory training, licensing and registration; and ban the use of three-wheeled vehicles and,

BE IT FURTHER RESOLVED that the Alberta Public Health Association in the coming year communicate the need for and potential benefits of these legislative changes to its membership and to public health professionals through use of its communication channels,

AND BE IT FURTHER RESOLVED that the Alberta Public Health Association in the coming year demonstrates its support for the recommended changes to Alberta's Traffic Safety Act regarding all-terrain vehicles by writing to the key policy-makers within the Government of Alberta.

**ACICR Adoption and Endorsement of the Canadian Paediatric Society Position Statement on Preventing Injuries from All-Terrain Vehicles**

The Alberta Centre for Injury Control & Research has adopted and endorses the Canadian Paediatric Society Position Statement OP 2004-01) Preventing injuries from all-terrain vehicles. This well researched document makes recommendations that will reduce the number and severity of injuries associated with all-terrain vehicles (ATVs). In 2003 there were 4,458 emergency department visits in Alberta as a result of an ATV-related Injury.

Of particular concern in Alberta is the rate at which children and teens less than 16 years of age are killed in ATV related deaths. While in Canada children and adolescents account for almost 25% of ATV-related deaths1, in Alberta this vulnerable age group accounts for 38% of all ATV deaths", Legislation restricting the operation of ATVs by individuals less than 16 years is needed immediately in Alberta.

Young passengers are also at great risk. This information along with the recommendation children should never ride as passengers on ATVs needs to be disseminated by all stakeholders.

The use of alcohol prior to use of an ATV is also related to an elevated risk of injury or death in Alberta. Alcohol was involved in 41% of ATV-related deaths that occurred in Alberta between July 1999 and May 2004.3 Increased awareness of the dangers of alcohol and ATV use and increased enforcement of the Criminal Code of Canada that prohibits the operation of an ATV with a BAC level of greater than 0.08 is recommended.

The ACICR supports all of the CPS recommendations" as listed here:

• Children younger than 16 years of age should not operate all-terrain vehicles.

• Children should never ride as passengers on all-terrain vehicles. The majority of ATVs are designed for a single rider. Never carry a passenger of any age on an ATV unless the manufacturer specifies that a passenger is allowed.

• All-terrain vehicle drivers should always wear a government-approved helmet (such as a helmet meeting the Canadian Standards Association, Department of Transportation/Federal Motor Vehicle Safety Standard, Snell or American National Standards Institute motorcycle helmet standards), eye protection, and appropriate clothing (boots, gloves, long pants).

• All-terrain vehicle drivers should not operate the vehicle after drinking alcohol or at

night.

• All-terrain vehicle drivers should complete an approved training course, such as the Canada Safety Council's ATV Rider's Course.

• Provinces and territories should harmonize off-road vehicle legislation, including the following elements: minimum operator age of 16 years; restriction of passengers to the number for which the vehicle was designed; compulsory helmet use with no exemptions; mandatory training, licensing and registration; and ban the use of three wheeled vehicles.

• All-terrain vehicle manufacturers should investigate potential improvements in vehicle design, including rollover protection, seatbelts, speed governors and other engineering modifications that could enhance the safety of these vehicles.

Further support of legislative changes to protect users of ATVs has been stated in a letter dated July 7, 2006 by the Alberta Medical Association to The Honourable Ty Lund, Minister of Infrastructure and Transportation.

To view the complete Position Statement of the Canadian Pediatric Society, please visit

http://www.cps.calenglish/statementsiIP/IP04-01.htm

1 Canadian Paediatric Society website http://www.caringforkids.cps.calkeepingkidssafe/ATV.htm

2 Office of the Medical Examiner, Province of Alberta

3 Office of the Medical Examiner, Province of Alberta

4 Canadian Paediatric Society website http://www.cps.calenglish/statements/IP/IP04-01.htm

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### Tobacco Control Policies in Alberta \*

Whereas tobacco use is the leading avoidable cause of disease, disability and premature death in

Alberta, resulting in an estimated 3,400 deaths annually-or one in every five deaths;

And whereas Alberta has the third lowest tobacco taxes among provinces and territories, has the weakest provincial smoking restrictions in Canada, and is the only province without any legislation to control tobacco sales and marketing;

And whereas these policy deficiencies and omissions undermine the Alberta Tobacco Reduction Strategy and the Alberta government's efforts to significantly reduce tobacco use, especially among young people.

Therefore be it resolved that the Alberta Government adopt the following evidence-based measures to reduce tobacco use in Alberta:

1. A provincial tobacco tax increase of at least $1 per pack of25 cigarettes and equalizing the tax rates on loose tobacco based on cigarette equivalents. This tax increase should be offset with subsidies to help people quit smoking, especially low income Albertans.

Raising tobacco taxes is the single most effective way to reduce tobacco use. Studies show that a 10% increase in price will reduce adult tobacco consumption by about 3-4% and the effect of a price increase on adolescents is 2-3 times greater than on.adults, as young people have less disposable income.1

In addition, the increasingly popular discounted cigarettes undermine the health benefits of a tax increase and require an equalizing tax structure.

2. Provincial legislation to make all indoor workplaces completely smoke-free including liquor and gaming facilities.

Second-hand cigarette smoke contains over 4,000 chemical compounds, 50 of which are known to cause cancer, and many of which have no known safe level of exposure' Only 100% smoke-free workplace legislation without designated smoking rooms provides protection from second-hand smoke. In order to provide a level playing field for health and for business, no exemptions are permitted.

3. Provincial legislation to prohibit all retail tobacco displays [powerwalls].

Tobacco companies continue to target youth through the prominent placement of tobacco displays in thousands of retail stores throughout Alberta. The quantity of cigarettes on display exceeds consumer demand, in part to normalize tobacco use by creating the perception that tobacco consumption is more prevalent than it really is. Retail displays are the most important advertising medium available to the Canadian tobacco industry3 because they reach all ages. The effectiveness of the Point of Sale (PaS) advertising is substantiated by a large body of evidence from consumer product and tobacco control research, as well as by internal documents of the tobacco manufacturers themselves.4 The fact that the Canadian tobacco industry pays retailers over $100 million a year for POS advertising confirms the effectiveness of this marketing strategy. Research indicates that POS ads and displays have been found to boost average tobacco sales by 12 to 28 per cent.6

4. Provincial legislation to prohibit tobacco sales in pharmacies, healthcare facilities and educational institution.

The sale of tobacco in an establishment that promotes health, such as a pharmacy, or in an educational institution, undermines public health messages about the lethal nature of tobacco use.

5. Legislation to enable the recovery of a portion of tobacco-related healthcare costs from tobacco companies for contributing to the ill health of Albertans.

Generally, a business that produces and sells a product that kills consumers is held financially responsible. Health care cost recovery legislation and litigation would ensure that tobacco industry profits cover all health care costs resulting from the use of tobacco products exactly as intended, rather than taxpayer dollars.

1 U.S. Surgeon General, Reducing Tobacco Use: A Report of the U.S. Surgeon General, 2000, United States Department of Health and Human Services.

2 National Institute of Health, 1993, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders: The Report of the US Environmental Protection Agency, US Department of Health and Human Services.

3 J. Gottheil, March 2005, The Influence of Tobacco Powerwall Advertising on Children, Marketing Communications Inc.

4 Tilson Consulting, August 2004, Restrictions on the Retail Display of Tobacco Products, Policy Analysis.

5 Canadian Cancer Society, 2006.

6 Point of Purchase Advertising Institute, 1992, The Point-of Purchase Advertising Industry Fact Book, Englewood, New Jersey: The Point of Purchase Advertising Institute.

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### Advocate Improvements to Safety Measures of Alberta's Graduated Drivers Licensing Program \*

Proposed APHA Resolution Submitted March 15, 2007

WHEREAS injury continues to be the leading cause of death for Albertans aged 15 to 19 years in Alberta (causing over 75% of all deaths in this age group)1 and,

WHEREAS motor vehicle-related deaths are the leading cause of injury deaths for Alberta residents 15 to 19 years of age (causing 49% of injury deaths) 1 and,

WHEREAS motor vehicle-related injuries cause the death of one young Albertan every week (aged 15 to 19 years)1 and,

WHERAS young drivers have a collision rate greater than that of any other age group2

and,

WHEREAS Alberta's existing Graduated Drivers Licensing program has somewhat reduced the rates of motor vehicle related deaths to young Albertans3, 4 and,

WHEREAS The Traffic Injury Research Foundation has conducted substantial research on the most effective elements of graduated licensing programs and recommends the most effective measures for inclusion in a graduated drivers licensing program5,

NOW THEREFORE BE ITRESOVED that the Alberta Public Health Association in the coming year advocate changes to the provincial Gradated Drivers Licensing Program based on the Traffic Injury Research Foundation recommendations,

AND BE IT FURTHER RESOLVED that the Alberta Public Health Association in the coming year communicate the need for and potential benefits of these changes to its membership and to public health professionals through use of its communication channels,

AND BE IT FURTHER RESOLVED that the Alberta Public Health Association in the coming year demonstrates its support for the recomI1lended changes to Alberta's Graduated Licensing Program by writing to the key policy-makers within the Government of Alberta.

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1. Alberta Centre for Injury Control & Research. Injuries in Alberta, 2006. Alberta Centre for Injury Control and Research. Edmonton. 2006.

2. Alberta Infrastructure and Transportation. Alberta Traffic Collision Statistics 2005. Alberta Infrastructure and Transportation. Edmonton. 2006.

3. Alberta Transportation. Alberta Traffic Collision Statistics 2002. Alberta Transportation. Edmonton. 2003.

4. Alberta Infrastructure and Transportation. Alberta Traffic Collision Statistics 2004. Alberta Infrastructure and Transportation. Edmonton. 2005.

5. Mayhew D, Simpson H, Singhal D. Best practices for graduated driver licensing in Canada. Traffic Injury Research Foundation. Ottawa. 2005.

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## 2008

### Drowning Prevention and Mandatory Four-Sided Pool Fencing \*

That the Alberta Public Health Association urge provincial and municipal governments to enact and support four-sided pool fencing laws requiring barrier fencing with self-closing, self-latching gates to reduce child drowning rates.

AND BE IT RESOLVED that the Alberta Public Health Association work with Safe Kids Canada to further the call for 4-sided pool fencing in both the national and Alberta building codes

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### Housing \*\*\*\*\*

Be it resolved that:

The outcomes of the May 13, 2008 conference sessions held by the Alberta Public Health Association will be used to direct its action towards housing which may include the following:

The Alberta Public Health Association support and encourage the broad adoption of "Housing First" approaches across Alberta

The Alberta Public Health Association form a Housing Working Group to advise on the health impacts of policies in Alberta and recommend strategies to address housing needs

The Alberta Public Health Association include the voices of those who are homeless, in affordable housing, paying large portions of their income for housing needs, or otherwise affected by housing in their Housing Working Group operations

The Alberta Public Health Association work in collaboration with First Nation organizations to address housing needs on and off reserve

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### Promote, Protect and Support Breastfeeding in Alberta \*

That the Alberta Public Health Association (APHA) under the leadership of the Alberta Breastfeeding Committee (ABC) together with representatives from related organizations ( such as College and Association of Registered Nurses of Alberta, Alberta College of Physicians and Surgeons, Alberta Pharmaceutical Association, College of Dietitians of Alberta, La Leche League, Doula's International (DONA), Alberta Association of Midwives, Chronic Disease Prevention Alliance of Canada ) develop a strategy to ensure healthcare staff working with mothers and babies ( both in institutions and community) be trained in evidence based knowledge and skills needed to create supportive environments for breastfeeding women and children.

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### Health Week \*

The Alberta Public Health Association work to promote the adoption of Public Health Week in Alberta with the purpose of:

• Increasing the profile and visibility of public health efforts in organizations, communities, regions, and the province

• Facilitating the intersectoral education about public health to various stakeholders with influence over the determinants of health

• Emphasizing the importance of upstream prevention and working on the root causes of disease and injury

• Facilitating public health communications in media throughout the province

• Supporting other opportunities to promote public health provincially

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## 2009

### Demerit Points as Penalty for Occupant Restraint Violations \*\*\*

WHEREAS research shows that the use of vehicle occupant restraints reduces the likelihood of sustaining an injury and the severity of the injury is decreased among collision-involved restraint users.(1)(2)

WHEREAS in the Alberta Traffic Collision Statistics for 2007 in which only 9.l % of occupants using restraints when involved in collisions were injured versus 36.5% of occupants not using restraints.(3)

WHEREAS fatal injuries occurred at a rate of 0.l % of restraint-using occupants while they occurred at a rate of 3.5% for non-users and major injuries are less than one tenth and minor injuries are about one third when restraints are used.

WHEREAS in 2004, 87.l 1% of vehicle occupants in rural Alberta were observed to be using seat belts and in 2007 urban seat belt use in Alberta was 89.3%, lagging behind the national urban usage rate of 93.l %.

WHEREAS the number of lives that can be saved and the number of injuries reduced by improving the rates is dramatic because approximately 40% of fatalities and 20% of major injuries occur among the approximately l 0% of unbuckled occupants.

WHEREAS a landmark study concludes that the demerit points system significantly improves compliance with seat belt use regulations and that traffic fatalities and injuries significantly declined after the adoption of the system.(6)

WHEREAS the increase in seat belt wearing rates realized by the introduction of demerit points for violation in conjunction with media campaigns and law enforcement is not just a temporary change but is sustained in the long run.(9)

BE IT RESOLVED that the Alberta Public Health Association urge the Government of Alberta introduce a penalty of3 demerit points for a violation of the occupant restraint laws for both adult seat belts and child restraints.

**Background Information**

Recommendation.

To increase compliance with passenger restraint regulations the Alberta Public Health Association should recommend that the Government of Alberta introduce a penalty of 3 demerit points for a violation of the occupant restraint laws for both adult seat belts and child restraints.

Background

Research shows that the use of vehicle occupant restraints reduces the likelihood of sustaining an injury and the severity of the injury is decreased among collision-involved restraint users.(1 )(2) This is also demonstrated in the Alberta Traffic Collision Statistics for 2007 in which only 9 .1 % of occupants using restraints when involved in collisions were injured versus 36.5% of occupants not using restraints.(3) Fatal injuries occurred at a rate of0.1 % of restraint-using occupants while they occurred at a rate of 3.5% for nonusers. Major injuries are less than one tenth and minor injuries are about one third when restraints are used. This current data coupled with research conducted over the last several decades leaves no doubt that occupant restraint use is an effective means of protecting vehicle occupants from injury and death when involved in a collision.

The National Occupant Restraint Program 2010 targets aim to achieve 95% seat belt use by all occupants, as well as 95% proper use of child restraints that are appropriate for the child's height and weight(4). In 2004, 87.11 % of vehicle occupants in rural Alberta were observed to be using seat belts. In 2007 urban seat belt use in Alberta was 89.3%, lagging behind the national urban usage rate of 93.1 %. The number of lives that can be saved and the number of injuries reduced by improving the rates is dramatic because approximately 40% of fatalities and 20% of major injuries occur among the approximately 10% of unbuckled occupants.

By Alberta law, drivers must wear their seat belts and are responsible for ensuring that their passengers under 16 years of age are buckled up or secured in a child safety seat. The fine for not wearing a seat belt is $115.(5) While a fine can act as a deterrent for violating occupant restraint regulations, the use of demerit points could increase compliance.

Alberta, British Columbia and Nunavut are the three remaining Canadian jurisdictions which do not use demerit points as a penalty for occupant restraint violations. Other jurisdictions, such as the Yukon and Prince Edward Island penalize drivers with the accrual of approximately one quarter of all demerit points for a single seat belt violation.

This position paper will review the available information and research surrounding the use of demerit points for increasing compliance and recommend the implementation of demerit points for the violation of occupant restraint legislation in Alberta.

**Effectiveness of Demerit Points in Changing Behaviours**

Research on the demerit points system is a relatively new topic within the substantial body of scientific research on the evaluation of different types of law enforcement to make roads safer.(6) However, recent solid research has proven that the use of the demerit point system can improve compliance with traffic legislation and decrease injuries resulting from violations of the laws.(6-8)

A landmark study by Zambon et al. concludes that the demerit points system significantly improves compliance with seat belt use regulations and that traffic fatalities and injuries significantly declined after the adoption of the system. The researchers conclude that 'the penalty points system appears to be an important opportunity to reduce road traffic victims, and thus calls for the optimal use, as few other preventive policies can have such massive and immediate consequences'.(6)

Further research conducted by Zambon et al. finds that the increase in seat belt wearing rates realized by the introduction of demerit points for violation in conjunction with media campaigns and law enforcement is not just a temporary change but is sustained in the long run.(9)

**Appropriate Demerit Penalty**

There is little data to suggest what would be an appropriate number of demerit points to attach to a violation of occupant restraint legislation. A comparison of occupant restraint usage rates with demerit points in Canadian jurisdictions does not show a clear connection between more demerits and higher usage rates.

In Alberta the fine for not using an occupant restraint is $115.00. Other offences with a fine of$115.00 such as illegal U-turn or failure to signal lane change is 2 demerits.(5) A penalty of 2 demerits for non-use of an occupant restraint would place Alberta in the middle of Canadian jurisdictions as far as the severity of the penalty. Considering Alberta's low wearing rates and the high proportion of injuries to unrestrained occupants, 3 demerits may be a more appropriate penalty.

**Other Organizations in Support of Demerit Penalty for Occupant Restraint Violations**

* **Road Safety Vision 2010 and the Canadian Council of Motor Transport Administrators/National Occupant Restraint Program**

The National Occupant Restraint Program 2010 target aims to achieve 95% scat belt use by all occupants, as well as 95% proper use of child restraints that are appropriate for the child's height and weight.(4) These targets have been incorporated into the Road Safety Vision 2010, Canada's national road safety plan targets. To reach these targets the plan encourages jurisdictions to pass an act to enhance the safety of children and youth (e.g. requiring the use of booster seats for children 18-36 kg, under 145 cm tall or under 8 years of age) and to include both fines and demerit points as penalties for non-use. Similarly, the plan recommends that jurisdictions remove exemptions and increase fines and demerit points for non-use of seat belts.

* **Alberta Traffic Safety Plan 3-yr Action Plan (2007-2010)**

The Alberta Traffic Safety Plan in its 3 year action plan for 2007-2010 recommends legislative actions to reduce unbelted occupants and encourage proper use of appropriate child restraints that include the promotion of demerit points for non-use and misuse of seat belts and child safety seats.( 10)

* **Alberta Motor Association**

In the Alberta Motor Association's Statement of Policy 2008/2009, the association endorses the use of demerit points as a means to increase occupant restraint use. In their Resolution 7. I .1, Occupant Restraint Penalties, the association recommends "penalties for non-use of occupant restraint systems including seat belts and child restraints should include demerit points and be adequate to ensure a reasonable level of compliance and a sufficient level of attention by enforcement agencies".( 11)

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### A Ban on all Commercial Advertising Targeted to Children Under 13 Years of Age \*\*\*

WHEREAS children today are exposed to a greater intensity and frequency of marketing than any previous generation;

WHEREAS there is strong evidence that younger children lack the cognitive abilities to understand marketing messages;

WHEREAS Canadian children influence $20 billion in annual household purchases, making them a lucrative target for marketers;

WHEREAS there is strong evidence that food advertising has a direct influence on what children choose to eat and indirectly exerts pressure on parents to choose those things;

WHEREAS the dominant focus of commercial advertising targeted to children is for products that undermine parents' and public health professionals' efforts to promote healthy diets and physical activity;

WHEREAS recent industry initiatives promising to change advertising to children have proven to be ineffective;

WHEREAS the Quebec ban on commercial advertising targeted to children provides a wealth of experience in implementing a national framework;

WHEREAS the Supreme Court of Canada ruled in l 989 that the Quebec ad ban is a reasonable limit on the right to free speech and that " ... advertising directed at young children is per se manipulative";

WHEREAS almost 90% of television watched by Canadian children is on Canadian-based stations which would be subject to Canadian laws;

NOW THEREFORE BE IT MOVED that the Alberta Public Health Association call for a ban on all commercial advertising targeted to children under 13 years of age by the Government of Alberta, the Government of Canada or both.

BE IT FURTHER MOVED that APHA urge the Canadian Public Health Association to advocate for a national ban to the Federal Government.

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## 2012

### Reduce Alcohol –Related Injury in Alberta \*

Whereas, globally, 1.8 million deaths result from alcohol, of which 32.0% are from unintentional injuries and 13.7% are from intentional injuries (1), and

Whereas, in 2002, in Alberta the cost of alcohol abuse was estimated to be $1.64 billion with productivity losses, health care, and law enforcement accounting for the majority of the cost (2),

and

Whereas persons under the influence of alcohol are more likely to be injured and are more

likely to sustain serious injuries (3), and

Whereas alcohol intoxication impairs motor function compromising balance and movement and

slowing reaction times and also impairs judgment which can lead to risk-taking behaviour, and

affects emotions which can lead to violence or self-harm(4), and

Whereas people under the age of 35 and males are more highly represented among those

injured due to alcohol use (1), and

Whereas three-quarters of Albertans aged 15 and older report drinking alcohol (5) an

Whereas per capita alcohol consumption in Alberta continues to be higher than the national average (6) and

Whereas alcohol is a contributing factor in many injury -causing events in Alberta including motor vehicle collisions, all-terrain vehicle incidents, snowmobiling incidents, fires, drowning, suicide and inter-personal violence, and

Whereas *Canada's Low-Risk Drinking Guidelines* are available for adults who wish to reduce the

risks of drinking, and

Whereas the Alberta Government has developed the Alberta Alcohol Strategy to prevent and reduce alcohol-related harm by developing a culture of moderation,

Be It Resolved That the Alberta Public Health Association work with Alberta's injury prevention partners to reduce the number and severity of injuries involving alcohol by:

 a) promoting knowledge of Canada's Low-Risk Drinking Guidelines to the community of public health and injury practitioners so that it may be more widely shared with populations at risk, and

 b) calling upon the Government of Alberta to resource and implement the *Alberta Alcohol Strategy*.

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### Supporting the Creation of a Wellness Foundation in Alberta \*\*\*\*\*

WHEREAS chronic disease (cancer, diabetes, ischemic heart disease and chronic obstructive pulmonary disease) is the leading cause of death and disability in Alberta and has a major impact on the physical, mental and economic health of all Albertans (1, 2).

WHEREAS over 40% of these diseases can be prevented by taking action to reduce risk factors including tobacco and alcohol use, poor nutrition and physical inactivity (3).

WHEREAS the Alberta Government is spending more than ever before on acute health care, with the majority (over 90%) spent on treating and managing preventable disease (4).

WHEREAS prevention and health promotion are chronically underfunded in Alberta; funding in Alberta is currently equivalent to approximately 3% of the total budget spent on health, most of which is used to prevent communicable disease (5).

WHEREAS making new and sustained investments in prevention and health promotion is good value for money; a one dollar investment can be expected to result in a minimum $4-5 cost savings in future acute health care expenditures (6).

WHEREAS a wellness foundation is an effective mechanism for ensuring new investments are protected from the demands of acute care funding needs and are committed to evidence-based prevention and health promotion strategies (7).

WHEREAS other jurisdictions including Australia, Estonia, Switzerland and Thailand have created foundations to ensure a long-term, evidence-based focus on preventing disease and disability and have achieved positive health outcomes (7, 8).

WHEREAS to be effective in addressing complex determinants of health to prevent disease and promote health, a foundation in Alberta must be well-financed (approximately 1% of the provincial health budget), sustainable and function independent of the health care system (9).

WHEREAS the Alberta Public Health Association (APHA) is an active member of the APCCP.

BE IT RESOLVED THAT the Alberta Public Health Association (APHA) urge the Provincial Government to:

 i) Enact legislation to establish a Wellness Foundation governed by an independent board, selected by an all-Party committee of the Legislative Assembly and that reports directly to the Assembly,

 ii) Commit to investing the equivalent of at least [illegible note] 1% of the total Alberta Health budget (or at least $160 M) annually and

 iii) Ensure the funding and operation of the Wellness Foundation is independent of the acute care system to maintain financial autonomy, accountability and transparency.

References:

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### Banning Indoor Tanning for Youth Under 18 years of age \*

Whereas one in every three cancers diagnosed worldwide is a skin cancer, 80-90% of which are caused by UV radiation. i

Whereas rates of skin cancer have increased at an alarming rate in developed countries including Canada in the last two decades, with over 80,000 new skin cancers diagnosed every year in Canada. ii

Whereas in 2009, the International Agency of Research on Cancer upgraded artificial UV rays from tanning devices from a probable carcinogen to a known carcinogen. This is the same categorization used for tobacco. iii

Whereas children's skin is more sensitive to UV radiation. As a result, anyone under 18 is at greater risk of developing cancer when exposed to UV.

Whereas combined analysis of over seven epidemiological studies shows that the risk of cutaneous melanoma is increased by 75% when the use of tanning devices starts before age 35.iv Even more alarming, escalating cancer risk has been documented with total hour, sessions and years of tanning bed use. v

Whereas melanoma is the most aggressive and dangerous among skin cancers and is one of the most common cancers among young adults, aged 15-29.

Whereas in 2009, the World Health Organization recommended all minors be banned from indoor tanning given the conclusive evidence that indoor artificial UV tanning causes skin cancer, and that children are at greater risk of skin cancer when exposed to UV radiation. vi

Whereas Scotland, France, Germany, England, Australia, Brazil and, most recently, the state of California have since passed legislation that not only prohibits youth under 18 from using indoor UV tanning equipment but also establishes a mandatory licensing system.

Whereas in Canada, Nova Scotia, New Brunswick and the Capital Regional District in BC have passed bylaws that prohibit indoor UV tanning by youth under 18. BC and Quebec are currently considering province-wide legislation, while in Ontario such a bill has made it to a second reading and has been referred to the Standing Committee on Social Policy. vii

Be it Resolved That:

The Alberta Public Health Association work with the Anti-Tanning Advocacy Group to urge the provincial government to ban indoor tanning for youth younger than 18 years of age.

References:

i World Health Organization (WHO). Sunbed, tanning and UV exposure. 2010:. Available at: http://www.who.int/inediacentre/factsheets/fs287/en/

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vii Ontario's Bill 83 An Act to Prevent Skin Cancer received second readine prohibition on selling or supplying tanning services or ultra-violet light treatment services to persons under the age of 19.

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## 2013

### Support fluoridation of drinking water for the prevention of tooth decay in populations \*\*\*\*\*

Date of submission: June 10, 2013

Date of revision: July 8, 2013 (following discussion at June 14 2013 APHA AGM)

Whereas oral health is an important component of overall health 1

Whereas over 50% of Canadian children are affected by dental caries 1

Whereas social inequities in oral health exist, such that poorer oral health is observed among those with lower (versus higher) household education and those who do not (versus those who do) have private dental insurance 1;2

Whereas research supports the benefits of drinking water fluoridation for the prevention of tooth decay in populations 3-6

Whereas, on balance, there is no clear evidence for an association between drinking water fluoridation in controlled doses and adverse health outcomes 7;8

Whereas research indicates that drinking water fluoridation is equitable in its impact on oral health outcomes 9-11

Whereas drinking water fluoridation is a highly cost-effective public health intervention 12-13

Whereas, from an ethical point of view, drinking water fluoridation is justified on the basis of its benefits for the common good, coupled with very low risk of harm 14

Whereas many communities, in Alberta and across Canada, are revisiting their fluoridation status and in many cases are opting to remove fluoride from drinking water 5

Whereas local and national health and dental organizations, including the Alberta Dental Association, 15 the Canadian Dental Association, 16 the Canadian Public Health Association, 17 recognize the benefits of drinking water fluoridation for the prevention of tooth decay in populations

Be it further resolved that the Alberta Public Health Association participates in instances of fluoridation decision-making in Alberta communities, by:

* Writing letters in support of fluoridation to members of Council who are engaged in fluoridation decision-making in their community;
* Attending fluoridation-related public events in Alberta such as Town Hall meetings and voicing APHA’s favorable position on drinking water fluoridation for the prevention of tooth decay in populations;
* Educating policymakers and the general public about current evidence on the benefits, safety, equitability, and cost-effectiveness of drinking water fluoridation for the prevention of tooth decay in populations.

**References**

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Fluoridation Caries Study 1955 Report. *Can J Public Health* 1956;47:149-59.

(5) McLaren L, McIntyre L. Drinking Water Fluoridation in Canada: Review and

Synthesis of Published Literature*.* Report prepared for the Public Health Agency of Canada, 2011.

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### Substance use \*\*\*\*\*

11.1.1 Moved …. that the resolution be passed as amended. Carried (The whereas statements will be re-circulated) Has there been any work with the MHO’s or has there been any work with the Smart Crack or other harm reduction strategies? The resolution was amended by adding “by other harm reduction strategies” as a part of the resolution. (Be it resolved that the APHA recognizes that harm reduction includes a broad range of harm reduction strategies and including safer inhalation kits to the resolution as well)

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## 2014

### Support for Guaranteed Annual Income for Albertans \*

WHEREAS one in eight Canadian households reports food insecurity1 despite the array of income security and social assistance programs provided by federal and provincial governments; and;

Whereas food insecurity as an indicator of material deprivation is known to be associated with adverse effects on physical and mental health, educational outcomes, autonomy, dignity and life chances of those affected by it;2-6 and

Whereas food insecurity arises from income constraints alone or combination with other social determinants of health7; and

Whereas the income inequality gap continues to increase to the detriment of all Canadians;8,9 and

Whereas pension security is at risk despite the fact that the Guaranteed Income Supplement/Old Age Security program has reduced seniors poverty remarkably;10,11 and

Whereas there was an encouraging pilot project of a basic income supplement for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in Dauphin, Manitoba in the 1970s12; and

Whereas the idea of a basic income supplement for working age adults was recently endorsed by the Canadian Medical Association as a means of improving the health of low income Canadians13; and

Whereas a new campaign for basic income in Canada is gaining momentum as the BIG Push Campaign http://www.thebigpush.net/ supported by the Basic Income Canada Network; and

Whereas a well-designed universal basic income guarantee can effectively eliminate poverty and reduce income inequality; and

Whereas the Province of Alberta recently announced the formation of Social Innovation Endowment (http://humanservices.alberta.ca/social-innovation-fund.html ) in order to support the goals of Alberta’s Social Policy Framework;

Therefore, be it resolved that the Alberta Public Health Association endorse the campaign for a universal basic income guarantee known as The BIG Push Campaign; and

Be it further resolved that the Alberta Public Health Association investigate means of supporting the implementation of a universal basic income guarantee for all Albertans as a pilot project of the Social Innovation Endowment.

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Approved at Alberta Public Health Association Annual General Meeting, May 2014

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## 2015

No resolutions

## 2016

### Revision to APHA bylaws \*

Motion that the proposed revision to the APHA bylaws be adopted. Carried.

Discussion – how do Members get allocated to various committees? Board and General Members can join committees, just need to express interest. Efforts are being taken to engage Members on committee initiatives.

Motion that the governance committee be authorized to correct article and section designations, punctuation, spelling, and cross-references, and to make such other technical and conforming changes as may be necessary to these bylaws. Carried.

**Special Resolution - Proposed Amendments to APHA Bylaws**

In accordance with current APHA Bylaws and Sections 1(d) and 16(1) of the Province of Alberta Societies Act, the APHA Board of Directors is proposing revisions to APHA Bylaws by special resolution at the 2016 AGM held on June 24, 2016.

The proposed revision is attached for your review. A copy of the current bylaws is also attached. If you have questions or require clarification prior to the AGM, contact the Board of Directors

Rationale for Amendments:

1. Updates to reflect the current organizational structure and resource capacity of the Association.

2. Alignment of clauses with current governing legislation (AB Societies Act) and guidance documents (Muttart Foundation Drafting and Revising Bylaws for Not-for-Profit Organizations in Alberta).

3. Relocating non-mandatory information into Association policies & procedures.

4. Reorganization of article order as recommended by the Muttart Foundation’s board development guidance documents.

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## 2017

### Support advocacy efforts to improve access to affordable housing for Albertans living low income \*

***(Passed at the 2017 APHA AGM, held on June 16, 2017 in Edmonton).***

Whereas public health is concerned with the social determinants of health and social inequities in health1

Whereas public health is not limited to the healthcare system or the ministry of health, but rather transcends activities of diverse government ministries (e.g., housing, education, labour) 2

Whereas public health advocacy is a critical strategy for improving the health of populations3

Whereas in Calgary, 14,000 households are at risk of homelessness4

Whereas housing is a basic human right according to the United Nations5

Whereas in 1993 the Canadian federal government ceased regulation of affordable housing which has been detrimental to its availability6

Whereas poor housing presents risks to mental health, including psychological distress from poor living conditions, inability to pay rent and socialization issues7

Whereas poor housing can induce inadequate nutrition, thereby harming childhood development and subsequent poor health in adulthood8

Whereas approximately 25% of Calgary’s population are inadequately served by the private housing market9

Whereas there is currently a policy window, whereby all three levels of government are concerned with, and supportive of investments in affordable housing.10

Be it resolved that the APHA will engage in policy development and advocacy efforts to improve access to affordable housing for low income Albertans by:

* Looking for opportunities to engage with other non-profit groups already involved in affordable housing advocacy;
* Being aware of upcoming policy decisions around affordable housing so that APHA can be ready to engage in consultations or advocacy

References

1 Davidson, A. Social determinants of health: A comparative approach. 2015. Oxford University Press

2 Alberta Government. Structural organization: Ministries. 2016. Retrieved from: <http://www.alberta.ca/ministries.aspx>

3 MacDonald, M. Introduction to Public Health Ethics 1: Background. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. 2014

4 City of Calgary. Foundations for Home: Calgary’s Corporate Affordable Housing Strategy 2016-2025. 2016

5 United Nations. The right to adequate housing. N.d. Retrieved from: http://www.ohchr.org/Documents/Publications/FS21\_rev\_1\_Housing\_en.pdf

6 The Homeless Hub. 2016. Retrieved from <http://www.homelesshub.ca/>

7 Krieger J and Higgins DL. Housing and Health: Time Again for Public Health Action. AM J Public Health. 2002, 92(5): 758-768

8 Krieger J and Higgins DL. Housing and Health: Time Again for Public Health Action. AM J Public Health. 2002, 92(5): 758-768

9 City of Calgary. Foundations for Home: Calgary’s Corporate Affordable Housing Strategy 2016-2025. 2016 see also The Homeless Hub. 2016. Retrieved from <http://www.homelesshub.ca/>

10 Government of Canada. Budget 2017: Chapter 2, Communities built for change. 2017. Retrieved from: <http://www.budget.gc.ca/2017/docs/plan/chap-02-en.html>

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**References**

The following documents can be found in the APHA Calgary archives.

* APHA Resolutions & AGM Meeting Minutes 1944-1983
* APHA Resolutions & AGM Meeting Minutes 1984-1999
* RESOLUTIONS 2000-01
* APHA BOARD MINUTES 2000-2001
* AGM MINUTES-2001 2000 1999 1998
* RESOLUTIONS 1991-1999 & 2001 2003
* Board Minutes April 2003 – March 2006
* APHA-AGM 2004 AND 2005
* APHA TRACKING RESOLUTIONS 2007

The following documents can be requested from the authors of this document.

* APHA Bylaws - Proposed Revisions and 2011 Bylaws
* 2006-June 6 - Annual General Meeting Minutes
* APHA Annual General Meeting Minutes May 13, 2008
* APHA AGM resolutions June 2012
* Minutes - APHA AGM 2013
* 2014 - AGM Meeting Minutes
* Resolution - GAI - May 2014 (no names)
* AGM 2016 Meeting Minutes - for approval at 2017 AGM