

**133<sup>RD</sup> MEETING OF THE  
HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA  
OCTOBER 12-14, 2010  
WHISTLER, BC**

**RESOLUTIONS**

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The resolution from the April 2010 HOC meeting, “**MEASURING PROGRESS**”, was discussed and it was agreed that the resolution would remain tabled until referral of the resolution to BC Population Health Network and subsequent work had happened.

**ACTION:** Secretary to track progress of work on this resolution.

**RESOLUTION: HEALTHY BUILT ENVIRONMENT #1**

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This resolution was returned for consideration after having been tabled at last HOC meeting. The Chair informed members that due to communication errors actions had been taken on this as if it had been passed.

**WHEREAS** Section 850 respecting regional growth strategies for local governments under of the Local Government Act considers the impact of providing for housing, transportation, regional district services, parks and natural areas, and economic development; and to the extent that these are regional matters, targets for the reduction of greenhouse gas emissions but does not consider health

**WHEREAS** section 850(3) allows for inclusion of regional growth strategies may include any other regional matter.

**WHEREAS** section 877 (1) of the Local Government Act identifies the purposes of Official community plans which are inclusive of residential development; commercial, industrial, agricultural, recreational and public utility use; sand and gravel extraction sites; protecting environmentally sensitive area; transportation corridors, water and sewage systems; public facilities such as schools, parks, waste treatment and disposal

**WHEREAS** section 877 (3) identifies the need for inclusion of targets for the reduction of greenhouse gases.

**WHEREAS** section 878 provides for the potential inclusion of policy statements on social needs, social well-being and social development however does not explicitly identify health outcomes to be impacted

**WHEREAS** a growing body of evidence supports the active inclusion of health as a principle in local government planning

**WHEREAS** the success of local planning to support health requires the combined efforts of local government and health professionals

**THEREFORE BE IT RESOLVED:**

1. HOC request the Minister of Community and Rural Development to utilize sections 850 and 877 of the Local Government Act to include explicit planning in areas that support the healthy built environment, inclusive of but not limited to encouraging physical activity, reducing obesity, reducing injuries, supporting healthy children’s development, supporting inclusiveness of persons with chronic mental illness, supporting the sustainability of the local food system, supporting persons who are aging or living with disabilities, development that is sensitive to health of the environment and impact of climate change and planning for health facilities and services.
2. HOC request the Ministry of Healthy Living and Sport to work with the Ministry of Community and Rural Development on setting guidelines for communities and health authorities on the expectation of health assessments for larger developments and capital projects.
3. HOC communicate with the UBCM Healthy Communities Committee the desire to collaborate in supporting local governments to be inclusive and supportive of planning that benefits of the health of community residents.
4. HOC request regional health authorities to support public health involvement in municipal and regional planning that encourages healthier environments in built, suburban, small community and rural settings by ensuring adequate resources, developing professional and surveillance capacity and re-restructuring health services where necessary.
5. HOC encourage the health authorities and Ministry of Healthy Living and Sport to provide leadership in developing skills and capacity for undertaking health assessments of developments and large projects.

Moved Parts 1, 2, and 3: Paul Hasselback    Seconded: Helena Swinkels                      **Carried**

Moved Parts 4 and 5: Paul Hasselback    Seconded: Helena Swinkels                      **Carried**

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**RESOLUTION: HEALTHY BUILT ENVIRONMENT #2**

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**WHEREAS** the built environment is an important determinant of health and wellbeing,

**WHEREAS** no strategic plan for incorporating health impact assessment into planning and development exists,

**WHEREAS** current legislation governing regional and local planning and development omits health as a consideration,

**WHEREAS** intimate collaboration between the planning, development and public health communities is essential to create healthier built environments,

**WHEREAS** there is a need to address the health impacts of the built environment in both urban and rural settings

**WHEREAS** the Health Officers Council has received a discussion document outlining some of the current status and situation in the province of British Columbia

**THEREFORE BE IT RESOLVED** HOC request the Minister of Health Living and Sport in conjunction with the Minister of Community and Rural Development to develop a strategic plan for the Healthy Built Environment in BC which addresses expectations of local government and Health Authorities, facilitates government change, and enumerates success indicators, and

**FURTHER BE IT RESOLVED** The Ministers of Healthy Living and Sport and Community and Rural Development be requested to establish a structure with power to support the HBE agenda through coordinating activity, monitoring implementation, oversee provincial government implementation, measuring and reporting on progress, and identifying research priorities, and

**FURTHER BE IT RESOLVED** that The Ministry of Healthy Living and Sport with the support of the Ministry of Community and Rural Development establish a working group to review the rural built environment issues as they pertain to supporting health outcomes, and

**FURTHER BE IT RESOLVED** HOC request the Ministry of Healthy Living and Sport facilitate the development of tools to assist municipalities in health impacts assessments relating to built environments, and

**FURTHER BE IT RESOLVED** HOC request that The Minister of Community and Rural Development review the Local Government Act in addition to previously proposed changes to include:

- i) Health be included in sections 855 and 879 of the LGA as a sector to be consulted.
- ii) Health be identified as one of the outcomes to be considered in section 878 in the preparation of the Official Community Plan
- iii) In Part 26 or other appropriate location, explicit mention that results of a comprehensive health impact assessment has been undertaken that this information is used in the planning and development process.

Moved: Paul Hasselback    Seconded: Helena Swinkels

**Carried**

**ACTION: Letters under preparation**

## **RESOLUTION: GOVERNMENT SPONSORED ON-LINE GAMBLING**

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**WHEREAS** compulsive gambling is a dangerous, debilitating progressive addiction characterized by increasing preoccupation with gambling, a desire to bet more money more frequently, an inability to stop, and loss of control manifested by an escalation in obsessive gambling in spite of mounting, negative and severe consequences to the extent of serious personal debt and prompting even criminal activity to support this addiction

**WHEREAS** such gambling disorders are a recognized psychiatric condition that causes disruptions in all major areas of life: psychological, physical, social or vocational, such that it thereby produces an immense burden on our health care and social support systems

**WHEREAS** problem gambling and moderate risk gambling already affect 4-5% of the adult population, with at least 7-8 million problem gamblers now in North America

**WHEREAS** on-line gambling, being so accessible and without effective social barriers, is becoming ever more popular, with numbers expected to increase as more sites crop up

**WHEREAS** the recent growth of gambling problems among youth is alarming, and that health professionals, educators and the public are only now recognizing the increase and impact of this risky behaviour in response to the expansion of the gambling industry

**WHEREAS** the second of five 'great goals' established for British Columbia is to: *Lead the way in North America in healthy living and physical fitness* (BC Government, 2006)

**WHEREAS** BC in 2006 launched *ActNow*, aiming to be "the most comprehensive health promotion program on the continent", with a need to show positive results from policy initiatives

**WHEREAS** the Government of British Columbia in August 2010 launched *PlayNow* a government-run on-line gambling facility, the only government in North America to do so

**WHEREAS** the BC government's decision to sponsor a government run on-line gambling facility is drawing negative commentary and will, if allowed to stand, become widely recognized as an example of unhealthy social policy.

**THEREFORE BE IT RESOLVED** that the HOC request the government of BC

- 1) reverse the decision to establish the Playnow website
- 2) launch a new initiative to demonstrate authentic leadership in the prevention of problem gambling;
- 3) show visible leadership towards a solution to this growing public health and social problem.

**FURTHER BE IT RESOLVED** that Health Officer's Council consider establishing a working group to further explore the issue of gaming as a public health problem and report back with recommendations for further consideration by the fall of 2011.

Moved each part of resolution separately: Trevor Hancock

Seconded each part of resolution separately: John Carsley

**All carried**

**ACTION:** Letters have been sent from the chair to the Premier, Minister of Health Services, Minister of Public Safety and Solicitor General. Frank White has agreed to lead the formation of a working group and report back to HOC at the next meeting.

## **COMPREHENSIVE TOBACCO CESSATION PROGRAM IN B.C.**

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**WHEREAS** cigarette smoking remains the most common cause of preventable death and disability in Canada;

**WHEREAS** current smoking in BC was 15% in 2009 and has not fallen more than 1% in the last 5 years;

**WHEREAS** smoking-related harms cost BC an estimated \$563 million in lost health, productivity and other expenses per year; 6,000 lives per year and 60,000 premature years of lives lost per annum or 22 years of life for every one in four smokers;

**WHEREAS** smokers, on average, have a ten percent higher rate of hospitalization than non smokers;

**WHEREAS** hospitals are smoke free premises and acute illness is a great motivator for smokers to quit smoking;

**WHEREAS** published evidence and the 2008 US Public Health Service guideline confirms that identifying smokers and providing them with brief advice and cessation assistance in clinical practice are both very effective and cost effective;

**WHEREAS** hospital-initiated interventions for smoking cessation that include inpatient treatment and follow-up after discharge generate significantly higher long term quit rates compared to control conditions;

**WHEREAS** evidence-based smoking cessation strategies have clearly resulted in improved smoking cessation rates with up to 44% relative risk reduction in hospital admissions and 77% risk reduction in mortality of smokers with cardiovascular disease;

**WHEREAS** the return on investment realized by a systematic smoking cessation intervention provided to patients at the University of Ottawa Heart Institute was 257% and the total number of hospital bed days prevented was estimated at 2 for every 9 patients enrolled in the program;

**WHEREAS** the provincial Center of Excellence in tobacco cessation, based out of VCH, by employing the ten best practices noted in the Ottawa Model for Clinical Smoking Cessation, has demonstrated a six month quit rate of 52% (up from a baseline quit rate of 30%);

#### **THEREFORE BE IT RESOLVED**

1. That HOC request the Ministry of Health Services and Ministry of Healthy Living and Sport to establish a provincial model for tobacco cessation services, and to fund a provincial clinical smoking cessation program for inpatients and outpatients and
2. That HOC request the Ministry of Health Services, as a component of cessation programming, fund tobacco cessation services provided by primary care providers consistent with the recommendations of the Clinical Prevention Policy Review and the existing Guidelines on CVD Prevention.

Amendment to add point #2 Moved: Trevor Hancock, Seconded John Carsley **Carried**

Moved entire resolution as amended: Patty Daly Seconded: Richard Stanwick **Carried**

**ACTION: Letters in preparation**

## **PROVISION OF NICOTINE REPLACEMENT THERAPY TO VULNERABLE CLIENTS**

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**WHEREAS** cigarette smoking remains the most common cause of preventable death and disability in Canada;

**WHEREAS** smoking-related harms cost BC an estimated \$563 million in lost health, productivity and other expenses per year; 6,000 lives per year and 60,000 premature years of lives lost per annum or 22 years of life for every one in four smokers;

**WHEREAS** tobacco dependence treatments and nicotine replacement therapies are considered one of the top ten cost effective prevention interventions and cost less than \$5000 per life year saved;

**WHEREAS** full financial reimbursement of smoking cessation medications significantly improves one-year abstinence rates among smokers;

**THEREFORE BE IT RESOLVED** HOC request the provincial formulary, pharmaceutical division to fund nicotine replacement therapy for individuals with mental illness and addictions and individuals receiving income assistance.

Moved: It was noted that this resolution had been previously request so was withdrawn.

**ACTION:** Executive follows up on action from previous similar resolution.

## **COMPREHENSIVE AND PARTICIPATORY COMMUNITY HEALTH PLAN FOR OIL AND GAS DEVELOPMENT FOR THE NORTHEAST OF BRITISH COLUMBIA**

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**WHEREAS** there is unprecedented and exponential development of oil and gas resources in Northeast BC

**WHEREAS** the implications for the health status of the communities affected by this development and their need for health services are not well understood

**WHEREAS** there has not been a comprehensive assessment of environmental impact and health risks of this current and anticipated future development

**WHEREAS** there is no formal coordinating body and or forum to bring together key role players to address health concerns related to activities, chemical used or released into air and water sheds by oil and gas industry

**WHEREAS** Section 3 of the Public Health Act provides for the Minister to require the development of Public Health Plans

**THEREFORE BE IT RESOLVED** that HOC request the Minister of Healthy Living and Sport to require a health plan be developed to address the short, medium and long-term health implications of oil and gas development in Northeast BC;

And further, that this plan includes assessment of health implications, a plan to prevent and/or mitigate identified health hazards and the implementation of a transparent monitoring, health surveillance and reporting system;

And further that this plan be developed in collaboration with key stakeholders, including community members, First Nations, the health authority, industry and local, provincial and federal governments

Moved: Andrew Larder Second: Brian O'Connor

**Carried**

**ACTION:** This item has been discussed with the Northern Health Authority MHOs and letters will be prepared once the group has undertaken some activity within the region.

### **HOC ACTION ON OBESITY REDUCTION STRATEGY BE CONSIDERED COMPLETED**

**WHEREAS** HOC adopted the following resolution on obesity at its 130<sup>th</sup> meeting in Victoria in the spring of 2009:

**WHEREAS**, BC is experiencing a serious epidemic of obesity in children and adults that will lead to an increased burden of many chronic diseases (including hypertension, diabetes, heart disease, strokes, cancer, arthritis, respiratory disease, mental health issues, etc) and quite possibly a lowered life expectancy for this generation of children; and

**WHEREAS**, there is, at present, not a coherent, comprehensive obesity reduction strategy for BC,

**THEREFORE BE IT RESOLVED**, that HOC form an Obesity Sub-Committee with a mandate to:

Develop a partnership with other important agencies including:

- Canadian Pediatric Society
- BC Obesity Foundation
- BCMA
- RHAs, PHSA, MHLS/PHO
- UBC SPPH, SFU
- BCHLA and,
- Others as appropriate

Prepare a report on a Strategy to Reduce Obesity in BC to include:

- the epidemiology of obesity and its related chronic diseases including projections of the burden of illness that will affect BC
- estimates of the total societal costs of obesity in BC including impacts on the publicly funded health care system
- a review of the literature regarding effective population health and clinical interventions to both prevent and treat obesity
- make recommendations to government and all other appropriate sectors of society for action on obesity.

**WHEREAS**, These efforts contributed to the development of an obesity reduction strategy for British Columbia has been developed and submitted to the Minister of Health Services

**WHEREAS** Members of HOC were involved in the coordinating the response and preparation of the document; however the document was submitted without reference to, or acknowledgement of the Health Officers Council of BC regarding its initiation or development.

**WHEREAS** The intent of the outcome of the resolution appears to have been achieved.

**THEREFORE BE IT RESOLVED** that the HOC agree that the Resolution on the development of an Obesity reduction strategy from the 130<sup>th</sup> HOC meeting be considered completed.

Moved: Andrew Larder Seconded: Patricia Daly

**Carried**

## **ESTABLISHMENT OF WORKING GROUP TO ADDRESS DIETARY PUBLIC POLICY**

**WHEREAS** there continues to be controversy over what constitutes a healthy diet

**WHEREAS** there is in particular Odebate about the appropriate balance between carbohydrate and fat intake in a healthy diet

**THEREFORE BE IT RESOLVED**, that HOC encourage and support the creation of a Task Force or similar body to review the biochemical, physiological, nutritional, epidemiological and public health evidence and make recommendations to guide dietary public policy in BC.

Moved: Andrew Larder Seconded: Patricia Daly

**Defeated**

## **OBESITY STRATEGY**

**WHEREAS** Health Officers Council asked for the initiation of a sub-committee with a mandate to prepare a report on a strategy to reduce obesity, and

**WHEREAS** PHSA supported that process, which has lead to a proposed BC Obesity strategy, and

**WHEREAS** PHSA is willing to continue supporting HOC's efforts to address obesity in BC, and

**WHEREAS** HOC did not have the opportunity to review or approve the latest version of that strategy,

### **THEREFORE BE IT RESOLVED**

HOC form a renewed obesity committee, and

That the committee have the mandate to review the report when released, and

That the committee considers and provides advice to HOC on

- Community wide approaches to combat obesity
- The evidence pertaining to the relationship between fat intake, carbohydrate intake and obesity

Any other issue the committee identifies as needed to further support the development of a comprehensive obesity strategy

Moved; Andrew Larder Seconded: Patricia Daly

**Carried**

**ACTION:** Patricia Daly and Richard Stanwick to initiate the formation of a committee.