

Board Correspondence

May 2021

Date	From	Subject
March 3, 2021	Peterborough Public Health	Ltr to Deputy Minister and Minister of Health – expressing concern about the lack of provincial representation on the board.
March 5, 2021	Peterborough Public Health	Ltr to express support – Student Nutrition Programs of CODE and CoMOH.
March 24, 2021	Grey Bruce Health Unit	Ltr to Ontario Health CEO – authority of the Board of Health.
April 7, 2021	City of North Bay	Resolution #2021-151a, b – vaccine allocations.
April 26, 2021	County of Lambton	Ltr – basic income for income security during COVID-19 pandemic and beyond.
May 3, 2021	Health Canada	Response Ltr – food insecurity issues.

March 3, 2021

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Minister Elliott,

The Board of Health (BOH) for Peterborough Public Health (PPH) is committed to its legislated mandate to protect and promote the health of our communities and residents. We are very proud of our legacy of community health protection, which dates back over 130 years to 1889, when the Town of Peterborough passed a By-law to appoint its first board of health. For much of that time, we have had representation from two First Nations, Curve Lake and Hiawatha, firmly embedded within our governance structure. When the Health Protection and Promotion Act (HPPA) was proclaimed in 1990, our municipal and First Nation councils utilized Section 50 of the HPPA to formalize our relationships.

More specifically, our BOH is composed of 8 representatives of our locally elected councils: one from Curve Lake FN, one from Hiawatha FN, three from the County of Peterborough and three from the City of Peterborough. In addition, the Province appoints five members.

We are writing to you to express our urgent concern about the current lack of provincial representation on our board. Their absence has created a lack of board capacity and impairs the board from comprehensively fulfilling its governance responsibilities.

Peterborough board members, on behalf of the community and our funding partners, are charged with significant responsibilities. They engage with staff on key initiatives such as strategic planning, establishing the annual budget, tracking financial results and performance against planned targets, and ensuring we meet the regulatory mandates established by the Province.

In addition, board members serve on committees, which provide the board advice on key financial, performance and regulatory matters. Unique to Peterborough, our board has struck an Indigenous Health Advisory Circle to ensure the board is aware of and responsive to public health matters that are relevant to our Indigenous populations.

We believe boards of health work best when there is strong and effective representation from all the funders. Their perspectives help to make our public health agencies and services more responsive to local needs and provincial mandates. With the current COVID-19 pandemic, boards will play an important role in the regrouping and reprioritizing that will need to occur once herd immunity has been achieved and we can pick up where we left off in February 2020.

Over the past two years we have had several provincial appointees unsuccessfully apply for a renewal of their appointment and only one alternative appointment has been made. We are now down to only two provincial appointees, one who recently requested reappointment and whose term expires March 3rd. The other was a new member appointed for only a one-year term, due to end August 13, 2021. Should these positions not be

filled before the end of the terms and the current vacant positions filled, governance of Peterborough Public Health will be significantly compromised.

We urge you to allow the provincial appointment process to resume. We would welcome the reappointment of our two provincial members and also the addition of three provincial appointees to replenish what we have lost.

We also respectfully request that appointments be a minimum of two years (ideally three as was previously the norm), given the time and effort necessary to onboard these representatives. Longer terms will allow members to feel they have had adequate time to be oriented to their responsibilities, and will provide them with an opportunity to meaningfully engage in public health decisions for their community.

Thank you for your consideration.

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario Chief Medical Officer of Health
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

March 5, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Honourable Stephen Lecce
Minister of Education
stephen.lecce@pc.ola.org

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Honourable Todd Smith
Minister of Children, Community and Social Services
todd.smith@pc.ola.org

Dear Premier Ford and Honourable Ministers:

On behalf of the Board of Health for Peterborough Public Health, I would like to express our support for the recommendations to strengthen provincial Student Nutrition Programs advocated for by the Council of Ontario Directors of Education (CODE) and Council of Ontario Medical Officers of Health (COMOH) on January 28, 2021.

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to improve food choices and support academic success (including academic performance, reduced tardiness and improved student behaviour) for all students.^{1,2,3,4}

Our Board of Health (BOH) is a long-time supporter of local Student Nutrition Programs (SNP) and has been a partner in local programs for almost 30 years. With ninety-six percent of our schools offering SNP, we see their tremendous benefit to our community.

Recently, CODE/COMOH, with support from the Ontario Dietitians in Public Health, identified six recommendations to strengthen Ontario's Student Nutrition Program's reach and impact, and provide much needed supports to address numerous program challenges, many that have been further exacerbated due to COVID-19.

We urge your support to ensure these recommendations are realized in a timely and effective way.

Yours in health,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

Encl.
/ag

cc: Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Marit Stiles (Davenport), Critic, Education
France G  linas (Nickel Belt), Critic, Health Care
Association of Local Public Health Agencies
Ontario Dietitians in Public Health
Ontario Boards of Health

¹ Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.

² The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada, Faught et al, 2017.

³ The impact of Canadian School Food Programs on Children's Nutrition and Health, Colley et al, 2018.

⁴ Nourishing Young Minds, Toronto Public Health, 2012.



Council of Ontario Directors of Education

1123 Glenashton Drive,

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Council of Ontario

MEDICAL OFFICERS OF HEALTH

January 28th, 2021

The Honourable Doug Ford

Premier of Ontario

Legislative Building, Queen's Park

Toronto, ON M7A 1A1

Sent via e-mail: premier@ontario.ca

Dear Premier Ford:

Despite the challenges of opening schools in the midst of a global COVID-19 pandemic, school food programs are increasingly seen as vital contributors to students' physical and mental health.

Growing research demonstrates the value of school food programs (SNPs) to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior). Prior to COVID-19, Ontario's SNPs were highly variable and consistently underfunded, with parents and schools having to fundraise in order to purchase the foods that fueled their students' learning. COVID-19 has had a devastating impact on the viability of these programs.

With the contributions of the Ontario Dietitians in Public Health, the Councils of Directors of Education (CODE) and local Medical Officers of Health (COMOH) have prepared the attached submission for you and your provincial Cabinet's urgent consideration. The proposal presents four recommendations that could be operationalized immediately, and two additional recommendations for future consideration by your Ministers and their staff.

First and foremost, we are requesting that the Ministry of Education revise its current guidance to include enabling language that would allow the SNPs to operate safely and effectively.

Secondly, we are asking that the Ministries of Education and Children, Community and Social Services do two things:

- Embrace the latest evidence to ensure that SNPs operate with the latest advances in nutritional science and healthy eating recommendations, and
- Adequately fund these programs so that schools have the benefit of paid coordinators and sufficient funds to purchase food to ensure these programs are fully functional.

Finally, we are requesting that the Ministry of Health provide free online training to support the safe handling and safe operating of SNPs by the community volunteers who are the backbone of these programs. SNPs depend on community volunteers and schools depend on the knowledge and skills of these volunteers, especially during COVID-19, to keep students and staff safe.

Two additional actions proposed that would support the further development and growth of SNPs into a universal and sustainable investment in our students and their trajectories as life-long learners and healthy adults: we ask that going forward, the Ministry of Education include specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment. We also ask that Ontario use the opportunity of the federal commitment to explore a national school food program to secure the policy and funding instruments to help grow our SNPs into strong and universal supports for all of our young learners.

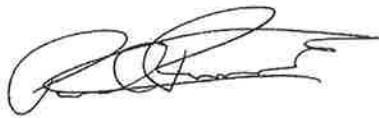
Premier, we know that there is no greater investment than the health and success of the next generation. We look forward to supporting our provincial partners with any or all of these recommended actions but we know too that, like the pandemic, they need the support from "all of government" if they are to be realized in a timely and effective way.

We thank you for your consideration and hope that we can count on your support.

Sincerely,



Loretta Notten
Chair, CODE



Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C), CCPE
Chair, COMOH

Encl.

cc: Hon. Stephen Lecce, Minister of Education
Hon. Todd Smith, Minister of Children, Community and Social Services
Hon. Christine Elliott, Minister of Health

**Priority and Proactive Steps to Ensure
Universal Access to Student Nutrition Programs**
Jointly prepared by COMOH and Ontario Dietitians in Public Health
for the CODE-COMOH Partnership
December 14, 2020

COVID-19 has exposed and amplified numerous challenges to the delivery of Student Nutrition Programs (SNPs) in Ontario schools. Since September, SNPs have faced new COVID-related restrictions in schools and continue to deal with long-standing barriers (e.g., infrastructure, staffing, funding), access to healthy food at school is being negatively impacted.

Despite these challenges, school food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the value of school food programs to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior)^{1,2,3,4}.

Recognizing the value that SNPs provide to individual students and to school communities, we believe that COVID-19 presents an opportunity for Ontario to augment its investment in SNPs as a way to improve student performance and readiness to learn. The time to transform these programs is now. The right investments can ensure SNPs become both universal and sustainable. With these as goals to drive the long term vision for Ontario, there should be opportunities to leverage the federal commitment to building a National School Nutrition Program to benefit Ontario's learners now, and in the future.

We present five recommendations, in order of ease of implementation:

1. The Ministry of Education's (MEDU) Guide to Reopening Ontario's Schools should be revised to enable Boards of Education to add enabling language in their *Return to School Plans*.

1.1 The Guide should exempt SNPs from the list of prohibited visitors. This would lead to more Boards of Education adding statements like this: "Volunteers for SNPs will be welcome to continue their important service to our students, following the same procedures as our staff."

Background: The current Guide to reopening Ontario's schools directs schools to *significantly limit or prohibit visitors to limit contact in schools*. SNPs depend almost exclusively on volunteers to prepare

¹ Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.

² The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada, Faught et al, 2017.

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⁴ Nourishing Young Minds, Toronto Public Health, 2012.

food. Restricted access to school food preparation facilities means programs no longer have volunteer capacity or space to store food purchased in bulk and to prepare food for individual servings. The statement is taken from Peterborough Victoria Northumberland Clarington Catholic School Board's Return to School Plan (page 4). As part of this change, we propose that guidelines be developed, in consultation with local public health agencies, to help ensure that SNP volunteers can enter the school and operate safely for the duration of the COVID pandemic.

1.2 The COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools Checklist should be revised with the following statement: "Individually portioned foods (including ready-to-eat foods, such as whole apples, cut carrots, cucumbers, and cheese, and foods from bulk or larger items such as crackers and muffins), can be safely portioned out as individual servings, in an inspected kitchen, and following appropriate food safety practices."

Background: The COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools Checklist currently states: *Third party food services, including nutrition programs, will be delivered in a way that any student who wishes to participate can do so. "Grab and Go format" is preferred.*

Some programs have interpreted *Grab and Go format* to mean that only items prepackaged by the manufacturer can be served (e.g., cheese strings, individual cartons of milk, mini bags of pre-cut/pre-washed produce, grain bars). It is estimated that this will unsustainably double food costs and generate significant garbage. However, in appropriate food preparation areas and when transported and served in a manner to prevent contamination, ready-to-eat foods (such as whole apples, cut carrots and cucumbers), and foods from bulk or larger items such as whole grain cereal and muffins, can be safely portioned out as individual servings. See Toronto Public Health COVID-19 Guidance for SNPs.

2. Ministry of Children, Community and Social Services (MCCSS) is requested to release and post online the updated SNP Nutrition Guidelines and mandate Public Health's participation in local implementation.

SNP should be evidence-based to ensure students' priority nutritional needs are met.

Background: SNP Nutrition Guidelines, updated in March of 2020, align with the new Canada's Food Guide and capture advances in nutritional science and healthy eating recommendations (including the importance of eating together, a pillar of SNP). They have not yet been released; it is important that programs operate with the latest evidence. We request that this be done. Mandating Public Health Dietitians' involvement in local implementation of guidelines would be an asset for programs.

3. Ministry of Health (MOH) should be requested to create a free, on-line SNP-specific Food Handler Training and Certification for SNP volunteers across the province.

In accordance with Ontario Regulation 493/17 – Food Premises, and aligning with the goal of Public Health Modernization, a provincially harmonized, free, online recorded class and testing feature would ensure consistent and equitable access to high quality safe food handling training services, improving public health delivery and program sustainability in Ontario.

Background: Currently, SNPs undergo the same certification as food service establishments/restaurants, even though the majority serve only "low-risk" foods. Some (not all) local public health agencies have offered free or reduced-cost Food Handler Certification for SNPs in the past. These are currently unavailable as public health staff have been redeployed to the COVID-19 response. While school-

directed funds from the MCCSS can be used to cover the cost of training, this uses funding that would otherwise be used for food costs. SNPs rely on many volunteers and there is high turnover meaning that programs would have to spend a significant amount on training. A free, on-line training program tailored for the provincially shared, unique needs of SNPs during COVID-19 and beyond would equitably address the need for food handler training for SNP volunteers across the province. Local public health agencies could provide input into the content for this new resource. Ensuring that SNP volunteers have the required knowledge and skills in infection prevention will also help dispel COVID-related concerns and fears related to the school setting.

4. MEDU and MCCSS are requested to jointly develop a funded universal SNP program for student success. This should include funding for a paid Coordinator at each participating school.

COVID-19 restrictions threaten the financial viability of most, if not all, SNPs at a time of increased food insecurity. Additional provincial funding is required in order to ensure these programs continue. Improved student success and well-being are a benefit of universal SNPs in schools. Having paid coordinators dedicated to SNP at each school would address current and pre-existing barriers to volunteer recruitment and capacity, which is an even greater issue for Francophone schools, and also ensure sustainable delivery of programs in all schools long-term. We recommend that boards of education and local public health agencies be included in the consultation phase of this work.

Background: Where school food programs exist, students show improved diet quality, academic success, and student behavior and better attendance. The Ministry of Education's (MEDU) Foundations for a Healthy School framework identifies important components to a learning environment that promotes and supports child and student well-being, one of the four core goals in Ontario's renewed vision for education. SNPs model an integrated approach where school, home and community partnerships intersect to promote student well-being. Important healthy habits students learn at SNPs reinforce curriculum teaching, are shared at home and contribute to family health and success. Having an identified coordinator as a lead for every school would help facilitate a universal approach.

For many programs, annualized, provincial funding covers approximately 15% of program costs. This year, MCCSS estimates that food and program costs will double because of additional COVID-19 food safety measures. Programs already rely heavily other sources of funding, including parent council and community fundraising efforts, efforts that will be negatively impacted with the pandemic. Inadequate funding of programs can result in closing of programs, smaller quantities of food distributed, or shift of "universal" programming to stigmatizing "on-request" programming. Additional funding for food, paid school leads and community coordination is essential in order to ensure long-term and sustainable operations.

5. Future considerations:

MEDU includes specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment.

Background: Inadequate infrastructure limits programming in many schools. Capital funding projects provide an opportunity to ensure adequate kitchen and storage space (including a designated handwashing sink, an additional 2 or 3 sinks for food preparation, and a dishwasher); bright, non-stigmatizing eating area; and external building features such as transportation access for food deliveries and outdoor lighting to facilitate after hours food preparation for SNPs.

CODE-COMOH encourages Ontario Ministries to engage with federal partners to facilitate the development of universal SNPs across Ontario.

Background: Federally-funded, universal school food programs are being advocated for at a national level. Universally-accessible programs mean that all children and youth are eligible to participate in the SNP at a school or community location that offers the program. Canada is the only G7 country without a harmonized national school food program to guarantee the consistent delivery of nutritious meals to students. In 2017, UNICEF raised the alarm about the state of child nutrition in Canada, ranking us 37 out of 41 wealthy nations for children's access to nutritious food. Children and youth arrive hungry at school for many reasons: long bus rides, rushed mornings that do not leave enough time for a proper breakfast, and sometimes, not enough food at home. Due to Ontario's successful SNP programming, Ontario Ministries are well-poised to lend their voice and support to these advocacy efforts. In addition, the many unintended consequences of COVID-19's impact on families makes this a vital time to pilot new approaches to SNPs. Ontario could pilot hot meal programs in select schools to build evidence for federal efforts.

Other:

Reaching virtual learners has been identified as a concern by the MCCSS.

Local public health agencies and their partner boards of education could assist in data collection and analysis to help inform policy decisions.

Background: During school closures in the Spring of 2020, some programs provided grocery gift cards, food boxes/meal kits/frozen meals and partnered with food banks to help feed families of school-aged children. These approaches, however, are not sustainable or evidence-based solutions to household food insecurity. Research suggests the need for an income floor (such as a basic income guarantee) to address household food insecurity.

The scope of MCCSS-funded SNPs is limited to publicly-funded, in-school settings; home schools and private schools do not qualify. Focusing on the successful implementation of in-school programming, rather than growing the program to different settings, remains a priority at this time. The needs of children who are not in classrooms is an area of potential study as little to no data currently exists. As a first step, more needs to be known and understood in order to inform strategies and policies.



March 24, 2021

Attn: Mr. Mark Walton, Mark B. Walton, CEO of West Region, Ontario Health

Address: 141 Weber Street South, Waterloo ON N2J 2A9

Via e-mail mark.walton@lhins.on.ca

Dear Mr. Walton,

Thank you for your letter dated March 01, 2021.

We appreciate your acknowledgement, in the February 9, 2021 meeting, of the legislative authority for the Board of Health under the *Health Protection and Promotion Act (HPPA)* and our role and mandate of managing the pandemic and saving lives. We appreciate your promise to direct the SW OH/LHIN Leads to immediately cease and desist their activities that affect our health unit's pandemic response and to dismantle/repurpose the Triad in Grey Bruce. We thank you for ending the incongruence with the unequivocal legislated authority of the Board of Health.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate and support all the health system partners, including the former LHIN Triad leads, in their regular capacity. In fact, one of the former LHIN leads sits on public health committees. It is our goal to promote a more meaningful collaboration with them in their regular capacity. To that end, we invite the former LHIN Leads and yourself to a meeting to explore how we can move forward and work together to best position our communities for success in weathering a potential surge or a third wave related to the COVID-19 pandemic.

We also appreciate that you expressed your willingness to foster and promote good relationship among partners in Grey Bruce. Promoting the above meeting to support our invitation to the four former LHIN Triad Leads, and your attending with them, would be very helpful in providing an appropriate means to move forward. Making a new start would translate into better service to residents and patients in Grey Bruce.

We thank you for the offer to join the three health units that participated in the South West LHIN/OH COVID-19 Triad structure. At this time, we see it best to remain one of the other 30 health units that did not participate. Our rationale for not participating remain consistent as outlined in our letters dated December 4, 2020 and January 25, 2021 (attached). However, once the COVID-19 pandemic is over, our Board will welcome such an offer and willingly participate in any discussions that looks towards a regionalized system.

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The Grey Bruce Health Unit was and continues to be an early adopter to the 2019 Provincial proposal for the regionalization/modernization of public health units. We look forward to the opportunity of resuming the Ministry of Health lead consultation and working with you and partners to establish whatever structure would maintain the best interest of residents and patients.

Sincerely,

A handwritten signature in cursive script that reads "Susan Paterson".

Ms. Sue Paterson, Chair
Board of Health for Grey Bruce Health Unit
101 17th Street East, Owen Sound, ON N4K 0A5
Phone: (519) 376-9420, Ext. 1241

CC:

Minister of Health, Hon. Christine Elliott
Chief Medical Officer of Health, Dr. David Williams
MPP Bill Walker for Bruce-Grey-Owen Sound
MPP Lisa Thompson for Huron-Perth
Warden for Grey, Warden Selwyn Hicks
Warden for Bruce, Warden Janice Jackson
All Boards of Health in Ontario
WOWC – Western Ontario Wardens' Caucus
AMO - Association of Municipalities of Ontario
Mr. Matthew Anderson, President and CEO, Ontario Health

December 4, 2020



Dear Members of the Boards of Health:

I write on behalf of the Board of Health for Grey Bruce Health Unit to bring to your attention an issue of deep concern to public health units in Ontario: the extra-legislative development of undefined regional initiatives that challenge and undermine the legal authority of local public health boards, and negatively affect their effectiveness in addressing community health needs..

Regionalization generally means "an organizational arrangement involving the creation of an intermediary administrative and governance structure to carry out functions or exercise authority previously assigned to either central or local structures" as defined by *Church et al* 1998 in their publication on the subject - *Regionalization Of Health Services In Canada: A Critical Perspective*. By definition, regionalization entails the shifting of responsibility for provision of health service from local boards to a regional agency.

Whether one supports or opposes regionalization in principle, it is certain that one of the most important factors in determining the success or failure of regionalization is conducting adequate and thorough consultation with local stakeholders. Throughout the processes of planning, implementation and evaluation, consultation is crucial. Furthermore, it is indispensable that such consultation is in place to address equity between urban and rural communities.

"Regionalization creep" affecting health units in Ontario is currently underway. The 2019 provincial proposal of Public Health regionalization (modernization/merger/amalgamation of health units) lead to a directive from the Ministry of Health to conduct consultations with all Boards and Medical Officers of Health to decide on important aspects of regionalization. In March this year, while still in the early stages of discussion, the Ministry rightly placed consultations on hold due to the COVID-19 emergency.

Nevertheless, while consultations were ostensibly placed on hold, regionalization has informally, surreptitiously and progressively advanced. Within eight weeks in March and April of 2020, regional communication channels and regional pre-reporting structures (precursors to merger and amalgamation) were imposed between the South West LHIN (a functionary of Ontario Health) and almost all health organizations in Grey Bruce. These include regional initiatives such as the Triad Table and Grey Bruce Crisis Response group that duplicate public health work, including collaboration already being performed by the Grey Bruce Health Unit and other agencies. These redundant initiatives confer no discernible benefit. In fact, they pose the serious threat of harm by creating uncertainty among healthcare partners; roles, responsibility, and authority during the emergency response are weakened by dilution and diffusion of responsibility.

Most importantly, the reporting structures imposed under some regional initiatives is incongruent with the legal chain of authority outlined in the *Health Protection and Promotion Act*, the legislative framework under which public health operates. Neither the South West LHIN nor Ontario Health has legal jurisdiction over the activities or within the sphere of authority granted to local health units. For example, some proposed activities in the SW LHIN regional model require a Medical Officer of Health to follow direction from a "Regional Pandemic Public Health Lead" (a position and authority that do not exist in the *Health Protection and Promotion Act* or at law). This undermines the authority of the local Board of Health.

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Furthermore, the creeping regionalization initiative countermands direction by the Ministry of Health Emergency Operations Centre and the Chief Medical Officer of Health. One example is the cap on the number of COVID-19 tests arbitrarily placed on Grey Bruce by the South West LHIN. At the same time, the Ministry of Health Emergency Operation Centre confirmed there were no caps on testing in place. The artificial LHIN cap resulted in the failure of the local system to meet the local health need in September. Approximately 30% of families in Grey Bruce did not have access to timely testing during the critical period of school reopening.

Although these regional channels, structures and initiatives were established under the slogan of "let's collaborate to respond to the COVID emergency", there are demonstrated negative consequences in the short-term. Potential harms grow when these artificial regional structures have no adequate checks and balances in place to meet the health need of the community in the long-term. A key underlying concern is that the development and design of these initiatives were not based on adequate and thorough consultation with local stakeholders, specifically Boards of Health. These activities were undertaken while the Board's most pressing issue was our response to the pandemic emergency.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate together with all the health system partners in a productive and professional manner. However, we differentiate collaboration from duplication, and from unilateral and potentially unlawful action. Ultra-legislative structures promoting and implementing unauthorized programs leads, in our view, to inter-agency and inter-jurisdictional encroachment upon the lawful mandate reserved to each Public Health Unit.

Our Board's purpose in writing is twofold. First, to inform you about these developments in Grey and Bruce Counties, and second to raise the alarm that similar initiatives are likely to fall upon, or may be encroaching upon your own Health Unit. Our Board invites you to consider a collaborative dialogue to explore these serious concerns.

It is our Board's hope that discussions will lead to awareness, planning and action to best position our organizations for success in continuing to address the health needs of our communities throughout the region and the province.

Sincerely,



Mitch Twolan, Chair
Board of Health for the Grey Bruce Health Unit

CC: Minister of Health
Chief Medical Officer of Health for Ontario
MPP Bill Walker
MPP Lisa Thompson
Bruce County Warden
Grey County Warden
CEO for Erie St. Clair, South West, Hamilton Niagara Haldimand Brant and Waterloo Wellington
LHINs and Regional Lead West, Ontario Health

January 25, 2021



Attention: Mr. Mark Walton, Mark B. Walton, CEO of West Region, Ontario Health
Address: 141 Weber Street South, Waterloo ON N2J 2A9
Via e-mail mark.walton@lhins.on.ca

Dear Mr. Walton,

Thank you for your letter dated December 24 2020.

We want to share the following facts with you, hoping to complete your knowledge about this matter.

The Board of Health's legal authority is a proxy to saving lives. We emphasize the need for Ontario Health OH/LHIN to respect this legislative authority under the *Health Protection and Promotion Act (HPPA)* to ensure our health unit can continue fulfilling its role and mandate of managing the pandemic and saving lives.

Your statement "As you know, there is no "playbook" for how to respond to a global pandemic" is incorrect and is the heart of the matter. In fact, there is a solid playbook for how to respond to a pandemic called "Public Health Protocols and Regulations" that are embedded in the *HPPA*. Although COVID-19 is a novel virus, the management of COVID-19 outbreaks is no different from the management of outbreaks of other Infectious Diseases - one of the CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA. Emergency Management is another Core Competency that denotes public health's leadership role in management of pandemics. The management of a pandemic is not new for us. Annually, public health conducts a critical review of emergency protocols including emergency pandemic response planning with all relevant organizations in Grey Bruce and undertakes regular emergency table-top exercises.

Local public health in Ontario is well designed for emergency management with a single governing authority in our Boards of Health and single chain of command from the Chief Medical Officer of Health and the Ministry of Health who have knowledge and understanding of our sector. Having an added source of direction from SW OH/LHIN (without our sector background) has created confusion and contradiction with the provincial direction. One example of the contradiction is the SW OH/LHIN placing a cap on COVID-19 swabs for each health unit without any consultation with the Boards of Health and in opposition to the provincial direction. Advancing the SW OH/LHIN plans to create a regional structure puts the system in an awkward and duplicative position, while distorting lines of accountability.

Public health agencies are the experts in stopping the spread of infections and managing outbreaks, epidemics, and pandemics. We manage thousands of long-term care home outbreaks each year, prevent the spread of infection countless times in workplaces, and keep our public safe from communicable disease. It is an obvious and understandable challenge for a new agency like Ontario Health or newly dismantled agency like the LHIN, with many new hurdles to its core work during a pandemic, to try also to reinvent wheels and figure out how to do the basics of public health that the Boards of Health already master.

The lack of understanding of the basics of public health may explain the other example of the disconnected perspective in your statement "it is through collaborative models and behaviours such as those demonstrated by these system partners that we have been able to respond to the pandemic in a

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swift and expedient manner over the last 9 months". The data however reflects that the control of the first wave in April 2020 was directly related to the swift implementation of our Provincial Government's lockdown Orders based on Public Health recommendations. The SW OH/LHIN Regional Pandemic Plan initiatives you referenced took place after the control of the first wave. Where being used, in the parts of the SW, these initiatives appear to provide no control over the second wave.

Ontario Health OH/LHIN has expertise in organizing and managing the health care sector, which is very different and distinct from the public health sector. As we understand, a key role of OH during a pandemic is to expand hospital and ICU capacity to ensure our hospitals never have to turn away patients with COVID and non-COVID, such as delaying elective surgeries due to lack of capacity. Ontarians are best served when OH/LHIN remains focused on this crucial part of the pandemic response.

The label of collaboration is unfitting. The fact that the initiative was designed and started without input by the Grey Bruce Health Unit is not collaborative. Collaboration necessitates **two criteria (added benefit generated by the collaboration, and mutual agreement)**. Some aspects of the SW OH/LHIN Regional Pandemic Plan initiatives, specifically the ones related to managing the pandemic response in schools, congregate settings, and farms in Grey Bruce meet neither of these criteria. The SW Regional Pandemic Structure, directing local partners in Grey Bruce to work together, provides **no added benefit** as these partners have always worked together. Despite the Grey Bruce Health Unit emphatically stating that **we do not agree** on advancing the initiative, the SW OH/LHIN Leads did not offer but instead repeatedly demanded compliance with the SW Regional Pandemic Plan. We view such forceful conduct by the SW OH/LHIN Leads in Grey Bruce as the opposite of collaboration. To our knowledge, the majority of Medical Officers of Health in the SW share a similar perspective to ours.

Encroachments and negative effects on the Grey Bruce Health Unit's ability to manage the pandemic have already occurred. Advancing the "SW Regional Pandemic Plan" initiative - a comprehensive plan for SW regional restructuring - to change the public health system in middle of an emergency is deeply alarming and dangerous.

With the above in mind, we expect OH leadership to direct their SW OH/LHIN Leads to immediately cease and desist their activities that affect our health unit's pandemic response.

Sincerely,



Ms. Sue Paterson, Chair
Board of Health for Grey Bruce Health Unit
Grey Bruce Health Unit, 101 17th Street East, Owen Sound, ON N4K 0A5
Phone: (519) 376-9420, Ext. 1241

CC: Minister of Health, Hon. Christine Elliott
Chief Medical Officer of Health, Dr. David Williams
MPP Bill Walker for Bruce-Grey-Owen Sound
MPP Lisa Thompson for Huron-Perth
Warden for Grey, Warden Selwyn Hicks
Warden for Bruce, Warden Janice Jackson
All Boards of Health in Ontario
WOWC – Western Ontario Wardens' Caucus
AMO - Association of Municipalities of Ontario
Mr. Matthew Anderson, President and CEO, Ontario Health



**The Corporation of the
City of North Bay**

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April 7, 2021

The Honourable Doug Ford
Premier of Ontario
Queen's Park
Legislative Building
Toronto, ON M7A 1A1

Dear Honourable Doug Ford:

This is Resolution No. 2021-151(a)&(b) which was passed by Council at its Regular Meeting held Tuesday, April 6, 2021.

Resolution No. 2021-151(a)&(b):

Whereas The Corporation of the City of North Bay is within the District of the North Bay Parry Sound District Health Unit (Health Unit);

And Whereas the Health Unit received its first allocation of vaccine more than a month and a half later than Southern Ontario and Ottawa health regions;

And Whereas vaccine allocation for the Health Unit has not increased over time to compensate for the delay in provision of the first vaccine allocation;

And Whereas COVID-19 transmission rates in Northern Ontario, as evidenced by the effective reproduction numbers $R_{(t)}$, are among the highest in the province;

And Whereas due to the vaccine allocation, the Health Unit is still in phase 1 of the rollout while public health unit regions in Southern Ontario and Ottawa are in phase 2;

And Whereas 26.5% of the population in the Parry Sound District and 22.4% of the population in the Nipissing District are aged 65 years or older, compared to 16.7% for all of Ontario (2016 Census);

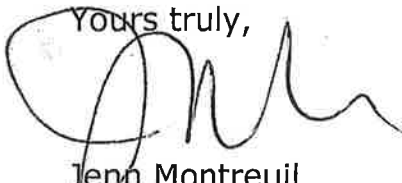
And Whereas the delay from the Federal and Provincial Governments in the Health Unit vaccine allocations is causing increasing inequities in the booking of COVID-19 vaccination clinics;

And Whereas due to the vaccine allocation, Indigenous populations have not received their required allocation.

Now Therefore Be It Resolved that the Corporation of the City of North Bay request an immediate and formal call for action that includes the unused vaccine allocations from Toronto and other larger areas be redistributed and prioritized to public health unit regions that are still in phase 1 and that the call for action includes further plans on how else to enable these health units to catch up to those regions in Southern Ontario and Ottawa.

And Further that this motion be forwarded to the Honourable Doug Ford, Premier of Ontario, the Honourable Christine Elliot, Minister of Health, Vic Fedeli, MPP – Nipissing, Norm Miller, MPP – Parry Sound-Muskoka, John Vanthof, MPP – Timiskaming-Cochrane, Mayors/Reeves within the North Bay Parry Sound District Health Unit District, Ontario Boards of Health, and the Association of Local Public Health Agencies (alPHA), Anthony Rota, MP Nipissing - Timiskaming, Patty Hadju, Minister of Health Canada, Scott Aitchison, MP Parry Sound - Muskoka, FONOM, NOMA, ROMA, AMO, ACFO.

Yours truly,

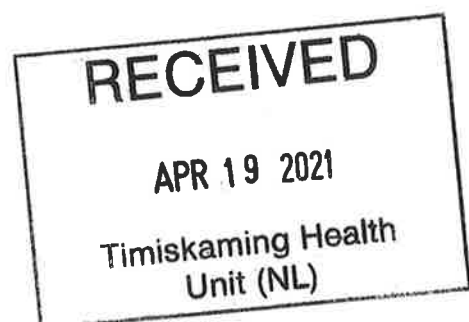


Jenn Montreuil
Deputy City Clerk

JM/ck

ec. Christine Elliott, Minister of Health
Patty Hadju, Minister of Health Canada
Victor Fedeli, MPP Nipissing
Norm Miller, MPP Parry Sound-Muskoka
John Vanthof, MPP Timiskaming-Cochrane
Anthony Rota, MP Nipissing – Timiskaming
Scott Aitchison, MP Parry Sound –Muskoka
Mayor/Reeves – NBPSDHU
Association of Local Public Health Agencies
Federation of Norther Ontario Municipalities (FONOM)
Northwestern Ontario Municipal Association (NOMA)
Rural Ontario Municipal Association (ROMA)
Association of Ontario Municipalities (AMO)
Association des communautés francophones (ACFO)

cc. Ontario Boards of Health





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April 26, 2021

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street Ottawa, ON K1A 0A2
Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance
Privy Council Office, Room 1000
80 Sparks Street Ottawa, ON K1A 0A3
Sent via email: chrystia.freeland@parl.gc.ca

Dear Prime Minister Trudeau and Deputy Prime Minister Freeland:

Re: Basic Income for Income Security during COVID-19 Pandemic and Beyond

At its meeting held on February 3rd, 2021, Lambton County Council received correspondence to the federal government from the Thunder Bay District Health Unit dated November 20, 2020 with respect to using a basic income to address food security. This letter is intended to express our support for these efforts to provide income solutions to reduce food insecurity.

Income is one of the strongest predictors of health, and it makes sense that focusing on population health interventions to address socioeconomic factors will impact health outcomes far greater than individual focused interventions.

Prior to COVID-19, 8% of Lambton County residents reported moderate or severe food insecurity: experiencing actual issues with procuring an adequate quality or quantity of food, or worrying about the source of their food. Since COVID-19, this pre-existing issue has become more apparent and worrisome with Statistics Canada reporting an increase to 14.6% or 1 in 5 households. This increase was anticipated due to many individuals facing precarious employment, reduced hours of work, or loss of job altogether, coupled with increasing food prices.

Food insecurity is associated with significantly higher annual provincial health care costs; one study showed total health care costs were 49% and 121% higher among households experiencing moderate or severe food insecurity, respectively. People without consistent access to enough healthy food struggle to eat a nutritious diet,

April 26, 2021

putting them at increased risk of health problems such as chronic and infectious diseases, low birth weight pregnancies, and poor child growth and development. Undernourished children also do not perform as well at school academically, have difficulty concentrating in class, and have poorer psychosocial outcomes than those who are fortunate enough to eat a balanced diet.

Annual analysis of the local cost of a nutritious food basket has continued to illustrate how little money a family of four on a social assistance budget would have left to cover the costs of childcare, transportation, and other basic needs, after paying for shelter and healthy food.

As a result of the COVID-19 pandemic, we can anticipate the exacerbation of existing disparities, creating an even wider gap between those with opportunity and those without. Local concerns around homelessness, poverty, food insecurity, transportation, mental health and addictions, child and partner violence, and the needs of Indigenous people have been amplified.

Lambton County Council agrees that income solutions are an effective long-term response to the issues of income security, poverty, food insecurity, to improve overall community health and well-being.

Sincerely,



Kevin Marriott
Chair, County of Lambton Board of Health
Warden, County of Lambton

cc: The Hon. Doug Ford, Premier of Ontario
The Hon. Monte McNaughton, Minister of Labour, MPP, Lambton-Kent-Middlesex
The Hon. Bob Bailey, MPP, Sarnia-Lambton
Dr. David Williams, Chief Medical Officer of Health
The Hon. Lianne Rood, MP, Lambton-Kent-Middlesex
The Hon. Marilyn Glau, MP, Sarnia-Lambton
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies
Ontario Boards of Health



Health
Canada

Santé
Canada

Health Products
and Food Branch

Direction générale des produits
de santé et des aliments

May 3, 2021

Carman Kidd
Timiskaming Health Unit
247 Whitewood Ave.
New Liskeard, ON
P0J 1P0

Dear Carman Kidd,

I am writing in response to your correspondence of April 11, 2021, which was forwarded by the Right Honourable Justin Trudeau, Prime Minister of Canada, to the Honourable Patty Hadju, Minister of Health, on the issue of food insecurity. I am pleased to respond on her behalf.

Thank you for taking the time to write to Health Canada about this important issue. The Government of Canada recognizes that food insecurity is a complex issue shaped by diverse factors, including financial resource constraints. Health Canada's Dietary Guidelines acknowledge that household food insecurity is a key predictor of unhealthy eating, nutritional vulnerability and an important determinant of health. Addressing the determinants of health and reducing health inequities is important to help Canadians make healthy food choices that align with Canada's food guide.

Everyone deserves to be able to put nutritious food on their table. Across the country and at all levels of government, health, social and economic policies and programs are in place to help improve conditions associated with food insecurity. The Government of Canada has a number of activities and initiatives underway to understand and address food insecurity:

- Health Canada works with Statistics Canada to monitor key food and nutrition indicators, including those related to household food insecurity.
- For isolated northern communities, the Nutrition North Canada food subsidy program helps make perishable, nutritious food more accessible and more affordable. Recently, the Government added the Harvesters Support Grant to the Nutrition North Canada Program to help increase access to traditional foods by reducing the high costs associated with traditional hunting and harvesting.
- Additionally, the Poverty Reduction Strategy, administered by Employment and Social Development Canada, introduced the Market Basket Measure, which establishes poverty thresholds based on the cost of a basket of nutritious food, clothing, shelter, transportation and other necessities.

.../2

- The Government of Canada also has several income supplementation programs that target vulnerable groups and improve the ability of Canadians to afford their basic needs, such as food. These programs include the Canada Child Benefit, Old Age Security, Canada Pension Plan-Disability, among others.

The COVID-19 pandemic has highlighted heightened risk of food insecurity for many Canadians. In an effort to help reduce disparities and address immediate food security concerns, the Government of Canada continues to take action. This includes bolstering employment and income supports, supporting First Nations, Inuit and Métis communities, supporting food banks and local food organizations, and donating surplus food through the Surplus Food Rescue Program to help support vulnerable Canadians access food during this crisis.

Thank you for taking the time to share your comments with us.

Yours sincerely,



Alfred Aziz
Director General, Office of Nutrition Policy and Promotion
Health Canada
LCDRC Building 6, Address Locator: 0603C
100 Eglantine Driveway, Tunney's Pasture
Ottawa, ON K1A 0K9
Alfred.Aziz@canada.ca



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April 11, 2021

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
justin.trudeau@parl.gc.ca

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Dear Prime Minister Trudeau and Premier Ford:

Re: 2020 Position Statement and Recommendations on Responses to Food Insecurity

On March 3, 2021, at a regular meeting of the Board of Health for the Timiskaming Health Unit, the Board recognized Food Insecurity as an income-driven problem that requires income-based solutions. Accordingly, the Board endorsed the Ontario Dietitians in Public Health (ODPH) Position Statement and Recommendations on Responses to Food Insecurity (2020) and passed the following motion (**MOTION #18R-2021**)

BE IT RESOLVED that the Board of Health endorses the Ontario Dietitians in Public Health (ODPH) call for the federal government to take swift and immediate action on implementing income-based policy interventions for all Canadians aged 18–64 years as an effective long-term response to the issue of household food insecurity; AND

FURTHER, THAT Prime Minister Trudeau, Premier Ford, Timiskaming's MPPs and MP are so advised.

CARRIED

Sincerely,

Original signed by,

Carman Kidd
Chair, Board of Health

cc Hon. Patty Hajdu, Minister of Health
John Vanthof, MPP – Timiskaming-Cochrane
Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP – Timmins-James Bay



Premier of Ontario
Le premier ministre
de l'Ontario

Legislative Building
Queen's Park
Toronto, Ontario
M7A 1A1
Édifice de l'Assemblée législative
Queen's Park
Toronto (Ontario)
M7A 1A1

Rec'd
May 3 /21
BOH
Kerry

April 19, 2021

Mr. Carman Kidd
Board Chair
Timiskaming Health Unit
43-247 Whitewood Avenue
PO Box 1090
New Liskeard, ON
P0J 1P0

Dear Mr. Kidd:

Thanks for your letter about the board's resolution dealing with student nutrition programs. I appreciate hearing the board's views on the issue.

I note that you've sent a copy of the resolution to a few of my Cabinet colleagues. I'm sure the ministers will also take the board's views into consideration.

Thanks again for the information.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug Ford".

Doug Ford
Premier



Services de santé du

TIMISKAMING

Health Unit

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April 11, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Honourable Stephen Lecce
Minister of Education
stephen.lecce@pc.ola.org

Honourable Todd Smith
Minister of Children, Community and Social Services
todd.smith@pc.ola.org

Dear Premier Ford and Honourable Ministers:

Re: Endorsement of CODE-COMOH's Student Nutrition Program Recommendations

On March 3, 2021, at a regular meeting of the Board of Health for the Timiskaming Health Unit, the Board supported the enclosed correspondence of CODE-COMOH, dated December 14, 2020, and passed the following motion (**MOTION #17R-2021**)

BE IT RESOLVED that the Board of Health endorses recommendations to strengthen provincial Student Nutrition Programs advocated for by the Council of Ontario Directors of Education (CODE) and Council of Ontario Medical Officers of Health (COMOH) on January 28, 2021.; AND

FURTHER, THAT Premier Ford, Deputy Premier Elliott, Ministers Lecce and Smith, Timiskaming's MPP and, the Association of Local Public Health Agencies, the Ontario Dietitians in Public Health; the Canadian Red Cross Student Nutrition Program; Chair of the Council of Medical Officers of Health (COMOH); Chair of the Council of Ontario Directors of Education (CODE) are so advised.

CARRIED

Sincerely,
Original signed by,

Carman Kidd