

Hastings Prince Edward Public Health Board of Health Meeting

Information Items

Wednesday, June 7, 2023

Listing of Information Items Board of Health Meeting – June 7, 2023

1. Middlesex-London Health Unit - Report No. 25-23 - Monitoring food affordability and implications for public policy and action dated April 20, 2023
2. Sudbury & Districts Public Health - Letter to Sylvia Jones re Support for the 2022 annual report of the Chief Medical Officer of Health for Ontario dated May 4, 2023
3. Peterborough Public Health - Letter to Justin Trudeau re Bill S-254, An act to amend the food and Drugs Act (warning label on alcoholic beverages) dated May 4, 2023
4. Chatham-Kent Public Health - Letter to Doug Ford, Sylvia Jones and Michael Parsa re income-based policy solutions to reduce household food insecurity dated April 25, 2023
5. Chatham-Kent Public Health - Letter to Doug Ford and Sylvia Jones re universal, no-cost coverage for all prescription contraceptive options to all people living in Ontario dated April 25, 2023
6. Timiskaming Health Unit - Letter to Doug Ford, Sylvia Jones and Michael Parsa re addressing household food insecurity in Ontario dated May 8, 2023
7. Sudbury & Districts Public Health - Letter to Doug Ford re Bill 93, Joshua's Law (Lifejackets for Life), 2023 dated May 16, 2023
8. Hamilton Public Health - Letter to Sylvia Jones and Michael Tibollo re declarations of emergency in the areas of homelessness, mental health and opioid overdoses/ poisoning dated May 11, 2023
9. Peterborough Public Health - Letter to Sylvia Jones re Peterborough Public Health 2024 budget dated May 19, 2023
10. Sudbury & Districts Public Health - Letter to Jean-Yves Duclos, Dominic LeBlanc, Sylvia Jones and Steve Clark re support for improved indoor air quality in public settings dated May 30, 2023

The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2023 April 20

MONITORING FOOD AFFORDABILITY AND IMPLICATIONS FOR PUBLIC POLICY AND ACTION

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 25-23, re: “Monitoring Food Affordability and Implications for Public Policy and Action” for information; and*
- 2) *Forward Report No. 25-23 re: “Monitoring Food Affordability and Implications for Public Policy and Action” to Ontario boards of health, the City of London, Middlesex County, and appropriate community agencies.*

Key Points

- Local food affordability monitoring is a requirement of the [Ontario Public Health Standards](#).
- The 2022 Nutritious Food Basket survey results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs.
- Food insecurity has a pervasive impact on health; and there is a need for income-based solutions.

Background and 2022 Nutritious Food Basket Survey Results

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health¹. In 2020, approximately one in five households in Middlesex-London were food insecure². Food insecurity is associated with an increased risk of a wide range of challenges to physical and mental health, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress³⁻¹⁰ ([Appendix A](#)).

Routine monitoring of food affordability helps generate evidence-based recommendations for collective public health action to address food insecurity and income inadequacy. The [Ontario Public Health Standards](#) require monitoring local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#). The Nutritious Food Basket (NFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns.

Local food affordability monitoring was paused in 2020 and 2021 due to the COVID-19 pandemic. In 2022, MLHU staff participated in the provincial pilot testing of the Ontario Dietitians in Public Health’s (ODPH) new costing tool using a hybrid model of in-store and online data collection.

In May 2022, using the ODPH tools, the estimated local monthly cost to feed a family of four was \$1,084 ([Appendix B](#)). In Ontario, according to the Consumer Price Index, the price of food purchased from stores in January 2023 was 10.1% higher than in January 2022, rising at an annual rate not seen since the early 1980s¹¹.

Local monthly food and average rental costs are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes (see Appendix B). The scenarios include food and rent only and are not inclusive of other needs (i.e., utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing etc.). Households with low incomes spend up to 45% of their after-tax income on food, whereas, Middlesex-London residents who have adequate incomes (family of 4) need to spend approximately 12% of their after-tax income. The scenarios highlight that Middlesex-London residents with low incomes cannot afford to eat after meeting other essential needs for basic living. Unfortunately, this demonstrates that incomes and social assistance rates have not kept pace with the increased cost of living.

Opportunities

Upstream-level approaches that address the systems that create and maintain food insecurity, including income inadequacy and poverty, are the most effective in reducing food insecurity¹.

In October 2022, the ODPH urged the Ontario government to adopt income-based policy solutions that effectively reduce food insecurity. These solutions may include higher minimum wage rates, increasing social assistance rates, and reducing income tax rates for the lowest income households. Additionally, ODPH submitted a resolution to advocate for increased social assistance rates to address food insecurity for consideration at alpha's Annual Conference in June 2023. MLHU registered dietitians continue to work locally, regionally and provincially with public health counterparts and community partners and will explore potential healthy public policy priorities in this area over the upcoming year.

Healthy Living Division staff will complete and submit the results of 2023 local food affordability monitoring to the Board of Health in Q4 2023.

This report was submitted by the Healthy Living Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CNE
Chief Executive Officer

May 4, 2023

VIA EMAIL

The Honourable Sylvia Jones
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 1Z8

Dear Minister Jones:

Re: Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario

Public Health Sudbury & Districts (Public Health) applauds the Chief Medical Officer of Health for highlighting the importance of public health readiness, collective action, and sustained investments in public health required to minimize the impacts of future pandemics on individuals, communities, and societies in his 2022 annual report: *Being ready: Ensuring public health preparedness for infectious outbreaks and pandemics*.

As the communities of Sudbury and districts transition through the recovery phase of the pandemic, the Report is a call to action to learn from our experience, so we are better prepared to not only protect ourselves, but to also invest in building strong and resilient systems and communities that create opportunities for the best health possible for all.

At its meeting on April 20, 2023, the Board of Health carried the following resolution #19-23:

WHEREAS on March 7, 2023, Ontario's Chief Medical Officer of Health released his 2022 Annual Report titled, Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemic; and

WHEREAS the 2022 Annual Report identified six next steps, including to (1) invest in preparedness, (2) strengthen accountabilities, (3) assess progress, (4) improve the health of Indigenous peoples, (5) improve the health of Black and other racialized populations, and (6) sustain relationships; and

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca

WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to taking local action in support of these next steps and to do so requires sustained provincial investment in public health preparedness over time;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined in the Chief Medical Officer of Health 2022 Annual Report, including ensuring associated sustained funding for local public health;

AND FURTHER THAT the Board request the Chief Medical Officer of Health to ensure proactive engagement with local public health agencies as work is undertaken to review and strengthen the relevant Ontario Public Health Standards, including the Emergency Management Guidelines;

AND FURTHER THAT the Board share this motion with relevant stakeholders, including area mayors and reeves, local community partners, Ontario boards of health, and provincial partners and agencies.

Members of the Board of Health for Public Health Sudbury & Districts echo the Chief Medical Officer of Health's call to learn from the COVID-19 pandemic and call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined within, including ensuring associated sustained funding for local public health.

Public Health Sudbury & Districts is committed to ongoing investments in our own readiness, and to supporting the readiness of the public health sector and system, the communities we serve, and society overall. We all have a role to play in public health emergency preparedness, and we look forward to strengthening our relationships and collaborations to foster healthy and equitable communities.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health
All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

May 4, 2023

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

Dear Prime Minister Trudeau:

Re: Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

At its April 12, 2023 meeting, the Board of Health for Peterborough Public Health considered correspondence from Timiskaming, Northwestern, and Simcoe Muskoka District Health Units regarding Bill S-254, and expressed its support for this proposed legislation.

Alcohol consumption, while very prevalent in the Canadian context carries adverse health impacts, even at lower levels. Alcohol is a Class 1 carcinogen as classified by the World Health Organization and contributes to at least 7 types of cancers including breast and colon cancer.

According to recent data from Ontario Health, alcohol consumption causes approximately 4,330 (4.3%) deaths, 22,009 (2.1%) hospitalizations and 194,692 (3.7%) emergency department visits each year in Ontario. In the Peterborough Public Health catchment area, this translates to 61 deaths, 310 hospitalizations and 2,641 emergency department visits each year.

A recent systematic review found that alcohol labels could improve awareness of alcohol consumption, could have strong public support, and decrease intention to buy alcohol and the total amount consumed. Labels are used extensively in Canada to provide nutrition information, and health risks for tobacco consumption. A recent pilot study in Yukon introduced alcohol labels, and saw a decrease in sales for labelled products by 6.6%.

Improved health awareness, individual health decision-making around the consumption of alcohol, and decreases in the large health system burdens caused by alcohol are anticipated if the proposal in S-254 is ultimately passed, and we urge the federal government to support this important legislation.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Yves Duclos, MP, Minister of Health
Senator Patrick Brazeau
Local MPs
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

The Honourable Michael Parsa
Minister of Children, Community and Social Services
Delivered via email: michael.parsaco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa:

RE: Income-based Policy Solutions to Reduce Household Food Insecurity

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health received a staff report regarding Food Insecurity and 2022 Nutritious Food Basket (attached) as well as correspondence from the Ontario Dietitians in Public Health regarding income-based policy solutions around food insecurity. After considering the report and correspondence, the Board passed the following motion:

“To endorse the Ontario Dietitians in Public Health (ODPH) letter urging the Ontario government to adopt income-based policy solutions that effectively reduce household food insecurity.”

Household food insecurity is the inadequate or insecure access to food due to financial constraints. Household income is directly proportional to vulnerability to food insecurity. Food insecurity due to insufficient income is a key social determinant of health as it contributes to increased risk for poor health outcomes, such as mental health disorders, non-communicable diseases, and infections, leading to higher healthcare costs.

Household food insecurity is a serious public health problem in Ontario. Based on the Canadian Income Survey, one in five households in Chatham-Kent are currently food insecure. Families and individuals relying on social assistance in Chatham-Kent fair much worse. A family of four, with two adults on Ontario Works, spends 38% of their income on food and 45% of their income on rent, with only \$461.97 leftover per month.

.../2

A single person on the Ontario Disability Support Program spends 29% of their income on food, and 62% of their income on rent per month, with only \$121.24 remaining for other basic needs.

The COVID-19 pandemic and the continuous rise in inflation, including the cost of food, is only working to increase rates of food insecurity. Income-based policies, such as providing a basic income guarantee, increasing minimum wage to a living wage, indexing social assistance rates to inflation and the costs of living, and reducing income tax for low-income households, can be effective solutions.

The Ontario government can play a significant role in supporting healthy public policies to address food insecurity and ensure all individuals have the opportunity to reach their full health potential. We appreciate your attention on this important issue.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Association of Municipalities of Ontario (AMO)

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aLPHa)

Chatham-Kent Municipal Council

Ontario Boards of Health

Attachment: CK Public Health staff report titled Food Insecurity and the 2022 Nutritious Food Basket

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

Information Report

To: Board of Health

From: Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Date: February 27, 2023

Subject: Food Insecurity and the 2022 Nutritious Food Basket

This report is for the information of the Board of Health.

Background

Monitoring of food affordability is important to understand the local context and needs. The Population Health Assessment and Surveillance Protocol (2018) includes a requirement for boards of health to monitor food affordability at a local level. Further guidance is provided in the Monitoring Food Affordability Reference Document (2018).

Nutritious Food Basket

This is the twenty-first year that Chatham-Kent Public Health (CKPH) has completed the Nutritious Food Basket (NFB); a survey of grocery stores that monitors the affordability of food¹. Due to the COVID-19 pandemic, CKPH was unable to complete the NFB from 2020-2021.

The NFB contains 61 items that together form a nutritious diet based on the 2019 Canada's Food Guide (CFG)¹. There are several assumptions made including that individuals have the time, ability, food skills, and equipment to prepare meals from scratch; that consumers have access to stores, literacy, and language skills to shop for the lowest priced items; and that they shop every one to two weeks (which impacts package sizes purchased). As well, cultural and other preferences are not considered. The results generate the cost of eating a nutritious diet with 5% added to account for miscellaneous foods used in meal preparation, such as spices, condiments, and tea.

An updated standardized survey tool and methodology was developed by the Ontario Dietitians in Public Health (ODPH) in partnership with Public Health Ontario (PHO), to ensure a consistent tool was used to monitor food affordability across Ontario. In 2022, this new methodology was piloted. The changes involve an updated list of foods that are informed by the CFG, as well as a hybrid in-store/online food costing process in

response to COVID-19. This has allowed for more accuracy and flexibility when collecting and analyzing data. As such, the 2022 NFB survey results will serve a new baseline, and should not be compared to previous years' results.

Food Insecurity

“Food Insecurity” is used interchangeably with “Household Food Insecurity” throughout this report.

Household food insecurity (HFI) is the inadequate or insecure access to food due to financial constraints⁴. It is rooted in poverty: inadequate and insecure income, and material deprivation⁴. HFI is a serious public health issue nationally, provincially, and specifically in the Chatham-Kent (CK) region, and has been amplified by the economic downturn due to the ongoing COVID-19 pandemic.

In 2019, the Canadian Income Survey (CIS), an annual cross-sectional survey examining income and income sources of Canadians, started collecting information on food insecurity using the Household Food Security Survey Module (HFSSM)⁴. As well, moderate and severe food insecurity were added as indicators on the poverty dashboard. In the past, HFI was measured by the HFSSM in the Canadian Community Health Survey (CCHS)⁴.

Those most impacted by HFI are low-income groups, which includes those earning minimum wage and people who receive social assistance⁴. In Ontario, 48.2% of food insecure households relied on employment as their main source of income. This reflects the nature of precarious and low-paying jobs, and multi-person households with a single income-earner. As well, with almost 7 in 10 households on social assistance being food insecure, this shows that current social assistance programs are inadequate for tackling food insecurity⁴.

Food insecurity worsened during the COVID-19 pandemic and emphasized the need for increased financial support for low-income households⁵. The CIS suggests that although HFI remained relatively the same between 2019 and 2021, this could be explained by the provincial and federal income supports, wage subsidies, and economic disruptions during that time⁴.

Food insecurity significantly impacts mental and physical health and well-being⁴. People living in food insecure households are more likely to be diagnosed with chronic diseases, including mental health disorders, non-communicable diseases, and infections. This leads to increased public expenditures on the healthcare system⁴.

Research suggests emergency food programs are important community services, but they are not an effective long-term solution to food insecurity⁶ because they do not address the root cause⁴. However, an income-based response can work to effectively resolve food insecurity and improve health^{2,7}. For example, federal income supports for older adults, such as the Old Age Security and Guaranteed Income Supplement, have been shown to decrease food insecurity rates by 50% for those over 65 years of age⁸.

Comments

According to the most recent data, almost 20% of households in Chatham-Kent (one in five) are food insecure⁹, meaning they either worried about running out of food and/or had limited food selection, compromised the quality and/or quantity of food, missed meals, reduced food intake, or at the extreme end, went a day or more without food, all due to lack of money to purchase food.

In 2022, the cost of feeding a family of four in Chatham-Kent was \$1050.36/month or \$242.58/week. In June 2022, NFB data was collected from six different grocery stores in both urban and rural settings. Due to the timing of collection, the results will not reflect inflationary or other increases in food costs since that time.

The ODPH Food Insecurity Workgroup Income Scenario Tool has been utilized to help put the NFB results into a realistic context. The following table outlines the scenarios for various households in CK.

Monthly Expenses	One Person, Ontario Works	One Person, Ontario Disability Support Program	Family of Four, Ontario Works ⁱ	Family of Four, full time minimum wage earner ⁱⁱ	Family of Four, median income (after tax) ⁱⁱⁱ
Total income^a	\$863	\$1309	\$2760	\$3973	\$9323
Average rent (utilities included)^b	\$614 *bachelor	\$807 *One bedroom	\$1247.67 *Three bedroom	\$1247.67 *Three bedroom	\$1247.67 *Three bedroom
Cost of food^c	\$380.76	\$380.76	\$1050.36	\$1050.36	\$1050.36
Leftover income for other basic expenses	-\$131.76	\$121.24	\$461.97	\$1674.97	\$7024.97
% Income for rent	71%	62%	45%	31%	13%
% Income for food	44%	29%	38%	26%	11%

a Includes benefits and credits after tax

b Rental costs from Canada Mortgage and Housing Corporation (October, 2021)

c 2022 Chatham-Kent Nutritious Food Basket

i 2 Adults on OW

ii 1 earner, 40hr/wk, \$15/hr (May 2022)

iii Income from employment based on median after-tax income- couples with children. EI and CPP contributions are calculated using median total income- couples with children. Dual income family with a split of 65% / 35% between partners.

Families and individuals living on low incomes in Chatham-Kent face significant financial pressures with little, if any, money left over to cover other monthly expenses after paying for food and rent. In general, food in Chatham-Kent is more affordable for residents with adequate incomes. A family of four with median income spends approximately 11% of their after tax income on food, compared to those on Ontario works where a single person spends 44% and a family of four spends 38% of their income on food.

Studies suggest that food insecurity is primarily associated with inadequate income and household financial constraints, not food cost. As a result ODPH has focused their most recent advocacy efforts on adopting income-based policy solutions in an effort to reduce food insecurity (Appendix A). This includes recommendations for increasing social assistance and minimum wage rates to reflect the cost of living and inflation, and reducing income tax rates for the lowest income households.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	Healthy & Safe Community	People & Culture	Environmental Sustainability
	2.1, 2.2., 2.3		

Consultation

While consultation was not required to produce this information report, the results will be shared with relevant stakeholders and they would be consulted through established Health Unit processes to help inform future nutrition program planning.

Communication

The results from the NFB will be shared with the Chatham-Kent community through the CK Public Health website and related communication materials including an infographic and report on “Food Insecurity in Chatham-Kent”. These communications will also be shared with community stakeholders, such as the Chatham-Kent Food Policy Council, United Way of Chatham-Kent, and the Chatham-Kent Prosperity Roundtable. Dietitians at CK Public Health will utilize the information to aid in program monitoring and evaluation, and to increase staff and community awareness and education related to food insecurity.

Diversity, Equity, Inclusion and Justice (DEIJ)

This report highlights the cost of eating a nutritious diet based on different household income scenarios. By monitoring food affordability the Board of Health, along with other community partners and stakeholders, can have a better understanding of the impacts of household income on healthy eating behaviours and help inform the development of local programs, services, and healthy public policy to address health inequities.

Financial Implications

There are no financial implications resulting from this information report.

Prepared by:

Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Reviewed by:

Chris Sherman
Program Manager, Chronic Disease and Well Being

Teresa Bendo, MBA
Director, Public Health

April Rietdyk, RN, BScN, MHS, PhD PUBH
General Manager
Community Human Services

Attachment: Appendix A-Letter to Premier Ford, Minister Jones, and Minister Fullerton regarding household food insecurity

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1. Government of Canada. (2019). 2019 National Nutritious Food Basket Reference Guide. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/national-nutritious-food-basket/contents.html>
 2. Power E, Belyea S, Collins P. "It's not a food issue; it's an income issue": Using Nutritious Food Basket costing for health equity advocacy. Can J Pub Health, 2019;110:294-302. Available from: <https://doi.org/10.17269/s41997-019-00185-5>
 3. Statistics Canada. Consumer Price Index, Annual Review. Retrieved 10 February 2023 from <https://www150.statcan.gc.ca/n1/daily-quotidien/230117/dq230117b-eng.htm>

4. Tarasuk V, Li T, Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
5. Men F, Tarasuk V. (2021). Food insecurity amid the COVID-19 pandemic: food charity, government assistance and employment. Canadian Public Policy 2021; Published online. Available from: <https://www.utpjournals.press/doi/abs/10.3138/cpp.2021-001>
6. Tarasuk V, McIntyre L. (2020, April 28). Food banks can't adequately address COVID -19 food insecurity. Policy Options. [cited: 2023 February 10]. Available from: <https://policyoptions.irpp.org/magazines/april-2020/food-banks-cant-adequately-address-covid-19-food-insecurity/>
7. Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Available from: odph.ca.
8. McIntyre, L., Dutton, D. J., Kwok, C., & Emery, J. H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. Canadian Public Policy, 42(3), 274-286.
9. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity estimates from the Canadian Income Survey: Ontario 2018-2020. Toronto, ON: King's Printer for Ontario; 2023.

October 27, 2022

Hon. Doug Ford, Premier of Ontario via email: doug.fordco@pc.ola.org

Hon. Sylvia Jones, Deputy Premier and Minister of Health via email: sylvia.jones@pc.ola.org

Hon. Merrilee Fullerton, Minister of Children, Community and Social Services via email:
Merrilee.Fullertonco@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Fullerton:

[Ontario Dietitians in Public Health](#) (ODPH) is the independent and official voice of Registered Dietitians working in Ontario's public health system. We are writing to you, as newly re-elected leaders of the Province of Ontario, to express serious concern about the **2.34 million Ontarians who experienced household food insecurity in 2021**.¹ The situation has undoubtedly worsened in 2022 with an extraordinary rate of food inflation. In Ontario, the price of food purchased from stores in September 2022 was 11.5% higher than in September 2021², rising at a rate not seen since the early 1980s.

Household food insecurity (HFI) is inadequate or insecure access to food due to household financial constraints. **HFI is an urgent public health, human rights, and social justice problem that, if not addressed, will continue to have serious consequences to Ontario's economic progress as well as the health and well-being of citizens.** We strongly urge the Ontario government to adopt policies, as outlined in *Provincial Policy Levers to Reduce Household Food Insecurity*³, proven to effectively reduce HFI:

- Higher minimum wage rates
- Increasing social assistance rates
- Reducing income tax rates for the lowest income households.

The health consequences of food insecurity are a large burden on our province's healthcare system. Not being able to afford food has serious adverse effects on people's physical and mental health and the ability to lead productive lives. Ontarians living with food insecurity are at greater risk for numerous chronic conditions including mental health disorders, non-communicable diseases (e.g., diabetes, hypertension and cardiovascular disease), and infections.¹ People who have chronic conditions and are food insecure are more likely to have negative disease outcomes, be hospitalized, or die prematurely.¹ Policies that effectively reduce food insecurity could offset considerable public expenditures on healthcare in Ontario.

Ontarians receiving social assistance have an extremely high risk for food insecurity. In 2021, 67.2% of Ontario households reliant on social assistance were food insecure.¹ Benefits are inadequate to meet recipients' basic needs. **When people are not able to meet their basic needs, they cannot achieve the physical, mental and social well-being needed to sustain long-term employment.** In a province as wealthy as Ontario, it is unacceptable and unjust that Ontario Works (OW) rates are not based on the actual costs of living, are not indexed to inflation, and do not protect vulnerable citizens from living in dire situations without the money they need to buy food. While Ontario Disability Support Program (ODSP) rates have increased by 5% and are now indexed to inflation, this is nowhere near enough to protect ODSP recipients from food insecurity.

Having a job is not necessarily protective against food insecurity. In 2021, 48.2% of food insecure households in Ontario reported wages, salaries, or self-employment as their household's main source of income.¹ The high prevalence of food insecurity among those in the workforce reflects precarious and low-paying jobs and multi-person households with a single income-earner.⁴

Food charity is NOT a solution to the problem of HFI. Food banks may provide temporary food relief but do not address the persistent problem of inadequate income.⁵ Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.⁶

Individuals and families struggling to put food on the table also struggle to afford other basic needs. HFI is a sign of deprivation, rooted in inadequate and unstable incomes that have not kept pace with the costs of living. ODPH strongly encourages the Government of Ontario to adopt income-based policy solutions that effectively reduce food insecurity. You have the power to make our province a better place for all Ontarians to lead healthier and happier lives.

Sincerely,



Elizabeth Smith
Co-Chair ODPH Executive



Erin Reyce, RD
Co-Chair, Food Insecurity Workgroup

cc.

Peter Tabuns, MPP Toronto–Danforth, Leader, Official Opposition and Leader, New Democratic Party of Ontario via email tabunsp-qp@ndp.on.ca

France Gélinas, MPP Nickel Belt, Health Critic via email: gelinasp-qp@ndp.on.ca

Chandra Pasma, MPP Ottawa-West Nepean, Poverty and Homelessness Reduction Critic via email: CPasma-CO@ndp.on.ca

Laura Mae Lindo, MPP Kitchener-Centre, Anti-Racism and Equity Critic via email: LLindo-QP@ndp.on.ca

Monique Taylor, MPP Hamilton Mountain, Children, Community and Social Services Critic via email: MTaylor-QP@ndp.on.ca

John Fraser, MPP Ottawa South, Interim Leader of the Ontario Liberal Party via email: jfraser.mpp.co@liberal.ola.org

Mike Schreiner, MPP Guelph, Leader of the Green Party of Ontario via email: mschreiner@ola.org

Loretta Ryan, Executive Director, Association of Local Public Health Agencies via email: loretta@alphaweb.org

John Atkinson, Executive Director, Ontario Public Health Association via email: jatkinson@opha.on.ca

References:

1. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved 20Sept2022 from <https://proof.utoronto.ca/>.
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April 25, 2023

The Honourable Doug Ford
Premier of Ontario
Delivered via email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
Delivered via email: sylvia.jones@pc.ola.org

Dear Premier Ford and Deputy Premier and Minister Jones:

RE: Universal, No-cost Coverage for all Prescription Contraceptive Options to all People Living in Ontario

At its meeting held on March 15, 2023, the Chatham-Kent Board of Health passed the following motion:

“That Administration prepare a letter of advocacy to the Provincial government encouraging them to cover the cost of birth control for all Ontario residents, and that this letter be copied to alPHa and any other appropriate partners.”

It is estimated that 30-40% of all pregnancies in Canada are unintended with those of lower socioeconomic status being one of the leading vulnerable groups impacted¹. Timely access to effective contraception directly influences the rate of unintended pregnancies. In Canada, cost is the leading barrier preventing individuals from gaining access to effective contraceptives^{2/3}. Cost should not be a barrier Ontarians face to obtain consistent and timely access to effective contraceptives.

OHIP+ has begun to address this issue in Ontario by providing no cost coverage for anyone under the age of 25 who is not covered by a private plan. This coverage needs to be expanded to all Ontarians without the restrictions put on those with private plans or those over the age of 24. Ontarians should have universal, no-cost, confidential access to effective contraceptives.

At the beginning of April, British Columbia started the journey of providing prescription contraceptive access equality for their province and we are advocating for Ontario in this journey.

.../2

Thank you for your attention to this important issue. We stand firmly in support of protecting and advancing sexual and reproductive health rights.

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Training and Skills Development

Trevor Jones, MPP, Chatham-Kent-Leamington

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (aLPHA)
Ontario Public Health Units

1 Nethery E, Schummers L, Maginley S, Dunn S and Norman W. "Household income and contraceptive methods among female youth: a cross sectional study using the Canadian Community Health Survey (2009-2010 And 2013-2014)". CMAJ Open, vol. 7, no. 4, 2019 Retrieved from www.cmajopen.ca/content/7/4/E646

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Head Office:

247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

May 8, 2023

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Rm 281
Queens Park
Toronto, ON M7A 1A1
Sent via email: doug.fordco@pc.ola.org

The Honourable Michael Parsa
Minister of Children, Community and Social
Services
438 University Ave, 7th Floor.
Toronto, ON M5G 2K8
Sent via email: michael.parsaco@pc.ola.org

The Honourable Sylvia Jones
Minister of Health/Deputy Premier
777 Bay Street, College Park, 5th Floor.
Toronto, ON M7A 2J3
Sent via email: sylvia.jones@pc.ola.org

Dear Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa

Re: Addressing Household Food Insecurity in Ontario

On April 05, 2023, at a regular meeting of the Board of Health (Board) for the Timiskaming Health Unit, the Board recognized Household Food Insecurity (HFI) as an income-driven problem that requires income-based solutions.

Household food insecurity is a significant issue affecting our region, with 1 in 5 households in Timiskaming experiencing some form of food insecurity.² This vulnerability is closely linked to household income, and families with lower incomes are more likely to struggle with affording food, rent and other basic needs.¹

The 2022 Monitoring Food Affordability findings show that a family of four in Timiskaming spends \$1,152 monthly on food.² This family would need to allocate a significant portion of their income towards rent and food, with 50% and 41%, respectively. Consequently, they would have a meagre average of \$228 left to cover other basic necessities such as childcare, transportation, utilities, and medication.² To afford the actual cost of living in Timiskaming, individuals would need to earn a living wage of \$19.70, highlighting a discrepancy between the current minimum wage and the living wage.³

Accordingly, the Board endorsed the enclosed correspondence from the [Ontario Dietitians in Public Health \(ODPH\)](#) urging the Ontario government to adopt income-based solutions that effectively reduce HFI; these include the reinstatement of the basic income guarantee project, closing the gap between



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Head Office:

247 Whitewood Avenue, Unit 43

PO Box 1090

New Liskeard, ON P0J 1P0

Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698

Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

the minimum wage and living wage, increasing social assistance rates and indexing them to match the true cost of living, and reducing income tax rates for lowest-income households. These policies effectively reduce household food insecurity, improve health outcomes, and reduce long-term healthcare costs.¹

Our Board recognizes that the province of Ontario has the power to reduce food insecurity and extreme poverty for households receiving social assistance. We kindly request that you take into consideration the motion passed by our Board regarding this pressing issue.

We appreciate your attention to this significant matter.

Sincerely,

Stacy Wight

Board of Health Chair

cc John Vanthof, MPP – Timiskaming-Cochrane
Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP – Timmins-James Bay
Association of Local Public Health Agencies (aLPHa)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities (FCM)
Ontario Public Health Association (OPHA)
Ontario Dietitians in Public Health (ODPH)
Ontario Boards of Health
Health Unit Member Municipalities

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www.timiskaminghu.com

Board of Health MOTION #21R-2023 – April 05, 2023

Moved by: Curtis Arthur Seconded by: Mark Wilson

WHEREAS, it is a requirement under the Ontario Public Health Standards for public health units to monitor food affordability, assess and report on the health of local populations, and describe the existence and impact of health disparities; AND

WHEREAS, food insecurity is widely known to have adverse effects on both physical and mental health; AND adequate income is a crucial social determinant of health that significantly affects food security; AND

WHEREAS, 67% of households in Ontario with social assistance as their primary income source experience food insecurity; AND

WHEREAS, the 2022 Monitoring food affordability results demonstrate that households relying on social assistance do not have enough money to cover their living expenses, including food; AND

FURTHERMORE, BE IT RESOLVED, that the Board of Health for the Timiskaming Health Unit (Board) continues to increase awareness of, and work to reduce, health inequities, including those related to food insecurity; AND

FURTHERMORE, BE IT RESOLVED, that the Board endorses the [Ontario Dietitians in Public Health \(ODPH\)](#) call for the provincial government to take swift and immediate action in implementing income-based policy interventions for all in Ontario, aged 18–64 years as an effective and long-term response to household food insecurity; AND

FURTHERMORE, BE IT RESOLVED, that the Board calls on the Province of Ontario to increase social assistance rates to reflect the true costs of living, and to index Ontario Works rates to inflation moving forward; AND

FURTHERMORE, BE IT RESOLVED, that the Board urges the Province to resume exploring the feasibility of creating a guaranteed living wage (basic income) in the Province of Ontario; AND

FURTHERMORE, BE IT RESOLVED, That the Board of Health provide correspondence of these resolutions to John Vanthof, MPP (Timiskaming-Cochrane), Anthony Rota, MP (Timiskaming-Nipissing), Charlie Angus, MP (Timmins-James Bay), Association of Local Public Health Agencies (aLPHa), Association of Municipalities of Ontario (AMO), Federation of Canadian Municipalities (FCM), Ontario Public Health Association (OPHA), Ontario Dietitians in Public Health (ODPH), Ontario Boards of Health , and Health Unit Member Municipalities.

CARRIED

May 16, 2022

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

Re: Bill 93, Joshua's Law (Lifejackets for Life), 2023

On behalf of the Board of Health for Public Health Sudbury & Districts, I am writing to convey the Board's support for Bill 93 Joshua's Law (Lifejackets for Life), 2023 which recently passed second reading.

The matter of boating safety and drowning prevention is of great interest to the Board of Health for Public Health Sudbury & Districts. On September 22, 2022, we advised your office of the Board's [resolution](#) to request the Government of Ontario to enact legislation requiring all individuals in a pleasure boat to wear a lifejacket or PFD.

Over the 10-year period from 2012 to 2021, 2147 Ontarians (65 Sudbury and districts) had emergency department visits that resulted from a drowning or submersion injury related to watercraft and, over the last 10 years of available death data (2009-2018), 198 Ontarians (8 Sudbury and districts) died of a drowning or submersion injury related to watercraft. The Board of Health is aware that of the nationally reported boating deaths from 2013 to 2017 for which data were available, 79% were not wearing a lifejacket or personal floatation device (PFD). Not wearing a lifejacket is the most common behavioural risk factor associated with boating drownings across the lifespan. In Canadian drowning deaths from 2013 to 2017 for which PFD data were available, 87% of 15–34-year-olds, 75% of 35–64-year-olds, and 80% of 65+ year olds were not wearing lifejackets. Not wearing lifejackets continues to be identified as the most common risk factor in drowning deaths beyond childhood.

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

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Letter to the Premier of Ontario
Re: Bill 93 – Joshua's Law (Lifejackets for Life), 2023
May 16, 2023
Page 2

Bill 93 is an important first step to saving lives. Public Health will continue to strongly advocate for the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,

A handwritten signature in dark ink, appearing to be 'RL' or similar initials, written in a cursive style.

René Lapierre
Chair, Board of Health

cc: Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Association of Local Public Health Agencies
All Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

The Honourable Sylvia Jones, M.P.P.
Minister of Health
Ministry of Health
5th floor
777 Bay St.
Toronto, ON M7A 1Z8
Sylvia.jones@pc.ola.org

The Honourable Michael A. Tibollo, M.P.P.
Associate Minister of Mental Health and Addictions
Ministry of Health
Frost South
6th Floor
7 Queens Park Circle
Toronto, ON M7A 1Y7
Michael.tiboloco@pc.ola.org

May 11, 2023

Subject: Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning

Dear Minister Jones and Minister Tibollo,

At the April 12, 2023 Hamilton City Council meeting, a motion was passed declaring an emergency of Homelessness, Mental Health, and Opioid Overdoses/Poisoning. In adherence with this motion, I am writing to you today to request that the Provincial Government act on the eight measures proposed by the Association of Local Public Health Agencies". These specific measures include:

1. Creation of a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
2. Expanding access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options

3. Revision of the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;
4. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;
5. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;
6. Addressing the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;
7. Increasing investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood; and
8. Funding additional and dedicated positions for public health to support the critical coordination and leadership of local opioid and substance abuse strategies.”

As with other municipalities throughout Ontario, the impact of the drug toxicity crisis continues to have a significant impact on our community. Between January 2023 and April 2023, Hamilton Paramedic Services responded to 336 incidents related to suspect opioid overdoses, with three out of the four months surpassing previous monthly totals. Furthermore, 52 suspect drug-related deaths have occurred this year as of April 12, not only representing lives cut short but also untold grief for the loved ones of these individuals and the broader community.

Hamilton continues to coordinate a local response with health and social service providers to address this public health crisis by leveraging local expertise and resources. While these local efforts continue, further response and collaboration is needed at all levels of government. The eight measures recommended by the Association of Local Public Health Agencies would provide a range of interventions to best support individuals based on their needs, and reflect the ongoing serious harms present in our community related to the toxic drug supply. For example, investing in the necessary support and prevention initiatives for our children and youth would promote mental health and work to prevent substance use. Increasing the number of CTS sites would help save lives by increasing

the number of places to safely consume substances in our community, while facilitating access to treatment options. As this complex issue transcends municipal boundaries, the Province is best situated to act decisively in order meet these goals through their capacity, resources, and leadership.

We firmly believe that one of the necessary responses to the ongoing drug toxicity crisis is to action the above eight items. However, Hamilton cannot accomplish this undertaking alone and Provincial leadership is needed to ensure success. The Hamilton Public Health Services team is more than agreeable to meet with your staff to tackle this task head-on and thereby continue to ensure that Ontario is a place where all its residents can be healthy, prosperous and reach their fullest potential throughout life.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read "Andrea Horwath", with a stylized flourish at the end.

Andrea Horwath

Mayor

City of Hamilton

CC:

Hon. Doug Ford, Premier and Minister of Intergovernmental Affairs

Hon. Peter Bethlenfalvy, Minister of Finance

Hon. Steve Clark, Minister of Municipal Affairs and Housing

Hon. Doug Downey, Attorney General

Hon. Michael Parsa, Minister of Children, Community and Social Services

Dr. Kieran Moore, Chief Medical Officer of Health

Hon. Neil Lumsden, MPP Hamilton East – Stoney Creek

Donna Skelly, MPP Flamborough – Glanbrook

Monique Taylor, MPP Hamilton Mountain

Sandy Shaw, MPP Hamilton West – Ancaster – Dundas

Sarah Jama, MPP Hamilton Centre

Association of Local Public Health Agencies

Council of Ontario Medical Officers of Health

Ontario Boards of Health

Ontario Health

Ontario Public Health Association

May 19, 2023

The Honourable Sylvia Jones
Deputy Premier of Ontario
Minister of Health
sylvia.jones@ontario.ca

Re: Peterborough Public Health 2024 Budget

Dear Minister Jones:

The PPH Board of Health (BOH) recently met with our Members of Provincial Parliament and representatives from the City of Peterborough, the County of Peterborough, Curve Lake First Nation, and Hiawatha First Nation to discuss our shared concerns surrounding the financial challenges facing public health.

We recognize that it is still early in the budget process, and that the 2023 provincial budget implementation is still progressing. However, because of the breadth of uncertainties and financial risks facing public health in our region, we wanted the opportunity to discuss our current and forthcoming challenges. We are grateful for the engagement of MPPs Piccini, Scott and Smith, and appreciate their thoughtful reflections and willingness to follow up on concerns from local funders.

The BOH is proud to work with provincial and local funding partners to deliver public health services to our region. The provincial role in public health funding has been essential throughout the COVID-19 pandemic, and we are appreciative of the support we have received from your Government through one-time extraordinary funding to ensure the most effective response possible.

From previous communication from PPH, and other local public health agencies, you will likely be aware that there are longstanding challenges with the sustainability of public health funding in Ontario. PPH has worked to maximize efficiencies in operations, and for years now has seen funding agreements fall short of inflationary increases. We have now reached a point where we cannot continue to deliver critical public health services with the funding we receive.

There are three significant financial concerns facing public health in 2024:

1. PPH, like other sectors, must account for cost increasing at an average rate of 2-3% per year just to maintain the same level of programming. In 2023, the approved PPH cost-shared budget increased by 1.94%, as we continue to be careful stewards of public funds, while maintaining needed services. Yet provincial funding increases have not kept pace. Will your government ensure adequate continued base funding increases to, at minimum, maintain existing service levels?
2. COVID-19 funding has been extended for 2023; however, we are uncertain whether this will continue beyond the current year. This uncertainty undermines our ability to retain the human health resources required to maintain a proportionate response to the ongoing threat of COVID-19. It also further erodes our ability to ensure readiness for future threats to population health, as has been prioritized

by Ontario's Chief Medical Officer of Health in his [2022 Annual Report](#). Will your government continue to ensure PPH is funded at a level to adequately maintain a proportionate COVID-19 contact tracing and vaccination response, and ensure readiness for future threats to population health?

3. The Province of Ontario moved from a 75/25 to a 70/30 funding split; however, mitigation funding has delayed this download to municipalities. Will your government reverse the decision to move to a 70/30 funding split and maintain that additional contribution to public health? If not, will you consider supporting phasing this in over multiple years to ensure that this download can be effectively managed by local funders?

We continue to value our partnership with the Province of Ontario on advancing public health issues in this community. The COVID-19 pandemic and the aforementioned Ontario CMOH 2022 Annual Report have highlighted the need to ensure the stability of public health funding for continued response to COVID-19 and future health threats, which may be just around the corner. The work of public health extends further to improving the health and prosperity of our community.

In the City, County, Curve Lake First Nation and Hiawatha First Nation, further loss of public health programs will mean that businesses cannot operate safely, people cannot access important public health services, and health and economic development throughout our region will suffer. Without addressing these acute funding issues our community may experience:

- Diminished capacity to respond to and manage disease outbreaks in Long-Term Care, risking the lives of elderly and medically fragile residents;
- Negative economic consequences for over 1,500 local businesses and significant risks to public safety as food premises and small drinking water systems are left uninspected or face delayed openings;
- Reduced ability to vaccinate school-aged children against infectious diseases and screen for urgent oral health issues, undermining lifelong health and opportunities for future employment.

The pandemic has taught us that healthy communities and economies cannot exist without healthy people. With all that we have learned over the past three years, we seek your support and investment to ensure a strengthened and resilient public health system without creating undue strain on local funders.

We look forward to hearing from you.

Miigwech,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: The Hon. Doug Ford, Premier of Ontario
Local Councils
Local MPPs
The Association of Local Public Health Agencies
Ontario Boards of Health



Public Health
Santé publique
SUDBURY & DISTRICTS

May 30, 2023

VIA ELECTRONIC MAIL

Honourable Jean-Yves Duclos
Minister of Health, Canada
House of Commons
hcmminister.ministresc@hc-sc.gc.ca

Honourable Dominic LeBlanc
Minister of Intergovernmental Affairs, Infrastructure and Communities, Canada
iga.minister-ministre.aig@pco-bcp.gc.ca

Honourable Sylvia Jones
Minister of Health, Ontario
sylvia.jones@ontario.ca

Honourable Steve Clark
Minister of Municipal Affairs and Housing, Ontario
minister.mah@ontario.ca

Dear Honourable Ministers:

Re: Support for Improved Indoor Air Quality in Public Settings

I am pleased to share with you Public Health Sudbury & Districts' Board of Health motion in support Peterborough Public Health's calls to the [Federal](#) and [Provincial](#) ministers for resources and policy leavers to improve indoor air quality in public settings. At its meeting on April 20, 2023, the Board of Health carried the following resolution #17-23:

WHEREAS the virus that causes COVID-19 (SARS-CoV2), as well as other respiratory viruses, are spread principally through respiratory droplets and aerosols; and

WHEREAS ventilation can affect how well respiratory droplets and aerosols are removed from an area. As noted by the [Ontario Science Table](#), "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas"; and

WHEREAS [Canada's Chief Science Advisor](#) recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

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interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens”;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated March 3, 2023, from Peterborough Public Health to federal and provincial ministers calling for investments and policy levers to improve indoor air quality in public settings such that health is further protected for all; and

FURTHER THAT this resolution be shared with relevant federal and provincial government ministers, area members of parliament and provincial parliament, the Chief Medical Officer of Health, and Ontario boards of health.

Poor indoor air quality poses an environmental health risk that disproportionately impacts vulnerable Canadians. Therefore, as the Chair of our Board of Health, I request that the Provincial government implement a stepwise approach through amendments to the Ontario Building Code, requiring improved air quality standards in new construction; and that the Federal and Provincial governments identify, fund, and implement strategies such as grants, tax breaks, and other incentives, that assist owners to improve indoor air quality in all public settings.

Sincerely,



René Lapierre
Chair, Board of Health

cc: Carol Hughes, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Marc Serré, Member of Parliament, Nickel Belt
Viviane Lapointe, Member of Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health