

Board Correspondence

April 2023

Date	From	Subject
February 28, 2023	Windsor-Essex County Health Unit	Letter of support – Physical Literacy for Healthy Active Children.
March 3, 2023	Western Health Unit	Letter to Prime Minister of Canada regarding the report <i>Canada's Guidance on Alcohol and Health</i> .
March 3, 2023	North Bay Parry Sound District Health Unit	Letter to Premier Ontario – Food Insecurity in Ontario.
March 3, 2023	Peterborough Public Health	Letter to Minister of Health and to Minister of Intergovernmental Affairs, Infrastructure – Explore Funding Streams to Supporting Businesses and Other Organizations to Improve Indoor Air Quality
March 3, 2023	Peterborough Public Health	Letter to Minister of Health, Ontario and to Minister of Municipal Affairs and Housing, Ontario – Explore Improvements to Ontario Building Code to Improve Indoor Air Quality
March 8, 2023	Peterborough Public Health	Minister of Labour, Immigration, Training and Skills Development, Ontario – Explore Improvements to Occupational Health and Safety Act to Improve Indoor Air Quality in Public Settings.
March 7, 2023	CMOH	2022 Chief Medical Officer of Health Annual Report 2022 Chief Medical Officer of Health Annual Statement
March 15, 2023	Simcoe Muskoka District Health Unit	Letter to Minister of Health, Canada – Support for Bill S-254 – An Act to amend the Food and Drugs Act (Warning Label on Alcoholic Beverages).
March 16, 2023	alPha	March Infobreak
March 22, 2023	Ministry of Long-Term Care	Ontario Updating COVID-19 Measures in Long-Term Care Homes
March 23, 2023	Ministry of Finance	Building a Strong Ontario
March 24, 2023	Southwestern Public Health	Letter to Minister of Finance – alPha 2023 Pre-Budget Submission.
March 31, 2023	alPha	Workplace Health and Wellness Month!

February 28, 2023

sylvia.jones@ontario.ca

The Honourable Sylvia Jones
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones:

Letter of Support – Physical Literacy for Healthy Active Children

On February 16, 2023 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth, including agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

The following motion was passed:

Motion: **That the WECHU Board of Health support the letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth.**

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Fabio Costante, Chair
Windsor-Essex County Board of Health

c: Kenneth Blanchette, CEO, WECHU
 Windsor-Essex County Directors of Education
 Loretta Ryan, Executive Director, alPHa
 Ontario Boards of Health
 Lisa Gretzky, MPP Windsor-West
 Andrew Dowie, MPP Windsor-Tecumseh
 Anthony Leardi, MPP Essex
 Trevor Jones, MPP Chatham-Kent

210 First Street North
Kenora, ON P9N 2K4



The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

Dear Prime Minister Trudeau:

via email: justin.trudeau@parl.gc.ca

Re: Alcohol Health Warning Labels

On March 3, 2023, at a regular meeting of the Board of Health for the Northwestern Health Unit, the Board received a report titled *Update to Canada's Guidance on Alcohol and Health*.

The report outlined the following:

- Northwestern Health Unit (NWHU) catchment area has the highest rates in the province for ER visits and hospitalizations attributable to alcohol:
 - ER visits due to alcohol: NWHU rate of 7,486.6 per 100,000 in 2021, **13 times as high as the provincial rate** of 543.3 per 100,000⁸
 - Hospitalization due to alcohol: 1,498.9 per 100,000, **7 times as high as the provincial rate** of 210.9 per 100,000⁹
- NWHU Self-report data from 2019/20 also reveals higher heavy drinking rates than the province:¹⁰
 - Proportion of people reporting heavy drinking in the NWHU is 20.2%, statistically higher than the province (15.6%). This rate has decreased from the 25.5% reported in 2015/16.

Considering the health harms associated with alcohol and the benefits of alcohol health warning labels, the Board of Health passed the following resolution:

BE IT RESOLVED THAT the Northwestern Health Unit (NWHU) Board of Health call on the Government of Canada to amend the Food and Drug Act to make mandatory that all alcohol beverage containers have enhanced alcohol labels affixed:

1. Indicating what constitutes a standard drink;
2. Illustrating the number of standard drinks in the beverage container; and
3. Displaying health messages regarding adverse health outcomes, including the cancer risks associated with the consumption of alcohol.

AND FURTHER THAT the Northwestern Health Unit Board of Health endorse, in principle, [Bill S254](#) – An Act to Amend the Food and Drug Act (Warning Labels on

Alcoholic Beverages) and [Motion M-61](#) A National Warning Label Strategy for Alcoholic Products.

The Northwestern Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Douglas Lawrance
Chair, Board of Health, Northwestern Health Unit

Copy to:

- Hon. Eric Melillo, Member of Parliament, Kenora
- Hon. Marcus Powlowski, Member of Parliament, Thunder Bay - Rainy River
- Hon. Jean-Yves Duclos, Minister of Health
- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Hon. Greg Rickford, Member of Provincial Parliament, Kenora - Rainy River
- Hon. Sol Mamakwa, Member of Provincial Parliament, Kiiwetinoong
- Hon. Kevin Holland, Member of Provincial Parliament, Thunder Bay - Atikokan
- Dr. Kieran Moore, CMOH
- Chair of the *Council of Chief Medical Officers of Health*
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Ontario Boards of Health
- Canadian Public Health Association
- Rainy River District Ontario Health Team
- All Nations Health Partners Ontario Health Team
- Kiiwetinoong Healing Waters Ontario Health Team

March 3, 2023

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queens Park
Toronto, ON M7A 1A1

The Honourable Sylvia Jones
Minister of Health / Deputy Premier
777 Bay Street, College Park, 5th Floor
Toronto, ON M7A 2J3

The Honourable Merrilee Fullerton
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Premier Ford, Minister Jones, and Minister Fullerton:

RE: Food Insecurity in Ontario

On behalf of the Board of Health (Board) and staff of the North Bay Parry Sound District Health Unit (Health Unit), we are expressing our concerns about the high rates of food insecurity in Ontario. Most recent estimates show that one in six households experience food insecurity, and one in five children live in a food insecure household. This is not acceptable. The magnitude of the problem, paired with the severe health consequences associated with experiencing food insecurity, make this an important and pressing public health issue that requires attention from all levels of government.

Food insecurity means a household has inadequate or insecure access to food due to financial constraints. Not being able to afford food has profound adverse effects on people's physical and mental health, and their ability to lead productive lives. The health consequences of food insecurity are also a large burden on our healthcare system.

As per the Ontario Public Health Standards, health units are required to monitor food affordability. We recently released our local 2022 Cost of Eating Well report, which draws attention to the inadequacy of current social assistance rates. It highlights that households with social assistance as their main income do not have enough money for the costs of living, including food. An excerpt from the report is included as **Appendix A**. It is important to note the scenarios presented include very modest estimates of both food costs and rent. Local data from the Canadian Mortgage and Housing Corporation is used for rent estimates which may or may not include utilities. Food costs are based on the Nutritious Food Basket (NFB). Grocery stores are surveyed locally to determine the cost of the NFB, which provides an estimate of the cost of following Canada's Food Guide. Examining food costs and rent rates alongside household income scenarios determines if food is affordable. For those receiving social assistance, it is clear they do not have enough money for the costs of living.

.../2

As record high food inflation rates persist, there is no doubt the financial situation is increasingly dire for these households. While the Ontario Disability Support Program (ODSP) was increased by 5% in 2022 and will be indexed to inflation going forward, the current rates are not based on the costs of living. Further, Ontario Works (OW) has not been increased since 2018 and is not indexed to inflation.

Last week, our Board passed a series of motions demonstrating collective support from Health Unit staff, leadership, and Board members, to call on the province for income-based policy action to reduce food insecurity. The complete list of resolutions and motions are attached as **Appendix B**. To summarize, our Board is urging the Province of Ontario to:

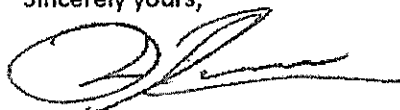
- Legislate targets for the reduction of food insecurity as part of the Ontario Poverty Reduction Strategy.
- Increase social assistance rates to reflect the costs of living, and to index Ontario Works rates to inflation going forward.
- Resume investigating the feasibility of creating a guaranteed living wage (basic income) in the Province of Ontario.

Income is an important social determinant of health (SDOH) that greatly impacts other SDOHs, including food security. Income support programs are recognized globally as important and effective population health interventions, meaning they can impact the health of the whole population. Ensuring low-income households have enough money to meet their basic needs is essential for health.

Food insecurity in Canada is a persistent and highly prevalent problem that has not improved since systematic monitoring began in 2005. Our Health Unit has been vocal in the past about the importance of adequate income to reduce food insecurity. Most recently, we called on the federal government to consider the importance of a basic income program for all in light of COVID-19 pandemic response benefits, and we called on the province to establish a Social Assistance Research Commission to advise on strengthening social assistance in Ontario. We will continue to monitor food affordability and follow the evidence on this issue, as health units are required to 'assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective strategies that decrease health inequities.'

The Province of Ontario holds the power to reduce food insecurity and extreme poverty among households receiving social assistance. From a public health perspective, our Board urges you to take action. Please consider the motions our Board passed on this important issue and thank you for reviewing this information.

Sincerely yours,

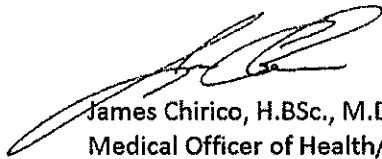


Rick Champagne
Chairperson, Board of Health

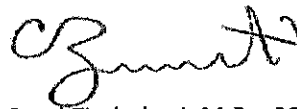
To: Premier Ford, Minister S. Jones, Minister M. Fullerton

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Date: March 3, 2023



James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer



Carol Zimbalatti, M.D., CCFP, MPH
Associate Medical Officer of Health

/sb

Enclosures (2) – Appendix A and B

Copy to:

Vic Fedeli, MPP, Nipissing
Graydon Smith, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Hon. Anthony Rota, MP, Nipissing-Timiskaming
Hon. Scott Aitchison, MP, Parry Sound-Muskoka
Hon. Marc Serre, MP, Nickel Belt
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities (FCM)
Health Unit Member Municipalities

References:

Tarasuk V, Li T, Fafard St-Germain AA. *Household food insecurity in Canada, 2021*. Toronto: Research to identify policy options to reduce food insecurity (PROOF). 2022. Retrieved from: <https://proof.utoronto.ca/>
North Bay Parry Sound District Health Unit. *2022 Cost of Eating Well: Monitoring food affordability in the North Bay Parry Sound District*. 2023. Retrieved from: [https://www.myhealthunit.ca/en/health-topics/HU_FoodInsecurity_Report22-\(1\).pdf](https://www.myhealthunit.ca/en/health-topics/HU_FoodInsecurity_Report22-(1).pdf)
Ministry of Health. *Ontario Public Health Standards: Requirements for programs, services and accountability*. 2021. Retrieved from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf
World Health Organization. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Geneva: WHO. 2008. Retrieved from: <https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1>



Single man receiving Ontario Works

This person does not have enough money to cover rent and food in a month, or their other costs of living. Current social assistance rates in Ontario are not based on the real costs of living. There are few income supports in place for working aged adults without children, leaving them in extreme poverty should they be unemployed.

**Income is based on OW basic allowance and maximum shelter allowance, GST/HST credit, Ontario Trillium Benefit, and the Ontario Climate Action Incentive Payment.*

=====
 Monthly income:* \$876
 Rent (bachelor apartment): \$650
 Food: \$404
 =====

-\$178



Single woman with 2 kids receiving Ontario Works

It is highly unlikely that the \$688 remaining after paying for rent and food will be enough to cover this family's monthly expenses. Parents in Canada are eligible for the Canada/Ontario Child Benefit (CCB), which provides a seemingly significant amount of money monthly for low-income households. Yet, 1 in 5 children in Ontario live in a food insecure household, suggesting the CCB does not provide enough money to protect against food insecurity.

**Income is based on Ontario Works basic allowance for one recipient and two dependents and maximum shelter allowance for a family size of three, Canada and Ontario Child Benefit, GST/HST credit, Ontario Trillium Benefit, and the Climate Action Incentive Payment.*

=====
 Monthly income:* \$2548
 Rent (2 bedroom apartment): \$1032
 Food: \$828
 =====

\$688

Appendix B

Board of Health Motion: #BOH/2023/02/04 – February 22, 2023

Moved by: Marianne Stickland

Seconded by: Jamie McGarvey

Whereas, the Ontario Public Health Standards require public health units to monitor food affordability, as well as assess and report on the health of local populations, describing the existence and impact of health inequities;

Whereas, it is well documented that food insecurity has a detrimental impact on physical and mental health;

Whereas, adequate income is an important social determinant of health that greatly impacts food security;

Whereas, 67% of households in Ontario with social assistance as their main source of income experience food insecurity;

Whereas, the 2022 Nutritious Food Basket Survey results show that households reliant on social assistance do not have enough money for the costs of living, including food;

Therefore Be It Resolved, That the Board of Health for the North Bay Parry Sound District Health Unit continue to support the efforts of staff and community stakeholders to raise awareness about, and work to reduce, health inequities, including food insecurity; and

Furthermore Be It Resolved, That the Board of Health call on the Province of Ontario to legislate targets for the reduction of food insecurity as part of the Ontario Poverty Reduction Strategy; and

Furthermore Be It Resolved, That the Board of Health call on the Province of Ontario to increase social assistance rates to reflect the costs of living, and to index Ontario Works rates to inflation going forward; and

Furthermore Be It Resolved, That the Board of Health urge the province to resume investigating 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 district municipalities, Ontario Boards of Health, Victor Fedeli, MPP (Nipissing), Graydon Smith, MPP (Parry Sound-Muskoka), John Vanthof, MPP (Timiskaming-Cochrane), the Honourable Doug Ford (Premier), the Honourable Merrilee Fullerton (Minister of Children, Community and Social Services), the Honourable Sylvia Jones (Minister of Health) and the Association of Local Public Health Agencies (aLPHa), MP Anthony Rota, MP Scott Aitchison, MP Marc Serre, the Association of Municipalities of Ontario (AMO), and the Federation of Canadian Municipalities (FCM).

March 3, 2023

Peterborough Public Health Urges Government of Canada to Explore Improvements to Funding Streams to Supporting Small Businesses and Other Organizations to Improve Indoor Air Quality

The Honourable Jean-Yves Duclos, MP
Minister of Health, Canada
jean-yves.duclos@parl.gc.ca

The Honourable Dominic LeBlanc, MP
Minister of Intergovernmental Affairs, Infrastructure
and Communities, Canada
dominic.leblanc@parl.gc.ca

Dear Honourable Ministers:

Re: Improved Indoor Air Quality in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,^[1] and does not spread as easily as we once thought by touching contaminated surfaces.^[2] The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."^[3] Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."^[4]

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through tax credits, grants, or other incentives to support small businesses in improving the indoor air quality of their spaces.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention 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."^[5] These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;

- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.^[6]

To this end, there are many examples of improved indoor air quality being prioritized around the world. Last year for example, Belgium legislated an indoor air quality framework^[7], as did France^[8], while Australia earmarked over \$270 million AUD for classroom upgrades alone to further “provide their students with improved learning facilities in a COVID-19 safe environment”.^[9]

In an effort to make public indoor spaces safer, and recognizing that COVID-19 is airborne, Peterborough Public Health (PPH) is urging the Government of Canada and its provincial and territorial partners to consider similar initiatives as these other global leaders, and explore a variety of options that support businesses and organizations in protecting their staff and patrons – most notably through improvements to their HVAC and ventilation systems, as detailed above.

PPH recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit^[10], while the CD HOWE Institute found that vaccines alone contributed to a “cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality.”^[11] Including the value of reduced mortality, this figure balloons to “\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases.”^[12] Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health I am writing to you today, to urge that the Federal government, in partnership with all provincial and territorial governments, identify, fund, and implement strategies such as through grants, tax breaks, and other incentives, to improve indoor air quality in public settings.

The staff at PPH and I are ready to support your teams in moving this forward; please don’t hesitate to reach out if we can be of assistance.

Respectfully,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPs
Local MPPs
Curve Lake First Nation
Hiawatha First Nation
Association of Local Public Health Agencies
Ontario Boards of Health

- [1] Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
- [2] Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>
- [3] Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen's Printer for Ontario. Retrieved October 11, 2022 from https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en
- [4] Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf
- [5] Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don't Know and a Framework for Action. Retrieved December 15, 2022 from, https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf
- [6] Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- [7] Vandenbroucke, F. Deputy Prime Minister and Minister of Social Affairs and Health. Chancellery of the Prime Minister. (2022). Indoor air quality: future policy and legislative framework. Retrieved February 13, 2023 from <https://vandenbroucke.belgium.be/nl/binnenluchtkwaliteit-beleid-van-de-toekomst-en-wetgevend-kader>
- [8] Sub-section 3: Indoor air quality monitoring in certain establishments open to the public (Articles R221-30 to D221-38). Retrieved February 13, 2023 from https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006074220/LEGISCTA000024912670/
- [9] Australian Government. (2022). Schools Upgrade Fund. Retrieved, February 13, 2023 from <https://www.education.gov.au/schools-upgrade-fund>
- [10] Peterborough Public Health. (2022). Peterborough Public Health Thanks Community for Efforts in Response to the COVID-19 Pandemic to Date. Retrieved March 2, 2023 from <https://www.peterboroughpublichealth.ca/peterborough-public-health-thanks-community-for-efforts-in-response-to-the-covid-19-pandemic-to-date/>
- [11] Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf
- [12] Ibid.

March 3, 2023

Medical Officer of Health Urges Province to Explore Improvements to Ontario Building Code to Improve Indoor Air Quality

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

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

Dear Honourable Ministers:

Re: Improved Indoor Air Quality in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,¹ and does not spread as easily as we once thought by touching contaminated surfaces.² The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."³ Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."⁴

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through consideration of simple amendments to the Ontario Building Code (OBC).

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention 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."⁵ These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;
- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.⁶

Plainly, we need to action these evidence-based approaches and apply science to the laws that protect the residents of Ontario. O. Reg. 332/12: Building Code, Part 9 (Housing and Small Buildings), subsection 9.32.1.3 (3) speaks to the ventilation of rooms and spaces, however, falls short of OSPE recommendations of at least 6 air exchanges per hour and the use of HEPA filters or filters with a MERV 13 rating in HVAC systems.⁷

Amending the OBC to include these requirements would bolster the defined purpose of the Building Code, which includes standards for public health and safety.

We must start including the quality of the air we breathe when we think of and refer to the safety of indoor settings. The OBC, like other building and construction codes in Canada, emphasizes air tightness and energy efficiency to cope with winter cold and summer heat, and while these too are important objectives, this may unintentionally result in poorly or under-ventilated public and private settings, creating additional threats to public health and safety.⁸

While we recognize the cost-implications of these changes, they could be operationalized in a way to minimally impact builders. Building housing supply is also a critical priority and so, economic considerations should factor in to changes to OBC. However, low to no cost solutions exist to improve indoor air quality.

Peterborough Public Health (PPH) recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit⁹, while the CD HOWE Institute found that vaccines alone contributed to a “cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality.”¹⁰ Including the value of reduced mortality, this figure balloons to “\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases.”¹¹ Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health, I am writing to you today, imploring you to thoroughly examine the OBC, and to identify opportunities to make changes to the Code that can be implemented to improve indoor air quality and provide increased protection for residents of Ontario.

The staff at PPH and I are ready to support your teams in moving this forward; please don't hesitate to reach out if we can be of assistance.

Respectfully,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPPs
Curve Lake First Nation
Hiawatha First Nation
Association of Local Public Health Agencies
Ontario Boards of Health

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- ¹ Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
- ² Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>
- ³ Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen's Printer for Ontario. Retrieved October 11, 2022 from https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en
- ⁴ Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf
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March 8, 2023

Medical Officer of Health Urges Ministry of Labour, Immigration, Training and Skills Development to Explore Improvements to Occupational Health and Safety Act to Improve Indoor Air Quality

The Honourable Monte McNaughton, MPP
Minister of Labour, Immigration, Training and Skills Development, Ontario
Minister.MLTSD@ontario.ca

Dear Honourable Minister:

Re: Improved Indoor Air Quality (IAQ) in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,¹ and does not spread as easily as we once thought by touching contaminated surfaces.² The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."³ Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."⁴

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through consideration of simple amendments to the Occupational Health and Safety Act (OHSA), to include the recommendations listed in many of the resources linked from the Province's own COVID-19 and workplace health and safety website⁵.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention 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."⁶ These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;
- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.⁷

Plainly, we need to action these evidence-based approaches and apply science to the laws that protect the workers of Ontario. Given that there are currently no regulations beyond 'general duty' clauses in the OHSA that regulate IAQ,⁸ amendments would ensure protections are in place to keep workers safe, and subsequently keep the economy open.

O. Reg. 332/12: Building Code, Part 9 (Housing and Small Buildings), subsection 9.32.1.3 (3) speaks to the ventilation of rooms and spaces, however, falls short of OSPE recommendations of at least 6 air exchanges per hour and the use of HEPA filters or filters with a MERV 13 rating in HVAC systems.⁹ **Amending the OHSA to include these requirements would bolster the defined purpose of the Act** which states that the Minister shall "promote occupational health and safety and to promote the prevention of workplace injuries and occupational diseases."¹⁰

We must start including the quality of the air we breathe when we think of and refer to the safety of indoor settings, and protection of Ontario workers.

While we recognize the cost-implications of these changes, they could be operationalized in a way to minimally impact owners and operators of fixed premises. Keeping workplaces open is also a critical priority and so, economic considerations should factor in to changes to OHSA. However, low to no cost solutions exist to improve indoor air quality.

Peterborough Public Health (PPH) recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit¹¹, while the CD HOWE Institute found that vaccines alone contributed to a "cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality."¹² Including the value of reduced mortality, this figure balloons to "\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases."¹³ Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health, I am writing to you today, imploring you to thoroughly examine the OHSA, and to identify opportunities to make changes to the Act that can be implemented to improve indoor air quality and provide increased protection for workers in Ontario.

The staff at PPH and I are ready to support your teams in moving this forward; please don't hesitate to reach out if we can be of assistance.

Respectfully,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPPs
Curve Lake First Nation
Hiawatha First Nation
Association of Local Public Health Agencies
Ontario Boards of Health

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- ¹ Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
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- ¹² Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf
- ¹³ Ibid.

March 15, 2023

Honourable Jean-Yves Duclos
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
jean-yves.duclos@parl.gc.ca

Dear Honourable Minister Duclos:

Re: Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)'

On March 15, 2023, the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) received information on the 2023 [Canada's Guidance on Alcohol & Health](#) and passed a motion to endorse Bill S-254 – An Act to Amend the Food and Drug Act (Warning Label on Alcoholic Beverages), calling on the federal government of Canada to implement health warning labels on alcohol.

According to the Canadian Community Health Survey (CCHS) in 2019/20, 20% of adults in Simcoe Muskoka ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week. This was significantly higher than the comparable provincial average of 15%. SMDHU's Board of Health is committed to our mandate under the Ontario Public Health Standards to influence the development and implementation of healthy policies and programs related to alcohol and other drugs to reduce harms associated with substance use.

As such, we ask for your support of Bill S-254 and the implementation of federally mandated labels on all alcohol containers sold in Canada, to better inform Canadians about the health risks of alcohol. This is especially important given that the majority of Canadians are unaware that alcohol is classified by the [World Health Organization \(WHO\) as a Class 1 carcinogen](#) and is a cause of 7 different types of cancer, including breast and colon.

Bill S-254 aligns with the recent call in Canada's Guidance on Alcohol and Health for mandatory labelling of all alcoholic beverages with the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings. This recommendation by the Canadian Centre on Substance Use and Addiction is based on their [2022 systematic review of enhanced alcohol container labels](#), and is supported by other scientific experts in the field, including [Evidence-based Recommendations for Labelling Alcohol Products in Canada](#) developed by [Canadian Alcohol Policy Evaluation \(CAPE\) Project](#) researchers. A recent study in Yukon has contributed to the growing evidence base regarding the [impact of warning labels](#); briefly introduced labels on alcohol products in government-owned liquor stores saw sales of labelled alcohol products decrease by 6.6%, while sales of unlabeled alcohol products increased by 6.9%¹. The extensive evidence regarding warning labels applied to tobacco products is also informative, having been shown to lead to increased health knowledge and decreased tobacco use (WHO, 2022).

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❑ **Orillia:**
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FAX: 705-325-2091

In Canada, similar to [tobacco](#) and [cannabis](#) products, it is time for the Government of Canada to require warning labels on alcohol. According to a 2020 report on [Canadian Substance Use Costs and Harms](#), alcohol is a drug that cost Canada \$16.6 billion and was responsible for more than 18,000 deaths in 2017 alone.

The Senate plays a key role in introducing legislation to serve the best interests of Canadians and we urge you to join Senator Brazeau in supporting Bill S-254.

Sincerely,

ORIGINAL Signed By:

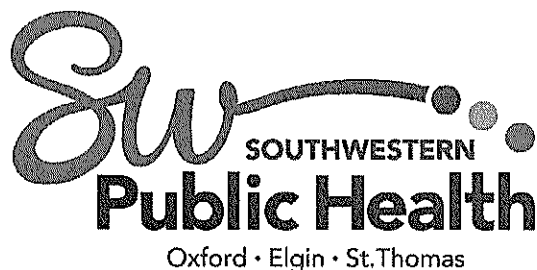
Ann-Marie Kungl, Board of Health Chair
Simcoe Muskoka District Health Unit

AMK:CG:LS:sh

cc:

Members of Parliament for Simcoe and Muskoka
Ontario Boards of Health
Dr. Kieran Moore, Chief Medical Officer of Ontario
Senator Patrick Brazeau
Loretta Ryan, Executive Director, Association of Local Public Health Agencies, alPHa
Dr. Theresa Tam, Chief Public Health Officer of Canada

¹ Weerasinghe, A., Schoueri-Mychasiw, N., Vallance, K., Stockwell, T., Hammond, D., McGavock, J., Greenfield, T.K., Paradis, C., Hobins, E. Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study. *Int. J. Environ. Res. Public Health* 2020, 17, 398. Retrieved from: <https://doi.org/10.3390/ijerph17020398>



St. Thomas Site
Administrative Office
1230 Talbot Street
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Woodstock Site
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March 24, 2023

The Honourable Peter Bethlenfalvy
Minister of Finance
Frost Building North, 7th Floor
7 Queen's Park Cres.
Toronto, ON M7A 1Y7

Delivered via email
peter.bethlenfalvy@pc.ola.org

Dear Minister Bethlenfalvy,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we are writing to express our strong support for the Association of Local Public Health Agencies' (aLPHa) 2023 Pre-Budget Submission. We believe that aLPHa's pre-budget submission outlines what is needed with respect to public health investments that are crucial for the health and well-being of communities across Ontario.

The COVID-19 pandemic has highlighted the importance of investing in public health infrastructure, and aLPHa's recommendations within its *Public Health Resilience in Ontario* report, are a critical step in ensuring that Ontario is prepared for future public health emergencies. The *Report* well articulates the need for investments in public health that are required for ongoing pandemic response, tackling public health's extensive backlog not unlike the health care system's 'surgical backlog', and restarting extensive programs and services provincially mandated under the Ontario Public Health Standards.

The Ontario Government invested in public health during the most extraordinary emergency response of our lifetime by ensuring we were well-resourced to keep Ontarians safe. For that, we are most appreciative. Our work before the pandemic and after involves the very same principles applied during the pandemic. Protection, promotion, and prevention are the pillars of public health work to ensure every Ontarian has the best opportunity for a healthy life. The return on your government's public health investment lessens the burden on the health care system tomorrow, next month, next year, and for years to come. Local public health agencies working in collaboration with dozens of partners, are keen to tackle what needs to be done especially after this unprecedented pandemic and the lingering unintended consequences we are left with. To do our best work, we need adequate and sustaining funding to ensure our communities are healthy and economically vibrant.

In conclusion, we strongly support aLPHa's 2023 Pre-Budget Submission. Please give this pre-budget submission serious consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Preston'.

Joe Preston
Chair, Board of Health
Southwestern Public Health

A handwritten signature in black ink, appearing to read 'Cynthia St. John'.

Cynthia St. John
Chief Executive Officer
Southwestern Public Health

c: The Honourable Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier of Ontario and Minister of Health
Ernie Hardeman, MPP Oxford County
Rob Flack, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
Sandra Datars-Bere, CAO, City of St. Thomas
Ben Addley, CAO, Oxford County
Julie Gonyou, CAO, County of Elgin