

Board Correspondence March 2021

Date	From	Subject
January 25, 2021	Peggy Sattler, MPP London West	Ltr to Boards of Health – <i>Bill 239, Stay Home if You Are Sick Act</i> , for endorsement.
January 25, 2021	Grey Bruce Health Unit	Ltr to Mr. Mark B. Walton – emphasize the need for Ontario Health/LHIN to respect legislative authority under the HPPA to ensure the health unit continues to fulfil the role and mandate of managing the pandemic.
January 29, 2021	COMOH	Ltr to Minister of Education and Minister of Health – Safe return to school is an essential priority.
February 1, 2021	KFL&A Public Health	Resolution – Mandatory Paid Sick Leave for Ontario Workers.
February 2, 2021	KFL&A Public Health	Resolution – Land and Water Border Restrictions.
February 9, 2021	aPHa	Ltr – Paid Sick Leave as a Public Health Measure.
February 12, 2021	Peterborough Public Health	Ltr – Bill 216: Food Literacy for Students Act, 2020.
February 16, 2021	Peterborough Public Health	Ltr – Paid Sick Leave During an Infectious Disease Emergency.
February 16, 2021	Chatham-Kent Public Health	Motion – Paid Sick Leave During COVID-19 Pandemic and Beyond.
February 22, 2021	Windsor-Essex County Health Unit	Ltr – Mandatory Paid Sick Leave for Ontario Workers

Queen's Park
Room 359, Main Legislative Building
Queen's Park, Toronto, ON, M7A 1A5
Tel: 416-325-6908 | Fax: 416-325-7030
email: psattler-qp@ndp.on.ca



Constituency Office
240 Commissioners Rd W, Unit 106
London, ON, N6J 1Y1
Tel: 519-657-3120 | Fax : 519-657-0368
email: psattler-co@ndp.on.ca

Peggy Sattler MPP London West

Dr. Glenn Corneil, Medical Officer of Health
Mr. Carman Kidd, Chair
Timiskaming Health Unit Board of Health

January 25, 2021

Dear Dr. Corneil, Mr. Kidd and Members of the Board of Health:

Recent months have seen a growing chorus of calls from public health experts, municipal leaders and workers' advocates across Ontario for paid sick days to help limit the spread of COVID-19. As MPP for London West, I am writing to let you know about the Private Member's Bill I introduced in the Ontario Legislature on December 8, 2020, the *Stay Home If You Are Sick Act*, which will provide permanent paid sick days for Ontario workers during the pandemic and beyond. This legislation, Bill 239, can be accessed here: www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239.

The pandemic has highlighted the urgent need for access to paid sick days for Ontario workers. Workplaces are now the second-most common site of COVID-19 transmission, but many workers, especially if they are low-wage, do not have the choice to miss work because they cannot afford to give up their pay. The workers who are least likely to have paid sick days often work in occupations or sectors that are at high risk of COVID-19. Without access to paid sick days, these workers are forced to choose between paying the bills and providing for their families, or losing their income to protect their co-workers, customers and communities.

Bill 239 prevents Ontario workers from having to risk their own financial security in order to follow public health advice. The bill amends the *Employments Standards Act* to provide up to 14 days of paid Infectious Disease Emergency Leave and up to seven days of paid Personal Emergency Leave for illness, injury, bereavement, or family care, and eliminates the requirement for a doctor's note. The bill also calls for the establishment of a financial support program to help employers experiencing hardship with the cost of delivering Infectious Disease Emergency Leave and to transition to the implementation of regular paid sick days. The bill will fill in some of the gaps of the temporary Canada Recovery Sickness Benefit, which excludes many workers and does not protect against the immediate loss of income that makes it impossible for so many workers to stay home if they are sick.

I respectfully request that the Timiskaming Health Unit Board of Health review this letter at your next Board meeting, and ask for your support in principle for Bill 239. The bill draws on the expertise and research of health care professionals from the Decent Work and Health Network, and has been endorsed by the Ontario Federation of Labour and the Ontario Chamber of Commerce. It will be debated at second reading after the Ontario Legislature resumes on February 16, 2021. Your endorsement would further demonstrate the breadth of support for paid sick days across Ontario, and help advance this important health equity measure and essential public health policy to reduce the spread of COVID-19 and other infectious diseases.

Thank you for your consideration. Please don't hesitate to let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Sattler".

Peggy Sattler, MPP
London West

January 25, 2021

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



Dear Mr. Walton,

Thank you for your letter dated December 24 2020.

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

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

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

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

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

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

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

519-376-9420

1-800-263-3456

Fax 519-376-0605

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

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

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

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

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

Sincerely,



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

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

The Council of Ontario
Medical Officers of
Health (COMOH) is a
Section of

alpha

Association of Local
PUBLIC HEALTH
Agencies

alpha's members are
the public health units
in Ontario.

alpha Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate

Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

January 29, 2021

Hon. Stephen Lecce
Minister of Education
5th Flr, 438 University Ave,
Toronto, ON M7A 2A5

Hon Christine Elliott,
Minister of Health
College Park 5th Flr, 777 Bay St, Toronto,
ON M7A 2J3

Dear Ministers Lecce and Elliott,

Re: Safe Return to School is an Essential Priority

Ontario's Medical Officers of Health support the reopening of schools as essential for children as community rates of COVID-19 decrease across the province. Upon careful review and consideration of local indicators, we believe it is possible, and in fact, imperative, that schools begin to open before the reopening of other sectors, as the Stay-at-Home orders are lifted provincially. Safe reopening of all schools in Ontario is essential.

Evidence-based data on the importance and safety of school openings

We echo the updated advice of the Hospital for Sick Children, "Guidance for School Operation during the Pandemic," which notes the harms of prolonged school closures and recommends that daily in-person classrooms should be the "last to close and the first to open"¹.

Data from published reports echo the experience of local public health agencies which has shown that the risk of transmission from children to children and children to adults in primary school and daycare settings is low when public health measures are in place and are followed^{2,3}. An updated evidence review published by the National Collaborating Centre for Methods and Tools⁴ includes studies before and after school reopening which consistently have shown no impact of school opening on COVID-19 cases or hospitalizations.

Similarly, a very recent Centres for Disease Control and Prevention (CDC) publication⁵ showed that with masking requirements and student cohorting in place, transmission risk within schools appeared low, suggesting that schools might be able to safely open with appropriate mitigation efforts in place, and despite some times when high community transmission was present.

Maximize infection prevention and control measures in schools

The implementation of infection control measures which are present in all Ontario schools is critically important to limiting transmission of COVID-19 in school settings. Increasing some of the infection prevention and control (IPAC) measures such as the daily confirmation of screening of staff and students, wearing masks, and ensuring physical distancing will help to continue to keep schools safe. Public health capacity to do complete case and contact follow up in school settings is also crucial for the safe return to school. Adherence to public health measures must be rigorous and comprehensive.

Focus on interventions to reduce risks for staff

We also advise that more efforts are needed to reduce close unprotected staff/staff interactions such as during breaks and in lunchrooms. This includes ensuring that there are no in-person staff training, meetings or social gatherings. Personal protective equipment (PPE) measures for staff should also be reiterated including refreshers before returning to the classroom.

Itinerant staff have continued to pose a higher risk for schools. We recommend that itinerant teachers not provide in-person instruction to multiple cohorts. We also recommend reducing the number of schools that staff attend.

Utilize and enhance testing resources for the biggest gains

In order to support active screening in schools, all communities must have same day access to testing for COVID-19. With evidence of the presence of a much more transmissible variant of the SARS CoV-2 virus in many of our communities, early case and contact management continue to be critical tools in the prevention of spread. We welcome the improved turnaround times in many parts of the province. The deployment of rapid testing for symptomatic individuals will also support earlier detection and containment of the virus.

The role of testing asymptomatic students or staff for COVID-19 as a surveillance tool, outside of an outbreak, identifies few additional cases, suggesting that widespread asymptomatic transmission does not commonly occur in the school setting⁶. Enhanced testing around cases and in outbreak situations will enable testing resources are utilized to provide the best gains.

Continue to reduce community transmission, especially in areas with high rates

The literature is clear that levels of community transmission are important predictors for the risk of introduction and transmission of COVID-19 in school settings. However recent modeling done with academic partners shows that extending the closure of schools by a few weeks has less of an impact than the implementation of additional public health measures impacting the community. We recommend that schools be opened first, while other non-essential businesses or sectors remain closed, especially if community transmission rates in certain areas remain high. As well, local consideration can be given to staggering reopening of schools by grade.

Summary

Many schools in Ontario have safely reopened across the province so far, and we are confident that all schools can be safely reopened. We recognize that the recent identification and transmission of variants of concern (VOC) pose a heightened risk for Ontarians and local public health agencies will continue to both monitor and evaluate their potential impact on our communities. At this point, we do not believe they present a reason to delay a return to the classroom.

In conclusion, we recommend:

- Reopening schools should be a priority, even before community restrictions are lifted.

- Ensure community public health measures are maximized to support school reopenings.
- Ensure IPAC measures are maximized in schools to prevent spread in the school setting. This includes measures to ensure physical distancing, reduce staff-to-staff interactions, and minimize interactions of staff with multiple cohorts.
- Have access to appropriate testing resources and utilize testing in ways that will provide the most benefit.
- Ensure public health capacity is available to complete full case and contact management in school settings.

Yours sincerely,



Dr. Paul Roumeliotis
Chair, Council of Ontario Medical Officers of Health

COPY: Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery (Health)

¹ COVID-19: Guidance for School Operation during the Pandemic January 21, 2021 accessed January 25, 2021 at <https://www.sickkids.ca/en/news/archive/2021/covid19-updated-guidance-school-operation-during-pandemic/>

² European Centre for Disease Prevention and Control. COVID-19 in children and the role of school settings in transmission - first update. Stockholm; 2020. Accessed January 28, 2021 at https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-in-children-and-the-role-of-school-settings-in-transmission-first-update_1.pdf

³ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Focus on: COVID-19 prevention measures in K-12 schools: optimizing screening and masking. Toronto, ON: Queen's Printer for Ontario; 2020. Accessed January 28, 2021 at <https://www.publichealthontario.ca/-/media/documents/ncov/sch/2020/12/covid-19-focus-on-optimizing-screening-and-masking.pdf?la=en>

⁴ National Collaborating Centre for Methods and Tools. (2021, January 21). Living Rapid Review Update 12: What is the specific role of daycares and schools in COVID-19 transmission? Accessed January 22, 2021 at <https://www.nccmt.ca/knowledge-repositories/covid-19-rapid-evidence-service>

⁵ Falk A, Benda A, Falk P, Steffen S, Wallace Z, Høeg TB. COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020. MMWR Morb Mortal Wkly Rep. ePub: 26 January 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7004e3>

⁶ National Collaborating Centre for Methods and Tools. (2021, January 21). Living Rapid Review Update 12: What is the specific role of daycares and schools in COVID-19 transmission? Accessed January 22, 2021 at <https://www.nccmt.ca/knowledge-repositories/covid-19-rapid-evidence-service>

February 01, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Bldg Rm 281
Queen's Park
Toronto, ON M7A 1A1

Electronic Distribution

Dear Premier Ford:

RE: Mandatory Paid Sick Leave for Ontario Workers

At the KFL&A Board of Health meeting held on January 27, 2021, the following motion was passed:

THAT the KFL&A Board of Health call on the Provincial Government to provide adequate paid sick days to workers through amendments to the *Employment Standards Act, 2000* that require employers in Ontario to provide no less than five paid sick days annually to workers, after three months of employment, and no less than ten paid sick days annually when an infectious disease emergency has been declared, and to remove any requirements for employees to provide certification from a qualified health practitioner to their employer to qualify for paid sick leave.

FURTHER, THAT the KFL&A Board of Health urge the Provincial Government to provide the necessary funding, fiscal relief, and other supports necessary to employers to provide this sick leave.

AND FURTHER THAT, the KFL&A Board of Health endorse in principle, Bill 239, the *Stay Home If You Are Sick Act*.

It is now evident that workplaces are a significant source of COVID-19 transmission in Ontario communities – workplaces are the second most common site for outbreaks, after Long-Term Care and Retirement homes. Despite highly promoted public health messaging encouraging people to stay home from work when sick, lack of access to paid sick days makes staying home financially unfeasible for some individuals, particularly low-wage earners. Without paid sick leave, low-wage and/or precariously employed individuals who are ill are forced to choose between paying the bills or protecting their co-workers and communities.

Not everyone has access to paid sick leave, and those with the lowest income have the least access. A 2018 Statistics Canada report shows that 58% of workers in Canada have no access to paid sick days. For workers earning less than \$25,000, over 70% have no paid sick days. Access to paid sick days has been associated with a higher probability of staying home for illness/injury, or influenza-like illness, which in turn is likely to reduce the spread of disease in the workplace.

.../2

The current provincial and federal provisions for sick leave during COVID-19 do not allow for workers to receive full and uninterrupted (seamless) income replacement, which is critical for those workers in low-wage and precarious employment situations.

The KFL&A Board of Health is calling on the Government of Ontario to address the gaps in paid sick days as a matter of health equity, requiring employers in the province to provide a minimum of five paid sick days annually, at least ten paid sick days during a pandemic, and furthermore, to facilitate adequate supports including funding or fiscal relief to employers to help ensure access to sick leave for all workers in Ontario.

Sincerely,



Denis Doyle
Chair, KFL&A Board of Health

cc: Honourable Monte McNaughton, Minister of Labour, Training and Skills Development
Honourable Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier
Honourable Merrilee Fullerton, Minister of Long-Term Care Homes
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Peggy Sattler, MPP London West
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

February 02, 2021

The Right Honourable Justin Trudeau, PC, MP
Prime Minister of Canada
80 Wellington Street
Ottawa, ON K1A 0A2

Electronic Distribution

RE: Land and Water Border Restrictions

Dear Mr. Prime Minister:

We are pleased to learn of the new enhanced restrictions for international air travellers that will be implemented to control COVID-19 risks in Canada. However, we are requesting further consideration to implement the same restrictions to those travellers entering Canada from the United States land and water borders. The new restrictions should be the same regardless of how individuals are entering Canada's borders.

As the January 29, 2021 news release states that land border entry will require a 72-hour pre-arrival COVID-19 test that is negative which will be presented to the Border Official. These individuals should be required to reserve a room in a Government of Canada approved hotel for three nights at their own expense and take a COVID-19 molecular test on arrival again at their own expense. Also, consideration should be given to restrict access through Government of Canada approved border crossings. This will allow for tighter controls which will help in preventing the spread of COVID-19.

As the new restrictions for air travellers have been put in place to protect the health and safety of Canadians from transmission of COVID-19, especially the new variants of the virus, into Canada these same restrictions should be applied to travellers entering through land and water border crossings for the same reasons.

Sincerely,



Denis Doyle
Chair, KFL&A Board of Health

Copy to:

The Honourable Doug Ford, Premier of Ontario
The Honourable, Chrystia Freeland, Deputy Prime Minister and Minister of Finance
The Honourable Patty Hajdu, Minister of Health
The Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care
The Honourable Bill Blair, Minister of Public Safety and Emergency Preparedness
The Honourable Marc Garneau, Minister of Foreign Affairs
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
Mark Gerretsen, MP, Kingston and the Islands
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

Main Office	221 Portsmouth Avenue	Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Kingston, Ontario K7M 1V5		Napanee	613-354-3357	Fax: 613-409-6267
	613-549-1232 1-800-267-7875		Sharbot Lake	613-279-2151	Fax: 613-279-3997
	Fax: 613-549-7896				



Association of Local
PUBLIC HEALTH
Agencies

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

February 9, 2021

Hon. Doug Ford
Premier of Ontario
Legislative Bldg Rm 281,
Queen's Park
Toronto, ON M7A 1A1

Re: Paid Sick Leave as a Public Health Measure

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to support the calls for the permanent inclusion of paid sick leave provisions under the Employment Standards Act, as a public health measure to prevent transmission of communicable diseases including COVID-19.

The rapid and steep uptick in COVID-19 cases and the emergence of new variants of concern in the past few months in Ontario have been alarming. Turning the tide of the resurgence while aiming to reopen schools in the coming days and businesses in the coming weeks will require a strong and clear reinforcement of the public health interventions aimed at preventing transmission, such as minimizing social contacts, maximizing physical distancing, and requiring masks.

As with so many other healthy behaviours, we know that limiting such reinforcement to public messaging is not sufficient and it is imperative that your Government exercise policy options that make the healthiest choice the easiest choice. With workplaces having been identified as increasingly significant drivers of COVID-19 outbreaks, we agree that one of these options should be to reinstate guaranteed paid sick leave under the Employment Standards Act, to ensure that workers do not have to choose between their livelihoods and following public health directives.

We hope that you will take this recommendation under careful advisement, and we would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,

alPHa President

COPY: Hon. Monte McNaughton, Minister of Labour, Training and Skills Development
Hon. Christine Elliott, Minister of Health
Hon. Peter Bethlenfalvy, Minister of Finance
Dr. David Williams, Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

February 12, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

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

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

Dear Premier Ford, Ministers Lecce and Elliott:

Re: Bill 216: Food Literacy for Students Act, 2020

On behalf of the Board of Health for Peterborough Public Health (PPH), I would like to express our support for Bill 216: Food Literacy for Students Act, 2020.

As shared in a staff report at the December 9, 2020 meeting of the PPH Board of Health, food literacy is an important life skill encompassing much more than food and cooking skills¹ and is essential for a solid foundation of healthy eating behaviours. We are pleased that the proposed Bill will require school boards to offer experiential food literacy education to all Ontario students in grades 1 through 12. Requiring food literacy in the Ontario curriculum will ensure that all children and youth develop vital skills to inform food choices throughout their lives. We know that using hands-on, experiential learning about food contributes significantly to increasing vegetable and fruit consumption for students aged 4-18 years.² As well, youth (18-23 years) who have self-perceived cooking skills are more likely to have positive nutrition-related outcomes ten years later (i.e., more frequent preparation of meals including vegetables, and less frequent consumption of fast food).³

The benefits of food literacy and cooking programs extends beyond healthy eating behaviours. Research indicates these programs also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life⁴ which aligns seamlessly with the Ministry of Education's focus on Mental Health and Social Emotional Learning (SEL) Skills.⁵

We live in the most complex food environment in human history.⁶ Evidence-based food literacy education relevant to today's food environment is necessary to improve the health of current and future generations.⁷ Including food literacy in curricular expectations will simplify the achievement of your Ministry's goal for preparing Ontario students for academic and personal success while training them with life skills and addressing society's burden of chronic disease. Registered Dietitians working in Ontario's Public Health

Agencies have expertise in food literacy and curriculum development, and would be pleased to meet with your representatives to develop resources and supports for a food literacy curriculum for Ontario students.

We urge your support to ensure that Bill 216 is passed when legislature resumes in 2021.

Yours in health,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Daryl Kramp, MPP Hastings-Lennox and Addington
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Marit Stiles, MPP Davenport, Critic, Education
France G elinas, MPP Nickel Belt, Critic, Health Care
Diane Lloyd, Chair, Kawartha Pine Ridge District School Board
Michelle Griepsma, Chair, Peterborough Victoria Northumberland Clarington Catholic District School Board
Andr e Blais, Directeur de l' ducation, Conseil Scolaire Catholique MonAvenir
Dianne Dowling, Chair, Food Policy Council for KFL&A
Association of Local Public Health Agencies
Council of Ontario Medical Officers of Health
Ontario Boards of Health
Ontario Dietitians in Public Health
Ontario Home Economics Association

¹ LDPC Healthy Eating Team (2018). Food Literacy: A Framework for Healthy Eating. Retrieved from https://www.odph.ca/upload/membership/document/2018-11/foodliteracy-poster-front-back-final-for-web_1.pdf

²Ontario Agency for Health Protection and Promotion (Public Health Ontario), Mensah G. (2016). Evidence Brief: Impact of food skills programs on fruit and vegetable consumption among children and youth. Toronto: Queen's Printer for Ontario.

³ Utter, J., Larson, N., Laska, M., Winkler, M., & Neumark-Sztainer, D. (2018). Self-Perceived Cooking Skills in Emerging Adulthood Predict Better Dietary Behaviors and Intake 10 Years Later: A Longitudinal Study. *Journal of Nutrition Education Behaviour*, 494-500.

⁴ Farmer, N., Touchton-Leonard, K., & Ross, A. (2017). Psychosocial Benefits of Cooking Interventions: A Systematic Review. *Health Education & Behaviour*, 167-180.

⁵ Ontario Ministry of Education. (2019). Mental Health and Social Emotional Learning in Ontario Schools. <https://www.ontario.ca/document/health-andphysical-education-grades-1-8/social-emotional-learning-sel-skills> (accessed Nov 18 2020)

⁶ Slater, J (2017). Food literacy: A critical tool in a complex foodscape. *Journal of Family Consumer Sciences*, 109(2).

⁷ Slater, J. (2013). Is cooking dead? The state of Home Economics Food and Nutrition education in a Canadian province. *International Journal of Consumer Studies*, 37: 617-624

February 16, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

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

Honourable Monte McNaughton
Minister of Labour, Training and Skills Development
monte.mcnaughton@pc.ola.org

Dear Premier Ford, Ministers Elliott and

Re: Paid Sick Leave During an Infectious Disease Emergency

The battle to contain COVID-19 and bring the pandemic to an end has been waged on many fronts. The regulatory framework introduced by the Province, the development and dissemination of important public health guidelines and the imminent rollout of vaccines are all positive steps that have been contributing to the local efforts in the Peterborough region.

Despite governments, public health's and residents' best efforts, it has been our experience in Peterborough that the COVID-19 pandemic continues to smoulder and spread among young and precariously employed adults in our community.

These individuals, when interviewed, report their inability to stay home when sick. They describe to our nurses, going to work with symptoms of COVID-19. They explain delaying or avoiding testing in order not to jeopardize their incomes, their housing, and their food security. Often, these barriers result in cases not being identified until they become known to us as contacts. By then they have often transmitted the virus to many others.

We know that staying home when sick, getting tested, and isolating as soon as symptoms develop are key to containing this pandemic. It is clear, however, that without appropriate policies in place, behavioural recommendations alone are limited in their effectiveness. When faced with a choice between continued employment, securing food and paying rent or limiting the possibility of spreading the infection, it is not surprising that an individual's economic and security considerations take precedence.

As a result, in communities throughout Ontario, workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 transmission and outbreaks. COVID-19 data also demonstrates that this burden is being borne more heavily by the racialized members of our community. Lack of access to paid sick leave is amplifying the inequities and vulnerabilities already present in our society. Current Federal programs,

although welcomed, are often inaccessible or not timely, and are of limited immediate value to the precariously employed.

For these reasons, the Board of Health for Peterborough Public Health supports the introduction of paid sick leave during an infectious disease emergency. It is requesting that the Ontario government immediately introduce paid sick leave as an essential component to the legislated emergency unpaid leave currently available as per Regulation 228/20. We further urge the government to provide funding to enable all employers to provide this important public health measure to their employees as per the principals outlined in Bill 239 (Stay Home If You Are Sick Act, 2020).

The Board of Health also supports the need to provide paid sick leave as a continuing measure once the current emergency is over. Such a measure will significantly assist in our health promotion and prevention mandate. We would urge the government to examine models to introduce and fund such a continuing initiative.

Thank you for considering our position.

Stay safe and be well.

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Peggy Sattler, MPP London West
France Gélinas, MPP Nickel Belt, Critic, Health Care
Local Councils
Association of Local Public Health Agencies
Ontario Boards of Health

February 16, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Bldg. Rm 281
Queen's Park
Toronto, ON M7A 1A1

Delivered via email

Dear Premier Ford,

RE: Paid Sick Leave During COVID-19 Pandemic and Beyond

At its meeting held on January 20, 2021, the Chatham-Kent Board of Health passed the following motion:

That Chatham-Kent Board of Health further endorse the Toronto Board of Health position that the Government of Ontario:

- 1) Require employers in Ontario to provide no less than five paid sick days annually to workers after three months of employment, through amendments to the Employment Standards Act, 2000, or through a different mechanism, and
- 2) Provide necessary funding, fiscal relief, and/or supports to employers so that all workers in Ontario have access to no less than 10 paid sick days annually in the event of a declared infectious disease emergency such as the COVID-19 pandemic.

Employment conditions are one of the key social determinants of health and the Ontario government can play a large role in setting the standards around employment conditions.

Previous to COVID-19, Chatham-Kent residents experienced higher proportions of the population working in lower wage manufacturing, retail, and service occupations. This has exposed Chatham-Kent residents to lower median household incomes, higher rates of poverty (with more than one in four children living in low income), and lower rates of post-secondary education.

With such financial insecurity prevalent in the community, the continuous rising cost of living, and the absence of paid sick leave for many, residents are faced with financial pressures to work even when they are ill. In doing so, these employees are endangering their own health and increasing the risk of spreading COVID-19 to others.

The Government of Ontario has noted that the federal government has already moved to cover paid sick days with the Canada Recovery Sickness Benefit. However, this has not solved the issue as the program provides less than minimum wage.

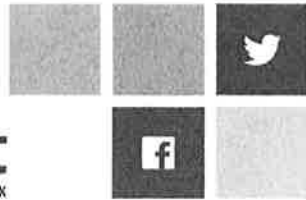
Good health results from good, healthy public policy. Ensuring employers have paid sick days means that all Ontario workplaces are safer and healthier for everyone.

Sincerely,



Joe Faas
Chair, Chatham-Kent Board of Health

c: The Hon. Monte McNaughton, Minister of Labour, Training and Skills Development
The Hon. Christine Elliott, Deputy Premier and Minister of Health
The Hon. Merrilee Fullerton, Minister of Long-Term Care
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Rick Nicholls, MPP, Chatham-Kent-Leamington
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health



February 22, 2021

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

Dear Premier Ford:

Mandatory Paid Sick Leave for Ontario Workers

The Windsor-Essex County Board of Health (WECHU) supports the introduction of paid sick leave during the COVID-19 pandemic. The WECHU is urging the Ontario government to introduce paid sick leave as an essential component to the legislated emergency unpaid leave currently available under Regulation 228/20. We also urge that the Ontario government provide funding to assist employers to encourage employees to follow pertinent public health measures to mitigate the spread of COVID-19, as well as all infectious diseases, outlined in Bill 239, *Stay Home if You are Sick, Act 2020*.

As Ontario struggles to contain the second wave of the coronavirus, the lack of paid sick days for Ontario workers is only adding to the number of cases, leaving many individuals in the position of having to choose between going to work when they are sick, or lose the income they need to feed their families.

More than half of Canadian workers do not have access to paid sick leave through their employers, according to a [report by the Decent Work and Health Network](#). That number rises to 70 per cent among people making less than \$25,000 a year and, according to the data, individuals earning less than \$30,000 per year are 1.9 times more likely to contract COVID-19 and 2.7 times more likely to be hospitalized with COVID-19 compared to the rest of the population.

Guaranteed sick days are imperative to help prevent people from attending their place of work while having symptoms of COVID-19, causing a significant barrier to pandemic management efforts. People need to be able to stay home for their health and the health of others, and should not have to choose between income and wellbeing. This is unacceptable in 2021, and Ontario workers deserve better.

Recent modeling projections by the province's public health officials notes that Ontario will not be able to control the virus without the safety of paid sick days.

Under this recently proposed Bill, workers can take the time they need to get well while also helping to prevent the spread of COVID-19. The Bill would guarantee 10 personal emergency leave days per year for every worker, seven of which are paid, without a doctor's note, along with an additional 14 paid sick days during an infectious disease emergency. This would go a long way in Ontario's efforts in preventing the spread of the virus.

The Windsor-Essex County Board of Health endorses Bill 239 and encourages all levels of government to consent to this Bill.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis, Dave Epp