



# BOARD OF HEALTH MEETING

Wednesday, February 3, 2021  
9:30– 11:30 a.m.

## **Virtual/Teleconference**

**To ensure a quorum we ask that you  
please** RSVP (Regrets Only) to  
[clovell@hpeph.ca](mailto:clovell@hpeph.ca) or 613-966-5500, Ext 231

# Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

## Our Vision

Healthy Communities,  
Healthy People.

## Our Mission

Together with our communities,  
we help people become as  
healthy as they can be.

## Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

## Our Strategic Priorities



Community  
Engagement



Staff  
Engagement  
and Culture



Population Health  
Assessment and  
Surveillance



Program  
Standards



Health  
Promotion



# BOARD OF HEALTH MEETING AGENDA

Wednesday, February 3, 2021

9:30 to 11:30 a.m.

**Via Teleconference**

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THERE OF**
4. **ELECTION OF CHAIR AND VICE-CHAIR**
5. **APPROVAL OF THE AGENDA**
6. **APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING**
  - 6.1 Meeting Minutes of Wednesday, December 2, 2020 [Schedule 6.1](#)
7. **BUSINESS ARISING FROM THE MINUTES**
8. **DEPUTATIONS** - None
9. **COMMITTEE REPORTS**
  - 9.1 Finance Committee - None
  - 9.2 Governance Committee - None
10. **REPORT OF THE MEDICAL OFFICER OF HEALTH** [Schedule 10.0](#)
11. **STAFF REPORTS**
  - 11.1.0 Briefing Note re paid sick time [Schedule 11.1.0](#)
  - 11.1.1 Draft advocacy letter re paid sick time [Schedule 11.1.1](#)
  - 11.1.2 Letter from MPP London West re paid sick time [Schedule 11.1.2](#)
12. **CORRESPONDENCE AND COMMUNICATIONS**
  - 12.1 Letter to Premier Ford re funding for school-focused nurses [Schedule 12.1](#)
  - 12.2 Letter to Local Mayors re Warming Centres [Schedule 12.2](#)
  - 12.3 Letter of Support – Bill 216 - Daryl Kramp, MPP [Schedule 12.3](#)
13. **NEW BUSINESS**
14. **INFORMATION ITEMS** (Available for viewing online at [hpePublicHealth.ca](http://hpePublicHealth.ca)) [Schedule 14.1](#)
15. **DATE OF NEXT MEETING** – Wednesday, March 3, 2021 at 9:30 a.m.
16. **ADJOURNMENT**



**BOARD OF HEALTH MEETING MINUTES**  
Wednesday, December 2, 2020  
Hastings Prince Edward Public Health (HPEPH)  
**In-Person Meeting**

**Present:** Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair  
Dr. Jeffrey Allin, Provincial Appointee  
Mr. Stewart Bailey, Councillor, County of Prince Edward  
Mr. Andreas Bolik, Councillor, County of Prince Edward  
Mr. Terry Cassidy, Councillor, City of Quinte West  
Mr. Sean Kelly, Councillor, City of Belleville  
Mr. Michael Kotsovos, Councillor, City of Quinte West  
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings  
Mr. Bill Sandison, Councillor, City of Belleville

**Absent** Dr. Craig Ervine, Provincial Appointee

**Also Present:** Dr. Piotr Oglaza, Medical Officer of Health and CEO  
Ms. Valerie Dunham, Director of Corporate Services/Associate CEO  
Mr. Eric Serwotka, Director of Public Health Programs  
Ms. Catherine Lovell, Executive Assistant

**1. CALL TO ORDER**

Chair Albert called the meeting to order at 9:35 a.m.

**2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

There was no disclosure of pecuniary interest.

**3. APPROVAL OF AGENDA**

**MOTION:**

Moved by: Bill

Seconded by: Stewart

THAT the agenda for the Board of Health (Board) meeting on Wednesday, December 2, 2020 be approved as circulated.

CARRIED

#### 4. CLOSED SESSION

**MOTION:**

Moved by: Jan

Seconded by: Terry

THAT the Board of Health convene in closed session for the purpose of a discussion of personnel issues in accordance with Section 239 (2) ii personal matters about an identifiable individual, including Board employees;

#### 5. MOTIONS ARISING FROM CLOSED SESSION

**MOTION:**

Moved by: Jan

Seconded by: Michael

THAT the Board endorse the actions approved in the Closed Session and direct the staff to take appropriate action.

#### 6. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – October 7, 2020

**MOTION:**

Moved by: Sean

Seconded by: Stewart

THAT the minutes of the regular meeting of the Board held on Wednesday, October 7, 2020 be approved as circulated.

CARRIED

#### 7. BUSINESS ARISING FROM MINUTES - None

#### 8. DEPUTATIONS - None

#### 9. COMMITTEE REPORTS

##### 9.1 Finance Committee – Terry

##### 9.1.1 2021 Budget

Val introduced the budget and highlighted some of the salient information.

##### Budget Highlights

- The budget presented is a deficit budget of \$288,000 and includes the minimum level of staffing required to continue to meet the demands of the pandemic, priority services and a potential mass immunization.
- HPEPH has redeployed staff and hired contract nurses to meet the requirements of the 8 new school-focused nursing positions. The funding for the school-focused nurses ends on July 31, 2021. There was concern expressed by Board members that the loss of this funding and hence, the loss of these nurses will leave schools in need of support. Dr. Oglaza noted it would be a tremendous benefit to the community if these staff could remain in their positions.

- As more planning is completed and details become available, additional nursing staff may be required to meet the demands of a mass immunization program.
- HPEPH is requesting an increase to the municipal levy of 1.5% to offset some of the projected deficit.
- The budget also includes an amount of \$237,181 to be drawn from operating reserves. We anticipate the Ministry of Health will reimburse HPEPH for extraordinary expenses for the pandemic but for planning purposes the Board's assurance is required for the use of drawing funds from operational reserves if needed.

**MOTION:**

Moved by: Stewart

Seconded by: Sean

THAT the Board approve the 2021 budget as presented including the 1.5% increase to the municipal levy; and

**MOTION:**

Moved by: Terry

Seconded by: Stewart

THAT the Board send a letter to Premier Doug Ford and MPPs advocating for the continuation of funding for school-focused nurses.

#### 9.1.2 By-Law No. 2021-01 Annual By-Law to authorize the borrowing of up to \$1,000,000

Val explained this by-law is a requirement of the bank and is renewed every year. She also noted it has not been used since she has been with HPEPH.

**MOTION:**

Moved by: Bill

Seconded by: Stewart

THAT the Board approve By-Law 2021-01 for the borrowing of up to \$1 million.

#### 9.2 Governance Committee Report - None

## 10. REPORT OF THE MEDICAL OFFICER OF HEALTH

Dr. Oglaza gave an update on each of COVID-19 and influenza.

**COVID-19 Update**

- The provincial government has placed HPEPH region in the Yellow – Protect level of the *Keeping Ontario Safe & Open Covid-19 Response Framework*.
- The level of transmission in our region has increased quickly and today we have 39 active cases and a 7-day case rate of 19.6 per 100,000.
- We continue to work with local schools, workplaces, and other establishments to identify cases and close contacts as quickly as possible. There are currently 2 workplace outbreaks.

- Due to our recent increase in case load our case and contact management (CCM) staff are now completely dedicated to responding to local cases.
- We now have staff working seven days a week in order to ensure that we can complete contact tracing – this has resulted in us being able to reach most close contacts within 24 hours.
- Dr. Oglaza wanted to recognize the dedication and sacrifices made by many members of the community as they continue to comply with public health advice, and make informed choices to control the spread of COVID-19.
- Dr. Oglaza also wanted to recognize the dedication and professionalism that has been demonstrated by staff at HPEPH as they respond to the second wave and continue to work tirelessly to keep our community safe.

### ***Influenza***

- It is more important than ever to get the flu vaccine this year to reduce strain on the health care system.
- The Ministry allotted 37,420 doses of flu vaccine, and we requested an additional 16,000 doses in response to demand from health care providers in our community,
- Our community influenza clinics immunized 880 people at five separate clinics. We continue to offer appointments for flu vaccine in our routine immunization clinics
- Community immunization uptake is approximately 40% of the population, a slight increase from last year.

There was discussion around both the Covid-19 pandemic and influenza.

### **MOTION**

Moved by: Terry

Seconded by: Sean

THAT the report of the Medical Officer of Health be received as presented.

CARRIED

## **11. STAFF REPORTS**

### **11.1 *Community Food Assessment for Hastings and Prince Edward Counties***

- In 2019, HPEPH initiated a Community Food Assessment (CFA).
- The aim of the CFA is better understanding of challenges and opportunities for improving the accessibility, affordability, availability, and adequacy of nutritious foods in Hastings and Prince Edward Counties.
- The goal of the [report](#) is to provide a better understanding of how HPEPH can support key partners in their efforts to reduce food insecurity and improve the consumption of fresh and nutritious foods in our communities and determine strategic actions we can implement to support key partners.
- Work on this project has been delayed due to the pandemic.

### 11.2 ***Health Equity Impact of Covid-19 on People Experiencing Homelessness***

- As part of health equity work, the Social Determinants of Health nurses found that people experiencing homelessness were being unfairly disadvantaged by the pandemic.
- People experiencing homelessness are unable to follow key public health messaging and are already at a higher risk for a severe Covid-19 infection due to existing risk factors.
- HPEPH will be working to address these issues with a range of stakeholders in the community to support those in greatest need during the pandemic.
- There was discussion around the Belleville warming centre, and more specifically that it doesn't open until the temperature reaches minus 15°C and other services for the homeless and how they have been negatively impacted by the pandemic.

#### **MOTION**

Moved by: Sean

Seconded by: Terry

THAT Dr. Oglaza be directed to provide to our municipalities evidence-based information regarding the opening of warming centres and at what temperatures this should happen.

CARRIED

### 11.3 ***Food Literacy in Schools***

- Food literacy has been in decline over the past few decades which has affected all segments of society, including children and youth – fewer Canadians have been making meals from basic ingredients, with more relying on highly processed and take-away foods.
- These types of diets have been linked to cancer, cardiovascular disease and diabetes.

#### **MOTION**

Moved by: Terry

Seconded by: Michael

THAT staff reports be received as presented.

CARRIED

## **12. CORRESPONDENCE AND COMMUNICATIONS**

### 12.1 ***Letter of Support - Bill 216 – Daryl Kramp, MPP***

#### **MOTION**

Moved by: Jan

Seconded by: Michael

THAT the Board approve the letter as written and send to MPP Daryl Kramp in support of Bill 216.

CARRIED



### 13. NEW BUSINESS

#### 13.1 Proposed 2021 Board of Health Meeting Schedule

**MOTION**

Moved by: Sean

Seconded by: Bill

THAT the Board approve the 2021 meeting schedule as circulated.

CARRIED

### 14. INFORMATION ITEMS

Chair Albert drew the Board's attention to the information items listed within the agenda and can be accessed on the HPEPH website at [hpePublicHealth.ca](http://hpePublicHealth.ca).

**MOTION**

Moved by: Andreas

Seconded by: Stewart

THAT the Board of Health receive the information items as circulated.

CARRIED

### 15. DATE OF NEXT MEETING – Wednesday, February 3, 2021

### 16. ADJOURNMENT

**MOTION:**

Moved by: Stewart

Seconded by: Andreas

THAT this meeting of the Board be adjourned at 12:02 p.m.

CARRIED

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Jo-Anne Albert, Chair

# Report from Medical Officer of Health

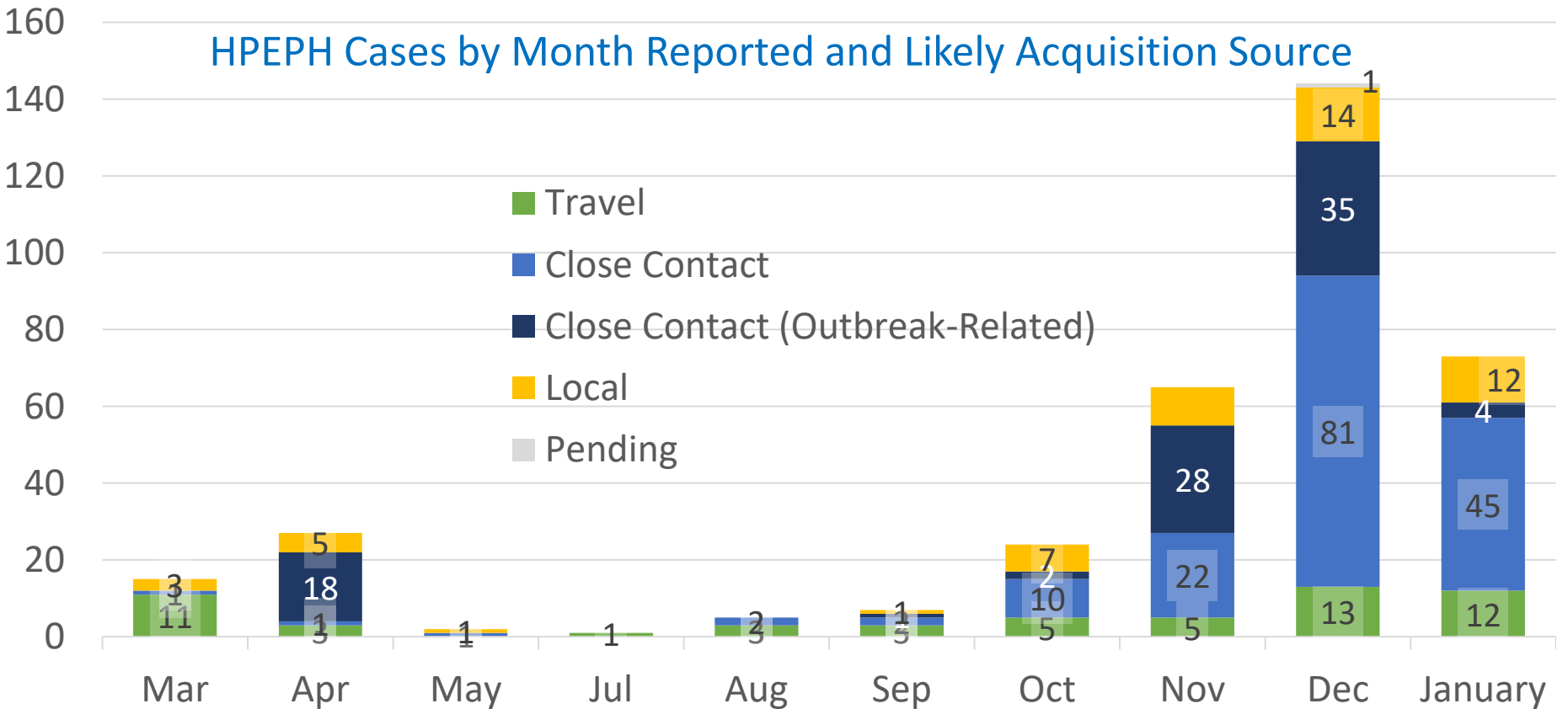
- COVID-19 Update
- Finance Update – Extraordinary Expenses
- HPEPH Website Stats

## COVID-19 update

- Local epidemiology
- Case and Contact Management
- Covid-19 Immunization Planning and Vaccine Rollout

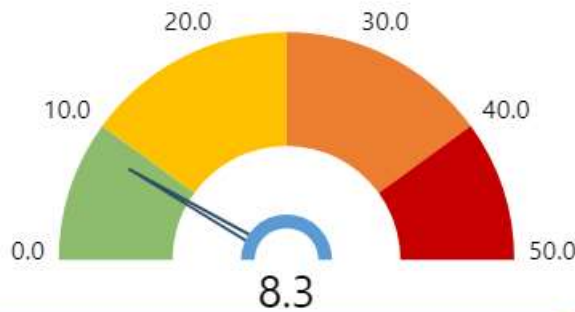
# Covid-19 Cases in HPEPH as at January 27, 2021

HPEPH Cases by Month Reported and Likely Acquisition Source

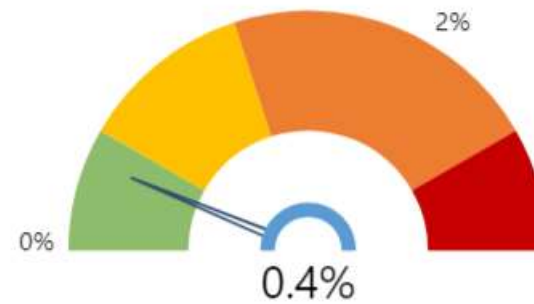


3

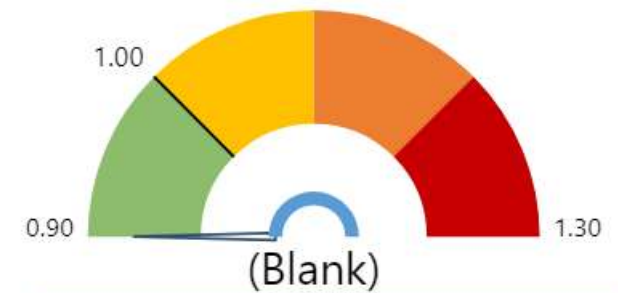
Average Weekly Incidence Rate



% Positivity



$R_e$  as of: January 28, 2021



% of Cases with No Epi-Link

**14.3%**

Vs Previous 2 Weeks -3.3% ↓ Vs Previous 4 Weeks -3.4% ↓

% of Contacts Reached in 2 Days  
14 Days Ending January 27, 2021



Average HR Contacts per Case

**2.9**

Vs Previous 2 Weeks -0.6 ↓ Vs Previous 4 Weeks -2.0 ↓

## Website Statistics (as at January 19, 2021)

- We continue to receive about **10,000 unique visitors** to our website on a daily basis.
- Top 5 visited web pages include:
  - Dashboard
  - Homepage
  - COVID-19 General Information web page
  - Getting Tested
  - COVID-19 Vaccines
- 57.6% of the traffic is visiting our website on a **mobile device**, 35.3% on a **desktop computer** while 7.1% on a **tablet**.
  - ~60% of those have an Apple device and ~35% have an Android device.
- At any given time, we have 40-60 active users on our website, majority of them on our dashboard web page.
- Majority of our web traffic (~60%) comes from search engines, followed by direct/bookmarked (~14%), social media (~10%) and referring websites (~10%).

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health
<b>Prepared by:</b>	Victoria Law, Social Determinants of Health Public Health Nurse
<b>Approved by:</b>	Tanya Hill, Manager Foundational Standards
<b>Date:</b>	Wednesday, February 3, 2020
<b>Subject:</b>	<b>Paid sick time to reduce the spread of COVID-19</b>
<b>Nature of Board Engagement</b>	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	<ul style="list-style-type: none"> <li>Request the Board of Health to write a letter to the Provincial Government stating their support in principle for Bill 239, <i>Stay Home If You Are Sick Act, 2020</i> as noted in the letter from MPP Peggy Sattler (attached).</li> </ul>
<b>Background:</b>	<p>COVID-19 has exacerbated the negative effects of existing inequities in our society, including unfair access to paid leave when a person is sick and unable to work. As Hastings Prince Edward Public Health (HPEPH) communicable disease investigators conduct case interviews, it is increasingly apparent that COVID-19 continues to spread because people discount their symptoms as unlikely to be COVID-19 and go to work out of necessity due to an absence of paid sick leave.</p> <p><b><u>Local Data</u></b></p> <p>A workplace outbreak is defined as two or more laboratory confirmed COVID-19 cases with an epidemiological link in the workplace within a 14-day period where both cases could have reasonably acquired the infection in the workplace (1). Between September 1, 2020 and January 28, 2021, workplaces have been associated with 7 of the 10 outbreaks in Hastings and Prince Edward Counties (HPEC). One in five cases in HPEC have been acquired at a workplace outbreak or have been a close contact of someone who contracted COVID-19 from the outbreak. During contact tracing and case management, HPEPH staff must isolate individuals who have tested positive for COVID-19 or been in close contact of another who has tested positive in order to stop spread of the virus. This trend mirrors what appears to be a growing concern across the Province. Paid sick leave from work is an important part of this containment strategy.</p> <p><b><u>Global Support for Paid Sick Leave</u></b></p> <p>The Organization for Economic Co-operation and Development (OECD) asserts that paid sick leave protects income, health and jobs through the COVID-19 crisis. Almost all OECD countries have a statutory paid sick leave system in place, though non-standard and self-employment workers may have poor or no access (1). A recent American study found that roughly one COVID-19 case is prevented for every 1,300 workers who had the newly gained option to take up to two weeks of paid sick leave (2).</p> <p><b><u>Current Provincial and Federal Supports for Paid Sick Leave</u></b></p> <p>Paid sick leave is only covered for a portion of mostly higher wage earners in Ontario. Paid sick leave can be an effective containment tool, but only when it is widely available to the labour force when they need to isolate due to sickness or exposure (1). Certain</p>

types of employment are less likely to have paid sick time provided by an employer, including casual and contract workers, self-employed workers, and informal workers such as those who work in the gig economy.

The Province of Ontario mandates unpaid job protected sick time (3 days per year), and job protected Infectious Disease Emergency Leave as long as a person is required to stay home due to COVID-19 (3,4). Job protected time off is a first step, however; individuals may still attend work sick because they are not able to meet their financial obligations otherwise. Bill 239, the Stay Home If You Are Sick Act, 2020 is in front of the House after it passed First Reading (5). It will be debated after the Second Reading when the Ontario Legislature resumes February 16 as noted in the correspondence to the Board of Health from Peggy Sattler, MPP.

The federal government launched the Canada Recovery Sickness Benefit (CRSB). The CRSB gives income support to employed and self-employed individuals who are unable to work because they are sick or need to self-isolate due to COVID-19, or have an underlying health condition that puts them at greater risk of complications from COVID-19 (6). Individuals are eligible to receive \$500 (\$450 after taxes withheld) for a one-week period and can apply for the benefit twice for a maximum of two weeks coverage. The application can start the Monday following the week for which the individual is applying. There may be a lag time of several business days depending on if the funds are being sent by direct deposit or by mail (6).

These provincial and federal benefits provide a starting point to support our residents with paid sick leave. HPEPH has educated case managers and worked with community partners to ensure the public is aware of the availability of these benefits. Unfortunately, notable gaps remain with the existing benefits that leave some individuals going without pay or with significantly reduced pay due to taking time off work.

#### **Gaps with Existing Benefits**

- People who miss less than half their work week due to testing;
- People who do not have the financial security to wait for the time lag between applying for the benefits and receiving them;
- People who cannot afford to live off the recovery benefit alone may need to go to work to pay their mortgage and other living expenses even though they may have symptoms; and
- People who do not meet the base income threshold.

One example of this is someone working multiple low-wage contract jobs through a temporary staffing agency. They may be concerned that the amount of time off may not meet all the requirements of the CRSB or they may find the federal supplement is not enough to sacrifice going to work.

Another example of this is a part time or contract health care worker. They could be caring for COVID-19 patients but would not be eligible for employer paid sick time because they are not full time, permanent employees. They may be able to apply for the CRSB, but this would be significantly less than they would typically earn during a week.

#### **Support for Paid Sick Leave Benefits**

The Ontario Medical Association has called on the provincial government to have paid sick days for all in Ontario to help stop the spread of COVID-19 (4). The Registered Nurses' Association of Ontario asked the provincial government in 2017 to allow employees to accrue at least one hour of paid sick time for every thirty-five hours worked (5).



Other cities and municipalities in Ontario are advocating the provincial government for paid sick time to protect the health of all Ontarians. This is to ensure no one is going to work sick due to fear of not being able to make ends meet (7). Toronto's Mayor and Medical Officer of Health are calling on the provincial government for paid sick leave, as well as the Greater Toronto and Hamilton Mayor's Association (8,9). Waterloo Region's Board of Health has also planned to ask both the provincial and federal governments for paid sick leave (7).

Peggy Sattler's Bill 239 fills the gap and allows all working Ontarians to follow the public health guidance, stay home when you're sick. This Bill would enable more individuals to follow crucial public health guidance without financial consequence.

**References:**

1. OECD Policy Response to Coronavirus (COVID-19). Paid sick leave to protect income, health, and jobs through the COVID-19 crisis [Internet]. 2020. Available from: [https://read.oecd-ilibrary.org/view/?ref=134\\_134797-9iq8w1fnju&title=Paid-sick-leave-to-protect-income-health-and-jobs-through-the-COVID-19-crisis](https://read.oecd-ilibrary.org/view/?ref=134_134797-9iq8w1fnju&title=Paid-sick-leave-to-protect-income-health-and-jobs-through-the-COVID-19-crisis)
2. Pichler S, Wen K, Ziebarth NR. COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States: Study examines the impact of emergency sick leave on the spread of COVID-19. *Health Aff.* 2020;39(12):2197–204.
3. Government of Ontario. Sick leave [Internet]. Your guide to the Employment Standards Act. 2020 [cited 2021 Jan 7]. Available from: <https://www.ontario.ca/document/your-guide-employment-standards-act-0/sick-leave>
4. Government of Ontario. Infectious Disease Emergency Leave [Internet]. Your guide to the Employment Standards Act. 2020 [cited 2021 Jan 7]. Available from: <https://www.ontario.ca/document/your-guide-employment-standards-act-0/infectious-disease-emergency-leave#section-1>
5. Sattler P. Stay Home If You Are Sick Act, 2020 [Internet]. Toronto, Ontario: Province of Ontario; 2020. Available from: <https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239>
6. Government of Canada. Canada Recovery Sickness Benefit [Internet]. 2020 [cited 2021 Jan 7]. Available from: <https://www.canada.ca/en/revenue-agency/services/benefits/recovery-sickness-benefit.html>
7. CBC News. Lack of paid sick days may have led people to work with COVID-19 symptoms: Dr. Wang. 2021; Available from: <https://www.cbc.ca/news/canada/kitchener-waterloo/paid-sick-live-waterloo-region-board-of-health-1.5864216>
8. Katawazi M. Toronto's top doctor, mayor call on provincial government to implement 10-day emergency paid sick leave [Internet]. CTV News. 2021 [cited 2020 Jan 12]. Available from: <https://toronto.ctvnews.ca/toronto-s-top-doctor-mayor-call-on-provincial-government-to-implement-10-day-emergency-paid-sick-leave-1.5261859>
9. Boisvert N. Growing chorus urging Ontario to include paid sick days in new COVID-19 restrictions [Internet]. CBC News. 2021 [cited 2021 Jan 12]. Available from: <https://www.cbc.ca/news/canada/toronto/ontario-paid-sick-days-recommendations-1.5869230>

**Reviewed By:** Dr. Piotr Oglaza, Medical Officer of Health and CEO

**Main Office - Belleville**

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February 3, 2021

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
Ministry of Health  
777 Bay Street, 5th Floor  
Toronto, ON M7A 2J3

Sent via email: [Christine.Elliott@ontario.ca](mailto:Christine.Elliott@ontario.ca)

Dear Minister Elliott:

The Hastings Prince Edward Board of Health is concerned about the current absence of paid sick leave standards for workers in the province. As a matter of public health, with an aim to reduce overall costs and strain for the health care system, we request government to consider updating employment standards to implement paid sick days for all workers. We support the principles outlined in Bill 239 with regard to paid sick days.

The COVID-19 pandemic has emphasized the need for paid sick days in order to curb the transmission of infectious disease. This would result in overall protection of public health. As of December 4, 2020, 30 percent of active outbreaks of COVID-19 in Ontario occurred in workplaces. As of September 1, 2020, workplaces have been associated with seven out of eight outbreaks in Hastings and Prince Edward Counties (HPEC). One in five cases of COVID-19 in HPEC have been acquired at a workplace outbreak or have been a close contact of someone who contracted COVID-19 from a workplace outbreak. Workplaces with precarious jobs where workers lack access to paid sick leave have become hotspots for COVID-19 transmission. These include but are not limited to outbreaks in long-term care homes, farms, meat-processing plants, grocery stores, and warehouses.

The COVID-19 pandemic has exposed the urgent need to address gaps in access to paid sick days as a matter of health equity. Low-wage workers, who are disproportionately Black and racialized, are more likely to be denied paid sick days and face higher rates of COVID-19. These gaps are especially dangerous for workers with chronic health or immunocompromised conditions, persons with disabilities, seniors, children, and patients who rely on support workers to provide care and support.

Staying home when sick is one of the most effective containment strategies for infectious disease. A 2006 Public Health Agency of Canada report studying gastrointestinal illness shows that workers in high-risk settings such as food handling, long-term care and child care, will continue to work when ill when they cannot afford to take time off. A 2018 study from Swiss Economic Institute's Stefan Pichler and Cornell University's Nicolas Ziebarth found that cities in the United States with paid sick days saw a 40% reduction in influenza rates during flu waves compared to cities without.

Workers without paid sick days are forced to choose between sacrificing their financial security in order to prevent the spread of illness or going to work while sick in order to support themselves and

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their families. Without proactive and supportive public policy in place to help make it feasible for workers to stay home when they are ill, behavioural recommendations are limited in their effectiveness.

Chief Public Health Officer of Canada Theresa Tam recognizes why paid sick leave is essential to protect worker and community health in her October 2020 report *From Risk to Resilience: An Equity Approach to COVID-19*:

“Without paid sick leave, employees may lose income if they become ill and are unable to work. Without employment security, they may lose their jobs if they stay home when sick. In either case, and particularly if they are economically insecure, workers may feel unable to comply with public health guidance to stay home when sick.”

In addition to the points mentioned above, paid sick days support effective immunization uptake. Evidence shows paid sick days increase vaccination rates. Both workers with paid sick days and their children have higher vaccination rates against the flu, and better access to other preventive health services.

Not only are these measures crucial for protecting against COVID-19, but they will also protect public health from infectious pathogens like influenza and future outbreaks, as we have seen with SARS and H1N1.

Thank you for considering our recommendations, and we look forward to hearing from you.

Sincerely,

Jo-Anne Albert  
Board Chair  
Hastings Prince Edward Board of Health

Piotr Oglaza, MD, CPHI(C), CCFP, MPH, FRCPC  
Medical Officer of Health and CEO  
Hastings Prince Edward Public Health

cc: Honourable Doug Ford, Premier of Ontario ([premier@ontario.ca](mailto:premier@ontario.ca))  
Honourable Monte McNaughton, Minister of Labour, Training and Skills Development  
([monte.mcnaughton@pc.ola.org](mailto:monte.mcnaughton@pc.ola.org))  
Dr. David Williams, Provincial Chief Medical Officer of Health ([dr.david.williams@ontario.ca](mailto:dr.david.williams@ontario.ca))  
Honourable Todd Smith, MPP Bay of Quinte ([todd.smithco@pc.ola.org](mailto:todd.smithco@pc.ola.org))  
Honourable Daryl Kramp, MPP Hastings – Lennox and Addington ([daryl.kramp@pc.ola.org](mailto:daryl.kramp@pc.ola.org))

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## Peggy Sattler MPP

### London West

Dr. Piotr Oglaza, Medical Officer of Health  
 Ms. Jo-Anne Albert, Chair  
 Hastings Prince Edward Public Health Board of Health

January 25, 2021

Dear Dr. Oglaza, Ms. Albert 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](http://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 Hastings Prince Edward 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

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January 4, 2021

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

*Via email: [doug.ford@ontario.ca](mailto:doug.ford@ontario.ca)*

Dear Premier Ford:

**Re: Permanent Funding for School-Focused Nurses**

In Hastings and Prince Edward counties (HPEC), the mission of our organization is that, "Together, with our communities, we help people become as healthy as they can be". While the COVID-19 pandemic has had many negative impacts on the residents of Hastings and Prince Edward counties, it has also allowed us to work more closely with certain groups in our region thereby improving our ability to offer support. As we well know, children and youth have been heavily impacted by the COVID-19 pandemic. Public health measures have resulted in lower rates of physical activity, immunization, poor diet, increased screen time, sedentary behaviour and poor mental health. However, due to our school-focused nurses, made available by funding through the Ministry of Health, we are making a difference to the health and well-being of the children of HPEC with respect to preventing and managing infectious diseases and more.

Hastings Prince Edward Public Health (HPEPH) was poised to launch a new school health program in September 2020 on a pilot basis with a minimal number of schools due to lack of funding. With this government's generous funding for school focused nurses, we were able to quickly adapt our service model to increase coverage to all schools in HPEC and expand the services available. Since September, school-focused nurses have been connecting with their assigned families of schools to provide infection prevention and control assessments, advice for physical activity and healthy eating in an adapted school environment, consultations regarding screening, monitoring, case and outbreak management, and awareness and education about SARS-CoV-2 coronavirus, public health measures and related topics such as mental health promotion and anti-stigma education.

While our utmost priority is to support our response to the COVID-19 pandemic, we are working towards supporting children and youth to increase resilience and emerge from the pandemic in a position of strength. We are utilizing the opportunity, as advised by the Ministry of Health, to permit the school-focused nurses to support healthy schools work when not required for COVID-19 work. This includes mental health promotion, access to quality sexual health services, and supporting the healthy schools process utilizing a Foundations of a Healthy School framework. These are evidence-informed interventions which will improve the health

and wellbeing of over 20,000 children and youth and have far-reaching implications for their parents, caregivers and the broader community. This would not be possible without the school-focused nurse role.

The school-focused nurse positions are a game changer for the people of HPEC. Due to careful planning, we were ready to receive this funding and immediately action our healthy schools plan. Over time, we expect to see real progress on measurements which we will be choosing together with our school partners. In order to see the important returns on this incredible investment, we will need stable funding which can secure the investments and progress that have been made in training, partnership development and successful implementation of our service delivery model. School-aged children living in Hastings and Prince Edward counties deserve the on-going efforts of school-focused nurses to improve their health and wellbeing and we look to this government to provide secure funding to make this happen.

We are asking that you stabilize the funding of the school-focused nurse positions by making this funding permanent and look forward to working with you to measure the successes and positive impacts for students in HPEC, together.

Sincerely,



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Piotr Ogleza MD, CPHI(C), CCFP, MPH, FRCPC  
Medical Officer of Health



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Jo-Anne Albert, Chair  
Hastings Prince Edward Board of Health

Copied to:

The Honourable Christine Elliot, Minister of Health and Deputy Premier  
The Honourable Stephen Lecce, Minister of Education  
The Honourable Chrystia Freeland, Minister of Finance  
Todd Smith, MPP Bay of Quinte  
Daryl Kramp, MPP Hastings-Lennox and Addington  
Neil Ellis, MP Bay of Quinte  
Hastings Prince Edward Public Health Member Municipalities  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health  
Sean Monteith, Director of Education, Hastings Prince Edward District School Board  
David DeSantis, Director of Education, Algonquin and Lakeshore Catholic District School Board

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January 26, 2021

*This letter was sent individually to each recipient.*

Mayor Mitch Panciuk  
 City of Belleville  
 169 Front Street  
 Belleville, ON K8N 2Y8  
*Via email: [mayor.panciuk@belleville.ca](mailto:mayor.panciuk@belleville.ca)*

Mayor Jim Harrison  
 City of Quinte West  
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Mayor Steve Ferguson  
 Corporation of Prince Edward County  
 Shire Hall, 332 Main Street  
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Warden Rick Phillips  
 Hastings County  
 235 Pinnacle Street  
 Belleville, ON K8N 3A9  
*Via email: [warden@hastingscounty.com](mailto:warden@hastingscounty.com)*

Dear Sirs:

**Re: Optimal temperature threshold for opening warming centres**

On December 2, 2020, the Board of Health:

“... directed Dr. Piotr Oglaza, Medical Officer of Health to provide to our municipalities evidence-based information regarding the opening of warming centres and at what temperatures this should happen.”

This request followed a staff report on the disproportionate effects of the COVID-19 pandemic on people experiencing homelessness.

The temperature at which to open a warming centre can depend on several factors. This letter intends to provide context to help inform decisions related to opening warming centres. It is important to reinforce that the COVID-19 pandemic will continue to put pressures on people experiencing homelessness and create additional needs for safe places for individuals in this population to warm up throughout the winter.

An overview of evidence related to cold weather and its impact on health has been summarized in the accompanying fact sheet. Key points are included below for your reference.

... /2

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Cold weather can pose significant health impacts on the body. People are primarily affected by hypothermia, frostbite and windburn with exposure to the cold. People who spend a lot of time outside may also be at risk of cardiovascular events, such as a heart attack. As the daily temperature decreases, each 5-degree decrease can lead to a 3% increase in non-accidental deaths. This increase in non-accidental death rates persist seven days after the cold event.

Certain groups are most at risk for exposure to cold temperatures. HPEPH has proposed mitigation strategies to address this enhanced risk. There are many at-risk groups from exposure to the cold, however none more so than those that do not have the opportunity to seek shelter and go indoors. People experiencing homelessness are thirteen times more likely to die from hypothermia compared to the general population. In addition, the lifespan of a person experiencing homelessness is approximately 17.5 years less than that of the general population, with many deaths related to cold stress.

Current parameters are in place for activating cold weather warming centres in Ontario. Environment Canada provides cold weather warnings across Canada with varying thresholds across Canada. In Southeastern Ontario, an advisory is sent out when the temperature is expected to drop below -35°C for two hours or more. In addition, Medical Officers of Health across Ontario can issue their own advisory based on needs to trigger the mobilization of community resources.

The attached information sheet reviews the parameters for activating cold weather warming centres in Hastings and Prince Edward Counties. HPEPH proposes a cold weather advisory system that seeks to meet the needs of all members of our population, which means a more intense warning system and targeted communication approach for those who are the most vulnerable to the cold. This approach fulfills the requirements of both the Healthy Environments and Health Equity Guidelines in the Ontario Public Health Standards.

Please see the attached fact sheet for additional information and evidence on the following sections. Considering this information, we recommend that municipalities in Hastings and Prince Edward Counties consider raising the temperature threshold to open the warming centre, and/or create an accessible space open 24/7 for those looking to escape the cold. We encourage municipalities to consider innovative solutions to support those most vulnerable in the cold weather. Representatives from HPEPH would be happy to meet to discuss these issues further.

Sincerely,

*Original signed by Dr. Piotr Oglaza*

Piotr Oglaza, MD, CPHI(C), CCFP, MPH, FRCPC  
Medical Officer of Health and CEO  
Hastings Prince Edward Public Health

cc: Jo-Anne Albert, HPE Board of Health Chair  
PO/TH/vl  
Attachment





# Cold Weather Warning Temperature Thresholds

Cold weather can be hazardous to health, and each year Canadians suffer injuries and die from exposure to the cold. People without proper shelter are identified as being at higher risk of health effects from extreme cold weather (1). Establishing appropriate parameters for warming centres is critical for protecting the health and wellbeing of people living without shelter, while we maintain and update our existing cold weather advisory plan.

## The effects of cold temperatures on the body

Cold temperatures have three primary effects on the body: windburn, frostbite and hypothermia. (2)

- **Hypothermia:** Occurs when your body temperature drops and occurs in three stages. A normal body temperature is 37°C, however when your body temperature drops by 1°C or 2°C (2).
  - *Stage 1:* When body temperatures drop by 1°C or 2°C shivering starts, goose bumps appear on skin, and hands become numb. Breath can become quick and shallow, and the individual may feel tired and/or sick to their stomach. The individual may also experience a warm sensation, which means the body is entering stage 2 of hypothermia. (2)
  - *Stage 2:* When body temperature has dropped by 2-4°C and shivering is strong. Muscles are uncoordinated, and movements are slow and laboured. There may be mild confusion, skin may become pale, and lips, ears, fingers, and toes may turn blue. (2)
  - *Stage 3:* When body temperature drops below 32°C, the shivering will stop but the person will have trouble speaking, thinking, and walking. The individual may even develop amnesia. When the body temperature drops below minus 30°C, exposed skin becomes blue and puffy, it will be hard to move muscles and behaviour becomes irrational. The heart may be beating quickly but pulse and breathing will decrease. At this stage the person is at risk of dying. (2)
- **Frostbite:** When the temperature drops below 0°C, blood vessels close to the skin constrict to protect the core body temperature. When the body is exposed to the cold for a long period of time, blood flow to hands, feet, nose

and ears can be restricted significantly. Poor circulation and extreme cold can lead to frostbite (1). Frostbite can be mild or severe.

- **Windburn:** Occurs when cold wind removes the top layer of oil from the skin causing excessive dryness, redness, soreness and itchiness. (2)

Cold temperatures can also have secondary affects on the body, in particular with stress on the cardiovascular system.

- People are most likely to suffer from cardiovascular (heart) related deaths (ischemic heart disease, acute myocardial infarction) for every 5°C decrease of daily mean temperature. (3)
- The effect of the cold on people's bodies has been found to last over several days, compared to effects of heat, which are no longer detectable after the day of exposure. (3)
- In cold seasons, each 5°C decrease in daily temperatures is associated with a 3% increase in nonaccidental deaths, which persisted over 7 days. (3)
  - This implies that weather patterns and timing allow for more proactive interventions in order to prevent cold related deaths than is the case with heat, which strengthens the argument that cold related mortality merits additional attention from a public health perspective. (3)
- Windchill does not result in a better prediction of mortality compared to air temperature, suggesting that cold advisories are best based off of temperature alone. Warnings related to windchill reflect impact on personal comfort rather than risk to health. (3)

### Groups most at risk for exposure to the cold and related mitigation strategies

- Deaths caused by hypothermia occur thirteen times more often among the homeless than among the general population. (4)
- People experiencing homelessness are likely among the groups most vulnerable to cold effects, in addition to people who live in marginal housing. (3)
- The average lifespan of someone experiencing homelessness is about 17.5 years shorter than the general population, and most deaths occur in conditions of varying intensity of cold stress. (4)

### Current parameters for activating cold weather warming centres in Ontario

- Environment Canada issues an extreme cold weather warning in Southeastern Ontario when the temperature or windchill is expected to reach minus 35°C for at least two hours. (5)

- The criteria for activating a local cold weather response varies across health units and municipalities in Ontario.
  - Some Medical Officers of Health send out cold weather alerts when the temperature reaches minus 15°C (n=10), and others follow the Environment Canada extreme cold (ranges between minus 30°C to minus 40°C which varies by region) (n=5).
- Some cities, such as Toronto and Ottawa, have increased their overnight shelter capacity for winter 2020-2021, recognizing fewer shelter options will be available due to the pandemic.

### **Parameters to be established for Hastings Prince Edward Public Health (HPEPH)**

Historically at HPEPH, weather warnings have been issued universally, intended to inform the entire community. This strategy has resulted in a gap minus failing to address some of the needs of those most vulnerable to cold related illness.

It is proposed that HPEPH adopt a:

- proportionate universal approach to this issue and issue cold weather alerts with different recommendations based on the risk of the target population.
- cold weather warning threshold for people that are unsheltered, as well as a universal warning for the community.

This approach demonstrates that we are following both the Healthy Environments and the Health Equity Guidelines.

The table below offers proposed cold weather warning framework for HPEPH.

Municipalities will be encouraged to follow the recommended actions following the notifications below.

Category	Threshold	Recommended implications	Rationale	Primary Target Audience
<b>Tier 1</b> Cold Weather Advisory (issued by MOH)	When the temperature is expected to reach minus 5°C for at least two hours	<ul style="list-style-type: none"> <li>– Encourage municipalities to activate overnight warming centre</li> <li>– Update to HPEPH website and social media channels, media release for first advisory of the season</li> </ul>	<ul style="list-style-type: none"> <li>– Public health interest in supporting those most vulnerable</li> <li>– Hypothermia can begin at mild cold temperatures (3)</li> <li>– Relief from cold should not require extreme temperatures (6)</li> </ul>	<ul style="list-style-type: none"> <li>– People experiencing homelessness, specifically those without access to / or choose not to obtain overnight shelter</li> <li>– Service providers for people experiencing homelessness</li> </ul>
<b>Tier 2</b> Cold Weather Alert (issued by MOH)	When the temperature is expected to reach minus 10°C for at least two hours	<ul style="list-style-type: none"> <li>– Activation of other municipal supported programs for those experiencing homelessness, including opportunities to get relief from the cold in daytime hours</li> <li>– Provide health promotion information for people spending extended periods of time outside to bundle up</li> <li>– Provide information to new parents, and older adults about the risks of cold (2)</li> </ul>	<ul style="list-style-type: none"> <li>– There is an incremental benefit to increasing capacity for services provided to those who are unable to escape the cold through traditional options such as going inside (6)</li> </ul>	<ul style="list-style-type: none"> <li>– People experiencing homelessness</li> <li>– People living in homes that are poorly insulated (with no heat or no power)</li> <li>– Outdoor workers</li> <li>– People with certain medical conditions</li> <li>– Infants (under 1 year)</li> <li>– Seniors (65 years or older)</li> <li>– Winter sport enthusiasts (2)</li> </ul> <p>Secondary audience: General population</p>
<b>Tier 3</b> Extreme Cold Weather <i>Health</i> Alert (issued by MOH)	When the temperature is expected to reach minus 30°C for at least two hours	<ul style="list-style-type: none"> <li>– Encourage general population to dress in extra layers (2)</li> <li>– Have a car safety kit when going out during extreme cold</li> </ul>	<ul style="list-style-type: none"> <li>– Your risk of health effects like windburn and frostbite increase at wind chill values below minus 27°C (2)</li> </ul>	<ul style="list-style-type: none"> <li>– General population</li> </ul>
<b>Tier 4</b> Extreme Cold Weather Warning (issued by Environment Canada)	When the temperature or wind chill is expected to reach minus 35°C for at least two hours (1).	<ul style="list-style-type: none"> <li>– HPEPH Extreme Cold Weather Health Alert would already be in effect, HPEPH would share this elevated warning through traditional media channels</li> </ul>	In partnership with Environment Canada	<ul style="list-style-type: none"> <li>– All residents in HPE</li> </ul>

## References

1. Government of Canada. Alerting parameters Environment Canada uses for issuing an Extreme Cold Warning [Internet]. [cited 2020 Dec 2]. Available from: <https://www.canada.ca/en/environment/climate/change/services/types-weather-forecasts/use/public/criteria/alerts.html#extremeCold>
2. Government of Canada. Extreme Cold [Internet]. 2018 [cited 2020 Dec 8]. Available from: <https://www.canada.ca/en/health/canada/services/healthy-living/your-mind-health/environment/extreme-cold.html>
3. Chen H, Wang J, Li Q, Yagouti A, Lavigne E, Foty R, et al. Assessment of the effect of cold and hot temperatures on mortality in Ontario, Canada: a population-based study. *C open* [Internet]. 2016 Feb 2;4(1):E48–58. Available from: <https://pubmed.ncbi.nlm.nih.gov/27280114>
4. Romaszko J, Cymes I, Dragańska E, Kuchta R, Glińska-Lewczuk K. Mortality among the homeless: Causes and meteorological relationships. *PLoS One*. 2017;12(12):e0189938.
5. Government of Canada. Windchill and cold weather [Internet]. 2020 [cited 2020 Dec 3]. Available from: <https://www.canada.ca/en/environment/climate/change/services/weather-health/windchill-cold-weather.html>
6. Zhang P, Wiens K, Wang R, Luong L, Ansara D, Gower S, et al. Cold Weather Conditions and Risk of Hypothermia Among People Experiencing Homelessness: Implications for Prevention Strategies. *Int J Environ Res Public Health*. 2019;16(18):3259.

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December 2, 2020

The Office of Daryl Kramp  
 Room 269  
 Legislative Building, Queen's Park  
 Toronto, ON M7A 1A8

Via email: [daryl.kramp@pc.ola.org](mailto:daryl.kramp@pc.ola.org)

Dear MPP Kramp:

**Re: Support for Bill 216, The Food Literacy for Students Act, 2020**

On behalf of the Hastings Prince Edward Board of Health, I am writing to endorse Bill 216 Food Literacy for Students Act, 2020, which includes curriculum guidelines for courses that offer experiential food literacy and healthy eating education for students from grade 1 to grade 12 as well as the required allocation of funding to support successful implementation.

Food literacy is a fundamental competency for healthy eating, however food literacy has been in decline over the past few decades as fewer Canadians have been making meals from basic ingredients, with more relying on highly processed and take-away foods which are associated with an increased consumption of foods that are high in saturated fat, salt, sugar, and simple carbohydrates. These types of diets have been linked to cancer, cardiovascular disease, and diabetes.

An experiential food literacy curriculum will equip students with the skills and knowledge they need to make healthy food choices for life. Evidence suggests that eating habits developed during early childhood are sustained into adolescence and adulthood and are associated with reduced risks of chronic diseases later in life. A preventive food literacy education can lead to enormous health care savings. Research estimates that poor diets lead to an economic burden of tens of billions of dollars each year in Canada.

*Bill 216, The Food Literacy for Students Act, 2020* will contribute to improving eating behaviours, and decreasing the incidence of chronic disease in our community.

Sincerely,

Jo-Anne Albert, Chair  
 Hastings Prince Edward Board of Health

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**Listing of Information Items  
Board of Health Meeting – February 3, 2021**

1. Grey Bruce Health Unit – Letter to Members of Boards of Health re regionalization of public health units dated December 4, 2020
  
2. Timiskaming Health Unit – Letter to S. Lecce, C. Elliott and E. Hardeman re Bill 216 Food Literacy for Students Act, 2020 dated December 10, 2020

*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](http://hpePublicHealth.ca).*

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