



# **Hastings Prince Edward Public Health Board of Health Meeting**

Information Items

March 3, 2021

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

1. KFLA Public Health – Letter to D. Ford re Mandatory paid sick leave for Ontario workers dated February 1, 2021
2. Grey Bruce Health Unit – Letter to M. Walton re Board of Health’s legal authority dated January 25, 2021
3. aPHa – Letter to D. Ford re paid sick leave as a public health measure dated February 9, 2021
4. Peterborough Public Health – Letter to D. Ford, S. Lecce and C. Elliott re Bill 216: Food Literacy for Students Act, 2020 dated February 12, 2021
5. Email from Peggy Sattler dated February 12, 2021 re support for paid sick days and associated media release
6. Peterborough Public Health – Letter to D. Ford, C. Elliott and J. McNaughton re paid sick leave during infectious disease emergency dated February 16, 2021
7. Chatham-Kent Public Health – Letter to D. Ford re paid sick leave during COVID-19 pandemic and beyond dated February 16, 2021
8. aPHa – Letter to D. Ford re: Keeping Ontario Safe and Open dated February 19, 2021
9. Windsor-Essex County Health Unit – Letter to D. Ford re: Mandatory paid sick leave for Ontario Workers dated February 22, 2021

*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).*

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



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](mailto: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 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

[www.publichealthgreybruce.on.ca](http://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

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

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**

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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](mailto: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](mailto:premier@ontario.ca)

Honourable Stephen Lecce  
Minister of Education  
[stephen.lecce@pc.ola.org](mailto:stephen.lecce@pc.ola.org)

Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@pc.ola.org](mailto: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 skills<sup>1</sup> 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.<sup>2</sup> 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).<sup>3</sup>

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 life<sup>4</sup> which aligns seamlessly with the Ministry of Education's focus on Mental Health and Social Emotional Learning (SEL) Skills.<sup>5</sup>

We live in the most complex food environment in human history.<sup>6</sup> Evidence-based food literacy education relevant to today's food environment is necessary to improve the health of current and future generations.<sup>7</sup> 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 Gélinas, 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  
André Blais, Directeur de l'éducation, 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

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<sup>1</sup> LDCP 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](https://www.odph.ca/upload/membership/document/2018-11/foodliteracy-poster-front-back-final-for-web_1.pdf)

<sup>2</sup> Ontario 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.

<sup>3</sup> 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.

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

<sup>5</sup> 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)

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

<sup>7</sup> 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

Thank you for joining the Ontario NDP and a still-growing number of physicians, small business owners, unions, everyday families and infectious disease experts who are calling for mandatory paid sick days in Ontario.

I'm writing today to share the news that on Tuesday, February 16—our first day back in the legislature—I will rise to ask for the unanimous consent of all MPPs in the House to push the Stay Home If You Are Sick Act through to a final vote by the end of the week. I've attached a press release, and you can still [catch this morning's press conference here](#).

The groundswell of support over the past few weeks has truly made a difference, and helped secure cross-party support for the Stay Home If You Are Sick Act—except from the PCs. With one final push leading into Tuesday, we hope that they too will see that that access to paid sick days matters for both health equity, and racial and economic justice. You can help by sharing your support with your networks to encourage them to [support the bill](#), too, or by participating in [one of the actions](#) that has been organized.

Thank you again for your support for paid sick days. I will update you about the result of Tuesday's motion, and let you know about next steps then.

Take care, Peggy

Peggy Sattler, MPP London West

240 Commissioners Rd W, Unit 106 London, ON | N6J 1Y1

T: 519-657-3120 | F: 519-657-0368 | E: [psattler-co@ndp.on.ca](mailto:psattler-co@ndp.on.ca)

Room 359, Main Legislative Building Queen's Park, Toronto, ON | M7A 1A5 T: 416-325-6908 | F:

416-325-7030 | E: [psattler-qp@ndp.on.ca](mailto:psattler-qp@ndp.on.ca)

[www.peggysattler.ca](http://www.peggysattler.ca)

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### **Horwath announces legislative agenda for help and hope**

*Ontario NDP debuts legislative plan to help get Ontarians through the pandemic*

QUEEN'S PARK — With the legislature set to return Tuesday, Official Opposition NDP Leader Andrea Horwath revealed an urgent legislative agenda to get people the help they need to make it through the pandemic.

"We can take action right now to give people the help they need to make it through this pandemic, and to give everyone hope that this lockdown could be our last," said Horwath. "This week, we're going to push for a package of nine solutions to help everyday families, working folks, small businesses, seniors and vulnerable people.

"We're looking for the support of all MPPs, regardless of political stripe, to get these things all done urgently. Before this house adjourns on Thursday, we could pass these bills and motions to save lives, help stop the spread and give folks what they need to make it to the other side. Ontarians deserve a government that prioritizes people's health over money and politics. We can get this done."

At the top of the list is paid sick days. The *Stay Home if You Are Sick Act* by NDP Labour critic Peggy Sattler (London West) has garnered massive support from physicians, small business owners, unions, everyday families and infectious disease experts.

"Workers without paid sick days are the people we have relied on most during the pandemic. They are caring for our parents and grandparents, keeping the food supply chain going, driving busses and delivery trucks and even working in hospitals. Many of those folks simply cannot afford to miss a shift," said Sattler. "Until we give all workers the ability to stay home when they are sick, we will not stop the spread of COVID-19."

The NDP will ask for the unanimous consent of all MPPs in the house – regardless of party – to push nine bills and motions directly through to a final vote during the first week of the sitting.

Those nine items are:

**Paid Sick Days**

Peggy Sattler’s Stay Home if You Are Sick Act will give workers paid sick days during the pandemic, as well as permanent paid sick days

**Evictions Ban**

Suze Morrison (Toronto Centre) and Housing and Tenants’ Rights critic Jessica Bell (University—Rosedale) will introduce a co-sponsored bill Tuesday to ban evictions for the duration of the pandemic

**Four Hours of Hands-On Care for LTC**

Teresa Armstrong’s Time to Care Act will give every nursing home resident 4.1 hours of hands-on daily attention and care

**Essential Caregiver Rights**

Lisa Gretzky’s More Than a Visitor bill will guarantee that essential caregivers can’t be separated from the loved ones that need their help in long-term care and other congregate care settings

**Creating a Seniors’ Advocate**

A bill by Laura Mae Lindo (Kitchener Centre) will create an independent advocate for all seniors

**A Raise for PSWs**

This new bill will create a higher minimum wage for all PSWs, regardless of where they work

**Safe Schools**

This motion from Education critic Marit Stiles (Davenport) will cap class sizes at 15, bring in comprehensive in-school COVID testing, and improve air quality in schools

**Save Main Street**

A new NDP motion will give small businesses rent subsidies, create an arts sector strategy and implement other supports for small businesses

**An equity strategy**

A new motion guarantees culturally-appropriate strategies to support disproportionately-impacted communities, from pandemic response to vaccinations

February 16, 2021

Honourable Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

Honourable Christine Elliott  
Deputy Premier and Minister of Health  
[christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Honourable Monte McNaughton  
Minister of Labour, Training and Skills Development  
[monte.mcnaughton@pc.ola.org](mailto: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 G elinas, 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.

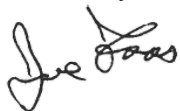
Previous to COVID-19, Chatham-Kent residents experienced higher proportions of the population working in lower wage manufacturing, retail, and service occupations. This has exposed Chatham-Kent residents to lower median household incomes, higher rates of poverty (with more than one in four children living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



alPHa's members are  
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**Organizations:**

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Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

February 19, 2020

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

Dear Premier Ford,

**Re: Keeping Ontario Safe and Open**

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On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we are writing to provide our comments on the recent decision to begin easing the recent province-wide shutdown and stay-at-home orders in context of the rapid emergence of COVID-19 Variants of Concern (VOCs).

We too have been encouraged by the downward trend in daily case counts in recent weeks, but the rapidly increasing proportion of the highly contagious VOCs within these counts is deeply troubling. Our members, who are on the front lines of the public health response to the COVID-19 pandemic in Ontario, therefore have serious concerns about the increased mobility, more frequent interpersonal contacts, and consequent potential exposures to COVID-19 that will accompany a return to the progressive categories under the Response Framework at this time.

We certainly appreciate the need to support the recovery of our economy, being fully aware of its role as a key driver of so many of the determinants of physical and mental health. On balance however, we believe that the timing of loosening the restrictions and the degree to which they have been relaxed in many areas underestimates the imminent and considerable threat posed by the VOCs. Experience in other jurisdictions has demonstrated that decisive and early action prevents later prolonged shutdowns, which in turn contributes to faster economic recovery.

According to Public Health Ontario, data are clear that the prevalence of the B.1.1.7 variant is increasing rapidly enough that it is expected to be the dominant one in Ontario within the next month<sup>1</sup>. This variant is known to be significantly more contagious, may cause more severe illness and may be more resistant to certain vaccines. Based on these factors as well as the lived experience in other jurisdictions, Public Health Ontario has also stated that it is equally clear that public health measures need to be intensified to minimize the spread of COVID-19 VOCs in Ontario<sup>2</sup>.

While we acknowledge the creation of the "emergency brake" provision that allows the local medical officer of health to request the reimposition of restrictions if their public health unit experiences rapid acceleration in COVID-19 transmission or if its health care system risks becoming overwhelmed, any decision to use this provision is a reactive one and thus would almost certainly be too late to have a meaningful effect. This assumption is supported by the failure of similar mechanisms in England, Ireland, and Denmark, each of which was compelled to re-implement strict, nation-wide lockdowns to minimize mobility and bring the spread of VOCs under control<sup>3</sup>.

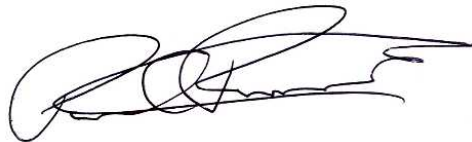
We believe it is not too late to alter the course towards a more gradual easing of restrictions, allowing time to monitor how the trends respond and adjust accordingly to keep transmission rates low. Accordingly, we support our MOH members who have requested a delay in their PHU Regions returning to the COVID-19 Response Framework and for the Stay-at-Home Orders to continue in their health units for the time being. Moreover, a slower approach would also allow for the development of clear public messaging that reinforces the undiminished seriousness of the pandemic in Ontario while continuing to offer reasons for hope and optimism until vaccines are widely available.

Our members, as Ontario's pre-eminent public health experts, are more than willing to provide further advice and input, particularly with regards to the VOCs and ensuring that Ontario's COVID-19 Response Framework remains robust and that its public health goals and objectives can be achieved. We look forward to an invitation to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,  
alPHa President



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



Trudy Sachowski,  
Chair, Boards of Health  
Section

**COPY:** Hon. Christine Elliott, Minister of Health  
Dr. David Williams, Chief Medical Officer of Health  
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

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 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