



Hastings Prince Edward Public Health Board of Health Meeting

Information Items

Wednesday, May 5, 2021

Listing of Information Items Board of Health Meeting – May 5, 2021

1. Simcoe Muskoka District Health Unit – Letter to Doug Ford re Provincial Employment Standards Reform for Provision of Paid Sick Days dated March 1, 2021
2. Peterborough Public Health – Letter to Doug Ford et al re support for recommendations to strengthen provincial Student Nutrition Programs dated March 5, 2021
3. Grey Bruce Public Health – Letter to Mark Walton, CEO of West Region, Ontario Health re: legislative authority for the Board of Health under HPPA dated March 24, 2021
4. North Bay Public Health – Letter to Doug Ford re resolution around vaccine allocations dated April 7, 2021
5. City of Quinte West – Letter to Justin Trudeau re COVID-19 Vaccine Roll-Out dated April 6, 2021
6. Elementary Teachers' Federation Hastings-Prince Edward Teacher Local – Letter to Board of Health members re prioritization of education workers for access to COVID-19 vaccine
7. County of Lambton – Letter to Justin Trudeau and Chrystia Freeland re: basic income for income security during COVID-19 pandemic and beyond dated April 26, 2021
8. Township of Madoc / City of Belleville – Letter to Doug Ford re: leftover vaccine doses dated April 19, 2021 with attached letter from City of Belleville
9. Email from Loretta Ryan of alPHa re information for the 2021 Annual General Meeting and Conference on June 8, 2021.
10. alPHa 2021 Conference and AGM draft program for June 8, 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.

March 1, 2021

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

Dear Premier Ford:

Re: Provincial Employment Standards Reform for Provision of Paid Sick Days

The Board of Health for the Simcoe Muskoka District Health Unit is deeply concerned about the absence of paid sick leave standards for workers in the province. As a matter of public health, we urge your government to update the Employment Standards Act, 2000 to include paid sick days for all workers.

The COVID-19 pandemic has revealed the urgency of paid sick days for curbing the transmission of infectious disease and protecting public health. Legislated paid sick days would allow workers to receive full and uninterrupted income replacement, which is a primary concern for workers in low-wage and precarious employment. Accordingly, we urge your government to consider the following recommendations to contain the spread of infectious disease and protect public health:

1. Update employment standards to require employers to provide at least 7 days of paid emergency leave on a permanent basis.
2. Update employment standards to require employers to provide an additional 14 days of paid emergency leave during public health emergencies.
3. Provide the necessary funding, fiscal relief, and other supports necessary to employers to provide this as needed.

Workplaces with precarious jobs and lack of paid sick leave have become epicenters for COVID-19 infection transmission across the province, as manifested by outbreaks in long-term care homes, farms, food-processing plants, grocery stores, and warehouses. The gap in access to paid sick days and the accompanying burden of COVID-19 continue to disproportionately impact women, low wage and precarious workers, and racialized groups. This reality has been observed across Simcoe Muskoka communities.

Beyond an urgent need to redress these health inequities, the absence of paid sick leave significantly compromises our pandemic response. Our region has been relentless in its fight to contain COVID-19, and most recently, the highly transmissible UK variant. Unfortunately,

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concerns have been voiced in our communities that a lack of paid sick days might act as a disincentive for testing and contribute to employees with insufficient benefits presenting to work sick. COVID-19 outbreak investigations performed by our health unit have found employees going to work symptomatic, even when screening protocols were in place. This has been observed across all sectors, with income (or, lack thereof) appearing to be a common reason motivating such behaviours.

While Federal paid emergency leave is available through the Canada Recovery Sickness Benefit, the financial support it provides has not proven sufficient, and administrative barriers have precluded timely-enough access. Ultimately, workers without paid sick days are in the difficult position of needing to choose between going to work sick to support themselves and their families or staying at home to adhere to COVID-19 public health measures at considerable financial risk.

Staying home when sick is one of the most effective containment strategies not only for COVID-19, but for infectious diseases more broadly. A 2006 Public Health Agency of Canada report studying gastrointestinal illness shows that workers in high-risk settings — food handling, long-term care and childcare — 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 Ziebarthin 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.¹

In addition, 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.² The same might hold for uptake of COVID-19 immunizations.

The gap in access to paid sick days is a longstanding matter of health inequity, which has been exacerbated by the COVID-19 pandemic. Adequate paid sick days policy in Ontario is urgent and required to protect public health, especially for those in low wage and precarious work who have been most impacted by COVID-19.

Thank you for reviewing this request and we look forward to hearing from you.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:cm

cc. Honourable Christine Elliott, Deputy Premier and Ontario Minister of Health
Honourable Monte McNaughton, Minister of Labour, Training and Skills Development
Members of Provincial Parliament for Simcoe and Muskoka
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

References

¹ Pichler, Stefan and Nicolas R. Ziebarth. 2015. "The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Shirking Behavior." Upjohn Institute Working Paper 15-239. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research. <https://doi.org/10.17848/wp15-239>

² Decent Work & Health Network. 2020. *Before it's too late: How to close the paid sick days gap during COVID-19 and beyond*. Retrieved online from https://d3n8a8pro7vhmx.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN_BeforeItsTooLate.pdf?1604082294

March 5, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

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

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

Honourable Todd Smith
Minister of Children, Community and Social Services
todd.smith@pc.ola.org

Dear Premier Ford and Honourable Ministers:

On behalf of the Board of Health for Peterborough Public Health, I would like to express our support for the recommendations to strengthen provincial Student Nutrition Programs advocated for by the Council of Ontario Directors of Education (CODE) and Council of Ontario Medical Officers of Health (COMOH) on January 28, 2021.

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to improve food choices and support academic success (including academic performance, reduced tardiness and improved student behaviour) for all students.^{1,2,3,4}

Our Board of Health (BOH) is a long-time supporter of local Student Nutrition Programs (SNP) and has been a partner in local programs for almost 30 years. With ninety-six percent of our schools offering SNP, we see their tremendous benefit to our community.

Recently, CODE/COMOH, with support from the Ontario Dietitians in Public Health, identified six recommendations to strengthen Ontario's Student Nutrition Program's reach and impact, and provide much needed supports to address numerous program challenges, many that have been further exacerbated due to COVID-19.

We urge your support to ensure these recommendations are realized in a timely and effective way.

Yours in health,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

Encl.
/ag

cc: Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Marit Stiles (Davenport), Critic, Education
France G linas (Nickel Belt), Critic, Health Care
Association of Local Public Health Agencies
Ontario Dietitians in Public Health
Ontario Boards of Health

¹ Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.

² [The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada](#), Faught et al, 2017.

³ [The impact of Canadian School Food Programs on Children's Nutrition and Health](#), Colley et al, 2018.

⁴ [Nourishing Young Minds](#), Toronto Public Health, 2012.



Council of Ontario Directors of Education

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Telephone: 905-845-4254 Fax: 905-845-2044



Council of Ontario

MEDICAL OFFICERS OF HEALTH

January 28th, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: premier@ontario.ca

Dear Premier Ford:

Despite the challenges of opening schools in the midst of a global COVID-19 pandemic, school food programs are increasingly seen as vital contributors to students' physical and mental health.

Growing research demonstrates the value of school food programs (SNPs) to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior). Prior to COVID-19, Ontario's SNPs were highly variable and consistently underfunded, with parents and schools having to fundraise in order to purchase the foods that fueled their students' learning. COVID-19 has had a devastating impact on the viability of these programs.

With the contributions of the Ontario Dietitians in Public Health, the Councils of Directors of Education (CODE) and local Medical Officers of Health (COMOH) have prepared the attached submission for you and your provincial Cabinet's urgent consideration. The proposal presents four recommendations that could be operationalized immediately, and two additional recommendations for future consideration by your Ministers and their staff.

First and foremost, we are requesting that the Ministry of Education revise its current guidance to include enabling language that would allow the SNPs to operate safely and effectively.

Secondly, we are asking that the Ministries of Education and Children, Community and Social Services do two things:

- Embrace the latest evidence to ensure that SNPs operate with the latest advances in nutritional science and healthy eating recommendations, and
- Adequately fund these programs so that schools have the benefit of paid coordinators and sufficient funds to purchase food to ensure these programs are fully functional.

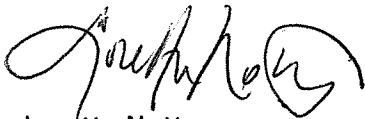
Finally, we are requesting that the Ministry of Health provide free online training to support the safe handling and safe operating of SNPs by the community volunteers who are the backbone of these programs. SNPs depend on community volunteers and schools depend on the knowledge and skills of these volunteers, especially during COVID-19, to keep students and staff safe.

Two additional actions proposed that would support the further development and growth of SNPs into a universal and sustainable investment in our students and their trajectories as life-long learners and healthy adults: we ask that going forward, the Ministry of Education include specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment. We also ask that Ontario use the opportunity of the federal commitment to explore a national school food program to secure the policy and funding instruments to help grow our SNPs into strong and universal supports for all of our young learners.

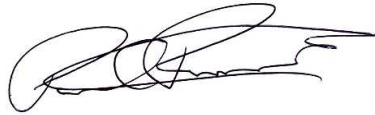
Premier, we know that there is no greater investment than the health and success of the next generation. We look forward to supporting our provincial partners with any or all of these recommended actions but we know too that, like the pandemic, they need the support from “all of government” if they are to be realized in a timely and effective way.

We thank you for your consideration and hope that we can count on your support.

Sincerely,



Loretta Notten
Chair, CODE



Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C), CCPE
Chair, COMOH

Encl.

cc: Hon. Stephen Lecce, Minister of Education
Hon. Todd Smith, Minister of Children, Community and Social Services
Hon. Christine Elliott, Minister of Health

**Priority and Proactive Steps to Ensure
Universal Access to Student Nutrition Programs**
Jointly prepared by COMOH and [Ontario Dietitians in Public Health](#)
for the [CODE-COMOH Partnership](#)
December 14, 2020

COVID-19 has exposed and amplified numerous challenges to the delivery of Student Nutrition Programs (SNPs) in Ontario schools. Since September, SNPs have faced new COVID-related restrictions in schools and continue to deal with long-standing barriers (e.g., infrastructure, staffing, funding), access to healthy food at school is being negatively impacted.

Despite these challenges, school food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the value of school food programs to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior)^{1,2,3,4}.

Recognizing the value that SNPs provide to individual students and to school communities, we believe that COVID-19 presents an opportunity for Ontario to augment its investment in SNPs as a way to improve student performance and readiness to learn. The time to transform these programs is now. The right investments can ensure SNPs become both universal and sustainable. With these as goals to drive the long term vision for Ontario, there should be opportunities to leverage the federal commitment to building a National School Nutrition Program to benefit Ontario's learners now, and in the future.

We present five recommendations, in order of ease of implementation:

1. The Ministry of Education's (MEDU) Guide to Reopening Ontario's Schools should be revised to enable Boards of Education to add enabling language in their *Return to School Plans*.

1.1 The Guide should exempt SNPs from the list of prohibited visitors. This would lead to more Boards of Education adding statements like this: "Volunteers for SNPs will be welcome to continue their important service to our students, following the same procedures as our staff."

Background: The current [Guide to reopening Ontario's schools](#) directs schools to *significantly limit or prohibit visitors to limit contact in schools*. SNPs depend almost exclusively on volunteers to prepare

¹ Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.

² [The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada](#), Faught et al, 2017.

³ [The impact of Canadian School Food Programs on Children's Nutrition and Health](#), Colley et al, 2018.

⁴ [Nourishing Young Minds](#), Toronto Public Health, 2012.

food. Restricted access to school food preparation facilities means programs no longer have volunteer capacity or space to store food purchased in bulk and to prepare food for individual servings. The statement is taken from [Peterborough Victoria Northumberland Clarington Catholic School Board's Return to School Plan](#) (page 4). As part of this change, we propose that guidelines be developed, in consultation with local public health agencies, to help ensure that SNP volunteers can enter the school and operate safely for the duration of the COVID pandemic.

1.2 The COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools Checklist should be revised with the following statement: "Individually portioned foods (including ready-to-eat foods, such as whole apples, cut carrots, cucumbers, and cheese, and foods from bulk or larger items such as crackers and muffins), can be safely portioned out as individual servings, in an inspected kitchen, and following appropriate food safety practices."

Background: The [COVID-19 Preparedness and Prevention in Elementary and Secondary \(K-12\) Schools Checklist](#) currently states: *Third party food services, including nutrition programs, will be delivered in a way that any student who wishes to participate can do so. "Grab and Go format" is preferred.*

Some programs have interpreted *Grab and Go format* to mean that only items prepackaged by the manufacturer can be served (e.g., cheese strings, individual cartons of milk, mini bags of pre-cut/pre-washed produce, grain bars). It is estimated that this will unsustainably double food costs and generate significant garbage. However, in appropriate food preparation areas and when transported and served in a manner to prevent contamination, ready-to-eat foods (such as whole apples, cut carrots and cucumbers), and foods from bulk or larger items such as whole grain cereal and muffins, can be safely portioned out as individual servings. See [Toronto Public Health COVID-19 Guidance for SNPs](#).

2. Ministry of Children, Community and Social Services (MCCSS) is requested to release and post online the updated SNP Nutrition Guidelines and mandate Public Health's participation in local implementation.

SNP should be evidence-based to ensure students' priority nutritional needs are met.

Background: SNP Nutrition Guidelines, updated in March of 2020, align with the new Canada's Food Guide and capture advances in nutritional science and healthy eating recommendations (including the importance of eating together, a pillar of SNP). They have not yet been released; it is important that programs operate with the latest evidence. We request that this be done. Mandating Public Health Dietitians' involvement in local implementation of guidelines would be an asset for programs.

3. Ministry of Health (MOH) should be requested to create a free, on-line SNP-specific Food Handler Training and Certification for SNP volunteers across the province.

In accordance with Ontario Regulation 493/17 – Food Premises, and aligning with the goal of [Public Health Modernization](#), a provincially harmonized, free, online recorded class and testing feature would ensure consistent and equitable access to high quality safe food handling training services, improving public health delivery and program sustainability in Ontario.

Background: Currently, SNPs undergo the same certification as food service establishments/restaurants, even though the majority serve only "low-risk" foods. Some (not all) local public health agencies have offered free or reduced-cost Food Handler Certification for SNPs in the past. These are currently unavailable as public health staff have been redeployed to the COVID-19 response. While school-

directed funds from the MCCSS can be used to cover the cost of training, this uses funding that would otherwise be used for food costs. SNPs rely on many volunteers and there is high turnover meaning that programs would have to spend a significant amount on training. A free, on-line training program tailored for the provincially shared, unique needs of SNPs during COVID-19 and beyond would equitably address the need for food handler training for SNP volunteers across the province. Local public health agencies could provide input into the content for this new resource. Ensuring that SNP volunteers have the required knowledge and skills in infection prevention will also help dispel COVID-related concerns and fears related to the school setting.

4. MEDU and MCCSS are requested to jointly develop a funded universal SNP program for student success. This should include funding for a paid Coordinator at each participating school.

COVID-19 restrictions threaten the financial viability of most, if not all, SNPs at a time of increased food insecurity. Additional provincial funding is required in order to ensure these programs continue. Improved student success and well-being are a benefit of universal SNPs in schools. Having paid coordinators dedicated to SNP at each school would address current and pre-existing barriers to volunteer recruitment and capacity, which is an even greater issue for Francophone schools, and also ensure sustainable delivery of programs in all schools long-term. We recommend that boards of education and local public health agencies be included in the consultation phase of this work.

Background: Where school food programs exist, students show improved diet quality, academic success, and student behavior and better attendance. The Ministry of Education's (MEDU) [Foundations for a Healthy School](#) framework identifies important components to a learning environment that promotes and supports child and student well-being, one of the four core goals in Ontario's renewed vision for education. SNPs model an integrated approach where school, home and community partnerships intersect to promote student well-being. Important healthy habits students learn at SNPs reinforce curriculum teaching, are shared at home and contribute to family health and success. Having an identified coordinator as a lead for every school would help facilitate a universal approach.

For many programs, annualized, provincial funding covers approximately 15% of program costs. This year, MCCSS estimates that food and program costs will double because of additional COVID-19 food safety measures. Programs already rely heavily other sources of funding, including parent council and community fundraising efforts, efforts that will be negatively impacted with the pandemic. Inadequate funding of programs can result in closing of programs, smaller quantities of food distributed, or shift of "universal" programming to stigmatizing "on-request" programming. Additional funding for food, paid school leads and community coordination is essential in order to ensure long-term and sustainable operations.

5. Future considerations:

MEDU includes specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment.

Background: Inadequate infrastructure limits programming in many schools. Capital funding projects provide an opportunity to ensure adequate kitchen and storage space (including a designated handwashing sink, an additional 2 or 3 sinks for food preparation, and a dishwasher); bright, non-stigmatizing eating area; and external building features such as transportation access for food deliveries and outdoor lighting to facilitate after hours food preparation for SNPs.

CODE-COMOH encourages Ontario Ministries to engage with federal partners to facilitate the development of universal SNPs across Ontario.

Background: [Federally-funded, universal school food programs](#) are being advocated for at a national level. Universally-accessible programs mean that all children and youth are eligible to participate in the SNP at a school or community location that offers the program. Canada is the only G7 country without a harmonized national school food program to guarantee the consistent delivery of nutritious meals to students. In 2017, UNICEF [raised the alarm](#) about the state of child nutrition in Canada, ranking us 37 out of 41 wealthy nations for children's access to nutritious food. Children and youth arrive hungry at school for many reasons: long bus rides, rushed mornings that do not leave enough time for a proper breakfast, and sometimes, not enough food at home. Due to Ontario's successful SNP programming, Ontario Ministries are well-poised to lend their voice and support to these advocacy efforts. In addition, the many unintended consequences of COVID-19's impact on families makes this a vital time to pilot new approaches to SNPs. Ontario could pilot hot meal programs in select schools to build evidence for federal efforts.

Other:

Reaching virtual learners has been identified as a concern by the MCCSS.

Local public health agencies and their partner boards of education could assist in data collection and analysis to help inform policy decisions.

Background: During school closures in the Spring of 2020, some programs provided grocery gift cards, food boxes/meal kits/frozen meals and partnered with food banks to help feed families of school-aged children. These approaches, however, are not sustainable or evidence-based solutions to household food insecurity. Research suggests the need for an income floor (such as a basic income guarantee) to address household food insecurity.

The scope of MCCSS-funded SNPs is limited to publicly-funded, in-school settings; home schools and private schools do not qualify. Focusing on the successful implementation of in-school programming, rather than growing the program to different settings, remains a priority at this time. The needs of children who are not in classrooms is an area of potential study as little to no data currently exists. As a first step, more needs to be known and understood in order to inform strategies and policies.



March 24, 2021

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

Dear Mr. Walton,

Thank you for your letter dated March 01, 2021.

We appreciate your acknowledgement, in the February 9, 2021 meeting, of the legislative authority for the Board of Health under the *Health Protection and Promotion Act (HPPA)* and our role and mandate of managing the pandemic and saving lives. We appreciate your promise to direct the SW OH/LHIN Leads to immediately cease and desist their activities that affect our health unit's pandemic response and to dismantle/repurpose the Triad in Grey Bruce. We thank you for ending the incongruence with the unequivocal legislated authority of the Board of Health.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate and support all the health system partners, including the former LHIN Triad leads, in their regular capacity. In fact, one of the former LHIN leads sits on public health committees. It is our goal to promote a more meaningful collaboration with them in their regular capacity. To that end, we invite the former LHIN Leads and yourself to a meeting to explore how we can move forward and work together to best position our communities for success in weathering a potential surge or a third wave related to the COVID-19 pandemic.

We also appreciate that you expressed your willingness to foster and promote good relationship among partners in Grey Bruce. Promoting the above meeting to support our invitation to the four former LHIN Triad Leads, and your attending with them, would be very helpful in providing an appropriate means to move forward. Making a new start would translate into better service to residents and patients in Grey Bruce.

We thank you for the offer to join the three health units that participated in the South West LHIN/OH COVID-19 Triad structure. At this time, we see it best to remain one of the other 30 health units that did not participate. Our rationale for not participating remain consistent as outlined in our letters dated December 4, 2020 and January 25, 2021 (attached). However, once the COVID-19 pandemic is over, our Board will welcome such an offer and willingly participate in any discussions that looks towards a regionalized system.

A healthier future for all.

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

www.publichealthgreybruce.on.ca

The Grey Bruce Health Unit was and continues to be an early adopter to the 2019 Provincial proposal for the regionalization/modernization of public health units. We look forward to the opportunity of resuming the Ministry of Health lead consultation and working with you and partners to establish whatever structure would maintain the best interest of residents and patients.

Sincerely,

A handwritten signature in cursive script that reads "Susan Paterson".

Ms. Sue Paterson, Chair
Board of Health for 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

December 4, 2020



Dear Members of the Boards of Health:

I write on behalf of the Board of Health for Grey Bruce Health Unit to bring to your attention an issue of deep concern to public health units in Ontario: the extra-legislative development of undefined regional initiatives that challenge and undermine the legal authority of local public health boards, and negatively affect their effectiveness in addressing community health needs..

Regionalization generally means “an organizational arrangement involving the creation of an intermediary administrative and governance structure to carry out functions or exercise authority previously assigned to either central or local structures” as defined by *Church et al* 1998 in their publication on the subject - *Regionalization Of Health Services In Canada: A Critical Perspective*. By definition, regionalization entails the shifting of responsibility for provision of health service from local boards to a regional agency.

Whether one supports or opposes regionalization in principle, it is certain that one of the most important factors in determining the success or failure of regionalization is conducting adequate and thorough consultation with local stakeholders. Throughout the processes of planning, implementation and evaluation, consultation is crucial. Furthermore, it is indispensable that such consultation is in place to address equity between urban and rural communities.

“Regionalization creep” affecting health units in Ontario is currently underway. The 2019 provincial proposal of Public Health regionalization (modernization/merger/amalgamation of health units) lead to a directive from the Ministry of Health to conduct consultations with all Boards and Medical Officers of Health to decide on important aspects of regionalization. In March this year, while still in the early stages of discussion, the Ministry rightly placed consultations on hold due to the COVID-19 emergency.

Nevertheless, while consultations were ostensibly placed on hold, regionalization has informally, surreptitiously and progressively advanced. Within eight weeks in March and April of 2020, regional communication channels and regional pre-reporting structures (precursors to merger and amalgamation) were imposed between the South West LHIN (a functionary of Ontario Health) and almost all health organizations in Grey Bruce. These include regional initiatives such as the Triad Table and Grey Bruce Crisis Response group that duplicate public health work, including collaboration already being performed by the Grey Bruce Health Unit and other agencies. These redundant initiatives confer no discernible benefit. In fact, they pose the serious threat of harm by creating uncertainty among healthcare partners; roles, responsibility, and authority during the emergency response are weakened by dilution and diffusion of responsibility.

Most importantly, the reporting structures imposed under some regional initiatives is incongruent with the legal chain of authority outlined in the *Health Protection and Promotion Act*, the legislative framework under which public health operates. Neither the South West LHIN nor Ontario Health has legal jurisdiction over the activities or within the sphere of authority granted to local health units. For example, some proposed activities in the SW LHIN regional model require a Medical Officer of Health to follow direction from a “Regional Pandemic Public Health Lead” (a position and authority that do not exist in the *Health Protection and Promotion Act* or at law). This undermines the authority of the local Board of Health.

A healthier future for all.

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

www.publichealthgreybruce.on.ca

Furthermore, the creeping regionalization initiative countermands direction by the Ministry of Health Emergency Operations Centre and the Chief Medical Officer of Health. One example is the cap on the number of COVID-19 tests arbitrarily placed on Grey Bruce by the South West LHIN. At the same time, the Ministry of Health Emergency Operation Centre confirmed there were no caps on testing in place. The artificial LHIN cap resulted in the failure of the local system to meet the local health need in September. Approximately 30% of families in Grey Bruce did not have access to timely testing during the critical period of school reopening.

Although these regional channels, structures and initiatives were established under the slogan of “let’s collaborate to respond to the COVID emergency”, there are demonstrated negative consequences in the short-term. Potential harms grow when these artificial regional structures have no adequate checks and balances in place to meet the health need of the community in the long-term. A key underlying concern is that the development and design of these initiatives were not based on adequate and thorough consultation with local stakeholders, specifically Boards of Health. These activities were undertaken while the Board’s most pressing issue was our response to the pandemic emergency.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate together with all the health system partners in a productive and professional manner. However, we differentiate collaboration from duplication, and from unilateral and potentially unlawful action. Ultra-legislative structures promoting and implementing unauthorized programs leads, in our view, to inter-agency and inter-jurisdictional encroachment upon the lawful mandate reserved to each Public Health Unit.

Our Board’s purpose in writing is twofold. First, to inform you about these developments in Grey and Bruce Counties, and second to raise the alarm that similar initiatives are likely to fall upon, or may be encroaching upon your own Health Unit. Our Board invites you to consider a collaborative dialogue to explore these serious concerns.

It is our Board’s hope that discussions will lead to awareness, planning and action to best position our organizations for success in continuing to address the health needs of our communities throughout the region and the province.

Sincerely,



Mitch Twolan, Chair
Board of Health for the Grey Bruce Health Unit

CC: Minister of Health
Chief Medical Officer of Health for Ontario
MPP Bill Walker
MPP Lisa Thompson
Bruce County Warden
Grey County Warden
CEO for Erie St. Clair, South West, Hamilton Niagara Haldimand Brant and Waterloo Wellington
LHINs and Regional Lead West, Ontario 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

Dear Mr. Walton,

Thank you for your letter dated December 24 2020.

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

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

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

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

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

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

A healthier future for all.

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

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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

Rec'd April 15, 2021



The Corporation of the
City of North Bay
200 McIntyre St. East
P.O. Box 360
North Bay, Ontario
Canada P1B 8H8
Tel: 705 474-0400

OFFICE OF THE CITY CLERK
Direct Line: (705) 474-0626, ext. 2510
Fax Line: (705) 495-4353
E-mail: karen.mcisaac@northbay.ca

April 7, 2021

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

Dear Honourable Doug Ford:

This is Resolution No. 2021-151(a)&(b) which was passed by Council at its Regular Meeting held Tuesday, April 6, 2021.

Resolution No. 2021-151(a)&(b):

Whereas The Corporation of the City of North Bay is within the District of the North Bay Parry Sound District Health Unit (Health Unit);

And Whereas the Health Unit received its first allocation of vaccine more than a month and a half later than Southern Ontario and Ottawa health regions;

And Whereas vaccine allocation for the Health Unit has not increased over time to compensate for the delay in provision of the first vaccine allocation;

And Whereas COVID-19 transmission rates in Northern Ontario, as evidenced by the effective reproduction numbers $R_{(t)}$, are among the highest in the province;

And Whereas due to the vaccine allocation, the Health Unit is still in phase 1 of the rollout while public health unit regions in Southern Ontario and Ottawa are in phase 2;

And Whereas 26.5% of the population in the Parry Sound District and 22.4% of the population in the Nipissing District are aged 65 years or older, compared to 16.7% for all of Ontario (2016 Census);

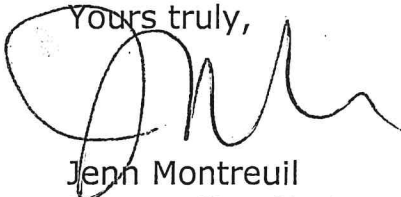
And Whereas the delay from the Federal and Provincial Governments in the Health Unit vaccine allocations is causing increasing inequities in the booking of COVID-19 vaccination clinics;

And Whereas due to the vaccine allocation, Indigenous populations have not received their required allocation.

Now Therefore Be It Resolved that the Corporation of the City of North Bay request an immediate and formal call for action that includes the unused vaccine allocations from Toronto and other larger areas be redistributed and prioritized to public health unit regions that are still in phase 1 and that the call for action includes further plans on how else to enable these health units to catch up to those regions in Southern Ontario and Ottawa.

And Further that this motion be forwarded to the Honourable Doug Ford, Premier of Ontario, the Honourable Christine Elliot, Minister of Health, Vic Fedeli, MPP – Nipissing, Norm Miller, MPP – Parry Sound-Muskoka, John Vanthof, MPP – Timiskaming-Cochrane, Mayors/Reeves within the North Bay Parry Sound District Health Unit District, Ontario Boards of Health, and the Association of Local Public Health Agencies (ALPHA), Anthony Rota, MP Nipissing - Timiskaming, Patty Hadju, Minister of Health Canada, Scott Aitchison, MP Parry Sound - Muskoka, FONOM, NOMA, ROMA, AMO, ACFO.

Yours truly,



Jenn Montreuil
Deputy City Clerk

JM/ck

- ec. Christine Elliott, Minister of Health
Patty Hadju, Minister of Health Canada
Victor Fedeli, MPP Nipissing
Norm Miller, MPP Parry Sound-Muskoka
John Vanthof, MPP Timiskaming-Cochrane
Anthony Rota, MP Nipissing – Timiskaming
Scott Aitchison, MP Parry Sound –Muskoka
Mayor/Reeves – NBPSDHU
Association of Local Public Health Agencies
Federation of Norther Ontario Municipalities (FONOM)
Northwestern Ontario Municipal Association (NOMA)
Rural Ontario Municipal Association (ROMA)
Association of Ontario Municipalities (AMO)
Association des communautés francophones (ACFO)
- cc. Ontario Boards of Health

CITY OF QUINTE WEST

*Office of the Mayor
Jim Harrison*



**P.O. Box 490
Trenton, Ontario, K8V 5R6**

**TEL: (613) 392-2841
FAX: (613) 392-5608**

April 6, 2021

The Right Honourable Justin Trudeau
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

RE: COVID-19 Vaccine Roll-Out

Dear Prime Minister:

This letter shall serve to advise that at a meeting of Council of the City of Quinte West held on April 5, 2021, Council passed the following resolution:

Motion No. 21-101 – COVID-19 Vaccine Roll-Out

Moved by Cassidy
Seconded by McCue

That both the Federal Government and Provincial Government support vaccine doses to the Greater Quinte Area and that priority be placed with the education component, being teachers and school personnel;


And further that a mechanism be established to ensure that no vaccine doses are lost;

And further that staff forward this motion to the Prime Minister, the Premier, MP Neil Ellis, MPP Todd Smith, and Dr. Oglaza, Medical Officer of Health, to seek their support and concurrence. **Carried**

We trust that you will give favourable consideration to this request.

Sincerely,

CITY OF QUINTE WEST


Jim Harrison,
Mayor

cc: The Honourable Doug Ford, Premier of Ontario
The Honourable Neil Ellis, MP, Bay of Quinte
The Honourable Todd Smith, MPP, Bay of Quinte & Minister of Children Community and Social Services
Dr. Oglaza, Medical Officer of Health

Rec'd April 12/21

The Elementary Teachers' Federation Hastings-Prince Edward Teacher Local

2021

April 7, 2021

Local Executive 2020-2021

Sarah Mackay, Local President

Jason Surgent, 1st Vice-President

Jane Scanlan-Price, 2nd Vice-President

Justine Bucknell, Treasurer

Amira Loney, Secretary

Lindsay Morey, Status of Women

Kim Isaak, Health & Safety

Lynn van der Woude, Professional Learning

Sherry Simms, New Members

Ian McKendry, Equity and Social Justice

Danielle Saunders, Political Action

Derek Watt, Social and Wellness

Hastings Prince Edward Public Health
179 North Park Street
Belleville, Ontario
K8P 4P1

Dear Board of Health Members:

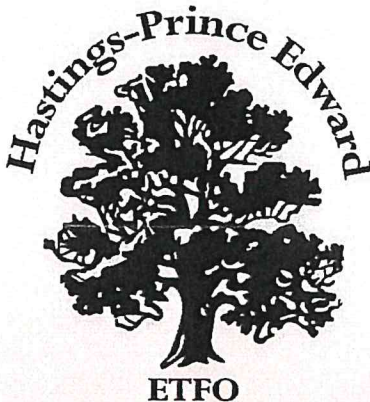
On behalf of the Elementary Teachers' Federation of Ontario (ETFO) Hastings – Prince Edward Teacher Local and our 665 members, I want to thank you for your tireless work during this unprecedented public health crisis.

Ontario is now amid a third wave of this pandemic driven by more infectious COVID-19 variants and poor decisions made by the provincial government. The government has prioritized economic activity and appeasing business interests over the need to reduce the spread of the virus and protect the health of Ontarians. The result has been disastrous.

We have seen the highest number of cases in our local counties since the pandemic began. The virus is propagating in workplaces and schools in our communities. Currently we have active COVID-19 cases in 5 of our schools. The incidence of cases in schools is likely much higher, but because the government has failed to provide sufficient access to asymptomatic testing, we simply do not know to what extent.

The government's vaccination plan has failed to protect educators and other front-line workers and has failed to prevent the increase in cases.

This week, Dr. Lawrence Loh, Medical Officer of Health for Peel Region and Dr. Eileen de Villa, Medical Officer of Health for Toronto made the courageous decision to close schools to in-person learning to slow the spread of the virus, and to protect students, educators and their families. Dr. Loh and Dr. de Villa, alongside the medical officer of health for Ottawa have written to the province urging them to take further steps to try to prevent the collapse of our public health care system.



ETFO HASTINGS-PRINCE EDWARD
Federation House
114 Victoria Avenue
K8N 2A8

Phone 613-968-3707
Fax 613-962-4618
Website www.etfohp.on.ca

Some PHUs have already begun to prioritize education workers for access to the vaccine. We ask that Hastings – Prince Edward Public Health provide immediate access to the COVID-19 vaccine to all education workers and other front-line workers. We understand that a motion was brought to your board today to place educators higher on the priority list and it was defeated. We strongly urge you to reconsider this motion.

We also ask that you use your authority to order schools to temporarily close in-person learning and switch to virtual learning until vaccines have been rolled out to education workers and have begun to take effect, and community rates of transmission have been reduced.

Finally, we ask that you require additional layers of protection in schools for in-person learning to resume or continue including:

- providing N95 masks to education workers to protect against airborne transmission;
- reducing class sizes to allow for physical distancing;
- making masks mandatory for all students, including Kindergarten;
- making improvements to ventilation and air filtration; and
- ensuring broad uptake of asymptomatic testing in schools.

Throughout this school year, our members have been doing their best under exceptionally difficult circumstances to keep everyone in our public schools safe and healthy. The provincial government downloaded the responsibility to keep our schools safe to local school boards and did not provide necessary resources and then downloaded the responsibility of leading the vaccination efforts to public health units without an adequate plan in place.

We simply cannot wait for the Ford government to start listening to medical experts and implement the necessary measures. You have the necessary authority to both prioritize education workers and other essential workers for access to the COVID-19 vaccine and to temporarily shut-down in-person learning to protect students and educators. We urge you to act now.

You and your colleagues have a monumental challenge ahead of you, but please know that the public servants and front-line workers who have maintained services throughout this pandemic are ready to support your important work.

Sincerely,



Sarah MacKay
President, ETFO Hastings-Prince Edward Teacher Local



Office of the County Warden
789 Broadway Street, Box 3000
Wyoming, ON N0N 1T0

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Toll-free: 1-866-324-6912
Fax: 519-845-3160

April 26, 2021

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street Ottawa, ON K1A 0A2
Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance
Privy Council Office, Room 1000
80 Sparks Street Ottawa, ON K1A 0A3
Sent via email: chrystia.freeland@parl.gc.ca

Dear Prime Minister Trudeau and Deputy Prime Minister Freeland:

Re: Basic Income for Income Security during COVID-19 Pandemic and Beyond

At its meeting held on February 3rd, 2021, Lambton County Council received correspondence to the federal government from the Thunder Bay District Health Unit dated November 20, 2020 with respect to using a basic income to address food security. This letter is intended to express our support for these efforts to provide income solutions to reduce food insecurity.

Income is one of the strongest predictors of health, and it makes sense that focusing on population health interventions to address socioeconomic factors will impact health outcomes far greater than individual focused interventions.

Prior to COVID-19, 8% of Lambton County residents reported moderate or severe food insecurity: experiencing actual issues with procuring an adequate quality or quantity of food, or worrying about the source of their food. Since COVID-19, this pre-existing issue has become more apparent and worrisome with Statistics Canada reporting an increase to 14.6% or 1 in 5 households. This increase was anticipated due to many individuals facing precarious employment, reduced hours of work, or loss of job altogether, coupled with increasing food prices.

Food insecurity is associated with significantly higher annual provincial health care costs; one study showed total health care costs were 49% and 121% higher among households experiencing moderate or severe food insecurity, respectively. People without consistent access to enough healthy food struggle to eat a nutritious diet,

putting them at increased risk of health problems such as chronic and infectious diseases, low birth weight pregnancies, and poor child growth and development. Undernourished children also do not perform as well at school academically, have difficulty concentrating in class, and have poorer psychosocial outcomes than those who are fortunate enough to eat a balanced diet.

Annual analysis of the local cost of a nutritious food basket has continued to illustrate how little money a family of four on a social assistance budget would have left to cover the costs of childcare, transportation, and other basic needs, after paying for shelter and healthy food.

As a result of the COVID-19 pandemic, we can anticipate the exacerbation of existing disparities, creating an even wider gap between those with opportunity and those without. Local concerns around homelessness, poverty, food insecurity, transportation, mental health and addictions, child and partner violence, and the needs of Indigenous people have been amplified.

Lambton County Council agrees that income solutions are an effective long-term response to the issues of income security, poverty, food insecurity, to improve overall community health and well-being.

Sincerely,



Kevin Marriott
Chair, County of Lambton Board of Health
Warden, County of Lambton

cc: The Hon. Doug Ford, Premier of Ontario
The Hon. Monte McNaughton, Minister of Labour, MPP, Lambton-Kent-Middlesex
The Hon. Bob Bailey, MPP, Sarnia-Lambton
Dr. David Williams, Chief Medical Officer of Health
The Hon. Lianne Rood, MP, Lambton-Kent-Middlesex
The Hon. Marilyn Gladu, MP, Sarnia-Lambton
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies
Ontario Boards of Health



The Corporation of the Township of Madoc

15651 Highway 62, Eldorado, Ontario K0K 1Y0

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April 19, 2021

Sent via E-Mail: doug.fordco@pc.ola.org

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

RE: LEFTOVER VACCINE DOSES

I have attached the letter written by City of Belleville Mayor Mitch Panciuk. Madoc Township Council wishes to throw our 100% support behind this letter and its message. We also believe that teachers and manufacturing workers need to be at the top of the Phase 2 list. Our Township is a proud host of a clinic within the Hastings Prince Edward Public Health family. These folks are doing an amazing job and should be thanked every day

At times there are leftover doses at the end of the day. We are looking for support to use these leftover doses to vaccinate these two critical priority groups until such time as their turn comes up. However, we also believe their turn is past due. This is critical to safe schools and supply chain consistency. We add our name to Belleville's message and ask for some responsible latitude when it comes to dealing with daily leftover doses.

Please also thank your team for all your efforts, yes we will beat this, together.

Best Regards,

Madoc Township Mayor
Loyde Blackburn

C.C. Daryl Kramp, MPP
Hon. Todd Smith, MPP
Dr. Piotr Oglaza, Medical Officer of Health, Hastings and Prince Edward Public Health
Mr. Sean Monteith, Director Hastings and Prince Edward District School Board
Mr. David DeSantis, Director Algonquin & Lakeshore Catholic School Board



Office of the Mayor – ***Mitch Panciuk***

169 Front Street, Belleville, Ontario K8N 2Y8

Phone: (613) 967-3267

Fax: (613) 967-3209

April 13, 2021

Premier Doug Ford
Minister Christine Elliott, Ministry of Health
Minister Stephen Lecce, Ministry of Education
Dr. David Williams, Chief Medical Officer of Health

Dear Premier Ford, Ministers Elliott & Lecce and Dr. Williams,

The City of Belleville is requesting that you amend the COVID-19 vaccination eligibility criteria to include the prioritization of our regional Education and manufacturing workers. While these groups are included in Phase 2 eligibility they are at the latter-end and we believe they should be included immediately.

We appreciate the work of Hastings Prince Edward Public Health and the provincial government in protecting our health by immunizing members of our community. Education workers are integral members of our community and work in settings with prolonged exposure to many children in un-ventilated rooms and with some who are not able to mask.

While our numbers have been very good in our region, we have had outbreaks in our manufacturing sector and we believe those employees should also be included. We realize this is a matter of supply as you would like to vaccinate everyone as soon as possible – however, we believe it is reasonable to include these groups in the currently eligible population.

Thank you again for your efforts and consideration of our request. I look forward to your reply,

Mayor Mitch Panciuk,
Head of Council and CEO
Corporation of the City of Belleville

C.C. Daryl Kramp, MPP
Hon. Todd Smith, MPP
Dr. Piotr Oglaza, Medical Office of Health, Hastings & Prince Edward Public Health
Mr. Sean Monteith, Director Hastings and Prince Edward District School Board
Mr. David DeSantis, Director Algonquin & Lakeshore Catholic School Board

April 26, 2021

**ATTENTION:
All Board of Health Members
All Senior Public Health Directors & Managers**

Dear alPHa Members,

alPHa is pleased to announce that registration is now open for the 2021 Annual General Meeting and Conference: **Ontario's Public Health System: Challenges – Changes – Champions!** alPHa is holding this online event with our co-hosts the Northwestern Health Unit and the University of Toronto's Dalla Lana School of Public Health.

We have an exciting line-up of speakers and topics. All members are encouraged to participate. The draft program can be accessed by [clicking here](#) and registration information can be found by [clicking here](#).

Program updates are posted on our [conference webpage](#), so check this page regularly.

We hope to see you online June 8!

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
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Toronto, ON M5G 1V2
Tel: [416-595-0006 ext. 222](tel:416-595-0006)
Cell: [647-325-9594](tel:647-325-9594)
loretta@alphaweb.org
www.alphaweb.org



Association of Local
PUBLIC HEALTH
Agencies

***Ontario's Public Health System
Challenges – Changes – Champions***
Conference and AGM

June 8, 2021

Draft as of April 25, 2021

<p>Celebrating the Northwest – Pre-Conference Event Doug Lawrance, Chair, Board of Health, Northwestern Health Unit (NWHU) Gradyon Smith, President, Association of Municipalities of Ontario and Mayors from NW Ontario Dr. Kit Young Hoon, MOH, NWHU and Marilyn Herbacz, CEO, NWHU</p>	8:00 am to 8:30 am
<p>Call to Order, Greetings, and Land Acknowledgement Conference Chair, Trudy Sachowski and Margaret Froh, President, Metis Nation of Ontario</p> <p>Welcoming Remarks Minister of Health, (Canada) Hon. Patty Hajdu Minister of Health, (Ontario) Hon. Christine Elliott Minister of Energy, Northern Development and Mines and Minister of Indigenous Affairs, Hon. Greg Rickford Dr. Theresa Tam, Chief Public Health Officer of Canada</p>	8:30 am to 8:45 am
<p>Ontario Integrated Data Platform and Public Health Analytics Dr. Jane Philpott (invited)</p>	8:45 am to 9:30 am
<p>Public Health Ontario Update Colleen Geiger, President and Chief Executive Officer (acting); Chief, Strategy and Stakeholder Relations, Research, Information and Knowledge Dr. Brian Schwartz, Vice President Dr. Vanessa Allen, Chief, Microbiology and Laboratory Science Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer</p>	9:30 am to 10:15 am
<p>Fitness Break Return from the break at 10:25 am to join in a few minutes of active fun to recharge and refocus.</p>	10:15 to 10:30 am
<p>Combined alPHa Business Meeting and Resolutions Session AGM and Resolutions Chair: Carmen McGregor, alPHa President Parliamentarian: Dr. Robert Kyle, alPHa Past-President</p>	10:30 am to 11:30 am

<p>An Update from the Chief Medical Officer of Health Speaker: Dr. David Williams, Chief Medical Officer of Health (invited)</p>	<p>11:30 am to noon</p>
<p>Luncheon Speaker and Distinguished Service Awards</p> <p>Learning Health Systems Speaker and MC: Dean Steini Brown, Dalla Lana School of Public Health, University of Toronto</p> <p>The COVID-19 pandemic has made clear the enduring importance of timely and useful information that can be used to help guide decision-making and improve operations at every level of our public health system. The goal of a continuously learning, relentlessly improving system – or learning health system – has become a focus for health system funders, researchers, and policymakers. In this discussion we’ll explore how close we are to a learning public health system in Ontario and what key changes could help realize fully the vision of such a system.</p> <p>Distinguished Service Award (DSA) is awarded by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.</p>	<p>Noon to 1:00 pm</p>
<p>Lunch Break</p>	<p>1:00 pm to 1:30 pm</p>
<p>Section Meetings Note: Members of the Board of Health Section and the Council of Ontario Medical Officers of Health meet separately.</p> <p><i>Board of Health members are asked to stay with the Zoom webinar platform with the COMO members joining a separate meeting.</i></p>	<p>1:30 pm to 4 pm</p>