



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

Information Items

**Wednesday, September 4, 2024**

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

## **Listing of Information Items Board of Health Meeting – September 4, 2024**

1. Sudbury & Districts Public Health – Letter to MPs Lapointe, Serre, and Carol Hughes re support for Bill C-322 National Framework for a School Food Program Act dated May 28, 2024
2. Peterborough Public Health – letter to Mark Holland, Minister of Health of Canada re recommendation for Federal restrictions on nicotine pouches dated April 30, 2024
3. Haliburton, Kawartha, Pine Ridge District Health Unit – Letter to Premier Ford and Minister of Health, Sylvia Jones re substance use and associated harms dated May 6, 2024
4. Peterborough Public Health – Letter to S. Jones and A. Khanjin re continued provincial coordinate and support of wastewater surveillance dated June 20, 2024
5. Sudbury & Districts Public Health – Letter to Dr. K. Moore re physical literacy for communities: a public health approach dated July 8, 2024
6. Middlesex-London Health Unit – Report No. 49-24 – Support for “an act to develop a national framework for a guaranteed livable basic income” dated July 18, 2024
7. Renfrew County and District Health Unit – Letter to Doug Ford, S. Jones and A. Khanjin re continued support for infectious disease wastewater surveillance and modern case and contact management software dated July 24, 2024
8. Hastings Prince Edward Public Health – Letter of support re John Howard Society of Belleville’s application to the enabling accessibility for The Bridge Integrated Care Hub dated July 22, 2024
9. Hastings Prince Edward Public Health – Letter of support re Parrott Foundation Inc.’s application for The Bridge Integrated Care Hub dated July 25, 2024
10. alpha – 2024 Fall Symposium Flyer – November 6 to 8, 2024 – All events are online.

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*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).*



May 28, 2024

VIA ELECTRONIC MAIL

**Viviane Lapointe**  
Member of Parliament, Sudbury

**Marc Serré**  
Member of Parliament, Nickel Belt

**Carol Hughes**  
Member of Parliament, Algoma-Manitoulin-Kapuskasing

Dear Members of Parliament:

**Re: Support for Bill C-322 National Framework for a School Food Program Act**

At its meeting on May 16, 2024, the Board of Health carried the following resolution #36-24:

*WHEREAS the current Ontario student nutrition program only reaches 40% of students and 71% of publicly funded Kindergarten to Grade 12 schools due to insufficient funding, rising food costs, inadequate infrastructure and human resources, and an increase in student need for proper nourishment<sup>4</sup>; and*

*WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion [02-20](#) supporting a universal fully funded healthy school food program, and motion [61-23](#) supporting a funded national school food program in the 2024 Federal Budget; and*

*WHEREAS although the Government of Canada recently [announced an investment of \\$1 billion over 5 years for the national school food program](#) in the 2024 Budget to help enhance and broaden existing programs throughout Canada, more support is required to ensure a universal fully funded school food program for all students; and*

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Letter  
Re: Bill C-322 Policy Support  
May 28, 2024  
Page 2

*WHEREAS Private Member's [Bill C-322](#) calls for a national framework to establish a school food program that is universal, sustainable and effective, where no child is left out or stigmatized in the program due to their families' ability to pay, fundraise, and volunteer with the program; and*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & District commend the Government of Canada for prioritizing healthy school food in Budget 2024 and for working in partnership with provinces, territories and Indigenous communities throughout Canada; and*

*FURTHER THAT the Board of Health urges local Members of Parliament and other key partners to endorse Bill C-322, National Framework for a School Food Program Act and continue to uphold the commitment to the health and well-being of children and youth in Canada.*

Evidence has shown that not all schools are able to implement a healthy school food program due to its inconsistent patchwork of funding via public and private contributions, and charitable donations<sup>i,ii,iii</sup>. At the same time, these programs often rely on volunteers to administer the program as the funds are prioritized for covering rising costs of food and maintaining program infrastructure to deliver school meals or snacks<sup>i,ii,iv</sup>.

The Board of Health is pleased to witness growing support for prioritizing a national school food policy for Canada. Many individuals from across the country also voiced the importance for programs to “embrace universality” so that a healthy school food program can positively impact student’s nourishment, health and wellbeing, and academic achievement, without students, families and schools feeling stigmatized if participating in the program<sup>v</sup>. The proposed National Framework for School Food Program Act would help ensure the development of a universal program in which students have equal opportunity to benefit from healthy meals at school everyday.

Sincerely,



René Lapierre  
Chair, Board of Health



M. Mustafa Hirji, MD, MPH, FRCPC  
Acting Medical Officer of Health and Chief Executive Officer

cc: Honourable Chrystia Freeland, Deputy Prime Minister and Ministry of Finance  
Honourable Jenna Sudds, Ministry of Families, Children and Social Development  
Honourable Gary Anandasangaree, Ministry of Crown-Indigenous Relations

Honourable Patty Hadju, Ministry of Indigenous Services  
Bruce Bourget, Director of Education, Rainbow District School Board  
Danny Viotto, Director of Education, Huron Superior Catholic District School Board  
Joanne Bénard, Director of Education, Sudbury Catholic District School Board  
Lesleigh Dye, Director of Education, District School Board Ontario North East  
Lucia Reece, Director of Education, Algoma District School Board  
Paul Henry, Directeur de l'éducation, Conseil scolaire catholique Nouvelon  
Sébastien Fontaine, Directeur de l'éducation, Conseil scolaire public du Grand Nord de l'Ontario  
Sylvie Petroski, Directrice de l'éducation, Conseil scolaire catholique de district des Grandes Rivières  
Debbie Field, Coalition for Healthy School Food  
Carol Dodge, Executive Director, Better Beginnings Better Futures  
Ontario Boards of Health

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<sup>i</sup> Ruetz, A. T., & McKenna, M. L. (2021). *Characteristics of Canadian school food programs funded by provinces and territories*. *Canadian Food Studies*, 8(3), 70-106. <https://doi.org/10.15353/cfs-rcea.v8i3.483>

<sup>ii</sup> Haines, J., & Ruetz, A. (2020, March 01). *School Food and Nutrition. Comprehensive, Integrated Food and Nutrition Programs in Canadian Schools: A Healthy and Sustainable Approach*. Arrell Food Institute. [https://arrellfoodinstitute.ca/wp-content/uploads/2020/03/SchoolFoodNutrition\\_Final\\_RS.pdf](https://arrellfoodinstitute.ca/wp-content/uploads/2020/03/SchoolFoodNutrition_Final_RS.pdf)

<sup>iii</sup> Bond, N. (2015, February 01). *Evaluating Universal Student Nutrition Programs: Methods, Indicators, and Outcomes*. Regions. Community Engaged Scholarship Institute. <https://atrium.lib.uoguelph.ca/bitstreams/840f461a-78ab-4733-81a3-0c1c0d2ceb12/download>

<sup>iv</sup> Ruetz, A.T., Edwards, G., Zhang, F. (2023). *The Economic Rationale for Investing in School Meal Programs for Canada: multi-sectoral impacts from comparable high-income countries*. The Arrell Family Foundation. [https://amberleyruetz.ca/assets/uploads/ruetz-consulting\\_the-economic-rationale-for-investing-in-school-mealprograms-for-canada.pdf](https://amberleyruetz.ca/assets/uploads/ruetz-consulting_the-economic-rationale-for-investing-in-school-mealprograms-for-canada.pdf)

<sup>v</sup> Economic and Social Development Canada. (2023). *National School Food Policy Engagements – What We Heard Report*. Government of Canada. <https://www.canada.ca/en/employment-social-development/programs/school-food/consultation-school-food/what-we-heard-report-2023.html>

April 30, 2024

The Honourable Mark Holland  
Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6  
[hcmister.ministresc@hc-sc.gc.ca](mailto:hcmister.ministresc@hc-sc.gc.ca)

Dear Minister Holland,

**Re: Recommendation for Federal Restrictions on Nicotine Pouches**

Peterborough Public Health (PPH) wishes to express our gratitude and support for the “Statement from the Minister of Health on nicotine replacement therapies” and the corresponding public advisory, released on March 20<sup>th</sup>, 2024. We share your concerns regarding the highly addictive and harmful effects of nicotine, especially as they pertain to children and adolescents.

We know that Health Canada has only authorized nicotine pouches to help adults quit smoking. However, as you now know, this novel product is not being marketed or sold as a typical cessation aid. A regulatory gap exists that has presented an opportunity to market and sell highly addictive and dangerous nicotine pouches in brightly coloured packaging with candy-like flavours with no restrictions. These products have a high potential to appeal to youth, who are particularly susceptible to the adverse effects associated with nicotine use, addiction, and the developing brain.

PPH supports the implementation of federal regulations to target the marketing and sale of nicotine pouches and other nicotine-containing products. Specifically, we ask:

- that the federal government takes swift action to close the regulatory gap that currently permits the sale of nicotine pouches and other nicotine-containing products to individuals under 18 years of age; and,
- that the federal government requests provinces align their applicable legislation with said federal restriction.

Closing this regulatory gap is necessary to safeguard public health and must be urgently addressed. Immediate federal action to restrict the sale of these items would provide the time necessary for the province of Ontario to embed restrictions within the Smoke-Free Ontario Act, while protecting the communities we serve in the meantime.

We echo your sentiment that nicotine pouches pose a significant risk for addiction and long-term health consequences, especially among youth and adolescents. Restricting nicotine pouch sales will reinforce the great strides already made to protect youth from the dangers of tobacco and nicotine use, promoting healthier lifestyles and fostering a future generation free from addiction-related burdens.

Sincerely,

***Original signed by***

Councillor Joy Lachica,  
Chair, Board of Health

cc: Hon. Sylvia Jones, Ontario Deputy Premier & Minister of Health  
Local MPs  
Local MPPs  
Association of Local Public Health Agencies  
Ontario Public Health Association  
Ontario Boards of Health

May 6, 2024

Hon. Doug Ford, Premier  
[Premier@ontario.ca](mailto:Premier@ontario.ca)

Hon. Sylvia Jones, Deputy Premier and Minister of Health  
[sylvia.jones@pc.ola.org](mailto:sylvia.jones@pc.ola.org)

Dear Premier Ford and Minister Jones,

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) met on April 18, 2024, to review the 2023 Chief Medical Officer of Health (CMOH) Annual Report, "Balancing Act: An All-of-Society Approach to Substance Use and Harms."

We extend our gratitude to Chief Medical Officer of Health Dr. Kieran Moore for shedding light on the pressing and intricate issue of substance use and associated harms. In HKPRDHU communities, the repercussions of substance use are of escalating concern. From 2014 to 2018 there were 376 deaths, 1,472 hospitalizations, and 3,529 emergency department visits due to tobacco-related issues among adults aged 35 and above living in Northumberland County, the City of Kawartha Lakes, and in Haliburton County. In 2022 alone, there were 3 deaths, 503 hospitalizations, and 1,028 emergency department visits attributable to alcohol-related harms, along with 35 deaths, 39 hospitalizations, and 195 emergency department visits due to opioid-related issues.

We commend the report's comprehensive examination of all substances, its emphasis on the social determinants of health, acknowledgment of Indigenous perspectives including decolonization lenses, advocacy for bold policy reforms, and focus on upstream approaches. While responding to substance use harms collectively as an "All-of-Society" endeavor will pose challenges, we align with the report's conclusion that failure to invest upstream will result in preventable deaths, ongoing family suffering, and substantial provincial expenditures covering healthcare, social, and legal/policing costs associated with substance use harms.

The Board of Health for HKPRDHU stands in solidarity with recent correspondence from the Association of Local Public Health Agencies (ALPHA), endorsing this report, and echoes their appreciation to the CMOH and his team for their leadership in advocating evidence-based strategies to prevent and alleviate harms related to tobacco, alcohol, cannabis, and opioids.

We pledge our commitment to embracing the inclusive all-society approach and fostering continued collaboration with our community partners. This entails jointly reviewing, endorsing, and implementing the recommendations delineated in the report.



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Yours truly,

BOARD OF HEALTH FOR THE HALIBURTON,  
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

***Original signed by:***

David Marshall  
Chair, Board of Health  
Haliburton, Kawartha, Pine Ridge District Health Unit

Cc:

Dr. Kieran Moore, Chief Medical Officer of Health  
Honourable Sylvia Jones, Deputy Premier and Minister of Health  
Honourable David Piccini, MPP, Northumberland-Peterborough South  
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock  
Ontario Boards of Health  
Association of Local Public Health Agencies

June 20, 2024

Hon. Sylvia Jones  
Deputy Premier and Minister of Health  
Government of Ontario  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

Hon. Andrea Khanjin  
Minister of the Environment, Conservation and Parks  
Government of Ontario  
[minister.mecp@ontario.ca](mailto:minister.mecp@ontario.ca)

Dear Honourable Ministers,

On Wednesday, June 12, 2024, the Board of Health for Peterborough Public Health approved a motion to request continued provincial coordination and support of wastewater surveillance across broad communities including the Peterborough Public Health region.

On May 30, 2024, PPH learned that the Provincial government will discontinue funding for wastewater surveillance throughout the province, including the local partnership with Trent University as of July 31<sup>st</sup> (early end to their current contract) despite continued relevance and importance of this information to residents of our region. The public health field has come to understand the broad utility of wastewater surveillance, not only for COVID-19 but for other infectious disease threats. In recent months it has proven useful for RSV, Influenza, MPox, and Polio.

COVID-19 continues to kill and have a greater severity than other respiratory viruses. In our small region there have been 188 deaths due to COVID-19 through the pandemic including 12 confirmed deaths in 2024 (396 in Ontario) and in 2023 there were 35 deaths (2,063 in Ontario). By comparison, there has been one confirmed outbreak-related death from influenza to-date in 2024.

The provincial decision to discontinue funding for wastewater surveillance comes at the same time that the province is also shutting down the Case and Contact Management (CCM) surveillance tool provincially, which will mean that we will lose easy access to individual case count data for COVID-19, another local surveillance indicator of risk. Therefore, the importance and relevance of wastewater surveillance data is even greater.

Locally, wastewater surveillance has been an exemplary collaboration with Trent University and has been led by Professor Christopher Kyle. The Trent University partnership has been nationally and globally innovative, leading important research work that had not only local implications for the COVID-19 pandemic, but has resulted in internationally relevant research output with a peer reviewed publication in Canada's national journal and additional research outputs anticipated.

For the community of the Peterborough Public Health region since the Omicron wave of COVID-19 in 2021, individual-level testing has not been feasible and accessible. For this reason, wastewater has been the primary indicator of community transmission of COVID-19 and other respiratory viruses and informs the Peterborough

Public Health COVID-19 Risk Index, the most visited page on the Peterborough Public Health website (4,952 distinct views). Beyond individual-level use, we have been informed that many community organizations and institutions rely on the Risk Index to establish guidance for respiratory virus precautions.

The provincial decision to cut funding early to this program, and not renew funding on an annual basis comes as a surprise to the public health community, who believed that wastewater surveillance would be an established function on a long-term basis. Although there does appear to be some possibility of funding that may continue federally for certain large urban sites (e.g., Toronto, Ottawa), Peterborough and rural sites do not appear to be in the scope of the forthcoming federal program. There was no duplication of work, and the federal program will be far more narrow than the previous provincial program.

Termination of this program will be a great loss of local infrastructure and capacity to support wastewater surveillance, in particular with the introduction of new infectious disease threats and preparedness for pandemics into the future. The tracking of mpox and polio were recent examples of its use in detecting emerging infectious diseases, and with ongoing H5N1 transmission in the United States, there is an immediate possibility of needing wastewater surveillance for detection of H5N1.

This will continue to be the case on an ongoing basis, and one of, if not the most, important mechanisms of public health surveillance, particularly in a cost-effective, non-intrusive community snapshot manner.

Your support of continued wastewater surveillance as an early warning system would benefit all local residents and maintain world class status in disease surveillance.

Sincerely,

***Original signed by***

Councillor Joy Lachica  
Chair, Board of Health

cc: Professor Christopher Kyle, Trent University  
Local MPPs  
Hon. Mike Holland, Minister of Health, Health Canada  
Ontario Boards of Health



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

July 8, 2024

VIA ELECTRONIC MAIL

Dr. Kieran Moore  
Chief Medical Officer of Health  
Ministry of Health  
Box 12, Toronto, ON  
M7A 1N3

Dear Dr. Moore:

**Re: Physical Literacy for Communities: A Public Health Approach**

At its meeting on May 16, 2024, the Board of Health carried the following resolution #34-24:

*WHEREAS according to ParticipACTION's Report Card on Physical Activity for adults: only 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of children were getting at least 60 minutes of moderate to vigorous physical activity every day<sup>i</sup>; and*

*WHEREAS higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood<sup>ii</sup>; and*

*WHEREAS the Board of Health for Public Health Sudbury & Districts approved the Physical Literacy for Healthy Active Children ([motion #29-22](#)) which recognized that physical literacy sets the foundation for physical activity participation throughout life; and encouraged all area school boards, sport and recreation organizations, and early learning centres to work collaboratively to improve physical activity levels among children and youth across Sudbury and districts.*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorses the Physical Literacy for Communities: A Public Health Approach as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.*

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Letter

Re: Physical Literacy for Communities: A Public Health Approach

July 8, 2024

Page 2

The Board of Health for Public Health Sudbury & Districts is pleased to endorse the [Physical Literacy for Communities: A Public Health Approach](#) as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy. The document provides ways in which public health can work with other sectors (e.g., education, sport, and recreation) toward building a physically literate community.

The document was developed based on Public Health Sudbury & Districts' experience implementing the [Physical Literacy for Communities \(PL4C\)](#) strategy in partnership with Active Sudbury under the guidance of Sport for Life. The *Physical Literacy for Communities: A Public Health Approach* provides recommendations that public health agencies can help to implement to support a multi-sector strategy that builds a more physically literate community.

We hope this document encourages other communities and public health units to begin or continue their journey in becoming a physically literate community.

Thank you for your attention to this important issue.

Sincerely,



René Lapierre  
Chair, Board of Health



M. Mustafa Hirji, MD, MPH, FRCPC  
Acting Medical Officer of Health and Chief Executive Officer

cc: Ian Culbert, Executive Director, Canadian Public Health Association  
Susan Stewart, Chair, Health Promotion Ontario  
Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer,  
Public Health Ontario  
Richard Way, Chief Executive Officer, Sport for Life  
Drew Mitchell, Senior Director of Physical Literacy, Sport for Life  
Association of Local Public Health Agencies  
All Ontario Boards of Health

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<sup>i</sup> ParticipACTION (2022), *Pandemic-Related Challenges & Opportunities for Physical Activity*. Retrieved from: <https://www.participaction.com/wp-content/uploads/2022/10/Report-Card-Key-Findings.pdf>

<sup>ii</sup> Lloyd, M., Saunders, T. J., Bremer, E., & Tremblay, M. S. (2014). Long-term importance of fundamental motor skills: A 20-year follow-up study. *Adapted physical activity quarterly*, 31(1), 67-78. <https://doi.org/10.1123/apaq.2013-0048>

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 49-24**

**TO:** Chair and Members of the Board of Health  
**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer  
**DATE:** 2024 July 18

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**SUPPORT FOR “AN ACT TO DEVELOP A NATIONAL FRAMEWORK FOR A  
GUARANTEED LIVABLE BASIC INCOME”**

**Recommendations**

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 49-24 re: “Support for ‘An Act to Develop a National Framework for a Guaranteed Livable Basic Income’”; and*
  - 2) *Direct the Board Chair to send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of [S-233](#) and [C-223](#) “An Act to develop a national framework for a guaranteed livable basic income”.*
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**Report Highlights**

- In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.
- Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.
- Opportunities exist to influence healthy public policy through support for “An Act to develop a national framework for a guaranteed livable basic income” which is currently moving through the Senate ([S-233](#)) and the House of Commons ([C-223](#)).

**Background**

Upstream income-based solutions are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being. The Association of Local Public Health Agencies (aLPHa) endorsed the concept of a basic income guarantee as a policy option for reducing poverty and income insecurity and for providing opportunities for people with lower incomes<sup>1</sup>. A guaranteed livable basic income is a cash transfer from the government to citizens, not tied to labour market participation, that ensures everyone has a sufficient income to meet basic needs and live with dignity.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021<sup>2</sup>. In 2021, 16.6% of London households, with or without children (89,030 people), were low income based on the Census Family Low Income Measure (CFLIM-AT)<sup>3</sup>. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents<sup>4,5</sup>. The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs<sup>6</sup>.

## Health Impacts

Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being. Income has a strong impact on health, with better health outcomes associated with higher income levels and poorer health outcomes associated with lower income levels<sup>7</sup>. In addition, income increases access to other social determinants of health (e.g., education, food, housing)<sup>7</sup>. Income inequality is a key health policy issue requiring attention from policymakers<sup>7</sup>.

Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)<sup>8-10</sup>.

Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress<sup>11-18</sup>. Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills<sup>19-21</sup>.

## Guaranteed Livable Basic Income

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing<sup>22,23</sup>. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account<sup>24</sup>. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians<sup>25</sup> and positively impacts childhood health outcomes (e.g., birth weight and mental health)<sup>26</sup>.

From 2017-2019, the Ontario government conducted a basic income pilot with 4,000 participants from the Hamilton area, the Thunder Bay area, and in Lindsay, Ontario. There is limited evaluation from the pilot, as the study ended earlier than anticipated. Results from the Hamilton area showed “many recipients reported improvements in their physical and mental health, labour market participation, food security, housing stability, financial status, and social relationships<sup>23(p4)</sup>”. Further assessment of basic income as a policy option could demonstrate positive health outcomes.

“An Act to develop a national framework for a guaranteed livable basic income” is currently moving through the Senate ([S-233](#))<sup>27</sup> and the House of Commons ([C-223](#))<sup>28</sup>. The Bill requires “the Minister of Finance to develop a national framework for the implementation of a guaranteed livable basic income program throughout Canada for any person over the age of 17, including temporary workers, permanent residents and refugee claimants”. The framework includes measures to: 1) determine what constitutes a livable basic income for each region in Canada; 2) create national standards for complementary health and social supports; 3) ensure participation in education, training, or the labour market is not required to qualify; and 4) ensure implementation does not result in a decrease in services or benefits related to health or disability.

Senate Bill S-233 is being considered by the Standing Committee on National Finance after passing the second reading (April 2023) and House of Commons Bill C-223 was read a second time and is in the Order of Precedence after an initial debate (May 2024). The Bills require support to continue moving through the Senate and House of Commons.

### Public Health Support and Next Steps

The Board of Health has a history of support for income-based solutions to reduce rates of poverty, income insecurity, and household food insecurity including social assistance policy, increased social assistance rates, support for basic income, and support for the Ontario basic income pilot ([Report No. 25-23 Minutes](#)<sup>6</sup>, [Report No. 070-19](#)<sup>29</sup>, [Report No. 053-18](#)<sup>30</sup>, [Report No. 007-17](#)<sup>31</sup>, [Report No. 063-16](#)<sup>32</sup>, [Report No. 50-15](#)<sup>33</sup>). Recently, Ottawa Public Health (June 2024 – [Appendix A](#)), [Thunder Bay Public Health Unit \(Agenda item 9.1\)](#)<sup>34</sup>, and [Ontario Dietitians in Public Health](#)<sup>35</sup> have submitted reports and letters in support of Bill S-233 and C-223.

It is recommended that the Board of Health send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of [S-233](#)<sup>27</sup> and [C-223](#)<sup>28</sup> “An Act to develop a national framework for a guaranteed livable basic income” ([Appendix B](#)).

References are affixed as [Appendix C](#).

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



**Alexander Summers, MD, MPH, CCFP, FRCPC**  
Medical Officer of Health



**Emily Williams, BScN, RN, MBA, CHE**  
Chief Executive Officer



**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
  - Our public health programs are effective, grounded in evidence and equity

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations:**

*Anti-Black Racism Plan*

Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

*Taking Action for Reconciliation*

Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.

Equitable Access and Service Delivery: Clarify all funding sources during the development process for collaborative Indigenous-related programs and/or services. Transparency about funding and operational expenses is important to the relationship-building process.

The Honourable Justin Trudeau  
Prime Minister of Canada  
[Justin.Trudeau@parl.gc.ca](mailto:Justin.Trudeau@parl.gc.ca)

The Honourable Chrystia Freeland  
Deputy Prime Minister and Minister of Finance  
[chrystia.freeland@parl.gc.ca](mailto:chrystia.freeland@parl.gc.ca)

The Honourable Mark Holland  
Minister of Health  
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The Honourable Steven MacKinnon  
Leader of the Government in the House of Commons  
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The Honourable Andrew Scheer  
House Leader of the Official Opposition  
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Alain Therrien  
House Leader of the Bloc Québécois  
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Peter Julian  
House Leader of the New Democratic Party  
[peter.julian@parl.gc.ca](mailto:peter.julian@parl.gc.ca)

Standing Senate Committee on National Finance  
[nffn@sen.parl.gc.ca](mailto:nffn@sen.parl.gc.ca)

**July 24, 2024**

**Re: Support for Bills S-233 and C-223 “An Act to develop a national framework for a guaranteed livable basic income”**

Dear Prime Minister, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

The Middlesex-London Board of Health supports a guaranteed livable basic income as a policy option for reducing poverty, income insecurity, and food insecurity and for providing opportunities for people with lower incomes. As such, we urge your support of Bills [S-233](#) and [C-223](#) “An Act to develop a national framework for a guaranteed livable basic income”, currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

- Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being.
- Income has a strong impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels<sup>1</sup>.
- Income increases access to other social determinants of health (e.g., education, food, housing)<sup>1</sup>.
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)<sup>2-4</sup>.
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress<sup>5-12</sup>.

**[www.healthunit.com](http://www.healthunit.com)**

- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills<sup>13-15</sup>.

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing<sup>16,17</sup>. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account<sup>18</sup>. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians<sup>18</sup> and positively impacts childhood health outcomes (e.g., birth weight, mental health)<sup>19</sup>.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021<sup>20</sup>. In our community in 2021, 16.6% of London households with or without children (89,030 people) were low income based on the Census Family Low Income Measure (CFLIM-AT)<sup>21</sup>. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents<sup>22,23</sup>.

The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs<sup>24</sup>.

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Yours truly,



Matt Newton-Reid  
Chair, Middlesex-London Board of Health

cc:

Arielle Kayabaga, Member of Parliament - [arielle.kayabaga@parl.gc.ca](mailto:arielle.kayabaga@parl.gc.ca)  
Karen Vecchio, Member of Parliament - [Karen.Vecchio@parl.gc.ca](mailto:Karen.Vecchio@parl.gc.ca)  
Lindsay Mathysen, Member of Parliament - [Lindsay.Mathysen@parl.gc.ca](mailto:Lindsay.Mathysen@parl.gc.ca)  
Lianne Rood, Member of Parliament - [Lianne.Rood@parl.gc.ca](mailto:Lianne.Rood@parl.gc.ca)  
Peter Fragiskatos, Member of Parliament - [peter.fragiskatos@parl.gc.ca](mailto:peter.fragiskatos@parl.gc.ca)  
Ontario Boards of Health

Standing Senate Committee on National Finance

National Finance Committee [NFFN@SEN.PARL.GC.CA](mailto:NFFN@SEN.PARL.GC.CA)  
Senator Percy Mockler, Chair, National Finance Committee [Percy.Mockler@sen.parl.gc.ca](mailto:Percy.Mockler@sen.parl.gc.ca)  
Senator Éric Forest, Deputy Chair, National Finance Committee [Eric.Forest@sen.parl.gc.ca](mailto:Eric.Forest@sen.parl.gc.ca)  
Senator Clément Gignac, [Clement.Gignac@sen.parl.gc.ca](mailto:Clement.Gignac@sen.parl.gc.ca)  
Senator Larry W. Smith, [LarryW.Smith@sen.parl.gc.ca](mailto:LarryW.Smith@sen.parl.gc.ca)  
Senator Jean-Guy Dagenais, [Jean-Guy.Dagenais@sen.parl.gc.ca](mailto:Jean-Guy.Dagenais@sen.parl.gc.ca)  
Senator Rosa Galvez, [Rosa.Galvez@sen.parl.gc.ca](mailto:Rosa.Galvez@sen.parl.gc.ca)  
Senator Tony Loffreda, [Tony.Loffreda@sen.parl.gc.ca](mailto:Tony.Loffreda@sen.parl.gc.ca)  
Senator Jane MacAdam, [Jane.MacAdam@sen.parl.gc.ca](mailto:Jane.MacAdam@sen.parl.gc.ca)

## References

- <sup>1</sup> Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. Retrieved from <https://thecanadianfacts.org/>
- <sup>2</sup> Lee, H., Slack, K. S., Berger, L. M., Mather, R. S., & Murray, R. K. (2021). Childhood poverty, adverse childhood experiences, and adult health outcomes. *Health & Social Work*, 46(3), 159-170.
- <sup>3</sup> Maalouf, M., Fearon, M., Lipa, M. C., Chow-Johnson, H., Tayeh, L., & Lipa, D. (2021). Neurologic Complications of Poverty: the Associations Between Poverty as a Social Determinant of Health and Adverse Neurologic Outcomes. *Current neurology and neuroscience reports*, 21(7), 29.
- <sup>4</sup> Wise, P. H. (2016). Child poverty and the promise of human capacity: childhood as a foundation for healthy aging. *Academic pediatrics*, 16(3), S37-S45.
- <sup>5</sup> Jessiman-Perreault, G. & McIntyre, L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.
- <sup>6</sup> Vozoris, N.T. & Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health. *The Journal of Nutrition*, 133(1):120-126.
- <sup>7</sup> Tarasuk, V., Mitchell, A., McLaren, L., & McIntyre, L. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition*, 143(11):1785- 1793.
- <sup>8</sup> Men, F., Gundersen, C., Urquia, M.L., & Tarasuk, V. (2020). Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *Canadian Medical Association Journal*, 192(3):E53-E60.
- <sup>9</sup> McIntyre, L., Williams, J.V., Lavorato, D.H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of Affective Disorders*, 150(1):123-129.
- <sup>10</sup> Kirkpatrick, S.I., McIntyre, L., & Potestio, M.L. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics and Adolescent Medicine*, 164(8):754-762.
- <sup>11</sup> Melchior, M., Chastang, J.F., Falissard, B., Galéra, C., Tremblay, R.E., Côté, S.M., & Boivin, M. (2012). Food insecurity and children's mental health: A prospective birth cohort study. *PLoS ONE*, 2012;7(12):e52615.
- <sup>12</sup> Ontario Dietitians in Public Health. (2020). Position statement and recommendations on responses to food insecurity. Retrieved from <https://www.odph.ca/membership/documents/5578>.
- <sup>13</sup> de Oliveira, K.H.D., de Almeida, G.M., Gubert, M.B., Moura, A.S., Spaniol, A.M., Hernandez, D.C., Pérez-Escamilla, R., & Buccini, G. (2020). Household food insecurity and early childhood development: Systematic review and meta-analysis. *Maternal and Child Nutrition*.16(3):e12967. doi: 10.1111/mcn.12967.
- <sup>14</sup> Lye, C.W., Sivasampu, S., Mahmudiono, T., & Majid, H.A. (2023). A systematic review of the relationship between household food insecurity and childhood undernutrition. *Journal of Public Health (Oxf)*. 29;45(4):e677-e691. doi: 10.1093/pubmed/fdad070.
- <sup>15</sup> Simonovich, S.D., Pinos-Leano, M., Ali, A., Awosika, O., Herman, A., Withington, M.H.C., Loiacono, B., Cory, M., Estrada, M., Soto, D., & Buscemi, J. (2020). A systematic review examining the relationship between food insecurity and early childhood physiological health outcomes. *Translational Behavioral Medicine*. 12;10(5):1086-1097. doi: 10.1093/tbm/ibaa021. <https://academic.oup.com/tbm/article-abstract/10/5/1086/5921050>.
- <sup>16</sup> McKay, F.H., Bennett, R., & Dunn, M. (2023). How, why and for whom does a basic income contribute to health and wellbeing: a systematic review. *Health Promotion International*. 1;38(5):daad119. doi: 10.1093/heapro/daad119.
- <sup>17</sup> Ferdosi, M., McDowell, T., Lewchuk, W., & Ross, S. (2020). Southern Ontario's basic income experience. Retrieved from <https://labourstudies.socsci.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf>
- <sup>18</sup> McIntyre, L., Dutton, D.J., Kwok, C., & Emery, J.C.H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. *Canadian Public Policy* 42:3, 274-286.

<sup>19</sup> Idzerda, L., Corrin, T., Lazarescu, C., Couture, A., Vallieres, E., Khan, S., et al. (2024). Public policy interventions to mitigate household food insecurity in Canada: A systematic review. *Public Health Nutrition*, 27(1), e83. Retrieved from <https://www.cambridge.org/core/journals/public-health-nutrition/article/public-policy-interventions-to-mitigate-household-food-insecurity-in-canada-a-systematic-review/01E81A2540245BAC803B608D087B8649>

<sup>20</sup> Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type. DOI: <https://doi.org/10.25318/1110013501-eng>

<sup>21</sup> Statistics Canada. Table 11-10-0018-01 After-tax low income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition. DOI: <https://doi.org/10.25318/1110001801-eng>

<sup>22</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity estimates from the Canadian Income Survey: Ontario 2019-2022. Toronto, ON: King's Printer for Ontario; 2023.

<sup>23</sup> Middlesex-London Health Unit (2019). Total population and density. Retrieved from <https://communityhealthstats.healthunit.com/indicator/geography-and-demographics/total-population-and-density>

<sup>24</sup> Middlesex-London Health Unit. (2023). Report No. 69-23: Monitoring food affordability and implications for public policy and action (2023). Retrieved from [https://www.healthunit.com/uploads/69-23\\_-\\_monitoring\\_food\\_affordability\\_and\\_implications\\_for\\_public\\_policy\\_and\\_action\\_\(2023\).pdf](https://www.healthunit.com/uploads/69-23_-_monitoring_food_affordability_and_implications_for_public_policy_and_action_(2023).pdf)



# Renfrew County and District Health Unit

*"Optimal Health for All in Renfrew County and District"*

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July 24th, 2024

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

Hon. Sylvia Jones  
Deputy Premier and Minister of Health Government of Ontario  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

Hon. Andrea Khanjin  
Minister of the Environment, Conservation and Parks Government of Ontario  
[minister.mecp@ontario.ca](mailto:minister.mecp@ontario.ca)

Dear Honourable Premier and Ministers,

**Re: Continued Support for Infectious Disease Wastewater Surveillance and Modern Case and Contact Management Software**

On June 25<sup>th</sup>, 2024, the Board of Health for the Renfrew County and District Health Unit passed a resolution to request continued provincial funding and support for important public health enhancements achieved during the pandemic: cross-provincial infectious disease wastewater surveillance and modernized case and contact management software (i.e., the Case and Contact Management Solution (CCM)).

The Board has reviewed and supports the letter issued by Peterborough Public Health dated June 20<sup>th</sup>, 2024, regarding [continued provincial coordination and support of wastewater surveillance](#).

In May and April of 2024, the province announced discontinuation of funding for both initiatives. This means that there will no longer be local infectious disease wastewater surveillance in Renfrew County and District (or most other communities across Ontario) and that public health units must revert to using an older software platform for case and contact management with less functionality.

Wastewater surveillance of infectious diseases, previously supported by the Ministry of Environment, Conservation, and Parks, is a novel approach, and one of the successful innovations scaled up to respond to the COVID-19 pandemic. It is a cost-effective means of providing timely information on disease spread throughout the community that doesn't rely on individual testing, which is costly, has delays, and doesn't reflect the whole community. For example, individual testing for COVID-19 and influenza is limited to a small group of eligible people. Community members across Ontario have voiced the importance of this information to inform their risk assessments, and RCDHU has included it in its weekly Respiratory Illness Data Summary.

Additional benefits of wastewater surveillance that are being explored include the ability to rapidly identify emerging pathogens that may be circulating in a community, such as H5N1 (avian flu), and the potential to rapidly identify outbreaks in vulnerable populations, such as long-term care homes. These are exciting opportunities to better protect health that are only beginning to be explored.

The province has highlighted that there is a federal wastewater surveillance system. However, Toronto is the only city in Ontario included in the Federal program. Without ongoing support from the province, local wastewater surveillance will no longer be possible.

Additionally, the Case and Contact Management Solution (CCM) was a modern, highly functional software platform for COVID-19 case, contact, and outbreak management. CCM enabled greater efficiency, collaboration, and real-time analytics of disease trends; it was a key enabler for an effective pandemic response.

Public health units have been advised that CCM will eventually be superseded by a more all-encompassing, modern provincial platform. However, public health unit work would be more efficient and effective if the existing improvements were maintained until the full vision for Ontario's public health information technology infrastructure is realized.

Infectious disease pandemics cause immense mortality, morbidity, and economic burdens. It is essential that we learn from the COVID-19 pandemic and maintain investments in public health preparedness so that we can reduce and mitigate the harms of the next pandemic. Already, H5N1 avian flu is being closely monitored for its pandemic potential. A robust infectious disease wastewater surveillance system and highly functional case and contact management software are key enhancements from the COVID-19 pandemic that should be sustained so that we are more prepared for the next pandemic.

Sincerely,



Joanne King  
Chair, Board of Health  
Renfrew County and District Health Unit

cc: The Honourable John Yakabuski, MPP  
Renfrew County and District Municipalities  
Association of Municipalities of Ontario (AMO)  
Rural Ontario Municipal Association (ROMA)  
Ontario Boards of Health

July 22, 2024

To Whom It May Concern:

**Re: John Howard Society of Belleville's Application to the Enabling Accessibility Fund for *The Bridge Integrated Care Hub***

As a member agency on the Steering Committee of the The Bridge Collaborative Hub, I am writing on behalf of Hastings Prince Edward Public Health to share my support of the above-mentioned application in the amount of \$125,000 to support the installation of a LULA elevator at 1 Alhambra Square, the new site of The Bridge Integrated Care Hub (The Bridge Hub) in Belleville, Ontario.

The Bridge Hub will operate in a two-storey former banquet hall that is being renovated to accommodate operation of a 24/7 integrated care hub for people experiencing homelessness in Belleville and area. Presently, the second storey is accessible via interior stairs and an exterior ramp that does not conform to modern accessibility standards and an entrance that is neither barrier-free nor wide enough to accommodate some assistive devices.

Installation of an elevator will provide fully accessible, interior access to the second storey, enabling persons with disabilities to have equitable access to the full range of services provided at The Bridge Hub including services that will be provided on the second storey only, such as a rest area.

The population of individuals experiencing homelessness in Belleville includes people with disabilities and those who have significant mobility issues due to chronic diseases and/or injuries. People with disabilities are also at greater risk of poverty, housing instability, and homelessness.

Installation of an elevator will ensure full accessibility for The Bridge Hub facility, enabling people with disabilities to have equitable access to the range of services provided at The Bridge Hub.

.../2

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**North Hastings**

1P Manor Ln., L1-024, Bancroft, ON K0L 1C0  
**T:** 1-800-267-2803 | **F:** 613-332-5418

**Prince Edward County**

Suite 1, 35 Bridge St., Picton, ON K0K 2T0  
**T:** 613-966-5500 | **F:** 613-476-2919

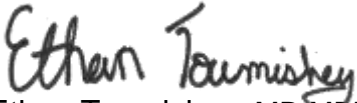
**Quinte West**

499 Dundas St. W., Trenton, ON K8V 6C4  
**T:** 613-966-5500 | **F:** 613-965-6535



Thank-you for your consideration of this critical need and application.

Sincerely,

A handwritten signature in black ink that reads "Ethan Toumishey". The signature is written in a cursive, slightly slanted style.

Ethan Toumishey, MD MPH CCFP FRCPC  
Medical Officer of Health and CEO

ET/SM



## Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1  
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TTY: 711 or 1-800-267-6511  
[hpePublicHealth.ca](http://hpePublicHealth.ca)

July 25, 2024

Board of Directors  
John M. & Bernice Parrott Foundation Inc.  
P.O. Box 20123  
Belleville, ON K8N 5V1

To Whom It May Concern:

### **Re: Application for Funding for The Bridge Integrated Care Hub**

As a member agency on the Steering Committee of the The Bridge Collaborative Hub, I am writing on behalf of Hastings Prince Edward Public Health (HPEPH) to share my support of the funding application in the amount of \$1,000,000 to support capital development of The Bridge Integrated Care Hub (The Bridge Hub) through renovation of 1 Alhambra Square in Belleville, Ontario.

HPEPH shares the Consortium's united commitment to renovate Alhambra Hall to provide services at The Bridge Hub as an innovative, evidence-based, collaborative response to a pressing social and community issue.

The Bridge Hub will provide a range of services to address the immediate needs of unhoused individuals, improve health and social outcomes, and promote housing stability. Through the renovation of 1 Alhambra Square to accommodate The Bridge Hub, it will improve client, staff, and community safety, allow for expansion of services provided, and enable co-location of services to provide integrated care. Expansion and integration of services will enhance access to substance use treatment pathways, reduced emergency department utilization, and improved individual health and social outcomes.

Thank you for your consideration of this critical need and application.

Sincerely,

A handwritten signature in black ink that reads "Ethan Toumishey".

Dr. Ethan Toumishey, MD MPH CCFP FRCPC  
Medical Officer of Health and CEO

---

#### North Hastings

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# Association of Local Public Health Agencies

2024 Fall Symposium,  
Section Meetings  
and Workshops

Nov. 6-8, 2024

# alPHa

Association of Local  
**PUBLIC HEALTH**  
Agencies

alPHa's Fall Symposium, Section Meetings, and workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

On November 8<sup>th</sup>, participate in online plenary sessions with public health leaders in the morning, followed by BOH Section and COMOH Section meetings in the afternoon.

Attendees will also be invited, at no additional cost, to participate in pre-symposium workshops on November 6<sup>th</sup> & 7<sup>th</sup> including an all-day workshop **on Artificial Intelligence and Local Public Health Agencies.**

**Dalla Lana**  
School of Public Health

**EOHU**  **BSEO**  
Eastern Ontario Health Unit Bureau de santé de l'est de l'Ontario

*Hosted by alPHa with generous support from the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit.*

*Please note that you must be an alPHa member to participate in the Pre-Symposium Workshops, Symposium or Section meetings.*

*All events are online. Registration opens in September (date TBD) and will cost \$399+HST.*