

This is the first page of the Food Systems Planning Office proposal I presented to Alex Nuttall in his Office in February 2024. This excerpt describes some of the information and data that I would like the respondents to start sharing as soon as possible.

Forbes

Here's an excerpt from a Forbes Magazine article published on Nov. 21, 2017; Cities Are Growing More Powerful, And That May Be Good For You.



“

When billionaire businessman and philanthropist Mike Bloomberg first became Mayor of New York City (NYC), the 2nd most populated city in the world, he was asked whether extra security was needed at the United States Conference on Mayors in NYC. Bloomberg responded, "I told them I didn't think any of the mayors would be that dangerous." Well, during his 12-year term as Mayor of NYC, he found the opposite: a mayor can actually do quite a lot to help prevent death and suffering. He introduced a number of public health initiatives such as banning trans fats from restaurants, requiring restaurant chains to post calorie counts for their food items, and banning smoking in bars and restaurants...

As Bloomberg related, during his term as Mayor "the life expectancy of New Yorkers increased by three years and became two years longer than the national average." These experiences helped him realize that Mayors of large cities could play major roles in preventing and controlling non-communicable diseases (NCDs) around the world.

”

1

Under Mike Bloomberg, New York City's welfare rolls fell 25 percent, and nearly 900,000 people moved from welfare to work.

[Bloomberg's website](#)

2

The Bloomberg Philanthropies' Food Policy Program has committed over \$435 million to help public health advocates and experts promote healthier diets through policy change.

[One of Bloomberg's charities](#)

3

Policies addressing the three primary targets—retail access, nutrition content, and food support—are generally coordinated through the Mayor's Office of Food Policy, which the Bloomberg administration established in 2006, appointing the Food Policy Coordinator as the office lead. This office brought together anti-obesity and anti-hunger policies and stakeholders for the first time and allowed for city agencies to take a broader perspective on food policy. The Mayor's Office of Food Policy also brought departmental programs that Mayor Bloomberg created earlier under a broader food policy umbrella. Since 2006, the city government modified or expanded these programs layered a host of new programs onto the food policy landscape.

[Innovations in NYC Health & Human Services Policy](#)

This is page 5 of the 'Breaking Chains of Oppression' PDF I've previously provided to the HRTO Registrar and all respondents in HRTO File #: 2024-57438. It's also available for download on the homepage of my website: www.FreshFoodWeekly.com.

SOCIAL HOUSING & HEAT-RELATED MORTALITY

Preparing community housing for extreme heat is thus imperative to reduce fatalities, increase livability, and ensure community housing tenants are well protected from this growing public health crisis. (Pg.11)

The 2021 heat dome in British Columbia led to 619 heat-related deaths in a single week, 98% of which occurred inside peoples' homes. Many of the deceased lived in "socially or materially deprived neighbourhoods" and "homes without adequate cooling systems."

This is also some of the information that needs to be included in the Information Sharing Agreements (ISAs).

98%

of deaths occurred inside peoples' homes

3.8%

of Canadians live in social and affordable housing

10%

of deaths occurred in social and affordable housing (pg.10)

ISGlobal

Heat Islands and How Do They Affect Us



What are they?

- Urban areas where the temperature is higher than in the surrounding areas
- In cities of more than 1 million people, the temperature rises:
 - Daytime temperature: Between 2° and 4°C
 - Night-time temperature: Up to 10°C

Causes

- Heat-absorbing buildings and paved surfaces
- Lack of vegetation
- Heat-generating human activities
- City geometry

Health effects

- Heat islands and extreme temperatures lead to increases in:
 - Mortality, especially in older people, often due to respiratory and cardiovascular complications
 - Hospital admissions
 - Preterm births
 - Work and traffic accidents

Many public housing developments lack key infrastructure to protect residents from the changing and warming climate. For example, low-income individuals and those residing in public housing are less likely to have access to central air conditioning (or any type of AC) due to cost or lack of availability, increasing their risk of heat-related death. Given that increasing global temperatures in coming years are likely to exacerbate heat-related morbidity and mortality, the lack of access to central AC in much of public housing further increases risk of heat-related mortality among low income and vulnerable populations.

Source

"We have a decades-long history of dealing with housing at the building level. But that's where the thinking ends. We need to think about housing from a community context because that's how it affects individuals' lifestyles and behaviours, all of which are important for climate change." -Steve Mennill, Planning, housing finance and policy consultant & Previous Chief Climate Officer for the Canada Mortgage and Housing Corporation (CMHC) (pg.15)

Employment and Social Development Canada (ESDC), The Ontario Ministry of Children, Community and Social Services (CCSS), Simcoe County, The City of Barrie, The Barrie Municipal Non-Profit Housing Corporation (BMNPHC) and The Simcoe County Housing Corporation (SCHC) need to enter into an Information Sharing Agreement (ISA) between the following rights holders:

- [The Healthy Barrie Initiative](#) (Dr. Patrick Feng)
- [The Simcoe Muskoka District Health Unit](#) (Christine Bushey)
- [The Housing Evidence Collaborative](#) (Dr. James Dunn)

Dr. Patrick Feng

Patrick Feng is a research manager at the [University of Toronto's Institute of Health Policy, Management and Evaluation](#), where he leads a number of community-engaged research partnerships. These partnerships involve healthcare providers, policymakers, patients, caregivers and others, working collaboratively to improve health and transform health systems. Dr. Feng is also an Adjunct Professor at OCAD University, where he teaches in the Strategic Foresight and Innovation Program. [Source.](#)

Dr. James Dunn

James R. Dunn (Jim) is a Scientist at MAP Centre for Urban Health Solutions at St. Michael's Hospital in Toronto and Professor and Chair of the Department of Health, Aging and Society at McMaster University. He is the Senator William McMaster Chair in Urban Health Equity and Director of the McMaster for Health Equity. He holds adjunct appointments at the University of Toronto (Geography and Planning) and the University of Waterloo (Planning) and in 2011-2012 was the William Lyon Mackenzie King Visiting Chair in Canadian Studies at Harvard University. He has published widely in geography, public health, urban planning and epidemiology journals over his career and since he has been the Co-Editor-in-Chief of the Journal of Epidemiology & Community Health, a specialty journal of the British Medical Journal. [Source.](#)

The [Canadian Housing Evidence Collaborative \(CHEC\)](#) signed an agreement with the Canada Mortgage and Housing Corporation to build a digital Affordable Housing Supply Monitor that will organize and analyze data on rental housing in an accessible manner. CHEC's Data Centre at McMaster is a key component of this housing supply monitor. [Source.](#)

Christine Bushey

Christine Bushey is the manager of the Simcoe Muskoka District Health Unit's (SMDHU) chronic disease prevention program. [Source.](#)



Application Information	
Tribunal File Number:	2024-57438
Name of Applicant:	Leah Dyck
Name of Each Respondent:	Simcoe County, The City of Barrie, The BMNPHC, and The SCHC.

The complete list of information that needs to be shared in the ISAs is listed below:

1. The number of resident deaths that occur, including the resident’s street address, unit number, gender, ethnicity, immigration status, marital status, social class (according to Pay Equity Act), date of birth, date of death, and cause of death.
2. The number of bedrooms in each unit for all the respondent’s properties, for both Rent-Geared-to-Income (RGI) units and regular market units, including any changed information that occurs at all times.

I am requesting that this information be shared as soon as possible. I realize this will require a legal ISA draft document to be prepared. Before this agreement is finalized, I need to review it to confirm the respondents aren’t attempting to create new loopholes in order to prevent the requested information from being shared in the ISAs. I understand there are privacy laws and policies around this information. I understand why the respondents definitely don’t want this information coming out, especially for one of their current tenants such as myself. I am not requesting that the respondents to share this information with Leah Dyck.

This information is imperative to measuring Simcoe County and The City of Barrie’s most vulnerable population group’s health outcomes. This data is imperative to knowing the “survivability” of this population group. If the rights holders listed do not have the requisite privacy protocols, security safeguards and information storing servers in place to sufficiently uphold the privacy laws required to hold these ISAs, the RVH is also a Health Information Network Provider (HINP) and has a Research Ethics Board (REB), then a partnership with the RVH could be established. I also think these ISAs need to be paid for by The City of Barrie and Simcoe County together. Additionally, these ISAs need to exist indefinitely.

Finally, the efforts I’ve already made to obtain this information are included in the ‘Housing FOI’ document I previously submitted. I’ve also requested the information about deaths from Barrie Police in an email, in which they ignored, which I can also provide if necessary.

Sincerely,

Leah Dyck
Founder, Fresh Food Weekly



Application Information	
Tribunal File Number:	2024-57443
Name of Applicant:	Leah Dyck
Name of Each Respondent:	The CCSS and Employment & Social Development Canada (ESDC).

The complete list of information that needs to be shared in the ISAs is listed below:

1. The number of residents who receive any of the following social benefits:
 - a. The Ontario Disability Support Program (ODSP).
 - b. The Canadian Pension Plan (CPP) in the amount of \$4,000 per month or less.
 - c. CPP Disability.
 - d. Old Age Security (OAS)
 - e. The Guaranteed Income Supplement (GIS)
 - f. Any other social income supplement that exists or will exist throughout the terms of the ISAs.
2. The exact dollar amount being provided to each beneficiary.
3. The persons classification of each beneficiary as described in the Pay Equity Act.

Technically, the names of the beneficiaries don't need to be known. We don't need that information. However, this information will still need to be included in the ISAs although it can be kept private. What I'm trying to say is, we could assign each beneficiary a number in order to conceal their names but we need their personal information kept together. For example, for a beneficiary such as myself, I could be assigned: ISA #0001 and this number can be used to replace my name whenever my information is being shared in the ISAs. So when my ODSP rates, and medical expenses are being shared, they need to be shared together with ISA #0001. If Dr. Patrick Feng were to look at ISA #001's private information, he wouldn't have any clue he's looking at Leah Dyck's ODSP expenses, but rather the ODSP expenses at 380 Duckworth Street, unit #507. This will allow us to measure the exact dollar amounts flowing in and out of low-income geographic areas.

I am requesting that this information be shared as soon as possible. I realize this will require a legal ISA draft document to be prepared. Before this agreement is finalized, I need to review it to confirm the respondents aren't attempting to create new loopholes in order to prevent the requested information from being shared in the ISAs.

I understand there are privacy laws and policies around this information. I understand why the respondents definitely don't want this information coming out, especially for one of their current tenants such as myself. I am not requesting that this information be shared with Leah Dyck.

This information is imperative to measuring Simcoe County and The City of Barrie's most vulnerable population group's health outcomes. This data is imperative to knowing the "survivability" of this population group. If the rights holders listed do not have the requisite privacy protocols, security safeguards and information storing servers in place to sufficiently uphold the privacy laws required to hold these ISAs, the RVH is also a Health Information Network Provider (HINP) and has a Research Ethics Board (REB), and a partnership with the RVH could be established.

I also think these ISAs need to be paid for by The CCSS and the ESDC equally. Additionally, these ISAs need to exist indefinitely.

I've not made further efforts to get new information or data from the respondents because getting even the smallest drop of anything from them is harder than pulling teeth.

Sincerely,

Leah Dyck
Founder, Fresh Food Weekly.



When filing a document with the Tribunal, you must deliver the document to all other parties or, if they have a representative, to their representative. Complete this form to confirm that you have delivered your document and to tell the Tribunal when and how you did so. The Tribunal will not accept a document for filing unless you have confirmed delivery to the other participants in the Tribunal process.

Application Information	
Tribunal File Number:	2024-57443
Name of Applicant:	Leah Dyck
Name of Each Respondent:	The CCSS and ESDC.

Document Delivery Information

Party filling this form:
 Applicant Respondent Intervenor Other: _____

Name of person completing this form: Leah Dyck

On: 17/09/2024
(dd/mm/yyyy)

I sent: Form 12, ISAs PROFED.pdf, and Form 23
(name of form(s) or document(s) that you are declaring you sent, attach additional sheets if necessary)

to: HRTO, MichelleSchrieder, CliffGroen, CarlaQualtrough, ChristineBushey, PatrickFeng, James Dunn
(your form(s) or document(s) must be delivered to all other parties to the application or their representative)

The form(s) or document(s) were delivered by: email
(indicate method of delivery)

Signature

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Name: Leah Dyck	
Signature: Leah Dyck	Date: (dd/mm/yyyy) 17/09/2024

Please check this box if you are filing your Statement electronically. This represents your signature. You must fill in the date, above.

Collection of Information:
Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)