

A NATIONAL FOOD SYSTEMS PLAN

RE: PROVINCIAL HOME CARE HEALTH SERVICES

This document outlines an overview of step 1 for a proposed National Food Systems Plan, beginning with the implementation of municipality-occupied Food Systems Planning Offices, which would be essential for the coordinated delivery of the proposed health insurance coverage of fresh foods to disadvantaged Canadians.

STEP 1: CITY FOOD SYSTEMS PLANNING OFFICES

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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.*



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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.

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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

Food Systems Planning

Food Systems Planning is a preventative public health measure against chronic diseases.

Gauging Our Health Care System: Canadian Health Care Policies

In order to make a plan forward, we need to understand where we are. We can't build on a foundation we don't know or understand. We can understand where we are by looking at how we came to be here:

Canada's Health Care System is defined by The Canada Health Act, 1985

Objective

3 It is hereby declared that the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.

Purpose

4 The purpose of this Act is to establish criteria and conditions in respect of insured health services and extended health care services provided under provincial law that must be met before a full cash contribution may be made.

9 In order to satisfy the criterion respecting comprehensiveness, the health care insurance plan of a province must insure all insured health services provided by hospitals, medical practitioners or dentists, and where the law of the province so permits, similar or additional services rendered by other health care practitioners.

Health Policy in Canada, 2002

Goal

The Canada Health Act is intended to guarantee equal access to health services and health care; however, it does not guarantee access to the conditions that lead to good health.

Problem

Currently, the demand for health care far exceeds the supply of care available to support it, regardless of whether patients can pay for services provided or not, because our health care system doesn't work anymore. It's broken.

Strategy

Develop new initiatives designed to reduce the long-term demand for health care services in Canada.

Key Clauses

Canada requires policy changes that state fresh food is a medically necessary service that is to be covered under health care insurance. The following excerpts are clauses taken from health care acts brought forth by bills that shaped the evolution of Ontario's current health care system:

Home Care and Community Services Act, 1994

Purposes of Act

1 The purposes of this Act are,

(a) to ensure that a wide range of community services is available to people in their own homes and in other community settings so that alternatives to institutional care exist;

(i) to encourage local community involvement, including the involvement of volunteers, in planning, co-ordinating, integrating and delivering community services and in governing the agencies that deliver community services; and

(j) to promote co-operation and co-ordination between providers of community services and providers of other health and social services;

PART IV

FUNDING AND APPROVALS

Direct service provision or funding of service providers

4 The [Health] Minister,

(a) may provide community services;

(b) may establish, operate and maintain facilities for the provision of community services;

(c) may make agreements with others for the provision of community services by them;

(g) may make grants and contributions for the provision of community services and for consultation, research and evaluation with respect to community services.

PART VII.1

FUNDING

Provision of community services

28.1 (1) Despite subsection 5 (1), the Minister may approve a local health integration network to provide a community service for the residents of the geographic area of the local health integration network. 2016, c. 30, s. 40 (2).

Application of Act to LHIN providing community services

28.4 (1) When a local health integration network provides a community service as approved by the Minister under subsection 28.1 (1), the network is deemed to be an approved agency or service provider, as the case may be, for the purpose of this Act and the regulations under this Act, and the network shall provide the services in accordance with this Act.

Local Health System Integration Act, 2006 (Bill 36)

Preamble

The people of Ontario and their government,

(c) acknowledge that a community's health needs and priorities are best developed by the community, health care providers and the people they serve;

(d) are establishing local health integration networks to achieve an integrated health system and enable local communities to make decisions about their local health systems;

(h) believe in public accountability and transparency to demonstrate that the health system is governed and managed in a way that reflects the public interest and that promotes continuous quality improvement and efficient delivery of high quality health services to all Ontarians;

(j) envision an integrated health system that delivers the health services that people need, now and in the future.

Purpose of the Act

1. The purpose of this Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks.

Health service provider

(2) In this Act, "health service provider" ... means:

11. Any other person or entity or class of persons or entities that is prescribed.

Objects

5. The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, including,

(b) to identify and plan for the health service needs of the local health system in accordance with provincial plans and priorities and to make recommendations to the Minister about that system, including capital funding needs for it;

(c) to engage the community of persons and entities involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation;

(j) to bring economic efficiencies to the delivery of health services and to make the health system more sustainable;

(k) to allocate and provide funding to health service providers, in accordance with provincial priorities, so that they can provide health services and equipment;

The Connecting Care Act, 2019 (Bill 74)

On February 26, 2019, the Ontario Minister of Health introduced Bill 74, The People's Health Care Act, which enacted the Connecting Care Act, 2019 and amended and repealed a number of existing Acts. Bill 74 is essentially a redraft and revisioning of the the Local Health System Integration Act, 2006 (LHINs). The Bill gives the Agency many of the powers currently held by LHINs. Bill 74 provides for the transfer of the operations of the LHINs to the Agency or to a health service provider.

Convenient Care at Home Act, 2023, (Bill 135)

On December 4, 2023, The Connecting Care Act, 2019 with respect to home and community care services and health governance made amendments to it. Some key amendments to be highlighted are:

1. Subsection 1 (1) of the Connecting Care Act, 2019 is amended by adding the following definitions:

“client provider” means a health service provider or an Ontario Health Team that is funded by the Agency to provide home and community care services to the provider’s or Team’s patients and to which the Service Organization provides operational supports;

Objects

27.6 The following are the objects of the Service Organization:

1. Providing home and community care services to patients of the Service Organization.

2. Providing the following operational supports to client providers to enable them to deliver home and community care services to their patients:

ii. The assignment of employees of the Service Organization to work under the direction of a client provider to deliver care co-ordination services.

iii. Any of the following shared services:

A. Administrative or business support services that facilitate the management of service contracts with providers of home and community care services.

iv. Any other operational supports that may be prescribed.

Directives by Agency

27.15 (1) The Agency may issue directives to the Service Organization.

(2) The Service Organization shall comply with every directive issued by the Agency.

(3) A directive of the Agency may be general or particular in its application.

10 Subsections 29 (1) of the Act are repealed and the following substituted:
Ontario Health Team.

(1) The Minister may, subject to any terms and conditions that the Minister determines, designate as an Ontario Health Team a person or entity, or a group of persons or entities, that has the ability to deliver, in an integrated and co-ordinated manner, at least three of the following types of services, or such higher number of types of services as may be prescribed:

1. Hospital services.

2. Primary care services.

3. Mental health or addictions services.

4. Home and community care services.

5. Long-term care home services.

6. Palliative care services.

7. Any other prescribed health care service or non-health service that supports the provision of health care services.

This is the foundation of Canada’s Health System and this is where we start to build and move forward.

How to Create the Office

City Halls and Town Halls are Service Boards, which means they're eligible to receive federal and provincial funds. Cities and Towns can establish a Food Systems Planning Office through their municipal City or Town Hall Service Board and receive government funding through this avenue.

An office independent of the County provides the autonomy and decision-making authority needed for community-derived programs with demonstrated high-impact health outcomes to get funded. Currently, Counties have no authority over upper-tier cities.

Municipal Act

Municipal Service Boards: 196 (1) ... a municipality can establish a municipal service board.

Functions of Municipal Service Boards: 198 (1) A municipality may give a municipal service board the control and management of such services and activities...

Role of Council: 224 It is the role of council,

c) to determine which services the municipality provides,

b) to develop and evaluate the policies and programs of the municipality.

Adoption of Policies

270 (1) A municipality shall adopt and maintain policies with respect to...

3. Its' procurement of... services.
6. The delegation of its powers and duties.
7. The manner in which the municipality will protect and enhance the... natural vegetation in the municipality.

Integrated Planning for Service Delivery

271 The Minister [of Municipal Affairs and Housing], may make regulations prescribing actions that municipalities must take which... are desirable to support the integration of planning for municipal service delivery with planning for service delivery by other public bodies or persons.

Grants & Loans

(2) The Minister may, make grants and provide other financial assistance to a municipality.

PART VI. 1 Special Powers & Duties of the Head of Council

Directions to Municipal Employees

284.3 the head of council may direct municipal employees to:

1. undertake research and provide advice to the head of council and the municipality on policies and programs of the municipality.

Powers of Local Boards

284.7 ... 1. The power to establish... committees.

3. The power to assign functions to committees.

Equity at the forefront

An equitable city is one where all residents have fair access to and participation in the life of the city. However, Barrie’s disadvantaged population groups aren’t prioritized, represented, or engaged at all when it comes to their health and well-being.

Equitable community food systems will include the participation of people with Lived Experience in public policy processes. Designers of public engagement processes must take into consideration the opinions and views of those most affected by those public policies, as well as the barriers preventing them from participating in policy-making processes.

Food Systems Planners

The role of food systems planners is to safeguard the health and well-being of communities by addressing the use of resources with consideration to social efficacy.

Critical Outcomes

- 01 Mitigate systemic inequalities and improve food system outcomes for disadvantaged population groups.
- 02 Use policy and regulatory tools to address food security and infrastructure development.
- 03 Identify and apply for funding from local governments to engage in food systems planning.

Tasks/Activities

- 01 Development of written policy guidelines regarding:
 - 1) Comprehensive food systems planning,
 - 2) Climate change food systems planning, and
 - 3) Social policy food systems planning.

- 02 Create a case study for other jurisdictions to use as a resources to help them “make the case” for investment in food planning and policy development to elected officials.

- 03 Create and share new professional development opportunities in food systems planning.

- 04 Develop evidence-based resources for food systems planning in Ontario.

- 05 Development of resources to better support community-based initiatives.

Where Did This Idea Come From?

Mike Bloomberg trail-blazed New York City's Food Systems Planning Office in 2006, creating the foundation for food systems planning everywhere because he had a vision for a better life for the disadvantaged in his city.

In this report detailing New York City's Food Policy, it's been highlighted that by having this Office housed in The Mayor's Office, ***his influence was effective at overcoming disagreements and pushing policy forward.***

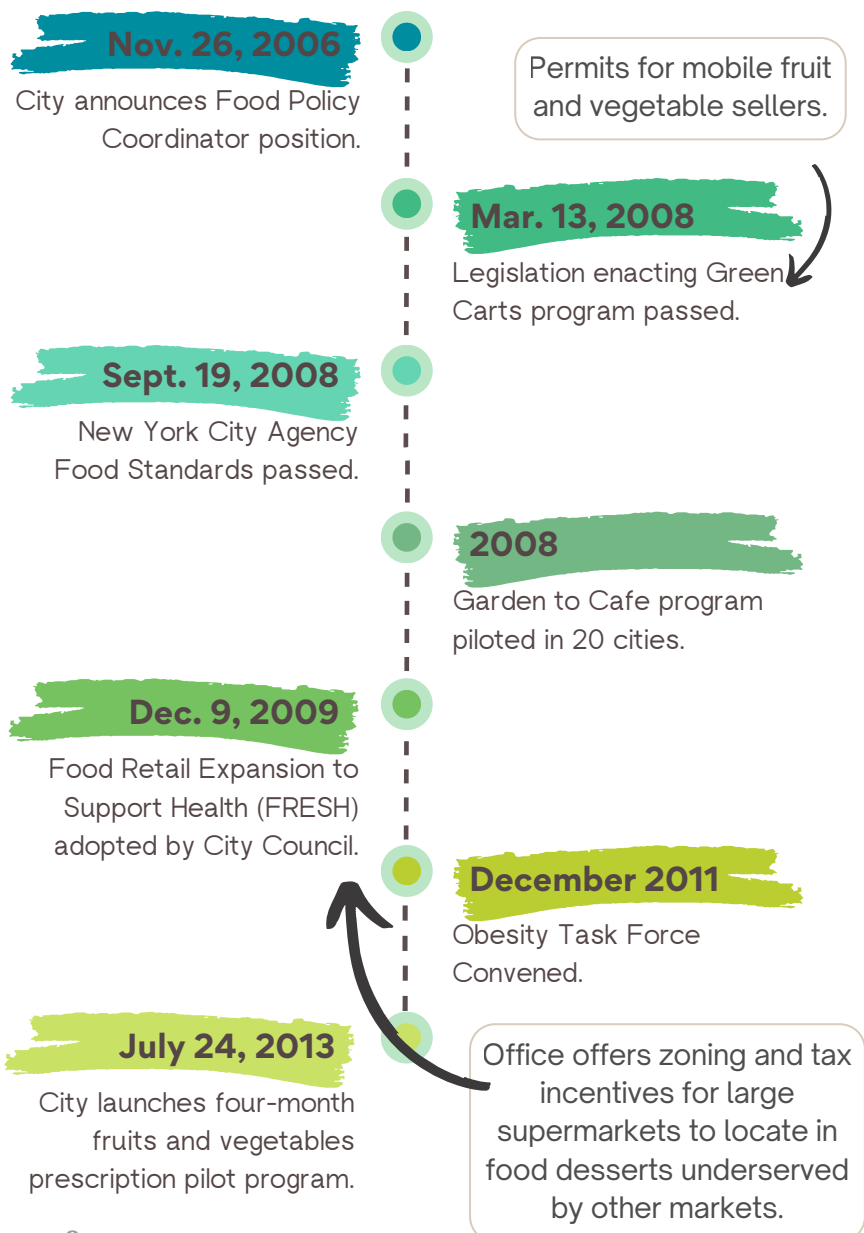
****Please note, this man was and still is a billionaire, and this likely played a role in his influence; just knowing he was financially capable of making things happen would encourage his Office to think about bigger solutions.****

Advocacy to Build an Equitable and Sustainable Food System

Gabrielle Blavatsky, Policy Director, Equity Advocates, New York City, USA. In this video, she explains how they were able to create an Urban Agriculture Office more recently.

- **How to make policy changes:** 36 mins in.
- **Legislative advocacy:** 37 mins in.
- **Parts to listen to:** 37:35 to 39:32.

Food Policy Outcomes From The Bloomberg Administration Worth Noting:



Where to Start (General)

Food Policy Director

Responsibilities

Leverage existing government policy responsibilities to develop new policy frameworks.

Create relationships with government officials using strategies that address the training gaps related to communication with decision makers, so decision-makers can become educated and sufficiently informed in order to make funding available.

Include input from the leadership of grassroots organizations in the development of food system policies and programs.

Support local food infrastructure development, as it's a directive in Canada's Food Policy.

Support community initiatives in:

- Identifying food system objectives,
- Planning and implementing pilot projects and support services, and
- Assessing the impacts of these projects and services.

Concluding Remarks

Once the new Food Systems Planning Office has been established in a city, a strategy for getting free, fresh foods into the city, to community service providers who serve the city's most vulnerable residents (and ensure this through mandatory income confirmation) is the next main priority. This isn't for people driving Lexus' who're "going through a hard time". This is for people who've been chronically neglected and deprived of their basic human needs for decades and are now costing our healthcare system "who knows" how much. In Ontario, this means the 'most vulnerable' are residents in receipt of:

- Ontario Works (OW)
- The Ontario Disability Support Program (ODSP)
- Old Age Security (OAS)
- CPP - The Canadian Pension Plan (for individuals receiving under \$3K/month)
- CPP Disability
- Guaranteed Income Supplement (GIS)
- Employment/Self-Employment earnings equal to or less than \$3K/month

This is where Step 2 comes into effect.