

Board of Health Meeting

Agenda Package

Wednesday, June 24, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

Please note there will be a Closed Session component to this meeting.

Open Session Link:

Microsoft Teams [Need help?](#)

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Meeting ID: 283 495 545 530 65
Passcode: qa7FX29r

For organizers: [Meeting options](#)

To ensure a quorum we ask that you please RSVP to kathleen.thompson@southeastph.ca or call 613-549-1232, ext. 1147.

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Board of Health Agenda

Wednesday, June 24, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

1. **Call to Order**
2. **Land Acknowledgement**

Southeast Public Health is located on the traditional territory of Indigenous peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role and treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.
3. **Roll Call**
4. **Approval of the Agenda**

MOTION: THAT the Board of Health approve the open agenda for June 24, 2026, as circulated.
5. **Re-Appointment of Chair** [Schedule 5.0](#)

MOTION: THAT Nathan Townend be re-appointed Chair of the Board of Health for Southeast Public Health for the remainder of the 2026 term.
6. **Approval of Previous Meeting Minutes** [Schedule 6.0](#)

MOTION: THAT the Board of Health approve the open minutes of the meeting held on May 27, 2026, as circulated.
7. **Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises**
8. **Closed Session**

MOTION: THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (b) personal matters about an identifiable individual, including Board employees.
9. **Rising and Reporting of Closed Session**

MOTION: THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

10. **Staff Reports/Presentations**

10.1. **Blastomycosis Inquest Recommendations** [Schedule 10.1](#)
(Dr. E. Toumishey)

MOTION: THAT the Board of Health endorse the proposed responses to the Coroner's Inquest Recommendations arising from the Blastomycosis Outbreak in Constance Lake First Nation, as presented;

AND THAT staff be authorized to submit the approved responses to the Office of the Chief Coroner on behalf of the Board of Health.

11. **New Business**

11.1. **Strategic Planning Update** (N. Townend & E. Lockhart)

11.2. **2026 aPHa Annual General Meeting & Symposium**
Verbal Update (C. Glenn)

11.3. **Merger Updates** [Schedule 11.3](#)

MOTION: THAT the Board of Health receive the merger update report, as circulated.

12. **Information Items** [Schedule 12.0](#)

MOTION: THAT the Board of Health receive the information items, as circulated.

13. **Announcements**

14. **Adjournment**

MOTION: THAT this Board of Health meeting be adjourned.

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, MOH/CEO
Date: June 24, 2026
Re: Re-Appointment of Board Chair

Issue:

Following a change in municipal appointment, the Board of Health is required to appoint a Chair.

Background:

Nathan Townend recently concluded his service in elected municipal office after accepting the position of Director of Communications and Community Development with The County of Lennox and Addington.

Lennox and Addington County Council has re-appointed Mr. Townend as its representative on the Board of Health for Southeast Public Health. As a result, the Board of Health may re-appoint Mr. Townend as Chair.

Mr. Townend has expressed his willingness to continue serving in the role and to provide leadership continuity for the Southeast Public Health Board of Health for the remainder of 2026.

Recommendation:

THAT Nathan Townend be re-appointed Chair of the Board of Health for Southeast Public Health for the remainder of the 2026 term.

Board of Health Minutes

Open Session

Date: Wednesday, May 27, 2026

Time: 10:00 a.m.

Location: 221 Portsmouth Avenue, Kingston, Ontario and via Microsoft Teams

In-person: Councillor Conny Glenn (10:06 a.m.), Councillor Judy Greenwood-Speers, Mayor Robin Jones, Councillor Sean Kelly, Councillor Anne-Marie Koiner, Councillor Jeff McLaren, Councillor Bill Roberts, Warden Nathan Townend

Virtual: Mr. Stephen Bird, Warden Richard Kidd, Councillor Michael Kotsovos, Councillor Peter McKenna, Mayor Jan O'Neill, Ms. Barbara Proctor,

Officer: Dr. Ethan Toumishey

1. **Call to Order**

The meeting was called to order by Chair N. Townend at 10:00 a.m.

2. **Land Acknowledgement**

Spoken by Chair N. Townend.

3. **Roll Call**

Conducted by Recorder K. Thompson.

4. **Approval of the Agenda**

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor B. Roberts THAT the Board of Health approve the open agenda for May 27, 2026, as circulated.

CARRIED

5. **Approval of Previous Meeting Minutes**

MOTION: It was MOVED by Mayor J. O'Neill and SECONDED by Councillor A. Koiner THAT the Board of Health approve the open minutes of the meeting held on March 25, 2026, as circulated.

CARRIED

6. **Pecuniary Interest and/or Conflict of Interest, and the General Nature Thereof When the Item Arises**

There were no declarations of pecuniary interest or conflicts of interest made.

7. Committee Reports

7.1. Governance Committee Update

7.1.1. 2026 Board & Committee Meeting Schedule

The Governance Committee Chair reported that Governance Committee meetings will now be held every other month rather than monthly, reflecting the reduced volume of business requiring Committee review.

The Board discussed the status of outstanding governance policies and by-laws. It was noted that priority governance documents have been completed and staff will continue work on remaining items as resources permit.

The Board considered revisions to the 2026 Finance Committee meeting schedule. The proposed Finance Committee start time of 10:00 a.m. was reconsidered and amended to remain at 1:00 p.m. for the remainder of the current Board term.

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Board of Health approve the revised 2026 Board & Committee Meeting Schedule, as amended.

CARRIED

7.1.2. Board of Health Skills Inventory

The Governance Committee presented a Board of Health Skills Inventory form for member completion. The purpose is to ensure the appropriate composition, mix of skill sets, qualifications, expertise, and diversity required by the Board and its Committees.

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Ms. B. Proctor THAT Board of Health members complete the BOH Competency/Skills Inventory Form and return it to the Governance Committee.

CARRIED

7.1.3. MOH Remuneration

At the Governance Committee meeting held on April 14, 2026, members reviewed the MOH Remuneration policy and are recommending it for Board of Health approval.

MOTION: It was MOVED by Warden R. Kidd and SECONDED by Mr. S. Bird THAT the Board of Health approve the MOH Remuneration Policy.

CARRIED

7.2. Finance Committee Update

The Finance Committee Chair reported on meetings held April 15 and May 20, 2026.

Updates included:

- Audit planning for the 2025 fiscal year.
- Discussion regarding legacy reserve funds.

- Review of first-quarter cost-shared program reports.
- Review of fourth-quarter Merger Year 2 reports.

The Committee recommended that legacy reserve funds be treated as assets of the merged Board of Health and administered for the benefit of the organization as a whole.

MOTION 1: It was MOVED by Councillor A. Koiner and SECONDED by Mr. S. Bird THAT the Board of Health approve legacy general and capital reserves be held in a general operating reserve in accordance with the Health Protection and Promotion Act.

CARRIED

MOTION 2: It was MOVED by Councillor S. Kelly and SECONDED by Mayor J. O'Neill THAT the Board of Health receive the Finance Committee update, as circulated.

CARRIED

8. New Business

8.1. Risk Management Report

Staff presented the updated organizational Risk Management Report, including a review of risks previously identified following the merger.

The report identified:

- A new high-risk category related to organizational change and workforce transition.
- Continued monitoring of financial, legal/compliance, governance, strategic, and equity-related risks.
- A reduction in information management risk from high to medium due to strong legacy information management frameworks and expertise.

Board members discussed:

- Health equity planning.
- Information technology integration.
- Human resource retention risks.
- Operational service delivery risks.

Staff advised that risk mitigation strategies are actively underway and a further update will be provided in November 2026.

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Mayor R. Jones THAT the Board of Health receive the Risk Management Report, as circulated.

CARRIED

8.2. aLPHa Resolutions for Consideration

The Board reviewed four resolutions submitted for consideration at the Resolution Session following the 2026 aLPHa Annual General Meeting:

1. A26-01 - Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life

2. A26-02 - Strengthening Certified Public Health Inspector Capacity to Support Delivery of the Ontario Public Health Standards
3. A26-03 - Mandatory and Regulated Alcohol Labelling on Alcohol Manufactured or Sold in Canada
4. A26-04 - Enhancing the Ontario Works Benefit

The Board expressed support for all four resolutions.

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor C. Glenn THAT the Board of Health support the four resolutions submitted for consideration at the Resolution Session following the 2026 alPHa Annual General Meeting.

CARRIED

ACTION: Proxy voting authority for the Resolutions Session was assigned to Mayor J. O'Neill and Councillor B. Roberts.

The Board discussed public health funding challenges and considered a resolution adopted by the Council of the County of Prince Edward at its May 26, 2026 Regular Council Meeting. Members discussed the importance of advocating for sustainable public health funding through multiple channels.

The Board considered the following motion for endorsement and referral to alPHa for further advocacy, to be advanced by Councillor C. Glenn, Member Representative of the Southeast Board of Health on the alPHa Board of Directors:

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Southeast Board of Health support the following resolution:

WHEREAS equity in Ontario's public health care delivery is essential for a thriving provincial economy that keeps people at work and contributing;

AND WHEREAS Ontario's public health units and agencies sector has received a mere one percent annual budget increase from the Province since 2018, significantly below inflation and real-world cost increases;

AND WHEREAS public health faces steadily increasing demands;

AND WHEREAS, according to the Association of Municipalities of Ontario (AMO), municipalities across Ontario spend close to \$4 billion on health despite receiving less than \$2 billion in provincial grants, and the Constitution Act, 1867 clearly establishes provincial responsibility for health;

AND WHEREAS municipalities are being asked to shoulder an escalating percentage of public health unit costs while also being expected to address complex social determinants of health, including rural homelessness and food insecurity, with limited revenue tools;

THEREFORE BE IT RESOLVED THAT Southeast Public Health request that the Association of Local Public Health Agencies (alPHa) advocate to the Provincial Government for an increase in the provincial share of public

health funding equivalent to the annual cost of living;

AND FURTHER THAT aIPHa advocate on behalf of Southeast Public Health regarding provincial merger funding shortfalls.

CARRIED

8.3. Merger Updates

Staff provided an update regarding merger implementation activities, including progress reflected within the merger Gantt chart.

Discussion focused on information technology integration timelines and ongoing transition planning.

MOTION: It was MOVED by Councillor J. Greenwood-Speers and SECONDED by Councillor C. Glenn THAT the Board of Health receive the Merger Update report, as circulated.

CARRIED

9. Information Items

Staff will respond to correspondence regarding the Belleville City Council Resolution: Southeast Health Unit Budget Amendment, dated March 26, 2026.

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Councillor A. Koiner THAT the Board of Health receive the information items, as circulated.

CARRIED

10. Announcements

The Chair acknowledged S. Stewart's years of dedicated service to public health and extended best wishes on behalf of the Board upon her retirement from Southeast Public Health.

Councillor S. Kelly shared positive feedback received regarding Southeast Public Health's partnership with the Belleville HART Hub.

11. Closed Session

MOTION: It was MOVED by Councillor C. Glenn and SECONDED by Councillor A. Koiner THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically: (b) personal matters about an identifiable individual, including Board employees.

CARRIED

12. Rising and Reporting of Closed Session

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Warden R. Kidd THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

CARRIED

13. **Adjournment**

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Councillor S. Kelly THAT this Board of Health meeting be adjourned at 11:49 a.m.

CARRIED

Board Chair
South East Health Unit



**Southeast
Public Health**

Schedule 10.1

Coroner's Inquest Recommendations: Blastomycosis outbreak in Constance Lake First Nation

Dr. Ethan Toumishey
Deputy Medical Officer of Health

June 2026

Background

- **January 2026 jury verdict and recommendations re: inquest into blastomycosis outbreak in the Contance Lake First Nation.**
- 5 recommendations directed toward the Ministry of Health and Boards of Health (BOHs), with a requirement to report back on consideration to implement.
- **The recommendations require coordinated efforts.**
- Aligning responses as a public health sector will strengthen implementation.
- Ministry initiating a time-limited working group to discuss implementation.
- **SEPH is seeking BOH approval on proposed response to the Coroner's office, due July 23, 2026.**



Recommendations for BOHs	Proposed SEPH BOH Response	Comments
<p>27. The Ministry, local BOHs, and Indigenous Services Canada (ISC) to explore opportunities for relationship building among public health units and ISC, with a focus on responding to future public health emergencies in First Nation communities.</p>	<p>The BOH commits to being an active and mindful participant in this local and broader public health sector coordination and in alignment with the requirements of the OPHS.</p>	<p>The OPHS require BOHs to “engage in multi-sectoral collaboration” to decrease health inequities and support population health outcomes. This includes the fostering and creation of meaningful relationships with First Nation communities, starting with engagement through to collaborative partnerships to support public health priorities, including future emergencies and emerging issues of public health significance.</p>
<p>28. The Ministry, local BOHs, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities, in response to future public health emergencies and outbreaks.</p>	<p>The BOH is committed to working at the local level to establish clear roles and responsibilities as needed and will support broader public health sector coordination to align efforts as discussions develop concurrently.</p>	<p>Work is ongoing locally (and at the provincial and federal levels) with First Nation communities and organizations to enhance relationships and to define roles for public health work, including for emergencies.</p>
<p>33. To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry should consider requiring local BOHs to collect race, ethnicity, and Indigenous identity data (where appropriate) for all diseases of public health significance, including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP® data principles.</p>	<p>The BOH is committed to working with the province and following best practices to advance Indigenous data sovereignty and governance.</p>	<p>The requirements for the collection of data for Diseases of Public Health Significance is specified in the Ontario HPPA (Regulation 569); this requires public health sector coordination.</p>

Recommendations for BOHs	Proposed SEPH BOH Response	Comments
<p>48. To the extent that they are not already provided, Public Health Ontario (PHO), the Ministry, ISC, and local BOHs should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.</p>	<p>The BOH is committed to providing education and resources as appropriate, and will leverage public health sector regional and provincial coordinated processes and knowledge products.</p>	
<p>52. The Ministry to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local BOHs, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.</p>	<p>N/A</p>	<p>Implementation falls within the scope of the province.</p> <p>FYI for awareness.</p>

Memo

To: Board of Health Members

Date: June 12, 2026

Re: **Merger Update**

Southeast Public Health (SEPH) Policies

Policy harmonization continues across SEPH and is expected to continue through the end of 2026.

The process is coordinated by the Corporate Services Team and begins with the manager responsible for the policy area working with their team to develop a draft policy informed by the three legacy agency policies. Policies that may have a significant impact on staff are identified and brought forward to the Strategic Operations Committee (SOC) for review.

Draft policies are then reviewed by the Policy Review Task Force, which includes one management representative from each legacy agency. The Task Force assesses the potential impact of proposed changes on staff and identifies policies that may require enhanced communication, change management, or implementation planning.

SEPH has recently begun its fourth policy review cycle, with nearly 30 policies harmonized to date.

Communications & Change Management

Gold for our logo and letterhead design!



SEPH identity recently received the gold award in the Logo/Letterhead Design category at the 43rd Annual Healthcare Advertising Awards.

With more than 4,300 entries submitted from around the world, the Healthcare Advertising Awards are among the largest and most recognized health-care marketing competitions internationally.

This achievement reflects the talent and dedication of the SEPH Communications Team, as well as the expertise of branding and marketing consultant Scott Thornley and Company (STC). Together, they developed a visual identity that reflects SEPH's values and mission while meeting the highest standards of design excellence within the health-care sector.

Additional information is available at the Healthcare Advertising Awards website: <https://healthcareadawards.com/winners-list/winners-list-43rd-annual/>

Southeast Connect Newsletter

The newly harmonized internal staff newsletter, *Southeast Connect*, was launched on June 16, 2026. The newsletter is distributed to all SEPH staff each Tuesday.

Change Readiness Assessment

SEPH's fifth change readiness assessment for all staff was conducted from June 5 to June 19. This survey focuses on five dimensions for a successful merger and allows staff to provide feedback about the merger.

Merger Evaluation

The Ministry is evaluating the impact of the mergers and has engaged SEPH in the completion of a survey to assess some initial indicators.

As SEPH continues to advance the work of our transition, it is important that we take a thoughtful and structured approach to evaluating the merger. Conducting a formal evaluation will help us understand how the merger is influencing both our program delivery and corporate services, and whether we are achieving the outcomes we anticipated.

We are engaging staff from across the organization to help identify the types of information and data that should be collected to provide a comprehensive picture of the merger's impact. This includes perspectives from both program areas and corporate functions to ensure the evaluation reflects the full scope of our operations.

Using the technical expertise of our staff, we will develop an evaluation framework that outlines the key indicators, data sources, and methods that will guide this work. The intent is to create a practical and meaningful framework. Once developed, the proposed evaluation framework will be brought forward to the Board of Health for review, input, and approval.

While the evaluation framework is independent from evaluation of the Board of Health strategic plan, we anticipate there will be some overlap in the key domain areas and the framework could also be used to track progress in the implementation of the strategic plan.

Training and Organizational Development

Investing in staff development remains an important component of merger implementation. Training initiatives support staff in adapting to new processes, technologies, and ways of working while helping establish consistent practices across the organization.

Recent training activities have included Information Technology (IT) learning sessions delivered in both virtual and in-person formats. These sessions are designed to help staff effectively utilize new software and tools that support individual and collaborative work. Training opportunities will continue throughout the summer.

Information Technology (IT)

Electronic Medical Record (EMR)

SEPH continues to make progress toward implementing a unified Electronic Medical Record (EMR) system.

An EMR platform has been selected, and a project team has been established to oversee implementation. The system will support clinical documentation, secure storage of personal health information, ministry reporting requirements, and integrated clinical data management across programs.

Implementation will occur in two phases based on program readiness, with the first phase targeted for launch in summer 2026. A comprehensive training plan is currently being developed, utilizing vendor-provided training resources allocated across both implementation phases.

The project team is also assessing options for retaining and accessing historical data from legacy systems while ensuring compliance with personal health information requirements.

Network Topology

Work continues on the development of a unified network infrastructure that will allow staff to work seamlessly across all SEPH office locations.

The network design phase has been completed and approved. Office locations have been virtually consolidated onto a common firewall environment, and deployment of physical network equipment is underway.

File Architecture

SEPH is working toward a standardized approach to file organization, storage, and records management across the organization.

A draft file architecture, based on Ontario public sector records management best practices (TOMRMS), will be reviewed by management. Once approved, teams will work with IT to establish their future-state file structures.

Work also continues on records retention schedule harmonization, staff engagement activities, and training to support implementation.

Merger Office Transition to the Project Management Office (PMO)

The transition from the Merger Office to the Project Management Office (PMO) is progressing.

An Associate Director has been appointed, and administrative support and project management positions have been posted internally, with staff expected to be in place by early July.

The PMO is beginning a review of merger-related and other upcoming strategic projects to support planning, coordination, oversight, and execution of these major organizational projects and initiatives.

Information Items

Board of Health Meeting – June 24, 2026

1. Simcoe Muskoka District Health Unit, 2025 Annual Report, dated June 19, 2026.
2. Thunder Bay District Board of Health Resolution: Request for Review of Pneumococcal Vaccine Eligibility, dated June 19, 2026.
3. Thunder Bay District Board of Health Resolution: Bill S-206: An Act to develop a national framework for a guaranteed livable basic income, dated June 19, 2026.
4. Lakelands Public Health, 2025 Annual Report Release, dated June 18, 2026.
5. Huron Perth Public Health, 2025 Annual Report Release, dated June 3, 2026.
6. Windsor-Essex County Board of Health Resolution: Enhancing Municipal Readiness for Ontario's Bring-Your-Own-Beverage (BYOB) Legislation Through Public Health Engagement, dated May 14, 2026.
7. Windsor-Essex County Board of Health Resolution: Global Conflict, Health Equity, and Community Preparedness, May 14, 2026.
8. Windsor-Essex County Board of Health Resolution: Waterpipe Smoking Restrictions, May 14, 2026.

Schedule 12.1

From: [allhealthunits](#) on behalf of [Nickason, Melissa](#)
To: [All Health Units](#)
Cc: [EA LIST \(ea@lists.alphaweb.org\)](#)
Subject: [allhealthunits] SMDHU 2025 Annual Report
Date: Friday, June 19, 2026 10:23:36 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

Warning! This message was sent from outside SEPH and we were unable to verify the sender. This message may be unsafe!

Sent on behalf of Ann-Marie Kungl, Board of Health Chair, Simcoe Muskoka District Health Unit

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU), I am pleased to share our [2025 Annual Report](#) highlighting a year of progress in protecting and promoting public health across our region.

The past year brought changes to SMDHU's organizational structure and leadership. Building on our strong foundations, our agency has shown resilience in adapting to meet the needs of our growing communities. We have continued to advance our strategic priorities, deliver evidence-informed public health programs, strengthen partnerships, including with Indigenous communities, and explore innovative approaches to improve service delivery.

We encourage you to share our 2025 Annual Report and welcome your feedback. Please contact the health unit at 705-721-7520 or 1-877-721-7520 between 8:30 a.m. and 4:30 p.m. on weekdays or visit our [website](#).

Melissa Nickason

Executive Assistant to the Office of the Medical Officer of Health

t: 705-721-7520 **or** 1-877-721-7520 **x:** 7079

f: 705-725-0335

e: melissa.nickason@smdhu.org

Simcoe Muskoka District Health Unit, 15 Sperling Dr, Barrie, ON L4M 6K9



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Thank you.

Schedule 12.2



**Thunder Bay District
Health Unit**

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TBDHU.COM

June 19, 2026

The Honourable Sylvia Jones
Minister of Health
5th Floor
777 Bay St.
Toronto, ON M7A 2J3

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

SENT VIA EMAIL

RE: Request for Review of Pneumococcal Vaccine Eligibility

Dear Minister Jones and Dr. Moore,

Please see the attached resolution passed by the Board of Health at its February meeting.

The Board is requesting a review of the eligibility for publicly funded pneumococcal vaccine in adults as rates of invasive pneumococcal disease have increased in recent years and has resulted in increased severe disease and hospitalizations in the health unit area. An expansion of eligibility of publicly funded vaccine would be beneficial in mitigating this.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'James McPherson'.

James McPherson
Chair, Board of Health
Thunder Bay District Health Unit

cc. Honourable Kevin Holland (Thunder Bay-Atikokan)
Lise Vaugeois (Thunder Bay-Superior North)
Northern Ontario Boards of Health



Thunder Bay District
Health Unit

Board of Health Resolution

MOVED BY: L. Belanger

SECONDED BY: J. Moffat

(Regular Meeting)

SOURCE: TBDHU Board of Health

DATE: February 18, 2026

Page 1 of 2

RESOLUTION NO.: 25-2026

CARRIED

AMENDED

LOST

DEFERRED/
REFERRED

ITEM NO.: 9.1

J. McPherson

CHAIR

**RE: Report 06-2026 (Medical Officer of Health)
Advocacy Related to Pneumococcal Vaccine Eligibility**

WHEREAS invasive pneumococcal disease (IPD) is a serious and potentially life-threatening vaccine-preventable illness that can result in hospitalization, intensive care admission, long-term complications, and death; and

WHEREAS Thunder Bay District Health Unit has observed an increase in reported cases of IPD in recent years, with a significant proportion of cases requiring hospitalization and intensive care; and

WHEREAS local surveillance data indicate that individuals experiencing social and behavioural risk factors are disproportionately affected; and

WHEREAS current publicly funded pneumococcal vaccine eligibility criteria set by the Ontario Ministry of Health are primarily based on age and medical risk, and do not explicitly include certain social and behavioural risk factors associated with increased risk of invasive disease; and

WHEREAS expanding eligibility criteria may reduce morbidity and mortality, decrease health system pressures, and address health inequities among vulnerable populations;

THEREFORE BE IT RESOLVED THAT the Board of Health for the Thunder Bay District Health Unit formally request that the Minister of Health and Chief Medical Officer of Health review, in an expeditious manner, the current eligibility criteria for publicly funded pneumococcal vaccination for adults;

AND THAT the review considers the inclusion of individuals with social and behavioural risk factors associated with increased risk of invasive pneumococcal disease;

AND THAT a copy of this resolution be provided to the Minister of Health, the Chief Medical Officer of Health, local Members of Provincial Parliament, and Northern Ontario Boards of Health.

FOR OFFICE USE ONLY --- RESOLUTION DISTRIBUTION

	<i>To:</i>	<i>INSTRUCTIONS:</i>	<i>To:</i>	<i>INSTRUCTIONS:</i>
1	Dr. J. DeMille			
2	L. Dennis			
3			L. McNeice	
4				
5				
6				File Copy



Thunder Bay District Health Unit

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TBDHU.COM

June 19, 2026

The Honourable Francois-Philippe Champagne, Minister of Finance and National Revenue

Delivered via email: francois-philippe.champagne@parl.gc.ca

National Finance Committee

Delivered via email: nffn@sen.parl.gc.ca

Dear Minister of Finance and National Finance Committee,

Re: Addressing Household Food Insecurity in Ontario

On January 21, 2026, at a regular meeting of the Board of Health for the Thunder Bay District Health Unit, the Board recognized Household Food Insecurity as an income-driven problem that requires income-based solutions.

This letter is to urge your support of Bill S-206, an Act to develop a national framework for a guaranteed livable basic income, currently being considered by the National Finance Committee of the Senate, and soon proceeding to second reading in the House of Commons. The Thunder Bay District Health Unit aligns with the Ontario Dietitians in Public Health (ODPH) in its support for the concept of a Guaranteed Livable Basic Income as an effective policy lever for reducing the pervasive problem of household food insecurity in Canada.

We support and endorse the attached letter by the ODPH, who strongly support the concept of a Guaranteed Livable Basic Income as an effective policy lever for reducing the pervasive problem of household food insecurity in Canada.

In 2024, the rate of household food insecurity in Canada reached an all-time high since its measurement in Canada began nearly two decades ago. The percentage of households in Canada's ten provinces experiencing household food insecurity increased significantly to 25.5% in 2024 from 15.9% in 2021. This represents 9.9 million people, including 1 in 3 children. These estimates do not include people living on First Nations or the territories where rates of household food insecurity are typically higher.

Households struggling to put food on the table also struggle to afford other basic needs. Household food insecurity, originally perceived as a "food problem," is now understood to be a potent marker of material deprivation, rooted in inadequate and unstable incomes that have not kept pace with the costs of living.

Research on federal and provincial income policies, including public pensions for seniors, social assistance, child benefits, and minimum wage, has documented reductions in food insecurity when these interventions improve the incomes of low-income households. Research on the impact of Canada's public pension system for seniors provides the strongest parallel to a Guaranteed Livable Basic Income.

.../2

Reaching the age of eligibility for collecting public pensions has been shown to reduce the risk of food insecurity for low-income, unattached seniors by almost 50%.

The only interventions proven to reduce household food insecurity are those that improve the incomes of vulnerable households. Thank you for reviewing this information. We appreciate your attention to this significant matter.

Sincerely,



James McPherson
Chair, Board of Health
Thunder Bay District Health Unit

Cc:

Marcus Powlowski, MP – Thunder Bay – Rainy River
Patty Hajdu, MP – Thunder Bay- Superior North
Association of Local Public Health Agencies (aLPHA)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities (FCM)
Ontario Public Health Association (OPHA)
Ontario Dietitians in Public Health (ODPH)
Ontario Boards of Health
Health Unit Member Municipalities

National Finance Committee:

Senator Claude Carignan, Chair, National Finance

Committee Claude.Carignan@sen.parl.gc.ca

Senator Éric Forest, Deputy Chair, National Finance Committee Eric.Forest@sen.parl.gc.ca

The Honourable Senator Clément Gignac, National Finance Committee

Member Clement.Gignac@sen.parl.gc.ca

The Honourable Senator Andrew Cardozo, National Finance Committee

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The Honourable Senator Pierre J. Dalphond, National Finance Committee

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The Honourable Senator Rosa Galvez, National Finance Committee

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The Honourable Senator Martine Hébert, National Finance Committee

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The Honourable Senator Jane MacAdam, National Finance Committee

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The Honourable Senator Elizabeth Marshall, National Finance Committee

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The Honourable Senator Krista Ross, National Finance Committee

Member Krista.Ross@sen.parl.gc.ca

Sara Gajic, Clerk, National Finance Committee Sara.Gajic@sen.parl.gc.ca

January 7, 2026

The Honourable Claude Carignan, Senator, and Chair, National Finance Committee
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The Honourable Joan Kingston, Senator, and National Finance Committee Member
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The Honourable Jane MacAdam, Senator, and National Finance Committee Member
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The Honourable Elizabeth Marshall, Senator, and National Finance Committee Member
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The Honourable Krista Ross, Senator, and National Finance Committee Member
Krista.Ross@sen.parl.gc.ca

Sara Gajic, Clerk, National Finance Committee Sara.Gajic@sen.parl.gc.ca

National Finance Committee NFFN@SEN.PARL.GC.CA

Dear Chair, Deputy Chair, Members, and Clerk of the National Finance Committee of the Senate of Canada:

[Ontario Dietitians in Public Health](http://www.odph.ca) (ODPH), the professional association of Registered Dietitians working in Ontario's public health system, is writing to urge your support of [Bill S-206](#), an Act to develop a national framework for a guaranteed livable basic income, currently being considered by the National Finance Committee of the Senate. Since 2015, ODPH has strongly supported the concept of a basic income guarantee as an effective policy lever for reducing the pervasive problem of household food insecurity in Canada.¹

[Food Insecurity Policy Research \(PROOF\)](#) defines household food insecurity (HFI) as “the inadequate or insecure access to food due to financial constraints,” and further states it is a serious public health problem, a marker of pervasive material deprivation, and a matter of public policy.² The experience of HFI can range from concerns or problems of food access (marginal HFI), to the inability to afford a balanced diet and/or missing meals (moderate HFI), to extreme cases of not eating for days (severe HFI).

In 2024, HFI in Canada reached its highest level since national monitoring began nearly 20 years ago. One in four Canadians (25.5%) living in the ten provinces experienced HFI, representing approximately 9.9 million people, including 2.5 million children – 75% of these children lived in households facing moderate or severe HFI.³ These estimates do not include First Nations communities or the territories, where rates are typically even higher, particularly in Nunavut. Provincial rates varied significantly, ranging from 19.8% in Quebec to 30.9% in Alberta, highlighting the need for a coordinated national response.³

HFI is fundamentally an income issue, not just a “food problem.” In 2023, 70% of households with social assistance as their main source of income in Canada reported experiencing HFI.³ However, employment is not necessarily protective – 58.6% of households experiencing HFI report employment as their main income source, with this group showing the largest increase in HFI from 2021 to 2022.³ A recent survey by Food Banks Canada found that low wages and insufficient hours were among the top reasons people turned to food banks.⁴ Research also highlights a growing trend of precarious jobs with unstable hours, and a lack of essential benefits, creating significant challenges for today’s workforce.⁵ HFI is a critical indicator of a household’s financial situation, as households unable to afford food also struggle to meet other basic needs. Incomes have not kept pace with the cost of living - since 2021, the Consumer Price Index has increased by 26% for shelter, 25% for food and 20% for transportation.⁴

Extensive Canadian evidence demonstrates HFI is tightly linked to adverse physical and mental health outcomes above and beyond the influence of other social determinants of health. Research linking HFI data from population health surveys with administrative health records, has provided strong evidence that people experiencing HFI are more likely to be hospitalized for a wide range of conditions, stay in hospital longer, and die prematurely (before the age of 83) from all causes except cancer.⁶ A particularly strong relationship exists between HFI and poor mental health. The risk of experiencing depression, anxiety disorders, mood disorders, or suicidal thoughts increases with the severity of HFI for both adults and youth.⁶ The health consequences of HFI are extremely costly to Canada’s publicly funded healthcare system.⁷ Policies designed with the aim of reducing HFI have the potential to offset considerable public expenditures on healthcare for federal, provincial and territorial governments. These savings must be considered in the proposed national framework for a guaranteed livable basic income.

For more than three decades, food banks have been the primary response to HFI in Canada. Despite massive investments in a secondary food system for people who cannot afford to obtain food in the most socially dignified manner (i.e., buying from food retailers), food banks are struggling more than ever to meet demands. In March 2025, there were more than 2 million visits to food banks across Canada, representing a 5% increase compared to March 2024, and a 99.4% increase compared to March 2019.⁴ While food banks can provide temporary food relief, they do not address the root cause of HFI – inadequate and unstable income.¹ In fact, only about one-quarter of households experiencing HFI use food banks, and for those who do, the problem persists.⁸

Over the past 12 months, several Ontario municipalities declared food insecurity emergencies, including [Mississauga](#), November 2024; [Toronto](#), December 2024; [Kingston](#), January 2025; [Brantford](#), February 2025; [Brockville](#), June 2025 and [Orillia](#), August 2025. These declarations clearly demonstrate HFI has reached crisis levels across Ontario, resulting in an unsustainable demand on the charitable food system, and requiring municipal governments and community organizations to call on Federal and Provincial governments to step in with long-term policy solutions.

The only interventions proven to reduce household food insecurity are those that improve the incomes of vulnerable households.⁹ Research on federal and provincial income policies, including public pensions for seniors, social assistance, child benefits, and minimum wage, has documented reductions in food insecurity when these interventions improve the incomes of low-income households.⁸ Research on the impact of Canada's public pension system for seniors provides the strongest parallel to a basic income guarantee. Reaching the age of eligibility for collecting public pensions has been shown to reduce the risk of food insecurity for low-income, unattached adults by almost 50%.¹⁰

Establishing an income floor for working-aged Canadians and their families (similar to the support seniors receive through public pension programs) would reduce vulnerability among households that rely on employment incomes but are still unable to make ends meet, while also ensuring adequate income for those not in the workforce to cover basic needs. According to a recent report by the Parliamentary Budget Officer, a national guaranteed basic income would significantly reduce poverty in Canada by 2025 – by 34% for households defined as nuclear families and by 40% for those defined as economic families, based on the Market Basket Measure.¹¹

Given the magnitude of HFI and its profound health impacts and economic costs, Canada urgently needs income-based policy solutions that directly address this issue. The 2025 Report of the National Advisory Council on Poverty has included consideration of a targeted basic income to ensure everyone reaches at least Canada's Official Poverty Line through wages and/or government benefits.¹² Supporting Bill S-206 is a critical step toward this vision, laying the foundation for a basic income framework that can reduce poverty and improve health outcomes in Canada. ODPH respectfully urges the National Finance Committee to support Bill S-206 and help build a stronger, healthier, and more equitable Canada. Thank you for your consideration.

Sincerely,



Luisa Magalhaes, MHSc, RD
Chair, ODPH



Karina Kwong, MPH, RD
Co-Chair, Food Insecurity Workgroup

cc. The Honourable Kim Pate, Senator
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (Ontario)

References

-
- ¹ Ontario Dietitians in Public Health (ODPH). Available (in English and French) at: <https://odph.ca/section/food-insecurity/>
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Schedule 12.4

From: [allhealthunits](#) on behalf of [Alida Gorizzan](#)
To: [All Health Units](#)
Subject: [allhealthunits] Fw: Lakelands Public Health Releases 2025 Annual Report (Media Release)
Date: Thursday, June 18, 2026 3:57:46 PM

Warning! This message was sent from outside SEPH and we were unable to verify the sender. This message may be unsafe!

See below for details regarding the release of the LPH Annual Report

From: media <media@lakelandsph.ca>
Sent: Thursday, June 18, 2026 3:52 PM
Subject: Lakelands Public Health Releases 2025 Annual Report (Media Release)

Dear Media Partners,

Please find attached a media release from Lakelands Public Health, regarding the launch of the [Annual Report](#), marking our first year of operations following the historic merger of the Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough Public Health on January 1, 2025.

[Media Release](#)

This information is being shared to support timely and accurate coverage for your audiences. We are available to provide additional context, coordinate interviews, or supply supporting materials as needed.

Media Interviews: For interview requests, please contact media@lakelandsph.ca

Thank you for your continued collaboration in keeping our communities informed.

Sincerely,



Media Mailbox

185 King Street,
Peterborough ON K9J 2R8
1-844-575-4567
LakelandsPH.ca



gradient graphic



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Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Enhancing Municipal Readiness for Ontario’s Bring-Your-Own-Beverage (BYOB) Legislation Through Public Health Engagement

2026-05-14

ISSUE

The Province of Ontario has introduced a legislative framework permitting residents aged nineteen years and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events, effective April 30, 2026. Municipalities must pass enabling bylaws and establish local eligibility processes prior to the policy taking effect. Given the significant and well-documented burden of alcohol-related harms in Windsor-Essex, formal engagement with the Windsor-Essex County Health Unit (WECHU) is essential to ensure that any municipal implementation of the Bring-Your-Own-Beverage (BYOB) policy prioritizes public health and community safety.

BACKGROUND

The Province of Ontario will, effective April 30, 2026, expand existing alcohol permissions to allow residents aged nineteen and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events. Municipalities must first enact enabling bylaws authorizing alcohol consumption in public spaces and establish local processes to determine event eligibility prior to the issuance of permits through the Alcohol and Gaming Commission of Ontario (AGCO).

While the policy aims to support tourism, reduce event-related costs, and strengthen local economic activity, Health Canada (2024) indicates that increased visibility and normalization of alcohol at public or family-oriented events contributes to more permissive attitudes toward drinking among youth and young adults, with research among Ontarians aged 19–24 showing that alcohol is commonly perceived as an expected feature of festivals and community celebrations and associated risks are often underestimated.

In Windsor-Essex, 62% of residents report regular alcohol use, and in 2024, more than 2,000 emergency department (ED) visits were attributable to alcohol, substantially exceeding all other substance-related ED visits. Annual rates include 416.13 alcohol-related ED visits per 100,000 residents and 260 hospitalizations per 100,000 residents, both surpassing provincial averages.

Alcohol remains a predominant driver of preventable death, illness and injury locally. Increased access to alcohol has been consistently associated with higher rates of impaired driving and motor vehicle injury. Ontario and national evidence demonstrate that policy changes which increase alcohol availability are linked to increases in alcohol-related collisions, injuries, and fatalities (Callaghan et al., 2023).

Alcohol-related emergency department presentations contribute to broader system pressures in Windsor-Essex, including emergency department crowding, ambulance offload delays, and periods of reduced ambulance availability (Code Black), underscoring the region's limited surge capacity and the importance of precautionary, public-health informed approaches when considering policies that may increase acute alcohol-related demand (Public Health Ontario, 2023; Myran et al., 2024; Wan et al., 2026).

As such, any expansion of public alcohol consumption through municipal implementation of the BYOB framework should incorporate public-health-informed safeguards appropriate to the local context, including event screening, designated consumption areas, and risk-mitigation planning, to support community safety and well-being and minimize unintended health and system impacts.

PROPOSED MOTION

Whereas, the Province of Ontario will, effective April 30, 2026, authorize adults nineteen years of age and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events, contingent upon the passage of municipal bylaws permitting alcohol consumption in public spaces and the establishment of local criteria to determine event eligibility for BYOB permits;

Whereas, the implementation of the BYOB alcohol policy is not automatic and may only proceed within a municipality once the municipality has passed an enabling bylaw and developed an appropriate local approval process;

Whereas, annual local alcohol-related harms include 416.13 emergency room visits per 100,000 residents and 260 hospitalizations per 100,000 residents, exceeding provincial averages;

Whereas, an expansion of public alcohol consumption through BYOB events has the potential to exacerbate existing alcohol-related harms without robust safeguards and public health-informed oversight.

Therefore, be it resolved that, the Board of Health of the Windsor-Essex County Health Unit strongly advises municipalities within Windsor-Essex that formal consultation with the WECHU is essential prior to drafting, revising, or adopting any municipal bylaw pertaining to Ontario's BYOB alcohol policy, ensuring that public health considerations are fully integrated into local decision-making processes.

FURTHER THAT, WECHU commit to providing evidence-informed guidance and policy supports to municipal councils, including local alcohol-related harm statistics, recommendations for designated consumption areas, risk-mitigation strategies, enforcement considerations, and public-facing harm-reduction messaging.

FURTHER THAT, this resolution be circulated to all municipal councils in Windsor-Essex, the Association of Municipalities of Ontario (AMO), and the Ontario Public Health Association (OPHA) to support coordinated and health-informed implementation of the BYOB framework.

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Kathleen Thompson

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of Melissa Rintoul <mrintoul@hpph.ca>
Sent: Wednesday, June 3, 2026 8:48 AM
To: allhealthunits@lists.alphaweb.org; board@lists.alphaweb.org
Cc: Rita Marshall
Subject: [allhealthunits] Huron Perth Public Health 2025 Annual Report

Warning! This message was sent from outside SEPH and we were unable to verify the sender. This message may be unsafe!

Huron Perth Public Health (HPPH) is pleased to announce the release of its 2025 Annual Report, now available on the health unit's web site at <https://www.hpph.ca/about-us/annualreports/>. The report highlights the programs and services delivered in 2025 to prevent disease, protect health, and promote well-being across Huron and Perth.



Melissa Rintoul, BScN

EA to MOH, DOCS, and BOH

Huron Perth Public Health

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Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Global Conflict, Health Equity, and Community Preparedness

2026-05-14

ISSUE

Global armed conflict can affect population health, health equity, and health systems in Canada and Windsor-Essex. Recent military conflict in the Middle East has resulted in civilian harm, disrupted global energy markets and environmental damage. These impacts can be felt locally through higher living costs, food insecurity, increased stress, and added pressure on health and social services.

BACKGROUND

Global conflicts increasingly cause health impacts that extend far beyond national borders. The current conflict in the Middle East has disrupted global energy supplies, leading to higher fuel prices and unstable supply chains. In Canada, rising fuel costs disproportionately affect low-income households, single parents, rural and remote communities, and people living with chronic illnesses who rely on transportation to access care. Increased fuel and fertilizer costs are also drivers of higher food prices, exacerbating food insecurity at a time when approximately one quarter of people in Windsor-Essex and nationally already live in food-insecure households (including 2.5 million children in Canada), and food banks are operating beyond capacity. Food insecurity is a well-established determinant of poor physical and mental health. Rising costs of living deepen poverty-related stress, worsen chronic disease outcomes, and increase demand for health and social services.

The mental health impacts of armed conflict are profound and well-documented. Children directly exposed to violence experience high rates of post-traumatic stress disorder, depression, and long-term developmental impacts. Adults experience chronic anxiety, depression, and increased substance use. Importantly, these effects are not limited to those living in conflict zones. Diaspora communities in Canada are experiencing complex and prolonged grief, fear, and uncertainty as they monitor events impacting loved ones abroad. Similar patterns were observed following the war in Ukraine, resulting in increased demand for trauma-informed mental health services within Canadian health systems.

Armed conflict also undermines global public health security. Damage to health infrastructure, disruption of disease surveillance, and constrained access to medicines increase the risk of infectious disease outbreaks, including disruptions to tuberculosis and HIV care documented in prior conflicts. Iran's role as a host country to millions of refugees, coupled with regional instability, raises the likelihood of further displacement and humanitarian need.

Environmental health risks are also escalating. Bombardment of oil refineries and industrial sites releases toxic pollutants that increase long-term risks of cancer and respiratory disease and contribute to global

environmental degradation and climate change. Conflict near sensitive nuclear facilities can create a low-probability but high-impact risk of radiological contamination.

Taken together, these developments underscore that Canada's health is inseparable from global stability. Preparedness for the health consequences of global conflict is a matter of local health protection, health promotion, and health equity.

PROPOSED MOTION

WHEREAS armed conflict and global instability are recognized drivers of adverse population health outcomes, including food insecurity, mental illness, infectious disease risk, and environmental harm; and

WHEREAS rising fuel and food costs disproportionately harm low-income households, children, older adults, people with chronic illness, and rural and remote communities, deepening existing health inequities; and

WHEREAS war-related trauma affects people both in conflict zones and in diaspora communities in Canada, increasing the need for trauma-informed mental health and community-based supports; and

WHEREAS disruptions to global health infrastructure and surveillance during conflict increase the risk of infectious disease outbreaks with downstream impacts on Canadian health systems; and

WHEREAS resilient food systems, social protections, and accessible health care are essential components of public health preparedness and community resilience;

NOW THEREFORE BE IT RESOLVED THAT the Windsor-Essex County Board of Health:

1. Affirm by passing this resolution that global conflict and global inequity are critical public health issues with direct implications for the health and well-being of Windsor-Essex residents;
2. Calls on all levels of government to strengthen policies and investments that protect population health in the face of global instability, including:
 - Investments in food security and income supports
 - Measures to mitigate the health impacts of rising fuel and transportation costs, including advocating for more active transportation
 - Expansion of trauma-informed mental health services, with particular attention to children, youth, and diaspora communities
 - School-based mental health and well-being support programs
 - Health care access models proven effective in humanitarian and refugee-receiving contexts
3. Urge the Government of Canada to ensure preparedness for increased humanitarian migration by supporting continuity of care, culturally and linguistically appropriate mental health services, and rapid access to primary and preventive care; and
4. Encourage federal leadership in advancing peace, global equity, and protection of civilian populations as essential strategies for safeguarding health at home



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Waterpipe Smoking Restrictions

2026-05-14

ISSUE

The *Smoke-Free Ontario Act, 2017* (SFOA) prohibits the use of tobacco and vapour products in all enclosed public spaces and workplaces in Ontario. Since its introduction in 2006, the SFOA has contributed to a significant reduction in smoking in public places and exposure to second-hand smoke (Ontario Tobacco Research Unit, 2009). However, the smoking of non-tobacco products such as herbal shisha using waterpipes (e.g. hookahs) remains permitted under the Act, resulting a regulatory gap in provincial smoking legislation. The permissibility of waterpipe use for non-tobacco products creates mixed messages for the public about the safety of waterpipe smoking and diminishes its many potential health risks (Public Health Ontario, 2021). Therefore, municipal governments have the opportunity to address this legislative loophole by implementing or enforcing by-laws that are more restrictive than the SFOA that prohibit the use of waterpipes for non-tobacco products (Canadian Public Health Association, 2021; *Smoke-Free Ontario Act, 2017*).

BACKGROUND

Non-tobacco shisha that is smoked through a waterpipe is sometimes perceived as healthier than smoking or vaping because of the absence of tobacco as well as the use of water to pass smoke through. Although the smoke passes through water before being inhaled, waterpipes do not filter out toxins as they can still produce high levels of carbon monoxide and expose the person smoking to heavy metals and carcinogenic chemicals (Ottawa Public Health, 2025; Mayo Clinic, 2025). Furthermore, non-tobacco shisha products come in a variety of flavours, contributing to an image of safety and accessibility as well as youth appeal (Chappell, 2021).

Waterpipe smoking creates a plethora of health risks. The use of a hookah to smoke both tobacco and non-tobacco shisha contributes to a significantly greater risk of respiratory diseases such as lung cancer, chronic obstructive pulmonary disease (COPD), and chronic bronchitis. (Public Health Ontario, 2025; Ottawa Public Health, 2025). Waterpipe smoking is also associated with adverse cardiovascular effects including elevated heart rate, increased blood pressure, reduced exercise capacity, and coronary artery disease (Public Health Ontario, 2025; UCLA Health, 2018). Waterpipe smoking during pregnancy is associated with low birth weight, sudden infant death syndrome, and childhood respiratory, learning, and behavioural problems (Public Health Ontario, 2021; Ottawa Public Health, 2025; My Health Alberta, 2024). Furthermore, the sharing of hookah mouthpieces as well as bacteria within the pipe can contribute to infectious diseases such as hepatitis, tuberculosis, influenza, herpes, and COVID-19 (Public Health Ontario, 2021; Ottawa Public Health, 2025; My Health Alberta, 2025).

Waterpipe use also has negative health effects for those exposed to second-hand waterpipe smoke. Even when tobacco is not present, herbal shisha can worsen air quality by producing carbon monoxide and particulate matter (Public Health Ontario, 2025; Zhou et al., 2015). Because of the typically long duration of waterpipe smoking sessions (approximately one hour), individuals are exposed to greater levels of carbon monoxide and heavy metals (e.g. nickel and arsenic) using a waterpipe compared to tobacco cigarettes (Mayo Clinic, 2025; Chappell, 2021), further exacerbating health concerns for those who smoke as well as others exposed to second-hand smoke. Research from the University of Alberta finds that some hookah bars can have air quality that is similar to “being downwind from a forest fire” (University of Alberta, 2013), highlighting the importance of restricting indoor waterpipe smoking to protect the health of patrons as well as employees.

Although establishments may advertise their shisha as free of tobacco, tobacco has been found in shisha samples in Windsor and across Ontario (Chappell, 2021). Since 2024, five charges have been laid at hookah lounges in Windsor where tobacco has been found in shisha samples, representing a 50% non-compliance rate based on ten inspections conducted. Prohibiting indoor hookah use would eliminate the possibility of tobacco use indoors that persists despite current smoking legislation. Several cities throughout Ontario have banned waterpipe use within enclosed public spaces and workplaces such as Ottawa, Peterborough, Barrie, Niagara, Orillia, Toronto, and Hamilton (Public Health Ontario, 2025). Furthermore, the Canadian Public Health Association recommends that municipalities establish by-laws prohibiting hookah use in public places, as stated within their position statement *The Winnable Battle: Ending Tobacco Use in Canada* (2021).

PROPOSED MOTION

Whereas, waterpipe smoking is associated with negative health outcomes including lung cancer, chronic obstructive pulmonary disease (COPD), low birth weight, communicable diseases, and cardiovascular conditions such as high blood pressure and coronary artery disease; and

Whereas, non-tobacco smoking products (e.g. shisha) contain heavy metals, carcinogens, and carbon monoxide which are hazardous to the health of those who smoke as well as those subject to second-hand smoke; and

Whereas, the *Smoke Free Ontario Act, 2017* does not restrict the smoking of non-tobacco products indoors, providing an opportunity for municipalities to implement local by-laws which include the prohibition of waterpipe use for non-tobacco products in enclosed public spaces and workplaces;

Now therefore be it resolved the Windsor-Essex County Board of Health endorses the Windsor-Essex County Health Unit working collaboratively with area municipalities to develop, update, and enforce by-laws that restrict the use of waterpipes, including non-tobacco products, in enclosed public spaces and workplaces.

Further that, the Windsor-Essex County Board of Health supports efforts to educate the public, business owners, and municipal partners on the health risks associated with waterpipe smoking, including non-tobacco products, and the importance of protecting workers and the public from exposure to second-hand emissions in enclosed public spaces and workplaces.

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