

**Board of Health for
Lakelands Public Health
MEETING AGENDA
Wednesday, October 21, 2026, 5:30 – 6:30 p.m.
LPH Port Hope Office, 200 Rose Glen Road, Port Hope ON**

1. Call to Order and Land Acknowledgement

2. Declaration of Pecuniary Interest

3. Adoption of the Agenda

4. Adoption of Regular Minutes

- Cover Report
- a. Draft Minutes, September 16, 2026

5. Business Arising

6. Medical Officer of Health Update

7. Reports

7.1. Presentation: Fall Respiratory Season Update

- Cover Report
- a. Presentation

7.2. Staff Report: Building a Culture of Quality Improvement - Lean Training Update

- Staff Report

8. Consent Items

Board Members: Please identify which consent items in the following section you wish to consider separately from and advise the Chair when requested. Any items that are not pulled will be passed with one motion.

8.1. Correspondence For Direction: Vape Flavouring

- Staff Report
- a. Letter, MLHU Board of Health, Sept. 23/36
- b. Letter, Coalition to Prime Minister Carney, Feb. 19/26

8.2. Staff Report: Ensuring Federal Ebola Border Measures Remain Evidence-Based and Proportionate

- Staff Report

8.3. Staff Report: November Board Meeting Cancellation

- Staff Report

8.4. Correspondence for Information

- Cover Report
 - a. alPHa Infobreak – September - October 2026 (*web hyperlink*)
 - b. Premier Ford / Minister Jones – Save a Life Act
 - c. Ministers Michel & Jones - Global Conflict, Health Equity, and Community Preparedness
 - d. Ministers McGuinty & Anandasangaree – Cybersecurity & Local Public Health Collaboration
 - e. Minister Jones – BYOB Legislation
 - f. Local Municipal Councils – BYOB Legislation

9. New Business

10. In-Camera Session

The Board will proceed in camera to discuss two items in accordance with the Municipal Act, 2001, Section 239(2):

(b) personal matters about an identifiable individual, including municipal or local board employees; and,

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

11. Motions From In Camera Session

12. Date of Next Meeting

Wednesday, January 20, 2027
4:00 – 6:30 p.m.
LPH Peterborough Office
185 King Street, Peterborough ON

13. Adjournment

TITLE:	Meeting Minutes for Approval
DATE:	October 21, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health approve meeting minutes for September 16, 2026.

Attachments

- a. Draft Minutes, September 16, 2026

**Board of Health for
DRAFT MEETING MINUTES
Wednesday, September 16, 2026, 4:00 – 6:30 p.m.
LPH Peterborough Office, 185 King Street, Peterborough**

Board Members:

**Warden Bonnie Clark (virtual)
Deputy Mayor Ron Black, Chair
Ms. Frances Gerow
Councillor Dan Joyce (virtual)
Councillor Nodin Knott (virtual, jo
Councillor Joy Lachica (virtual)
Mayor John Logel (virtual)
Dr. Ramesh Makhija
Mr. Dan Moloney
Councillor Keith Riel (virtual)
Councillor Cecil Ryall (virtual)
Deputy Mayor Tracy Richardson
Councillor Kathryn Wilson**

Regrets:

**Mayor Olena Hankivsky (virtual)
Dr. Hans Stelzer (virtual)_**

Staff:

**Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Dr. Maxwell Tran, Acting Associate Medical Officer of Health
Ms. Hallie Atter, Director, Community Health
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant
Mr. Larry Stinson, Director, Facilities, Finance & IT / Chief Transformation Officer
Ms. Cindy Tindal, Acting Director, People and Communications**

1. Call to Order and Land Acknowledgement

Deputy Mayor Black, Chair, called the meeting to order at 4:01 p.m.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Adoption of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Mayor Logel

Seconded: Mr. Moloney

Motion carried. (2026-054)

4. Adoption of Regular Minutes

MOTION:

That the Board of Health for Lakelands Public Health approve meeting minutes for June 17, 2026.

Moved: Warden Clark

Seconded: Councillor Ryall

Motion carried. (2026-055)

5. Business Arising

6. Medical Officer of Health Update

MOTION:

Dr. Thomas Piggott, Medical Officer of Health and Chief Executive Officer for Lakelands Public Health, provided an update that included:

- Lakelands Public Health is hosting a virtual education session for municipal election candidates on September 22 to enhance understanding of public health roles, governance, and funding.
- The first local influenza outbreak of the season has been identified, approximately one month earlier than typically expected. Response activities are underway, and public vaccination campaigns are expected to begin in the coming weeks.
- The region experienced several public health challenges over the summer, including wildfire smoke events that affected air quality, extreme heat events that impacted vulnerable populations, and a record Lyme disease season, reflecting the continued spread of tick populations throughout the catchment area.
- Concern regarding Ontario's proposed Bring Your Own Beverage (BYOB) legislation. Public health considerations include the normalization of alcohol consumption, increased alcohol-related harms and emergency department visits, relapse risks for individuals with alcohol use disorder, and broader healthcare system costs associated with alcohol use.

Moved: Ms. Gerow

Seconded: Dr. Makhija

Motion carried. (2026-056)

7. Reports

7.1. Presentation: Strategic Planning – Board of Health Update

MOTION

That the Board of Health for Lakelands Public Health receive the following for information:

- Presentation Title: Strategic Planning – Board of Health Update
- Presenters: Jenn Harrington & Christie Nash, Arising Collective

Moved: Warden Clark

Seconded: Councillor Ryall

Motion carried. (2026-057)

7.2. Presentation: Indigenous Health Update

That the Board of Health for Lakelands Public Health receive the following for information:

- Presentation Title: Indigenous Health Update
- Presenter: Hallie Atter, Director, Community Health

Moved: Ms. Gerow

Seconded: Mr. Moloney

Motion carried. (2026-058)

7.3. Staff Report: Associate Medical Officer of Health Appointment

That the Board of Health for Lakelands Public Health:

- approve the appointment of Dr. Maxwell Tran to the position of Acting Associate Medical Officer of Health for Lakelands Public Health effective August 4, 2026; and,
- direct staff to forward its decision to the Ontario Minister of Health to obtain Ministerial approval.

Moved: Mayor Logel

Seconded: Ms. Gerow

Motion carried. (2026-059)

8. Consent Items

MOTION:

That the following items be passed as part of the Consent Agenda: 8.1, 8.2, 8.3, 8.4, 8.5a,b,c,d, 8.6, 8.7, 8.8, 8.9, 8.10a,b

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-060)

MOTION (8.1)

That the Board of Health for Lakelands Public Health receive the following for information: Indigenous Health Advisory Circle – Meeting Minutes, May 8, 2026.

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-060)

MOTION (8.2)

That the Board of Health for Lakelands Public Health receive the following for information: Stewardship Committee – Meeting Minutes, June 11, 2026.

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-060)

MOTION (8.3)

That the Board of Health for Lakelands Public Health:

- receive the Stewardship Committee Staff Report, 2025/2026 Audited Financial Statements - Healthy Babies Healthy Children Program; and,
- approve the 2025/2026 Audited Statements for the Healthy Babies Healthy Children Program for Peterborough Public Health (PPH) and Haliburton, Kawartha Pine Ridge District Health Unit (HKPRD).

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-060)

MOTION (8.4)

That the Board of Health for Lakelands Public Health:

- receive the Stewardship Committee Staff Report, 2025/2026 Audited Financial Statement - 2025/2026 Audited Financial Statement - Infant Child Development Program; and,
- approve the 2025/2026 Audited Statements for the infant Child Development Program.

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-060)

MOTION (8.5)

That the Board of Health for Lakelands Public Health receive the following items for information:

- a. Financial Report – Q2 2026
- b. Merger Progress Report and Dashboard – Q1 2026
- c. Ontario Public Health Standards Program Report – Q2 2026
- d. Risk Management Report – Q2 2026

Moved: Mr. Moloney
Seconded: Dr. Makhija
Motion carried. (2026-060)

MOTION (8.6)

That the Board of Health for Lakelands Public Health:

- receive correspondence dated June 17, 2026, from the Board of Health for Windsor-Essex County Health Unit regarding Global Conflict, Health Equity, and Community Preparedness, for information;
- endorse the position outlined in the correspondence; and,
- communicate this support to all levels of government, with copies to the Chief Medical Officer of Health for Ontario, local MPs and MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

Moved: Mr. Moloney
Seconded: Dr. Makhija
Motion carried. (2026-060)

MOTION (8.7)

That the Board of Health for Lakelands Public Health:

- receive correspondence dated July 23, 2026, from Dr. Robyn Lennox, MPP Hamilton Centre, regarding proposed Bill 121, Save a Life Act, for information;
- endorse the position outlined in the correspondence and proposed Bill 121, Save a Life Act; and,
- communicate this support to the Ontario Minister of Health, with copies to local MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

Moved: Mr. Moloney
Seconded: Dr. Makhija
Motion carried. (2026-060)

MOTION (8.8)

That the Board of Health for Lakelands Public Health:

- receive correspondence dated June 24, 2026 from Public Health Sudbury and Districts regarding Protecting Canadians from Biological and Cybersecurity Risks, for information;
- endorse the requests outlined in the correspondence; and,
- communicate the endorsement with a letter to the Minister of National Defence and the Minister of Public Safety, with copies to all parties copied on the correspondence from Sudbury and Districts, local MPs, and local MPPs.

Moved: Mr. Moloney
Seconded: Dr. Makhija
Motion carried. (2026-060)

MOTION (8.9)

That the Board of Health for Lakelands Public Health:

- receive correspondence dated May 25, 2026 from the Windsor Essex County Health Unit regarding Enhancing Municipal Readiness for Ontario's Bring-Your- Own Beverage (BYOB) Legislation Through Public Health Engagement, for information;
- strongly advise municipalities within the Lakelands Public Health (LPH) catchment area refrain from developing bylaws to implement Ontario's Bring Your Own Beverage (BYOB) legislation. Further, should municipalities choose to proceed with any enabling bylaw, that it undertakes consultation with LPH prior to drafting, revising or adopting any such by-laws to ensure public health consideration are appropriately considered in local decision making; and,
- communicate these recommendations to the Ontario Minister of Health, with copies to local MPPs, Ontario Boards of Health, Association of Municipalities of Ontario (AMO) and the Association of Local Public Health Agencies (alPHa) to support a coordinated health-informed approach to the BYOB framework.

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-060)

MOTION (8.10)

That the Board of Health for Lakelands Public Health receive the following correspondence for information:

- a. alPHa Infobreak, July - August 2026
- b. alPHa Letter to Minister Jones regarding Provincial Funding for Local Public Health Agencies, August 20, 2026

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-060)

9. New Business

10. In-Camera Session

MOTION:

That the Board of Health go In Camera at 5:18 p.m. to discuss two items in accordance with the Municipal Act, 2001, Section 239(2):

- (b) personal matters about an identifiable individual, including Board employees;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value;

Moved: Warden Clark

Seconded: Deputy Mayor Richardson

Motion carried. (2026-061)

MOTION:

That the in-camera session be dissolved, and the membership return to open session at 5:51 p.m.

Moved: Deputy Mayor Richardson

Seconded: Ms. Gerow

Motion carried. (2026-062)

11. Motions From In Camera Session

That the Board of Health for Lakelands Public Health receive the following items for information:

- In Camera Meeting Minutes from June 17, 2026;
- In Camera Meeting Minutes (7.1) for the Stewardship Committee from June 11, 2026;
- In Camera Item 7.2 pertaining to Section 239(2)(j);
- In Camera Item 7.3 pertaining to Section 239(2)(b);

Moved: Councillor Lachica

Seconded: Dr. Makhija

Motion carried. (2026-063)

12. Date of Next Meeting

Wednesday, October 21, 2026

4:00 p.m. – 6:30 p.m.

LPH Port Hope Office, 200 Rose Glen Road, Port Hope ON

13. Adjournment

MOTION:

That the meeting be adjourned at 5:53 p.m.

Moved: Ms. Gerow

Motion carried. (2026-064)

TITLE:	Presentation: Fall Respiratory Season Update
DATE:	October 16, 2026
PREPARED BY:	Gillian Pacey, Manager, Infectious Diseases and IPAC Hub Dr. Maxwell Tran, Associate Medical Officer of Health
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following for information:

- Presentation Title: Fall Respiratory Season Update
- Presenter: Dr. Maxwell Tran, Associate Medical Officer of Health

Attachments

- Presentation



Lakelands
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Fall Respiratory Season Update

Board of Health

Dr. Maxwell Tran

Associate Medical Officer of Health

October 21, 2026

Agenda

- Respiratory virus surveillance data
 - Review of 2025/26 season and what to expect for 2026/27
- Update on vaccines
- Lakelands Public Health's roles
 - Surveillance
 - Immunization
 - Infection Prevention and Control
 - Outbreak Management
 - Communications



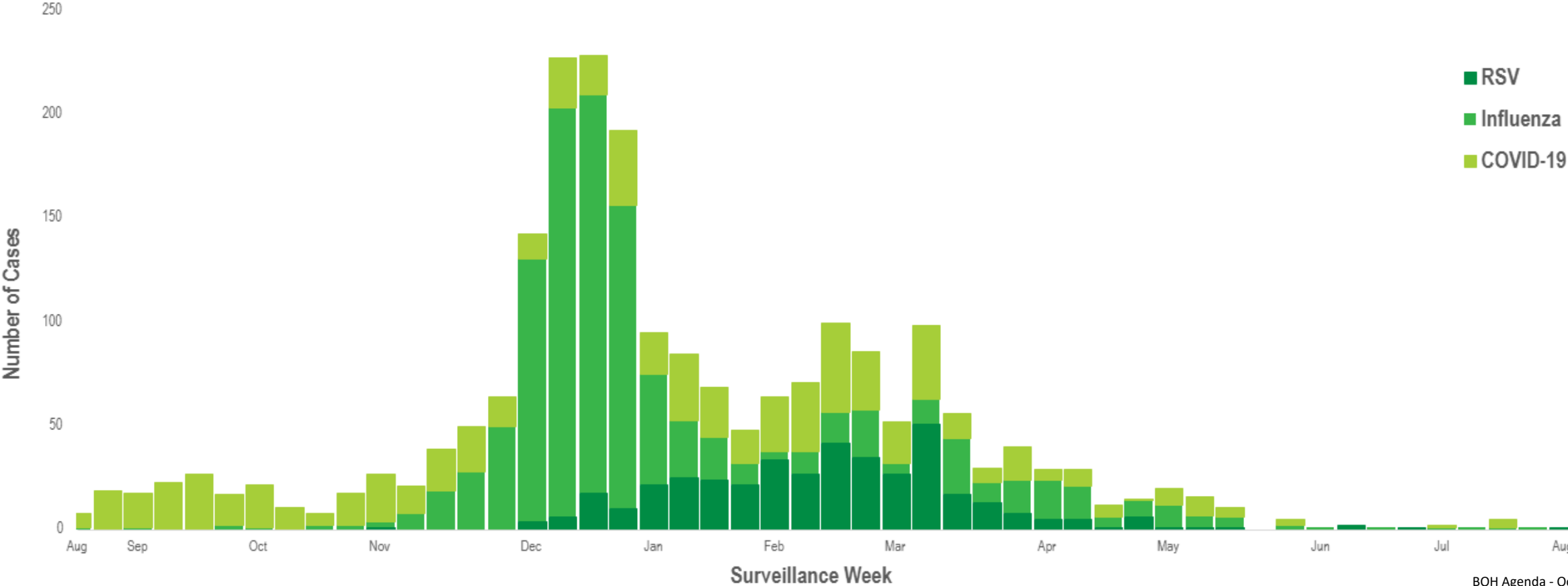
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Respiratory Virus Surveillance Data



2025-2026 Cases

Cases of COVID -19, Influenza and RSV, Lakelands Public Health, 2025 -26 Respiratory Surveillance Season

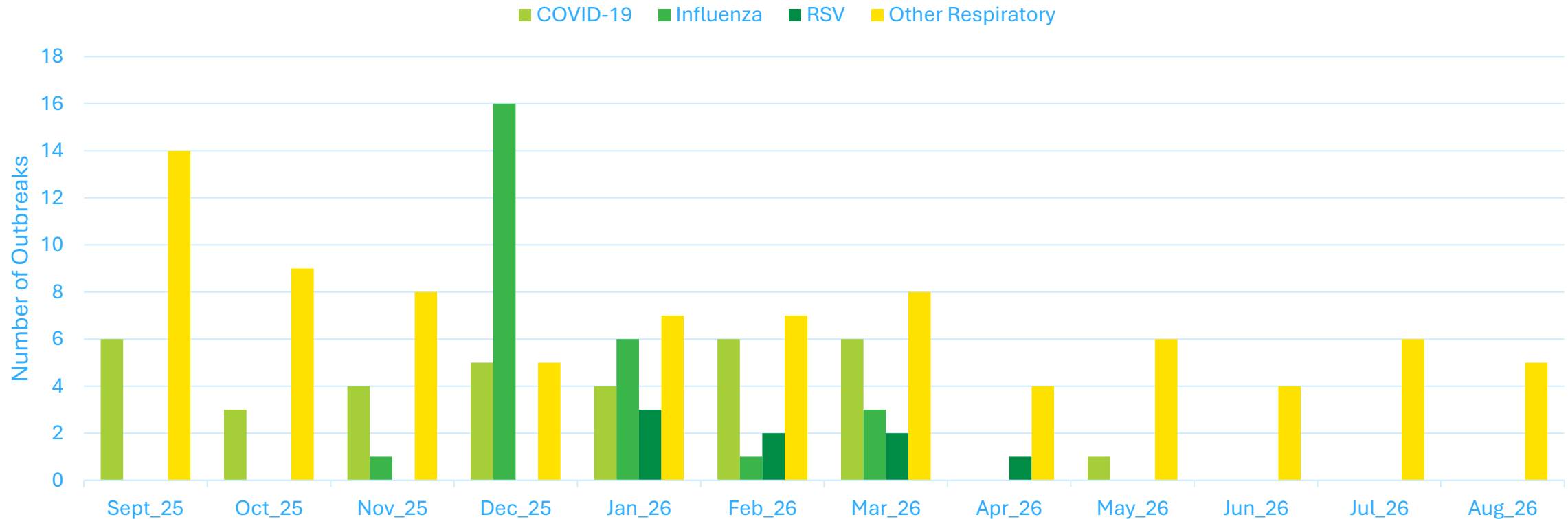




2025-2026 Respiratory Outbreaks

- Many **influenza** and '**other respiratory**' (i.e., adenovirus, parainfluenza, rhinovirus, etc.) outbreaks

Respiratory Outbreaks by Type, 2025/26 Respiratory Season, Lakelands Public Health





What Can We Expect This Season?

- Seasonal circulation of influenza, COVID-19, and RSV
 - **Early start to influenza season**
- Respiratory virus activity to increase as we move into late fall and winter, typically peaking around December/January
- Surveillance will continue throughout the season to help identify changes in activity

Lakelands Public Health Confirms First Influenza Case of 2026/27 Respiratory Season

Residents Encouraged to Take Action to Prevent Respiratory Illnesses

By [Lakelands Public Health](#) - Sep 10, 2026

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Respiratory Infections Dashboard

Respiratory Virus
Activity Summary

Respiratory Activity
and Wastewater...

Respiratory Syndromic
Surveillance

Outbreak Activity

Cases,
Hospitalizations, and..

Virus Positivity

Data Notes

For the week of 27-Sep-2026

Overall respiratory virus activity is

Moderate

Overall respiratory activity is only reported at the health unit level. This report is dated for the week of publication and includes the most recent data available. Data for COVID-19, influenza, and RSV are delayed by a minimum of one week as available through the [Ontario Respiratory Virus Tool](#) | [Public Health Ontario](#).

ED Visits for
Respiratory Syndromes
compared to the previous week

Similar

COVID-19 Cases
compared to the previous
week

Similar

Influenza Cases
compared to the previous
week

Lower

Outbreaks
for all respiratory viruses
compared to the previous week

Similar

Hospitalizations
for COVID-19, influenza, and RSV
compared to the previous week

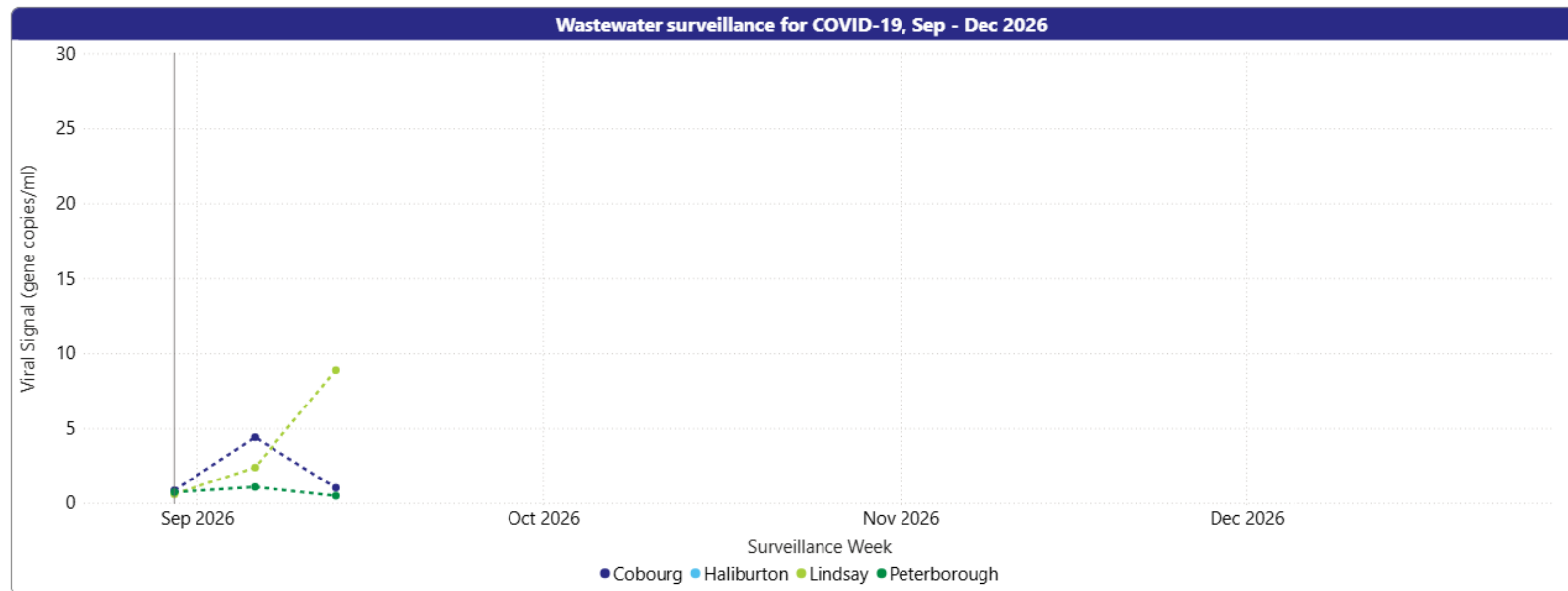
Similar

- Updated weekly at [Dashboard - Respiratory Infections | Lakelands Public Health](#)



NEW: Wastewater Surveillance

- Influenza, COVID, and RSV; Sept-Dec 2026
- Partnership between LPH, Trent University, the City of Peterborough, the Town of Cobourg, the City of Kawartha Lakes, and the Township of Minden Hills



Source: Lakelands Public Health & Trent University.



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Updates on Vaccines



Summary of Respiratory Vaccine Eligibility

Age/Population	Influenza	COVID-19	RSV
0 to 6 months	×	×	✓
6 months to 59 years	1st time: consult Ministry fact sheet; ✓	1st time: consult Ministry fact sheet; ✓	Born on or after April 1, 2026 & <8 mos; High risk: <2 years ✓
60 to 64 years	✓	✓	Long-term Care, Retirement Home, Other High-Risk; ✓
65 to 74 years	Adjuvanted or High Dose; ✓	✓	Long-term Care, Retirement Home, Other High-Risk; ✓
75+ years	Adjuvanted or High Dose; ✓	✓	✓
Indigenous	✓	✓	60+ years; ✓

Legend: Recommended = ✓ Not Recommended = ×



Influenza Vaccination

- Annual influenza vaccination continues to be strongly recommended for **all individuals ≥6 months and older**
- The following groups **should be prioritized to receive a dose as soon as it becomes available in the fall:**
 - Children <5 years
 - Adults ≥65 years
 - All pregnant individuals
 - Individuals with chronic health conditions
 - Healthcare workers
 - Individuals in or from First Nations, Inuit, or Métis communities
 - Residents of long-term care (LTCH) or retirement homes (RH)
- **High-dose or adjuvanted influenza vaccine** recommended for adults ≥65 years



COVID-19 Vaccination

- Annual (fall) COVID-19 vaccination continues to be strongly recommended for **all adults ≥65 years** and **certain groups of children and adults ≥6 months**:
 - All pregnant individuals
 - Individuals with chronic health conditions
 - Healthcare workers
 - Individuals in or from First Nations, Inuit, or Métis communities
 - Residents of LTCH/RH
- **An additional spring COVID-19 vaccine dose** is recommended for immunocompromised individuals, residents of LTCH/RH, adults ≥80 years, and adults 65-79 years of age with chronic health conditions



RSV Vaccination for Seniors

- RSV vaccination strongly recommended for **all adults ≥ 75 years** and some **adults 65-74 years at increased risk of severe RSV disease**
- **RSVPreF3 (Arexvy)** or **RSVpreF (Abrysvo®)** can be used
- **A single dose is currently recommended:** duration of protection 3+ years; no current recommendations around booster doses.

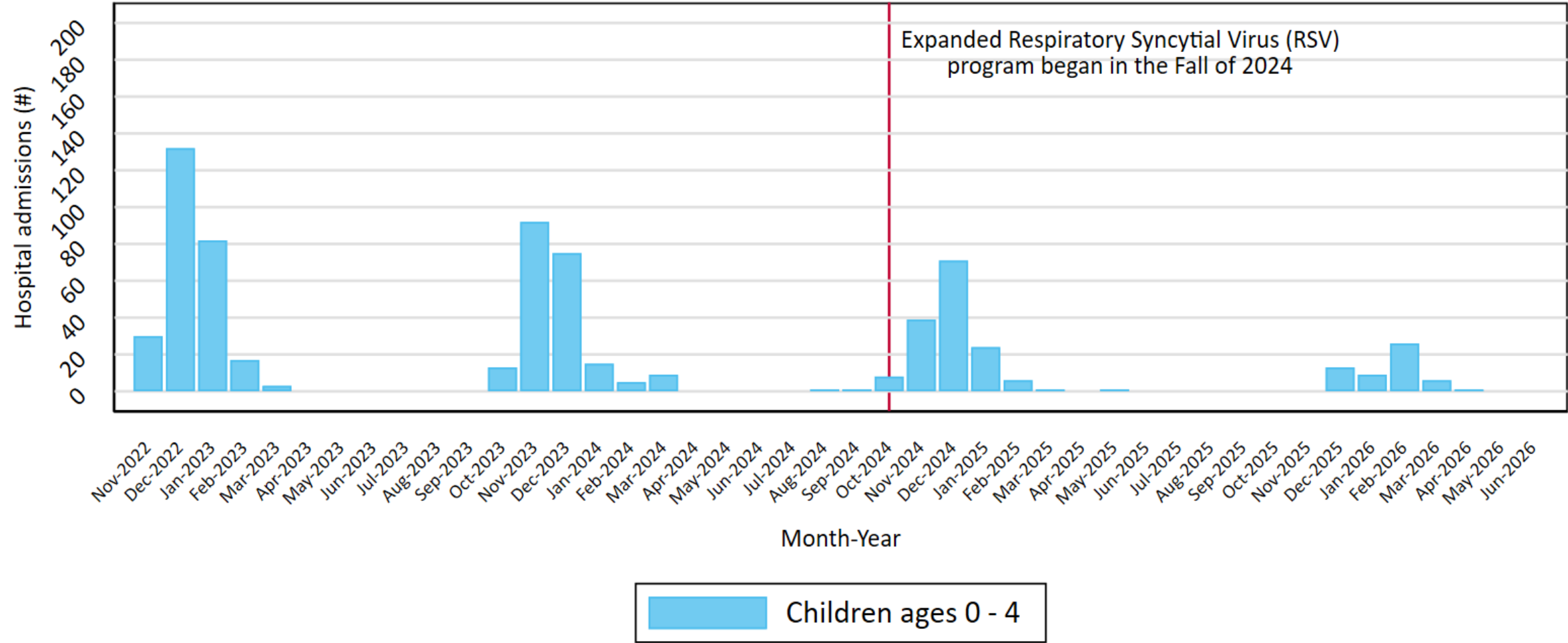


RSV Immunization for Infants

- Infants born in hospital during RSV season should be offered nirsevimab (Beyfortus®) prior to discharge
- Infants born April 1, 2026 or after and <8 months of age up to the end of the RSV season, **who missed the opportunity in the hospital, can receive Beyfortus® from their primary care provider**
- As an alternative, **a dose of Abrysvo® may be administered to pregnant individuals between 28-36 weeks' gestation**



Hospital admissions in Lakelands Public Health for RSV, children ages 0 - 4,
Nov 2022 - Jun 2026



Source: Capacity Planning and Analytics Division. Visual Analytics Hub.
Respiratory hospital capacity report, Inpatient (I9) Daily data.



Summary: Where to Get Immunized

Flu



Pharmacy (≥ 2 years) &
many primary care providers

High risk and priority groups:
Pharmacy – available now
HCPs – available now

COVID-19



Pharmacy (≥ 6 mos) &
some primary care
providers

High risk and priority groups:
Pharmacy – available now
HCPs – available now

Adult RSV



Primary health care
providers

Available year round

Infant RSV



Hospitals for
newborns &
Primary care
providers

Available now

Flu and COVID-19 vaccines for the public available **Oct. 26**

LPH Immunization Clinics available for children <5 (Flu, COVID, RSV) and seniors without a primary care provider (RSV)



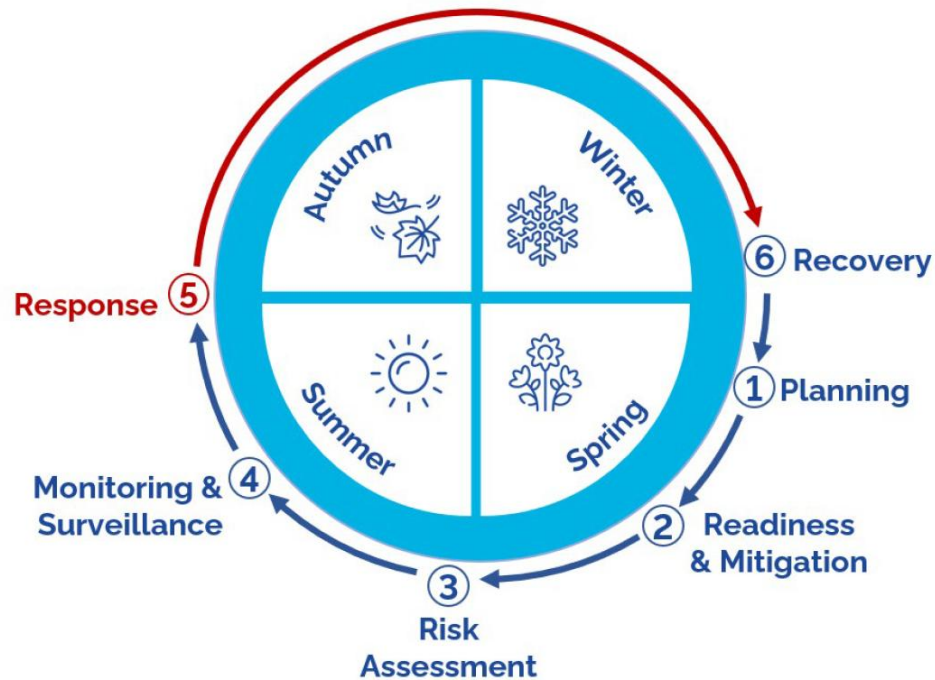
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Lakelands Public Health's Roles



Roles of Public Health in Respiratory Season

Image 1: Annual Planning Cycle for Seasonal Respiratory Pathogens



- **Surveillance** (see above)
- **Immunization**
- **Infection Prevention and Control**
- **Outbreak Management**
- **Communications**



Immunization

- **Children ≤ 5 years of age**
 - Flu, COVID-19, and RSV will be offered at all health unit offices in November and December
- **First Nations, Inuit and Métis communities**
 - Flu, COVID-19, and/or RSV clinics in Alderville, Hiawatha, and Curve Lake
- **Seniors ≥ 75 and high-risk adults 60-74 years of age without a primary care provider**
 - Can receive RSV vaccine at health unit offices



Infection Prevention and Control (IPAC)

- IPAC Hub
 - **On-site and virtual IPAC support and education** for long-term care homes, retirement homes, shelters, correctional facilities, and other congregate living settings
 - **Connect & Learn monthly sessions** with all congregate settings focusing on various topics, e.g., scabies, Legionella, and environmental cleaning
 - **Support for outbreak management**





Outbreak Management

- LPH collaborates with facilities to prepare for, identify, and manage outbreaks in congregate living settings and public hospitals **to reduce transmission, hospitalizations, and deaths**
- **Recommendations** may include:
 - Enhanced surveillance
 - Personal protective equipment
 - Cohorting
 - Environmental cleaning
 - Vaccination
 - Antivirals
 - And more!





Communications

- LPH provides **surveillance-based updates** and **education** on how residents can protect themselves and others during the respiratory season
- All community outbreaks are posted: [Community Outbreaks | Lakelands Public Health](#)
- **Health unit resources:**
 - Social media
 - LPH Website
 - IPAC Hub newsletter
 - Lakelands Loop e-newsletter for healthcare providers
 - Childcare and school communications



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Questions?



TITLE:	Building a Culture of Quality Improvement - Lean Training Update
DATE:	October 21, 2026
PREPARED BY:	Fiona Kelly, Director, Quality, Planning & Epidemiology
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the staff report, Building a Culture of Quality Improvement - Lean Training Update, for information.

Report Highlights

- **Building a culture of quality improvement will enable Lakelands Public Health to better manage available capacity and resources leading to more effective and efficient programs and services that focus on priority needs.**
- **We have made significant progress in training staff at White Belt, Yellow Belt, Green Belt and Black Belt levels of Lean certification as well as embedding Lean concepts and tools in our program harmonization activities.**
- **Developing a culture of quality improvement takes time, however we are already seeing increased staff appreciation of the value of embedding quality improvement (QI) as part of their regular work.**

Financial Implications and Impact

There are no financial implications arising from this report. Funding for the Lean Green Belt training is part of the overall plan for organizational Lean training supported by the Board of Health approved merger funding budget.

Decision History

The Board of Health has not previously made a formal decision with specific regard to this matter however, was provided with an overview of the plan to build a Lakelands Public Health culture of quality improvement, at the Board of Health planning session on October 2, 2025.

Background

Why do we need to build a culture of quality improvement?

Building a culture of quality improvement will enable us to better manage available capacity and resources leading to more effective and efficient programs and services that focus on priority needs. A focus on quality improvement helps us deliver services to clients and the public that are responsive to their needs, improves access, advances health equity, and demonstrates value for

their tax dollars allocated to public health. Internally, quality improvement enables teams to set and deliver on clear goals while at the same time dealing with day-to-day operations. It increases staff motivation to deliver the best possible service to their clients and communities and achieve satisfaction in knowing that they have done so.

Progress to date

Last year we engaged Leading Edge Group to conduct a survey that would identify Lakelands Public Health's baseline knowledge, skills, and experience as it relates to quality improvement. The survey results revealed that we were at level 1.9 on the 5-point scale, placing the organization in the "Set Up Processes" phase, where Lean/QI is recognized and initial implementation efforts are underway. Key recommendations to move us forward to the next level included ensuring that Quality is strongly represented in the Strategic Plan, continue with robust training, implement performance measurement and establish a CQI Committee.

To date we have offered Lean White Belt training sessions with a total of 118 staff now trained, Yellow Belt training with a total of 37 staff having received their Yellow Belts, and Green Belt training with 15 staff now having Green Belt certification. Additionally, our Continuous Quality Improvement (CQI) Coordinator recently achieved her Lean Black Belt certification.

Lean has also been embedded in program harmonization activities i.e. mapping processes and identifying value add and non-value add activities, using tools such as PICK (possible, implement, challenge, kill) charts, SWOT (strengths, weaknesses, opportunities, threats), SCAMPER (substitute, combine, adapt, modify, put to another use, eliminate, reverse) in making harmonization decisions.

2026 Green Belt Projects

Six staff carried out Lean projects as part of their Green Belt training with improvements as below:

Epidemiology request process

Implement an automated request process for all Quality, Planning & Epidemiology services, not just epidemiology (streamlined one size fits all approach that makes value flow and eliminates rework, reduces response time).

ONEID registration process

Improved clarity of roles and responsibilities of participants in the process and adding a ONEID registration ticket to the automated onboarding process resulting in improved process flow, better lead in time, reduced delays and disruptions to other work. Identified potential to reduce overall onboarding time from 6.5 hours to 2 hours/user.

Food literacy intake process

Developed a standard operating procedure to increase quality and consistency in application

of the process. Reduction in defects, wait time for clients, excessive processing, improvement in staff process satisfaction (11% to 100%), process clarity (0% to 100%).

Postpartum package assembly and delivery process

Standardized process with step-by-step instructions to improve quality and timing. Shared email account for improved communication with key stakeholders. Reduction in defects, excessive processing, wait time for partners/clients (turnaround time reduced from 7 to 3 days).

Naloxone training and distribution process

Information not available as staff on leave.

Infectious Diseases Lean Project

Supported by a Leading Edge consultant, a Lean review of the infectious diseases intake workflow identified opportunities to reduce waste associated with unnecessary hand-offs, role duplication, and delays in service delivery. The redesigned future-state process improves efficiency, standardizes workflows, aligns tasks with staff competencies, and supports more timely, client-centred public health response while maximizing existing resources within infectious diseases.

2025/26 Black Belt Project

The Lean Black Belt project focused on improving the Ontario Public Health Standards (OPHS) Annual Program Planning Process in response to identified variation in planning processes, roles, tools, and approaches across divisions, departments and teams. Key improvements included a standardized organizational planning process, clearer roles and responsibilities, a facilitated prioritization and decision-making approach, and the introduction of Program Planning Facilitators to support teams throughout the planning cycle.

Participants in the project reported increased role clarity, improved transparency in decision-making, meaningful staff engagement, and enhanced collaboration. The project established a strong foundation for a consistent organizational OPHS program planning process that will reduce duplication, improve accountability and support a culture of continuous quality improvement.

Lessons learned from the projects:

- Completing the SIPOC (Suppliers, Inputs, Process, Outputs, Customers) tool early is critical to ensuring the input of key stakeholders is gathered. Engagement of stakeholders early and often is pivotal.
- Documenting a standardized work process is essential in clarifying roles & responsibilities, improving accuracy and efficiency, and ensuring seamless support to customers.
- Using tools that highlight strengths as well as weaknesses enable identification of solutions for improvement that maintain and/or build on existing strengths.
- Remaining flexible and curious, letting ideas emerge through the continuing discovery process is essential.
- Incorporating change management as a key component of action planning and implementation is critical to success.

Strategic Priorities and Principles

Building quality and delivering value is one of our three merger priorities and continues to be a key priority as we strive to demonstrate excellence as one of our organizational values going forward.

Engaging in ongoing quality improvement continues to be a key emphasis under the draft updated *Ontario Public Health Standards* (OPHS) Effective Public Health Practice Standard, specifically noted in requirements 1 and 3 as follows:

1. “The board of health shall routinely monitor program activities and measure outcomes to assess and improve the implementation and impact of programs and services. Routine monitoring and measuring includes the collection, analysis, and regular review of data related to inputs, available resources, implementation processes, equity, reach, outputs, and outcomes.”
3. “The board of health shall engage in ongoing quality improvement and, as appropriate, evaluation of programs and organizational practices that support effective and efficient programming, service delivery and public health practice, and demonstrate transparency and accountability to clients, community partners, and stakeholders.”

Summary and Next Steps

Our approach to date has helped us in starting to build a strong foundation but we have more work to do. Three additional White Belt sessions through the rest of the fall and early winter are planned to train all Lakelands staff. One additional Green Belt training is planned for the end of October with the goal of having Green Belt trained staff representing all Divisions in the organization.

We are in the process of establishing a CQI Committee comprised of Green Belt certified staff and management. For the first year this committee will operate as a community of practice with a focus on continuing to build knowledge and skills and providing leadership to quality improvement projects across the organization. In year two, the Committee will be responsible for developing the organizational Quality Improvement Plan in alignment with the new Strategic Plan.

This fall we will also introduce a Quality and Impact Measurement approach focused on answering the key questions “Are we making and impact?” and “How can we do it better?” The goal is to pilot in 1-2 program areas, gathering key learnings that will be applied to the broader organizational roll out in 2027.

TITLE:	Correspondence for Direction: Vape Flavouring
DATE:	October 21, 2026
PREPARED BY:	Georgia Stuart, Health Promoter Emily Taylor, Health Promoter Rachel Staines, Public Health Nurse Kate Hall, Substance Use Prevention and Harm Reduction Program Coordinator
APPROVED BY:	Carolyn Doris, Manager, Community Health Division Hallie Atter, Director, Community Health Division Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive the staff report, Correspondence for Direction: Vape Flavouring, for information;
- receive correspondence dated September 23, 2026, from the Middlesex London Health Unit regarding the Health and Stroke Foundation of Canada et al Statement regarding Vape Flavouring for information;
- endorse the recommendations from the Heart and Stroke Foundation of Canada et al, to finalize vape flavour regulations in Canada Gazette Part II to protect all youth in Canada from the dangers of vaping products and nicotine addiction; and,
- communicate this support to the Federal Minister of Health, local Members of Parliament, Ontario Boards of Health and the Association of Local Public Health Agencies.

Report Highlights

- **Almost half of vape users in Canada are youth or young adults who are enticed by flavours including fruit, candy, and mint/menthol.**
- **A coalition of national health organizations wrote to Prime Minister Mark Carney on February 19, 2026, to urge the federal government to finalize vape flavour regulations in Canada Gazette Part II to protect all youth in Canada from the dangers of vaping products and nicotine addiction.**
- **Canada currently has a patchwork of restrictions on flavours. Ontario has implemented a partial flavour restriction, allowing the sale of flavours other than tobacco and menthol in specialty stores.**
- **Four provinces and two territories have implemented a full ban on all flavours except tobacco. Emerging evidence shows that jurisdictions with full bans had lower vaping prevalence.**

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

On December 5th, 2024, the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) Board of Health wrote to the Minister of Mental Health and Addictions in support of Health Canada's Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act to ban all e-cigarette flavours excluding mint, menthol, and tobacco. The Board of Health also recommended strengthening Health Canada's amendment by including mint and menthol in the ban.

Background

Canada has some of the highest teen vaping rates in the world and almost half of vape users are youth and young adults.¹ Across Canada 26% of youth and young adults (aged 15-24) had used vapes in the past 30 days.² The 2025 Ontario Student Drug Use Survey (OSDUHS) found that 17.3% of grade 12 students reported that they had vaped in the past year.³

E-cigarette flavours are designed and marketed to appeal to youth, with fruit being the most popular flavour in Canada, followed by mint/menthol.⁴ Studies show that youth are more interested in trying e-cigarettes when offered flavours, and that users tend to believe that fruit and mint/menthol flavoured e-cigarettes are less harmful than those with tobacco flavour.^{4,5}

While it will take decades to fully understand the long-term effects of vaping, recent evidence shows that e-cigarette use is associated with some of the same health effects as tobacco use including weakened immunity, cardiovascular conditions and respiratory problems.⁴ There is emerging evidence that shows vaping can be a gateway to cigarette smoking by introducing a new generation to nicotine.^{4,5}

Rationale

In 2021, Canada proposed federal regulations that would restrict e-cigarette flavours to tobacco, mint, and menthol to make vaping products less appealing to youth. As of October 2026, these regulations have not been implemented, however several provincial and territorial governments have implemented their own restrictions.⁶ Ontario has implemented a partial flavour restriction, allowing the sale of flavours other than tobacco and menthol to be sold in specialty stores. Four provinces and two territories have gone further, implementing full flavour bans that prohibit the sale of all flavours other than tobacco in all retail outlets. The resulting patchwork of flavour restrictions is inconsistent and limits the effectiveness of those that exist.

There is evidence that full flavour bans are associated with lower vaping prevalence with no unintended impacts on smoking behaviours.⁶ Youth living in jurisdictions with full flavour bans were more likely to be aware of the restrictions, and report that these restrictions changed their vaping behaviour.⁶

A coalition of national health organizations wrote to Prime Minister Mark Carney on February 19, 2026, to urge the federal government to finalize vape flavour regulations in Canada Gazette Part II to protect all youth in Canada from the dangers of vaping products and nicotine addiction. This position has recently been endorsed by the Middlesex-London Health Unit and shared with local public health agencies.

Strategic Priorities and Principles

Lakelands Public Health is committed to protecting health, preventing illness and injury, and promoting overall well-being for all residents across our service region. Implementing the Heart & Stroke Foundation's evidence-based recommendation to limit vape flavouring to tobacco only, enables us to achieve our mission and purpose and aligns with past advocacy efforts.

For decades, Public Health has championed worked for decades to successfully reduce smoking rates among all populations, including youth, and limiting flavour additives to tobacco and cigarettes has been central to achieving these positive outcomes.

Attachments

- a. [Letter, Middlesex London Health Unit, September 23, 2026](#)
- b. [Letter, Coalition of Nation Health Organizations to Prime Minister Carney, February 19, 2026](#)

References

1. Heart and Stroke Foundation. [Vaping: What you Need to Know](#). Heart and Stroke Foundation website. Published April 20, 2026.
2. Canadian Substance Use Survey. [Summary: Canadian Substance Use Survey — Canada.ca](#) Government of Canada website. Published June 15, 2026.
3. Boak, A. & Hamilton, H.A. Drug use among Ontario students 1977-2025. Findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Toronto ON, Centre for Addiction and Mental health. 2026. [Drug Use Trend Report 2025 OSDUHS](#)
4. Heart and Stroke Foundation. [vaping-crisis-position-statement.pdf](#) Heart and Stroke Foundation website. Published July, 2023.
5. Pepper, J K, K M Ribisl, and N T Brewer. 2016. "Adolescents Interest in Trying Flavoured e-Cigarettes." Tobacco Control 25 (Suppl 2): ii62–ii66. doi:10.1136/tobaccocontrol-2016-053174.
6. Hammond, D, Reid, JL, Rynard V. Burkhalter R. Provincial E-Cigarette Flavour Policies and Vaping Behaviour among Canadian Youth: Findings from the ITC Youth Tobacco and Vaping Survey. January 2026; University of Waterloo.
7. Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, 2024 [boh-letter-of-support.pdf](#)

September 23, 2026

Diego Marchese, Executive Vice-President, Mission, Research, and Advocacy
2300 Yonge St, Suite 1200
Box 2414
Toronto, ON M4P 1E4

Re: Vape Flavouring

Dear Mr. Marchese,

At their September 17, 2026 meeting, the Middlesex-London Board of Health made the following resolution:

It was moved by **S. Menghsha**, seconded by **H. Shears**, that the Board of Health:

- a) Endorse item e) Heart and Stroke Foundation of Canada et al re: Vape Flavouring; and
- b) Direct the Clerk on behalf of the Board of Health to forward this endorsement to the Minister of Health, the Honourable Marjorie Michel, local Members of Parliament, and all Ontario Boards of Health.

Carried

As you are aware, in 2021, Canada proposed regulations that would restrict e-cigarette flavours to tobacco, mint, and menthol to make vaping products less appealing to youth amid the rapid rise in youth vaping rates. In September 2021, the Board of Health received through [Report No. 39-21 a submission](#) to Health Canada that recommended further regulations to restrict mint and menthol vapour product flavouring. Despite the conclusion of the public consultation and voiced commitments to ban flavoured vapour products, the proposed regulations have not yet been published by Health Canada.

Nationally and provincially, youth vaping continues to be a significant concern, especially in older grades. In Ontario, results from the 2026 [Ontario Student Drug Use and Health Survey](#) found that 17.3% of grade 12 students reported vaping in the last year. Young adults are a population of concern as well; the [2025 Canadian Substance Use Survey](#) shows that 26% of youth and young adults (aged 15-24) report vaping in the last 30 days. Youth are initially attracted to vaping through flavoured options, and the resulting nicotine dependency can lead to long-term use and health consequences.

Per the *Smoke-free Ontario Act, 2017*, partial flavour restrictions are in effect, requiring non-tobacco and non-mint flavours to be only sold in age-restricted specialty vape stores. Additional flavour bans have been implemented in several other provinces; however, the coverage of restrictions varies, leading to inconsistencies across the country. When looking at provinces with full flavour restrictions, resident youth who had vaped in the last 12 months were more likely to report vaping less because of flavour restrictions. These promising results could be seen across Canada with the implementation of federal flavour restrictions, though additional regulatory measures remain necessary to address nicotine addiction.

We look forward to providing awareness to the federal government, the Board of Health and the Middlesex-London community on the negative impacts of vapour product flavouring to youth.

Sincerely,



Mike Steele
Board Chair
Middlesex-London Health Unit



Emily Williams BScN, RN, MBA, CHE
Secretary
Middlesex-London Health Unit



Alex Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

CC: Linda Stobo, Manager, Community Health Promotion B, Middlesex-London Health Unit

February 19, 2026

The Right Honourable Mark Carney, PC, MP
Prime Minister of Canada
The Honourable Marjorie Michel, PC, MP
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister Carney and Minister Michel:

We write to you as a coalition of national health organizations and experts that are deeply concerned about the ongoing youth vaping crisis in Canada. In particular, we are worried about the lack of action on vape flavours from the federal government since the first draft of vape flavour regulations was published for consultation in June 2021. The consultations have long been complete. Since June 2021, a vast number of youth have been exposed to, and enticed by, flavoured vaping products.

The solution is simple: finalize and publish regulations that restrict e-cigarette flavours in Canada Gazette Part II. The regulations are now ready for this final step.

Six provinces/territories have shown leadership in this area by implementing comprehensive restrictions on vape flavours. However, the lack of federal regulations is undermining provincial/territorial restrictions through online and interprovincial sales, thus creating a patchwork of regulations across the country that protect only some youth based on where they live.

The latest research is clear: vaping is not safe for youth. Flavours draw youth to e-cigarettes, and nicotine keeps them hooked. A new generation is becoming addicted to nicotine through e-cigarettes. Vaping is exposing youth to a host of health harms, such as weakened immune system, respiratory illness, damaged blood vessels, an increased risk of cardiovascular diseases and oral health issues such as periodontal diseases and tooth decay, among other health effects. Canada continues to have extremely high youth vaping rates. Among Canadian high school students in grade 12, 27% are vaping (Canadian Student Alcohol and Drugs Survey, 2023-24). Immediate action is needed on a pressing basis.

The evidence is overwhelming, the harms are preventable, and the need is urgent. We urge you to finalize vape flavour regulations in Canada Gazette Part II to protect all youth in Canada from the dangers of vaping products and nicotine addiction.

Sincerely,

Dr. Stuart Edmonds,
EVP, Mission-
Research & Advocacy

Edmonds



Canadian Cancer Society
Société canadienne du cancer

Dr. Bruce Ward, President

W. Bruce Ward



Ondina Love, CAE, CEO

Ondina Love



Sarah Butson, CEO

Butson

Canadian Lung Association
BREATHE

Association pulmonaire du Canada
RESPIREZ

Dr. Margot Burnell, President

Margot Burnell



Dr. Kimberly LeBlanc,
President

K. LeBlanc



Dr. Laura Sauvé,
President

L. Sauvé



Ian Culbert, Executive
Director

I. Culbert



Dr. Tom Warshawski, Chair

T. Warshawski



Dr. Vera Etches,
President & CEO

V. Etches



Doug Roth, CEO

D. Roth



Dr. Charlotte Moore
Hepburn, Medical Director

Charlotte Moore



cc: Tim Krupa, Director of Policy, Prime Minister's Office
Yash Nanda, Policy Advisor, Prime Minister's Office
Sandenga Yeba, Director of Policy & Deputy Chief of Staff to the Minister of Health
Roy Karam, Senior Policy Advisor to the Minister of Health
Jibril Hussein, Senior Policy Advisor to the Minister of Health
Bryn Savage, Policy Advisor to the Minister of Health
Justine Frame, Special Assistant - Policy to the Minister of Health

TITLE:	Ensuring Federal Ebola Border Measures Remain Evidence-Based and Proportionate
DATE:	October 21, 2026
PREPARED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive the staff report, Ensuring Federal Ebola Border Measures Remain Evidence-Based and Proportionate, for information;
- request that the Government of Canada undertake a review of current Ebola-related border measures to ensure they remain evidence-based, proportionate to risk, and aligned with current epidemiological circumstances;
- encourage the federal government to adopt a targeted, risk-based approach that minimizes unnecessary impacts on travellers while maintaining appropriate protections for the public health of Canadians; and,
- direct that copies of this motion be forwarded to the Chief Public Health Officer of Canada, Minister of Health of Canada, the Minister of Immigration, Refugees and Citizenship Canada, Members of Parliament representing the Lakelands Public Health region, the Chief Medical Officer of Health of Ontario, the Association of Local Public Health Agencies (aLPHa), and all Ontario boards of health.

Background

Ebola virus disease (EVD) remains a serious infectious disease with the potential to cause significant illness and death. The Government of Canada implemented enhanced border measures in response to the 2026 Ebola outbreak in Eastern Africa to help prevent the introduction and spread of disease within Canada. Lakelands Public Health recognizes and supports the federal government's responsibility to protect the health of Canadians and acknowledges that precautionary measures may be appropriate during periods of uncertainty.

At the same time, public health interventions should be regularly reviewed to ensure they remain evidence-based, proportionate to the level of risk, and responsive to evolving epidemiological conditions. As greater knowledge has been gained regarding the current outbreak and transmission patterns, opportunities may exist to refine border measures to better reflect current risks. For example, jurisdictions that are not experiencing active transmission, such as South Sudan and Uganda, may warrant a different approach than the Democratic Republic of the Congo, where transmission is ongoing.

LPH is particularly interested in ensuring that public health measures are targeted and risk-based. While enhanced measures may be appropriate for individuals with known or higher-risk exposures, broad restrictions applied to asymptomatic travellers with no known exposure may create personal, social, and economic burdens while providing limited additional public health benefit. Public health measures are generally most effective when they are transparent, proportionate, evidence-informed, and no more restrictive than necessary to achieve their intended purpose.

Accordingly, the proposed motion requests that the federal government review its current Ebola-related border measures and consider whether a more targeted, risk-based approach is appropriate. Such an approach would continue to protect the health of Canadians while minimizing unnecessary impacts on travellers and maintaining public confidence in evidence-informed public health decision-making.

TITLE:	November Board Meeting Cancellation
DATE:	October 21, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive the staff report, November Board Meeting Cancellation, for information;
- approve the cancellation of its next regular meeting scheduled to occur on November 18, 2026; and,
- confirm its next regular meeting to be held on January 20, 2027, 4:00 – 630 p.m., at the Lakelands Public Health Peterborough Office (185 King Street, Peterborough), or at the call of the Chair.

Background

In light of the upcoming municipal elections and the conclusion of current municipal representatives' terms on November 16, 2026, it is anticipated that some Board of Health members may not continue into the next Board term. Cancelling the November 18 meeting will provide municipalities with the opportunity to complete appointments to the newly constituted Board and help ensure that newly appointed members are able to participate in Board business from the outset of their term.

As the Board Chair has been acclaimed and will continue in the role following the election, a disruption in Board leadership is not anticipated. In addition, the continued service of First Nation and provincial appointees will provide sufficient membership to achieve quorum should an unforeseen matter require the Board to convene prior to municipal appointments being finalized.

TITLE:	Correspondence for Information
DATE:	October 21, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following correspondence for information:

- a. alPHa Infobreak, July - August 2026
- b. LPH letter dated September 17, 2026 to Premier Ford and Minister Jones regarding Bill 121, *Save a Life Act* (Naloxone Kit Registration and Public Access), 2026.
- c. LPH letter dated September 17, 2026 to Ministers Michel & Jones regarding global conflict, health equity, and community preparedness.
- d. LPH letter dated September 23, 2026 to Ministers McGuinty & Anandasangaree regarding cybersecurity & local public health collaboration.
- e. LPH letter dated September 24, 2026 to Minister Jones regarding Ontario's Bring Your Own Beverage (BYOB) legislation
- f. LPH letter dated September 24, 2026 to Local Municipal Councils regarding BYOB legislation.

Attachments

- a. alPHa Infobreak – September - October 2026 ([web hyperlink](#))
- b. Premier Ford / Minister Jones – Save a Life Act
- c. Ministers Michel & Jones - Global Conflict, Health Equity, and Community Preparedness
- d. Ministers McGuinty & Anandasangaree – Cybersecurity & Local Public Health Collaboration
- e. Minister Jones – BYOB Legislation
- f. Local Municipal Councils – BYOB Legislation

September 17, 2026

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Premier Ford and Minister Jones:

Re: Endorsement of Bill 121, Save a Life Act (Naloxone Kit Registration and Public Access), 2026

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our endorsement of [Bill 121, Save a Life Act](#), being proposed by Dr. Robyn Lennox, MPP Hamilton Centre.

Naloxone is a medication that can temporarily reverse the effects of an opioid poisoning or overdose, providing critical time for emergency medical services to arrive. It is safe and easy to administer and does not have any effect on a person who is not experiencing an opioid drug poisoning. The Save a Life Act proposes to make naloxone equally accessible and available to save lives as Automated External Defibrillators (AEDs). The Act would locate naloxone in community centres and other designated public spaces where AEDs are currently housed.

Evidence shows that the availability of naloxone is a significant contributor to the recent decline in mortality from opioid overdose in Canada. Further, provinces with higher distribution experienced substantial mortality declines, while those with lower distribution experienced less changes. Ontario has experienced a 15% decline in opioid poisoning deaths since naloxone became publicly available in 2016.

Naloxone is currently available to eligible individuals free of charge through health units, community-based organizations and participating pharmacies. An online tool is available to help Ontarians locate where they can get a naloxone kit in their community. However, changes to the Ontario Naloxone Program for Pharmacies (ONPP) have resulted in fewer pharmacies staying in the program. Further, insurance requirements present a barrier to agencies becoming community distribution partners resulting in fewer locations where naloxone could

be available. Access is also limited by office hours, lack of transportation, and only partial coverage by outreach. As an illustration, fewer nasal and intramuscular naloxone kits were distributed through Lakelands Public Health partners and offices in Q1 of 2026 (952) than in Q1 of 2025 (1,355), reflecting funding constraints and staffing challenges among major distribution partners, and the closure of the Peterborough Consumption and Treatment Services (CTS) site.

The need for naloxone remains significant across the region, particularly among populations experiencing barriers to healthcare access, including people who use drugs, individuals living in rural communities, and those experiencing homelessness. However, the access to naloxone in many Lakelands communities remains limited. Expanding public access to naloxone by making kits available in locations where AEDs are already installed would help address current service gaps and improve timely access to this life-saving medication during an emergency when seconds count. As other overdose response mechanisms are dismantled, naloxone remains one of the most effective tools to deal with the toxic drug crisis in real-time in communities.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

cc: Dr. Robin Lennox, MPP, Hamilton Centre
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

September 22, 2026

Hon. Marjorie Michel
Minister of Health, Health Canada
hcmminister.ministresc@hc-sc.gc.ca

Hon. Sylvia Jones
Minister of Health, Government of Ontario
Sylvia.jones@ontario.ca

Dear Honourable Ministers,

**Re: Support for the Windsor-Essex County Health Unit Board of Health
RECOMMENDATION/RESOLUTION REPORT – Global Conflict, Health Equity, and
Community Preparedness 2026-05-14**

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our endorsement of the Windsor-Essex County Health Unit Board of Health's recommendation (enclosed) regarding global conflict, health equity, and community preparedness.

The Board recognizes that public health systems have a role in identifying how global crises affect local conditions, including health equity, emergency preparedness, mental health, environmental health, and community resilience.

Now, more than ever, global health, health equity, emergency preparedness, and conflict response are interconnected. Framing these issues as local public health concerns helps communities prepare for the direct and indirect impacts of global crises.

Current conflicts in the Middle East and Sudan have direct and indirect consequences for the lives and well-being of local residents. These impacts may include increased financial pressures linked to rising fuel and fertilizer costs, as well as anxiety, depression and other mental health challenges experienced by diaspora members with personal, family, or cultural ties to affected regions.

Conflicts also create environmental health risks when bombardment damages critical infrastructure such as oil refineries and industrial sites. The release of toxic pollutants from these sites can contribute to environmental degradation, with implications for air, water, soil, and long-term public health.



By acknowledging the connections between global inequities and local realities, the LPH Board of Health reaffirms its commitment to advancing health equity, strengthening resilience, and supporting preparedness efforts that protect the well-being, particularly of equity-denied populations within our region.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: [Windsor-Essex County Health Unit Board of Health Resolution, May 2026](#)

cc: Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

September 23, 2026

The Honourable David McGuinty
Minister of National Defence, Government of Canada
david.mcguinty@parl.gc.ca

The Honourable Gary Anandasangaree
Minister of Public Safety, Government of Canada
gary.anand@parl.gc.ca

Dear Honourable Ministers,

RE: Endorsement of Public Health Sudbury & Districts' Letter, "Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health" – June 24, 2026

On behalf of the Board of Health for Lakelands Public Health (LPH), we are writing to formally communicate our endorsement of Public Health Sudbury & Districts' recommendation (enclosed) on to opportunities to collaborate with local public health when it comes to protecting Canadians from biological and cybersecurity risks.

The LPH Board recognizes that collaborative emergency preparedness and response is essential, as threats continue to increase in complexity and scale, including threats related to cybersecurity. This aligns well with the Government of Canada's whole-of-society model for continued investment in cybersecurity.

Local public health agencies play a critical role in protecting the health, safety, and wellbeing of communities in preparing for, responding to, and recovering from emergencies. Local public health is a trusted source of information and is often called upon to provide technical expertise, coordinate health and community partners, communicate risk, and support some of the most vulnerable residents in our communities. There is an opportunity to strengthen Canada's resilience by explicitly recognizing the role of local public health agencies within existing critical infrastructure, cybersecurity, and biological preparedness frameworks.

More than ever, public health agencies are reliant on digital technologies to maintain and secure sensitive personal health information and to support the delivery of public health programs and services. Disruptions resulting from emergencies or cybersecurity incidents can have detrimental impacts on community health. Interruptions can disrupt access to

information, communications, operational systems, and access to laboratory services and results, often when these are needed the most. These impacts have consequences that extend beyond local boundaries.

LPH is committed to strengthening local public health resilience and doing so is also in the interest of broader national defence. The LPH Board fully endorses Public Health Sudbury & Districts' request that local public health be:

- included as a contributor to biodefence capabilities in federal defence and security planning;
- explicitly designated as critical infrastructure; and,
- eligible for federal cybersecurity funding streams.

Based on our own experience with a cybersecurity incident earlier in 2026, we have firsthand knowledge and understanding of the organizational and community impacts this type of disruption causes. Learning from this event, we are continuously exploring opportunities to strengthen preparedness and response to emerging threats, and building the local-federal connection is a key opportunity for growth and advancement in this landscape.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: PHSD Letter, June 24, 2026

cc: Local MPs and MPPs
Ontario Boards of Health
The Honourable Marjorie Michel, Minister of Health
The Honourable Shafqat Ali, President of the Treasury Board
Dr. Joss Reimer, Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier and Minister of Intergovernmental Affairs, Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health, Ontario
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Dr. Kate Bingham, Associate Chief Medical Officer of Health, Ontario
Association of Local Public Health Agencies (alPHa)
Shared Services Canada
Canadian Centre for Cyber Security

September 24, 2026

Hon. Sylvia Jones
Minister of Health, Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones,

Re: Recommendations for Municipalities on Ontario's Bring Your Own Beverage (BYOB) Legislation

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our recommendation that municipalities within the LPH region refrain from developing bylaws to implement Ontario's Bring Your Own Beverage (BYOB) legislation.

Alcohol is the most widely used substance in the province, with approximately 8 in 10 Ontarians aged 15 years and older reporting alcohol use. Alcohol is also a leading cause of thousands of preventable deaths, emergency department visits and hospitalization annually.

In recent years, Ontario has expanded alcohol availability through retail and alcohol related policies. The introduction of alcohol sales in select Ontario grocery stores at the end of 2015 represented a significant expansion of alcohol availability. During the COVID-19 pandemic, Ontario introduced policies that permitted alcohol take-out and delivery from licensed establishments, sales and service on docked boats, lower minimum alcohol delivery fees and extended hours for alcohol sales in authorized grocery and alcohol stores. Further expansion in 2024 allowed eligible grocery and convenient stores to sell beer, wine and other alcoholic beverages. Ontario now exceeds the 2.0 per 10,000 maximum retail density recommended by Canadian Alcohol Policy Evaluation (CAPE).

The expansion of alcohol sales in Ontario in 2015 alone was associated with a 17.8% increase in emergency department visits attributable to alcohol, which was more than twice the rate of increase for all emergency department visits over this period. Alcohol related Emergency Department visits in Lakelands Public Health region rose more than 17% from 2020 to 2024.

Economic policies such as BYOB are designed to support local tourism and hospitality sectors, however, it will also increase visibility and normalization. Limiting alcohol availability through policy can help reduce a municipality's exposure to alcohol-related health and social costs, for example, pressures on policing, paramedic services, bylaw enforcement, parks operations, and municipal risk management. Health Canada (2024) notes that exposure to alcohol in

public and family-oriented settings can influence attitudes toward drinking, particularly among youth and young adults. Research among Ontarians aged 19–24 found that alcohol is commonly perceived as an integral part of festivals and community celebrations, with associated harms often minimized or overlooked.

Alcohol-related harms are a significant and growing burden on communities. An expansion of public alcohol consumption through BYOB events has the potential to increase health and social harms and costs related to alcohol use without proper mitigation in place. Lakelands Public Health recommends that the Province encourage municipalities to work with local public health agencies to ensure public health considerations are incorporated into any policy.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: [WECHU Letter, May 25, 2026](#)

cc: Local MPPs
Ontario Boards of Health
Association of Municipalities of Ontario
Association of Local Public Health Agencies (alPHA)

September 24, 2026

To: All Local Municipal Councils

Re: Recommendations for Municipalities on Ontario's Bring Your Own Beverage (BYOB) Legislation

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our recommendation that municipalities within the Lakelands Public Health region refrain from developing bylaws to implement Ontario's Bring Your Own Beverage (BYOB) legislation.

Alcohol is the most widely used substance in the province, with approximately 8 in 10 Ontarians aged 15 years and older reporting alcohol use. Alcohol is also a leading cause of thousands of preventable deaths, emergency department visits and hospitalization annually.

In recent years, Ontario has expanded alcohol availability through retail and alcohol related policies. The introduction of alcohol sales in select Ontario grocery stores at the end of 2015 represented a significant expansion of alcohol availability. During the COVID-19 pandemic, Ontario introduced policies that permitted alcohol take-out and delivery from licensed establishments, sales and service on docked boats, lower minimum alcohol delivery fees and extended hours for alcohol sales in authorized grocery and alcohol stores. Further expansion in 2024 allowed eligible grocery and convenient stores to sell beer, wine and other alcoholic beverages. Ontario now exceeds the 2.0 per 10,000 maximum retail density recommended by Canadian Alcohol Policy Evaluation (CAPE).

The expansion of alcohol sales in Ontario in 2015 alone was associated with a 17.8% increase in emergency department visits attributable to alcohol, which was more than twice the rate of increase for all emergency department visits over this period. Alcohol related Emergency Department visits in Lakelands Public Health region rose more than 17% from 2020 to 2024.

Health Canada (2024) notes that exposure to alcohol in public and family-oriented settings can influence attitudes toward drinking, particularly among youth and young adults. Research among Ontarians aged 19–24 found that alcohol is commonly perceived as an integral part of festivals and community celebrations, with associated harms often minimized or overlooked.

Alcohol-related harms are a significant and growing burden on communities. An expansion of public alcohol consumption through BYOB events has the potential to increase health and

social harms and costs related to alcohol use without proper mitigation in place.

Economic policies such as BYOB are designed to support local tourism and hospitality sectors. However, limiting alcohol availability through policy can help reduce a municipality's exposure to alcohol-related health and social costs, for example, direct cost pressures on policing, paramedic services, bylaw enforcement, parks operations, and municipal risk management. If your municipality chooses to proceed with any enabling bylaw, we recommend consultation with LPH prior to drafting, revising or adopting any such by-laws to ensure we can support public health consideration in your local decision making.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

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