2027 Annual Service Plan
REPORT

WINDSOR-ESSEX COUNTY
HEALTH UNIT

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Bureau de santé de Windsor-comté d'Essex

Background

The Windsor-Essex County Health Unit (WECHU) is a publicly funded organization and therefore has a responsibility to spend funds prudently as they provide public health programs and services as required by the *Health Protection and Promotion Act* (HPPA) and the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

Annually, the WECHU prepares its operating budgets for the Board of Health's (BOH) review and approval. The budget then serves as the foundation for the Annual Service Plan and budget submissions to the MOH and MCCSS. In addition to quarterly reporting requirements for the MOH and MCCSS, a quarterly budget-to-actual variance analysis is also prepared for the BOH.

Community Needs and Ministry Requirements

The 2027 Annual Service Plan is organized to support the proposed Ontario Public Health Standards (OPHS) framework. Planning and delivery apply the cross-cutting principles of Need, Impact, and Partnerships and Engagement. The plan also integrates the Foundational Standards – Population Health Assessment and Surveillance and Effective Public Health Practice, including Health Equity, Planning and System Coordination, and Quality, Evaluation, and Knowledge Exchange – across all Program Standards. Programs and services are tailored to the local context and to priority populations using surveillance, research, program monitoring and evaluation, community knowledge, lived experience, and other available evidence. The WECHU will continue to identify populations that would benefit most from public health action, engage those populations in planning and evaluation, coordinate with health-system and community partners, and adapt services where monitoring identifies inequities, implementation challenges, or unintended impacts.

Particular attention will be given to culturally safe, anti-racist, and anti-oppressive engagement with First Nations, Inuit, Métis and urban Indigenous communities and organizations, Black communities and organizations, Francophone communities, and other locally identified priority populations. Population-specific information will be collected, analyzed, interpreted, and shared using appropriate data-governance principles and with respect for Indigenous and black sovereignty and self-determination. To understand our planned services and budget, it is important to first consider the needs of the Windsor and Essex County (WEC) community, including the public health challenges we aim to address with limited financial and human resources. Population health assessment and surveillance activities provide the evidence base for determining community priorities, identifying health inequities, and aligning local efforts with provincial requirements established through the OPHS and related legislation.

The WECHU has continued to enhance its capacity for surveillance of population health trends through the development and maintenance of interactive, publicly available data dashboards. These dashboards provide current local information on oral health, infectious diseases, immunizations, chronic diseases, reproductive and child health, injury, substance use, and mental health, and support transparency, data-informed planning, and community awareness of local health issues.

Population health assessment remains a central component of the WECHU's annual priority-setting and budget development processes. Since 2023, the WECHU has conducted an annual, structured program review requiring each program area to assess and present evidence on the size and severity of health issues, existing community coverage, related health inequities, and the effectiveness of local

interventions. Findings from the 2026 review directly informed 2027 service planning and resource allocation, ensuring that programming decisions are responsive to emerging community needs.

Local Priority Populations

Priority populations are a subset of the population for whom a specific program is tailored based on marginalization, vulnerability, or other risk factors. The OPHS mandates the BOH to identify local priority populations at increased risk of poor health outcomes and plan and deliver programs and services to reduce these inequities. Local data illustrate the extent of these inequities and help identify the populations most affected.

In WEC, disparities persist related to income and food security. The proportion of individuals living in low-income households remains higher across nearly all age groups compared to Ontario, with 16.5% of children aged 0 to 5 and 14.5% of children under 18 living below the low-income measure after tax, compared to 12.7% and 11.5% provincially (Statistics Canada, 2021a; Public Health Ontario, 2024). Further, one-third of children (30.1%) live in single-parent households, and food insecurity affects one-quarter of households in the years 2023 to 2025, increased from 2022 to 2024 (25.1% versus 23.9%, respectively; Public Health Ontario 2026).

The region is also home to the largest population of International Agricultural Workers in Canada, with approximately upwards of 15,000 workers employed annually. WEC's population is increasingly diverse, with 24.0% identifying as visible minorities and 23.0% identifying as immigrants, including 4.0% who are recent newcomers from Iraq, Syria, and India (Statistics Canada, 2021).

According to a recent study conducted by the WECHU in 2024-2025, 1 in 3 low socioeconomic status residents rate their overall health as only "fair" or "poor," nearly double the rate among higher-income residents (Ipsos, 2025). These residents were also more than twice as likely to report running out of food with no money to buy more, and many cited financial stress, affordability, limited access to healthy food and physical activity opportunities as major barriers to staying healthy.

To better understand and address these inequities, the WECHU has begun using the Ontario Marginalization Index as a tool for identifying and targeting priority populations. The WECHU specifically applies the Material Resources dimension of the index, which measures access to basic material and financial resources such as income, employment, and education. Within this framework, the WECHU focuses on residents living in quintile 5 (i.e., those experiencing the highest level of material deprivation). The maps below provide a visual overview of areas in WEC with the highest levels of material resourcing deprivation.





Unique Local Challenges and Risks

The WECHU catchment area shares a border with Detroit, Michigan, which is the busiest international border crossing in North America. This border contributes to public health areas of concern including transmission of communicable diseases (e.g., cyclosporiasis), as well as known zoonotic disease vectors (e.g., exotic mosquito species). Monitoring and surveillance of these public health concerns in Michigan

is required, as many individuals in WEC visit and/or work in Michigan daily. More recently, political polarization has created barriers for cohesive public health surveillance and assessment, and the potential economic impact of proposed tariffs would cause further instabilities, which in turn negatively affect community health and well-being. As of September 2026, WEC has an unemployment rate of 7.3%, which is higher than the overall Canadian rate of 6.5%.

The leading causes of preventable deaths in WEC as of 2023 were cancer, circulatory system diseases, and respiratory system diseases, all of which exceeded provincial rates. Rates of all-cause mortality, premature mortality, and potentially avoidable mortality also remain higher in WEC compared to Ontario. Education and employment patterns further influence local health outcomes. In 2021, 51.0% of adults in WEC had post-secondary education, 32.0% held a high school diploma, and 18.0% had less than a high school education (Statistics Canada, 2021). Overall, educational attainment in WEC is lower than what is seen provincially. The most common industry in WEC is manufacturing, which accounted for 20.0% of the labour force and is 2.1 times greater than the equivalent Ontario value. In 2020, 21.0% of the WEC population aged 15 years and over received their income from government transfers.

Access to primary care remains an ongoing challenge, particularly for low-income residents. In 2024, 13.0% of WEC residents reported not having a family doctor, and nearly 1 in 3 residents in the lowest income bracket (i.e., 31.0%) did not have a regular healthcare provider, compared to only 5.0% among those in the highest income bracket (Ipsos, 2025).

Opioid-related emergency department (ED) visits increased sharply from 9.3 visits per 100,000 population in 2016 to 71.5 in 2025, exceeding the Ontario averages every year since 2020. Hospital reported opioid overdoses have risen, with the rates in the first 3 quarters of 2026 already exceeded total 2025 rates (526 versus 339, respectively). There were 5 issued public opioid alerts based on elevated overdoses from January to September 2026, compared to 8 alerts in 2025.

Infectious diseases continue to present significant local challenges. A cyclosporiasis outbreak linked to exposures in the United States resulted in 39 WEC cases by mid-2026, while influenza rates increased 231.0% between 2023 and 2024 and rose further in 2025. There were 152 confirmed outbreaks in 2025 and 95 declared to date in 2026. Rates of sexually transmitted and blood-borne infections (STBBI) also increased. Infectious syphilis rose 14.0%, from 22 cases per 100,000 population in 2024 to 25 per 100,000 in 2025, alongside 5 cases of congenital syphilis in 2025, the highest number ever reported locally. Tuberculosis also continues to remain a concern, with 17 active cases reported in 2025 and a record 395 latent cases identified, the highest number ever locally reported.

Vector-borne and zoonotic disease surveillance identified 16 mosquito pools positive for West Nile Virus in 2026 (up 77.8% from 2025; 9 pools), resulting in three human cases. Reported Lyme disease cases were up 50.0% from 2025 (14 cases) to 2026 (21 cases to date).

Environmental health and seasonal housing also present unique local considerations. The WECHU inspects approximately 1,200 seasonal housing accommodations every 8 months, as required by the Government of Canada. WEC has the largest population of International Agricultural Workers in Canada, with 12,000 to 15,000 workers employed each year.

Monitoring of 7 public beaches for E. coli and blue-green algae is done from June to September. During the 2026 monitoring season, 31 water-quality warnings and 3 closures were issued, with Lakeview Park and Colchester Beach showing the highest exceedances.

Pelee Island, accessible only by air or water, contains most of the region's 35 small drinking water systems. The island's remoteness creates operational challenges for inspections, particularly during off-season months.

WEC is also located within the primary and secondary zones of 2 nuclear installations: Enrico Fermi 2 and the Davis-Besse. Although both installations are not located within Canadian borders, the impact they have on our region is the same in the event a nuclear emergency occurs. According to the Canadian Nuclear Safety Commission (2026), all nuclear installations must ensure that potassium iodine tablets are pre-distributed and with it, that there is a public education plan. Since the Enrico Fermi 2 Nuclear Generating Station and the Davis-Basse Nuclear Power Station are not regulated by the Commission, the responsibility for tablet distribution falls on the WECHU, the Municipalities of WEC, and the MOH.

Program Standards

The WECHU's programs and services are informed by the Program Standards outlined in the new OPHS, which articulate the Ministry's expectations for BOH and outline the minimum requirements for public health programs and services. The new OPHS, which is anticipated to come into effect in January 2027, redefines the mandate of BOH and provide a framework for planning, service delivery, and budget development. Within this framework, programs are then tailored to fit the local WEC context.

Comprehensive Health Promotion

The goal of the Comprehensive Health Promotion standard is to foster healthy social, natural, and built environments so that populations can act on opportunities to reach their full potential for health and well-being throughout the life course.

Healthy Growth and Development: The design and accessibility of the built environment can either support or hinder health. Safe, connected neighbourhoods with access to active transportation, recreation opportunities, public transit, and green spaces help promote active living and well-being (Cebrecos et al., 2016; Sallis et al., 2016). Conversely, barriers such as limited infrastructure, safety concerns, and poor maintenance can discourage healthy behaviours (e.g., Christie et al., 2020).

Adverse Childhood Events: Early childhood experiences are critical in shaping lifelong health and well-being. Positive, supportive relationships with caregivers help establish a strong foundation for healthy development, whereas adverse childhood experiences (e.g., abuse, neglect, family violence, substance use) can contribute to toxic stress and impact physical, mental, and emotional health (Dawdy et al., 2025; Madigan, 2023). According to the 2020 Canadian Community Health Survey, in WEC, 19.3% of residents reported experiencing childhood maltreatment (Statistics Canada, 2024).

Maternal and Reproductive Health: In 2025, 18.7% of women who gave birth reported not receiving prenatal care during their first trimester (up 4 percentage points since 2024), which is significantly higher than the Ontario average of 6.9%. Of women who gave birth in 2025, 83.8% reported receiving no prenatal education (down 0.9 percentage points since 2024) and 27.3% reported taking folic acid supplements before and during pregnancy (down 0.4 percentage points since 2024).

In WEC, 3.6% of mothers who gave birth in 2025 reported smoking and using cannabis, respectively, during pregnancy. While smoking rates are gradually declining, cannabis use is increasing, namely for

women aged 25 and younger and women living in the most materially resource deprived neighbourhoods.

The rate of low birth weight affected 6.1% of infants born in 2025 (up 1.8 percentage points from 2024). According to Public Health Ontario's (2026) Health Equity Snapshot (based on combined 2021 and 2022 data), infants born in the most materially resource deprived neighbourhoods in WEC experienced a low-birth-weight rate that was 2.3 times higher than that of infants born in the least deprived neighbourhoods.

Maternal mental health also remains a concern, with 17.4% of women who gave birth in 2025 reporting at least 1 mental health condition during pregnancy (down 0.2 percentage points since 2024). This continues to trend downward and is below the provincial rate of 21.2% (2024), though rates are highest among women under 25 and women living in the most materially deprived neighbourhoods. And anxiety remains a concern: in 2025, 14.1% of women who gave birth reported experiencing anxiety during pregnancy, which is more than double the rate observed in 2015 (6.4%).

Breastfeeding and Lactation Support: Breastfeeding intention and initiation rates have been declining in WEC. Compared to 2015 (67.6%), 49.7% of women intended to exclusively breastfeed in 2025, which is lower than the 2024 provincial average of 67.5%. Similarly, 36.7% of infants in WEC were exclusively breastfed within the first few days of postpartum, which falls below the 2024 provincial average of 45.7%.

Child Development: The proportion of children in WEC receiving any type of an 18-month well-child visit in 2024 was lower than the provincial rate by 4.3% (63.4% versus 67.7%, respectively). From 2022 to 2023, almost 1 in 3 kindergarten students in WEC (i.e., 32.6%) were vulnerable in at least 1 developmental domain, a rate that has increased over time and exceeds the Ontario average of 31.1%. Higher levels of vulnerability were also observed locally in the language and cognitive development domain (8.5% versus 6.7% provincially).

Mental Health: Indicators of youth mental health remain a concern in WEC. According to data from the Ontario Student Drug Use and Health Survey, in 2023, approximately 1 in 7 students reported self-harm (15.0%) or suicidal thoughts (14.7%) in the past year, while 5.3% reported a suicide attempt (Boak & Hamilton, 2024). In 2024, mental health-related conditions represented 5.2% of ED visits, up slightly from 2023 (5.4%).

Food Environment: Access to food is an increasing challenge in WEC. Between 2023 and 2025, WEC had a 25.1% household food insecurity rate, which is an increase from previous years (e.g., 2022 to 2024: 23.9% [an increase of 1.2%]). During that same period, 36.2% of children under 18 were living in food food-insecure households (Public Health Ontario, 2026) and only 20.4% of youth aged 12 to 17 in the community were consuming 5 or more vegetables and fruits per day (Boak & Hamiltion, 2024).

Healthy Relationships: Schools play an important role in supporting healthy relationships and lifelong sexual health (see STBBI data). Research indicates that educators and other professionals working in the education sector support the delivery of comprehensive, age-appropriate sexual health education, and identify a need for additional training and resources to help address the evolving needs of children and youth. Continued collaboration with school boards and community partners can help ensure students have access to information and skills that support informed decision-making and overall well-being.

WEC, among others, is recognizing intimate partner violence as an endemic. In 2024, Windsor Police reported that over 30.0% of crimes against persons were related to intimate partner violence, while 41.0% of assault cases involved intimate partners, up 11.1 times since 2023 (3.7%; CTVNewsWindsor.ca Staff, 2025). These local trends align with broader evidence showing that 44.0% of Canadian women experience intimate partner violence during their lifetime (Cotter, 2021) and since 2021, 4 women were killed in WEC by an intimate partner (Garton, 2023).

Students' Oral Health: During the 2025/2026 school year, 12.2% of all children screened through school-based programs and WECHU dental clinics needed urgent dental care. The proportion of junior kindergarten to grade 8 students requiring urgent dental care declined from 14.2% in the 2022/2023 school year to 10.2% in 2025/2026 (down 4 percentage points), while the proportion of caries-free children remained stable at 67.0%.

ED visits for oral health concerns among individuals under 19 years old decreased by 29.0% between 2022 and 2025, suggesting fewer acute dental presentations. However, day surgery rates for oral health conditions increased over the same period, particularly among children under 9 years old, indicating that significant treatment needs persist. Oral health inequities also remain evident, poorer outcomes observed among children attending schools in lower socioeconomic areas. This is consistent with local data showing that approximately 15.0% of children in WEC live in low-income households compared to 11.5% provincially (Statistics Canada, 2021).

Seniors' Oral Health: Demands for the Ontario Seniors' Dental Care Program remains high. An estimated 94,534 seniors aged 65 years and older reside in WEC, including approximately 10,871 seniors living with low income[1]. Between August 2025 and January 31, 2026, 2,243 OSDCP cards were issued in WEC (down 6.0% since 2024; 2,386 cards) and 815 seniors received dental treatment through the program (down 24.7%; 1,082 seniors), reflecting the ongoing need to improve access to oral health care for older adults with limited financial resources.

Healthy Growth and Development Program

The Healthy Growth and Development program supports optimal physical, cognitive, social, and emotional development among children, youth, and families through evidence-informed health promotion, healthy public policy development, and community capacity building. Examples of their work include:

- Collaborating with childcare centres, EarlyON programs, schools, and community partners to promote healthy child development, well-being, school engagement, and family-connected services.
- Implementing evidence-informed health promotion initiatives that support mental health and well-being, healthy relationships including intimate partner violence, nutrition, immunization, infectious disease prevention, injury prevention, physical activity, oral health, sleep, and healthy growth and development.

[1] Given that eligibility for the Ontario Seniors Dental Care Program is based on income thresholds rather than Statistics Canada's low-income measure after tax, the number of seniors eligible for the program may be higher than this estimate.

- Advancing community-based and systems-level action through Community Health Action Plans and partnership initiatives that support healthy public policy, supportive environments, and coordinated responses to local needs.
- Promoting school engagement and regular attendance by strengthening protective factors, supporting early identification of attendance concerns, implementing targeted interventions, and enhancing access to supportive services for priority populations.

*Healthy Babies and Healthy Children Program (*funded by the MCCSS)*

The Healthy Babies Healthy Children is delivered in accordance with the MCCSS protocol and promotes healthy child development from pregnancy through school entry by providing screening, assessment, and targeted family supports that optimize children's growth and development and help reduce health inequities. Examples of work include:

- Promoting, offering, and using the program screening tool (inclusive of prenatal, postpartum, and early childhood components) and, with familial consent, integrating relevant information obtained from other organizations, programs, and/or service providers to inform screening.
- Responding to all families identified with risk via the screen within established timeframes and conduct an in-depth assessment to confirm risk and guide intervention.
- Providing blended home visits to families identified with risk to enhance prenatal, postpartum, and parental support, and enhance infant and early childhood development.
- Participating and collaborating in partnership and service coordination with a network of health and social service providers to support families in attaining and sustaining their health and development potential.

Food Environment Program

The Food Environment program addresses disparities in nutrition access, particularly during important periods of human development, and equips key groups (e.g., caregivers, educators) with the knowledge, skills, and resources needed to support infant, child, and youth nutrition. Examples of their work include:

- Advancing food security and nutrition equity through advocacy, surveillance, and policy action, including monitoring food affordability and infant feeding trends, promoting income-based solutions to food insecurity, and supporting evidence-informed advocacy.
- Strengthening equitable access to nutrition during pregnancy, infancy, and early childhood through breastfeeding support, perinatal food insecurity screening and referral pathways, and initiatives that address disparities in early-life nutrition.
- Supporting municipal and community-wide food systems approaches by providing leadership, technical expertise, and partnership development to advance food security, food access planning, poverty reduction, and healthy public policy.
- Building the capacity of caregivers and educators to support healthy eating and positive relationships with food through evidence-informed feeding resources, responsive feeding education, food literacy initiatives, and strategies that promote body positivity and resilience to diet culture.

Healthy Relationships and Resilience Program

The Healthy Relationships and Resilience program promotes early relational health, resilience, and protective factors in children and families through interventions that support healthy development, healthy sexuality, and the prevention of adverse childhood experiences and gender-based violence. Examples of their work include:

- Promoting early relational health, resilience, and healthy child development through evidence-informed resources, education, and support for families, with a focus on strengthening protective factors and fostering positive childhood experiences.
- Advancing healthy sexuality and relationships education by providing evidence-informed resources, consultations, and community-based interventions that support healthy relationships, consent, sexual health, gender identity and expression, and informed decision-making.
- Implementing relationship violence prevention initiatives that build awareness, knowledge, and skills to promote healthy relationships, prevent gender-based and dating violence, and support priority populations.
- Strengthening community capacity through partnerships, knowledge exchange, and collaborative action, and working with diverse stakeholders to advance healthy social environments and population well-being.

Mental Health Promotion Program

The Mental Health Promotion program uses upstream and midstream health promotion approaches to foster positive mental health across the lifespan, with a focus on strengthening protective factors, reducing risk factors, and supporting community members and priority populations. Examples of their work include:

- Promoting positive mental health, resilience, and social-emotional skill development among children and youth through evidence-informed programs, resources, and supports delivered in school, childcare, and community settings.
- Strengthening mental health literacy and reducing stigma by increasing awareness, fostering social inclusion, improving understanding of mental health and well-being, and supporting access to appropriate services and supports.
- Promoting healthy digital media use and digital literacy through education, resources, and community engagement activities that support balanced technology use and reduce the risk of problematic digital behaviours.
- Advancing equity and inclusive environments through policy, systems, and community action, including initiatives that reduce barriers to mental health supports and promote belonging, acceptance, and well-being for diverse populations, including 2SLGBTQIA+ youth.

Healthy Smiles Ontario Program

The Healthy Smiles Ontario program provides oral health navigation supports and services, in-school screening, preventative services, outreach, and case management. Examples of their work include:

- Providing preventive, restorative, and oral health education services to eligible children and youth from low-income families through fixed-site dental clinics.

- Identifying and connecting children and youth to oral health services through school- and clinic-based screening programs, referrals, and targeted community outreach initiatives.
- Increasing awareness of and access to the program by working with community partners to build knowledge of available services, reduce barriers to care, and improve oral health equity among priority populations.

Ontario Seniors Dental Care Program

The Ontario Seniors Dental Care program provides comprehensive dental care to low-income seniors living in WEC, as well as supports access to care through targeted clinical, outreach, promotional and coordinated activities designed to enhance oral health knowledge and reduce barriers. Examples of their work include:

- Providing preventive, restorative, and denture services to eligible seniors through the program through care delivered at the WECHU dental clinics and via partner service providers.
- Expanding access to oral healthcare through partnerships and education, working with oral surgery providers, community denture clinics, clients, families, and community organizations to improve awareness of oral health services and support overall health and well-being.
- Assessing and addressing barriers to oral healthcare for seniors aged 65 and older through stakeholder engagement, community assessment, and targeted initiatives that improve access, affordability, awareness, transportation, and program utilization.

Oral Health Assessment and Surveillance Program

The Oral Health Assessment and Surveillance program is delivered by performing annual oral health screenings for all mandated grades in WEC publicly funded and private schools to standardize data collection, facilitate early identification of oral health needs, and inform targeted interventions to improve child health outcomes. Examples of their work include:

- Conducting school-based oral health screening and assessment programs to identify oral health needs among children, prioritizing high-risk populations, and supporting early identification of dental conditions.
- Providing case management, referral, and preventive oral health services for children requiring follow-up, including facilitating access to care, supporting enrollment in the Healthy Smiles Ontario program, and promoting oral health through education and preventive interventions.
- Improving access to dental care for children facing barriers to treatment by providing restorative services, coordinating follow-up care, and supporting child advocacy where concerns regarding dental neglect are identified.

Vision Program

The Vision program supports visual health promotion, targeted in-school vision screening, referral navigation, and data collection for children in junior kindergarten in selected WEC schools. Examples of their work include:

- Promoting child visual health and awareness of vision care services through caregiver education, distribution of visual health resources, and promotion of routine eye examinations and available vision care supports.
- Implementing targeted school-based vision screening initiatives in priority schools to support the early identification of children who may be at risk for vision concerns and require further assessment.
- Providing referral navigation and follow-up support for children who do not pass screening, helping families access comprehensive eye examinations and available treatment and support services.

Emergency Management

The goal of the Emergency Management standard is to build a ready, resilient, and responsive public health system through prevention, mitigation, preparedness, response, and recovery activities for anticipated and unanticipated disruptions, events, and emergencies.

Emergency Management Program

The Emergency Management program coordinates readiness and response activities with municipal, provincial, health-system, Indigenous, and community partners. Planned work includes:

- Maintaining a hazard identification and risk assessment process and supporting public education and awareness for identified hazards and risks.
- Maintaining a continuity of operations plan for time-critical public health functions and services.
- Maintaining emergency response plans and 24/7 notification protocols that support coordinated response capabilities.
- Providing staff learning and training and conducting an annual emergency exercise when no lived response experience has occurred in the previous 12 months.

Food Safety

The goal of the Food Safety standard is preventing or reducing the burden of foodborne illnesses in the community.

Fixed Food Premises: Annually, the WECHU inspects 3,110 home-based, institutional, and rental fixed food premises, of which 64.0% are considered high or moderate risk. This proportion includes institutional facilities, restaurants/take out service, and home-based and rental businesses. An additional 139 temporary transient facilitates were also inspected from January to July 2026.

Food Safety Complaints: Between January and July 2026, 230 food safety complaints that triggered investigation/inspection, which is a 29.9% increase from the same period in 2025 (i.e., 177). As a result, no provincial offences tickets were issued for the absence of a certified food handler on site, and 5 Section 13 orders were issued under the HPPA in lack of hot water on the premises, pest infestation, and failure to maintain a sanitary condition.

Food Handler Training: To strengthen food safety knowledge and promote compliance, WECHU issued 1,114 food handler certificates in 2025 through 49 public and 6 private exam sessions.

Enteric Diseases: There were 209 cases of enteric diseases identified in 2025 (15.7% lower than 2024 [248 cases]) and 119 cases reported from January to June 2026 (15.5% lower than the same period in 2025 [103 cases]) across WEC. As with 2024 and 2025, Campylobacter Enteritis and Salmonellosis continue to be the most common enteric diseases in 2026. Campylobacter Enteritis specifically has had the greatest burden of any enteric disease in WEC since 2016, with an average of 83.4 cases reported per year.

Food Safety Program

The Food Safety program uses a comprehensive approach that combines risk-based inspections, enforcement, surveillance, education, certification, public disclosure, emergency response, and community partnerships to prevent food-borne illnesses and protect the public. Examples of their work include:

- Conducting risk-based routine (re-)inspections of food premises, including seasonal operations, institutional settings, temporary vendors, special events, and approved home-based food businesses.
- Investigating public complaints, suspected food-borne illnesses, outbreaks, and regulatory non-compliance, and taking enforcement or corrective action (e.g., tickets, summonses, closure orders) when health hazards are identified.
- Maintaining 24/7 on-call capacity to respond to food safety emergencies, including floods, fires, power outages, extreme weather, food recalls, and other incidents that may affect food safety operations.
- Publicly disclosing inspection and enforcement outcomes via the Food Safety Inspection Dashboard and the disclosure website.
- Providing accessible food handler education, training, and certification, including multi-lingual training, free learning opportunities, and a low-cost certification exam.
- Collaborating with municipalities, emergency management partners, Indigenous communities, school boards, food banks, community agencies, and other stakeholders to strengthen food safety, improve access to information, and support emergency planning.

Health Hazard Management

The goal of the Health Hazard Management standard is to reduce exposure to health hazards and mitigate existing and emerging risks.

Weather: Globally, 2025 ranked among the 3 warmest years on record, continuing a pattern of unprecedented temperatures (World Meteorological Organization, 2026). Locally, trends reported by Environment and Climate Change Canada show that Windsor-Essex County has experienced some of its warmest years on record over the past 25 years, with temperatures projected to continue increasing.

Between the periods of 1960 to 1989, and 1990 to 2019, the 30-year mean for the City of Windsor increased by 1°C. In conjunction, the median number of days with temperatures above 30°C is expected to rise from about approximately 22 days per year from 2005 to 2017, to approximately 50 days per year by the 2040s (ICLEI Canada, 2019). In response, the WECHU issued 7 heat warning notifications which

covered 22 days in 2025 (up from 4 heat warnings [a 75.0% increase] that covered 14 days [a 57.1% increase] in 2024), and an additional 3 heat alerts spanning 13 days between January and July 2026 (down from 6 alerts [a 50.0% decrease] spanning 18 days [a 27.8% decrease] for the same period in 2025).

Air Quality: Air quality also remains a concern due to Windsor's proximity to major industrial areas and its location along one of North America's busiest international trade corridors. A report by the Ministry of the Environment and Climate Change (2018) found that in 2016, Windsor was the worst city in the province for smog-causing ozone and recorded the highest 1-hour carbon dioxide concentration. In 2026, Air Quality Ontario recorded 79 days in downtown Windsor (up 33.9% from 2024; 59 days) and 64 days in Windsor West (almost no change from 2024; 65 days) where the Air Quality Health Index reached a moderate or higher risk level.

Occupational and Residential Hazards: Occupational and residential hazards associated with the agricultural sector also represent a significant area of local public health action. WEC is home to Ontario's largest agricultural and agribusiness sector, including more than 60.0% of the province's greenhouses, the largest concentration in Canada and the United States (Workforce Windsor-Essex, 2025).

Annually, WEC receives about 12,000 to 15,000 international agriculture workers, primarily from Mexico, Guatemala, and Jamaica. In 2025, the WECHU conducted 1,196 compliance inspections (15.7% higher than 2024; 1,034 inspections) and 296 re-inspections (17.9% more than 2024; 251 re-inspections) for seasonal housing accommodations to ensure that workers' living environments meet health and safety standards. And to date in 2026, approximately 780 inspections and 215 re-inspections have been done.

Health Hazard Management Program

The Health Hazard Management program is delivered through a combination of inspection, investigation, surveillance, emergency preparedness, enforcement, public education, and community partnership activities aimed at reducing exposure to environmental health hazards and protecting the health of WEC residents. Examples of their work include:

- Inspecting and monitoring high-risk settings such as seasonal agricultural worker housing, recreational camps, special care facilities, and regulated businesses, to ensure compliance with health, safety, sanitation, and legislative requirements.
- Responding to environmental health hazards through complaint investigation, risk assessments, surveillance, and coordination to address biological, chemical, physical, and emerging environmental threats.
- Conducting complaint-based inspections at food establishments and tanning salons to ensure compliance with the *Healthy Menu Choices Act* and *Skin Cancer Prevention Act*, respectively.
- Assessing and mitigating climate-related and environmental health risks, including extreme heat, poor air quality, wildfire smoke, radon, severe weather, contamination events, and other emerging hazards, using evidence-informed interventions.
    - This includes the distribution of potassium iodide pills to residents in high-risk zones as a part of nuclear emergency preparedness programming.

- Advancing healthy public policy and community resilience by collaborating with municipalities, Indigenous communities, healthcare providers, community organizations, and other stakeholders to address environmental health concerns and reduce health inequities.

Immunization

The goal of the Immunization standard is to reduce or eliminate the burden of vaccine-preventable diseases through immunization.

Measles: Measles activity increased significantly in WEC in 2025, with 150 confirmed cases, representing an incidence rate of 29.9 cases per 100,000 population. Only 1 more confirmed case was reported in 2026 with symptom onset in June, indicating a marked decline in local case activity.

During the 2025/2026 school year, measles vaccine coverage among 7-year-olds was 90.3%, a continued improvement toward the national target of 95.0%. Coverage rates for older students were higher: 92.5% amongst 12-year-olds and 94.4% amongst 17-year-olds.

Influenza: The rate of laboratory-confirmed influenza cases in WEC increased by 182.0% from 139 cases per 100,000 population in 2024 to 392 cases per 100,000 in 2025. Compared to 28 influenza outbreaks investigated in 2025, only 3 have been investigated from January 1 to June 30, 2026.

In 2025, 82,500 influenza doses were distributed by the WECHU (a 4.2% increase from 2024; 79,140 doses), and as of late June 2026, 2,515 influenza doses have been distributed (an 80.3% increase from 2025 for the same period; 1,395 doses). The median influenza vaccination rate amongst hospital staff was 37.5% (2024) compared to 33.5% provincially (2026). Long-term care staff's rate was 54.8% (2024), which is lower than the 2026 provincial average of 66.4%.

COVID-19: The burden of COVID-19 in WEC has decreased, though deaths and outbreaks continue. In 2025, there were 14 local deaths (down 65.0% from 2024; 40 deaths), 31 investigated outbreaks (down 71.0% from 2024; 107 investigated outbreaks), and 69.9 per 100,000 hospitalizations related to COVID-19. Between January and late June 2026, there have been 2 local deaths (down 80.0% since that same period in 2025; 10 deaths), 10 investigated COVID-19 outbreaks (down 23.1% since 2025; 13 investigated outbreaks), and 125 hospitalizations (down 38.4% since 2025; 203 hospitalizations).

A total of 48,379 COVID-19 vaccine doses were administered through the 2024/2025 immunization program, but uptake of updated KP.2 vaccines remained low (i.e., fall 2024/2025 coverage: 7.8%; spring 2025 coverage: 1.1%). COVID-19 vaccination coverage disparities persist, particularly among younger residents, with only about 1.0% of individuals under 18 years and 26.9% of adults aged 60 and older remaining up to date.

Community Vaccine Supports: The Mobile Medical Support team remains committed to reaching high-priority populations in WEC. Between January and June 2026, the WECHU conducted 10 mobile clinics (up 42.9% from the same period in 2025; 7 clinics) and 30 in-house clinics (down 57.8% from 2025; 71 clinics) offering seasonal vaccinations. Through these clinics, 180 COVID-19 vaccines (down 55.1% from 2025; 401 vaccines), 17 influenza vaccines (down 90.1%; 172 vaccines), and 61 respiratory syncytial virus (RSV) vaccines (no changes) were administered.

Between January and June 2026, the WECHU fulfilled 2,130 orders for publicly funded vaccines (up 11.3% from the same period in 2025; 1,913 vaccines) and distributed 86,363 vaccine doses to local healthcare providers (down 28.0%; 120,000 doses). Adverse events following immunizations were reported in both 2025 (i.e., 28) and up to June 2026 (i.e., 13, of which 2 have been confirmed to date).

School Immunization: Immunization coverage amongst 7-year-olds ranged from 86.8% to 93.5%, remaining below the national target of 95.0% for all vaccines mandated by the *Immunization of School Pupils Act* (ISPA). Among 12-year-olds, coverage ranged from 82.0% to 93.0%, and while most routinely recommended vaccines achieved coverage levels exceeding 92.0%, meningococcal disease was notably lower at 82.0%. Among 17-year-olds, immunization coverage ranged from 62.0% to 95.0%, with varicella coverage increasing (+ 8 percentage points) and diphtheria, pertussis, and tetanus coverage declining by over 5 percentage points. Hepatitis B and human papillomavirus coverage decreased by approximately 10 percentage points among this group, although vaccine initiation remained high (85.1% and 74.5%, respectively).

During the 2025/2026 school year, 6.3% of students from junior kindergarten to grade 12 had a recorded non-medical exemption.

Vaccine Confidence and Hesitancy: Ipsos (2026) survey data indicated that vaccine hesitancy was highest for COVID-19 (45.0%) and influenza (34.0%), compared with required (13.0%) and non-required (19.0%) childhood vaccines. Hesitancy was higher among rural residents, lower-income populations, and those with lower educational attainment. Indeed, individuals of low socioeconomic status were over twice as likely to report hesitancy toward required childhood vaccines compared to other respondents (22.0% versus 9.0%, respectively).

While self-reported vaccine uptake remained highest for required childhood vaccines (90.0%) and COVID-19 vaccines (88.0%), substantial gaps were observed for voluntary vaccines, particularly influenza, where uptake was markedly lower among vaccine-hesitant individuals (56.0%) compared to vaccine-confident respondents (87.0%).

ISPA Implementation in Schools and Licensed Childcare Settings Program

The ISPA Implementation in Schools and Licensed Childcare Settings program delivers school immunization and record compliance activities through clinic services, community partnerships, education, and data-driven program planning. Examples of their work include:

- Delivering school-based immunization clinics for routine vaccines and to students at risk of suspension, as well as catch-up opportunities through targeted supports and accessible clinics.
- Reviewing students' immunization records to determine coverage rates and issuing notices to support compliance with the ISPA.
- Conducting targeted outreach to families, schools, and communities with lower coverage or greater barriers to vaccination.
- Collaborating with schools, healthcare providers, childcare settings, and community partners to support immunization delivery and record completeness.

Vaccine Administration Program

The Vaccine Administration program provides direct immunization services, outbreak response, public education, and outreach to increase protection against vaccine-preventable diseases. Examples of the work include:

- Delivering school-based and catch-up immunization clinics to support routine vaccine coverage, as well as conducting vaccination activities during outbreaks to protect eligible and susceptible populations.
- Providing influenza and other publicly funded vaccines through in-house, mobile, and mass immunization clinics.
- Delivering targeted education and outreach to improve vaccine awareness, confidence, and uptake.
- Collaborating with healthcare, education, and community partners to support coordinated immunization efforts.

Vaccine Confidence Program

The Vaccine Confidence program promotes informed vaccine decision-making through community engagement, provider support, tailored communications, and evidence-informed interventions. Examples of their work include:

- Using local data and research to identify populations experiencing lower vaccine confidence or uptake.
- Monitoring emerging concerns, misinformation, and vaccine-preventable disease risks to inform timely responses.
- Partnering with community organizations and trusted leaders to strengthen immunization outreach and engagement.
- Delivering evidence-informed engagement and communication strategies tailored to community needs and perspectives.
- Equipping healthcare providers with tools and resources to support respectful, effective vaccine conversations.

Vaccine Management Program

The Vaccine Management program ensures the safe storage, distribution, monitoring, and stewardship of publicly funded vaccines through provider support, system oversight, and continuous quality improvement. Examples of their work include:

- Managing vaccine access (to publicly funded ones; e.g., rabies biologics, seasonal immunization products), storage, inventory, forecasting, distribution, and cold-chain compliance across the community.
- Investigating and managing cold-chain incidents, vaccine-related adverse events, and emergency preparedness activities.
- Supporting vaccine providers through partnership agreements, communications, onboarding, and ordering system assistance.
- Monitoring vaccine management performance indicators to identify risks, improve practices, and reduce wastage.

- Maintaining immunization preparedness, staff competencies, and accurate inventory and immunization data in ministry-designated information systems.

COVID-19 Vaccine Program

The COVID-19 Vaccine program coordinates COVID-19 immunization through vaccine distribution, clinic delivery, provider support, community partnerships, and targeted outreach to improve access and reduce severe outcomes. Examples of their work include:

- Delivering accessible seasonal, mobile, and outreach COVID-19 vaccine clinics for priority and underserved populations.
- Managing COVID-19 vaccine supply, distribution, inventory, and forecasting to ensure timely access and minimize wastage.
- Supporting vaccine providers through clinical guidance, training, operational assistance, and communication resources.
- Partnering with healthcare and community organizations to expand vaccine access and improve service delivery.

RSV Vaccine Program

The RSV Vaccine program coordinates RSV immunization efforts through vaccine distribution, provider engagement, targeted clinics, community partnerships, and surveillance-informed planning. Examples of their work include:

- Managing procurement, distribution, inventory, and cold-chain oversight for RSV immunization products.
- Providing training, clinical guidance, and operational support to vaccine providers and partner organizations.
- Delivering targeted clinic services and outreach to improve RSV vaccine access for eligible populations experiencing barriers.
- Monitoring RSV activity, vaccine uptake, safety, accessibility, and program performance to guide service improvements.

Infectious and Communicable Diseases Prevention and Control

The goal of the Infectious and Communicable Diseases Prevention and Control standard is to reduce the burden of communicable diseases and other infectious diseases of public health significance.

Outbreak Management and Response: The WECHU investigated and managed 152 confirmed outbreaks in congregate settings (e.g., long-term care homes, hospitals) in 2025, the majority of which were respiratory (108) and enteric (42) in nature. From January to June 2026, 69 outbreaks were investigated and managed, with fewer influenza (3) and COVID-19 (10) outbreaks reported compared to 2025 (i.e., 28 and 31, respectively).

Other outbreaks of note were cyclosporiasis and measles. WEC had a cyclosporiasis outbreak linked to exposures in the United States and that resulted in 39 cases by mid-2026. There was also a significant increase in measles activity within WEC and provincially, with 150 confirmed cases identified in 2025

(rate: 30 cases per 100,000 population). This rate has substantially decreased as of mid-2026 (i.e., 1 case so far).

STBBIs: Excluding influenza, the greatest disease burden in 2025 was from STBBIs, followed by respiratory and direct contact diseases. In the first half of 2026, STBBIs, followed by latent tuberculosis, remain the leading cause of disease burden in WEC.

In 2025, chlamydia, gonorrhea, and infectious syphilis accounted for more than 80.0% of all reported STBBI cases in WEC. While infectious syphilis increased by 14.0%, from 22 cases per 100,000 population in 2024 to 25 per 100,000 in 2025, rates of human immunodeficiency virus (HIV) and chlamydia declined by approximately 40.0% and 15.0%, respectively. There were 4 cases of congenital syphilis reported in 2025, the highest ever reported locally. Preliminary 2026 data suggest continued declines in HIV and chlamydia rates.

Although a proportion of chlamydia and gonorrhea cases occur among youth aged 10 to 19 years, most STBBI cases occur among adults aged 20 to 44 years, with all reported infectious syphilis cases occurring among individuals aged 20 years and older. These trends highlight the importance of a dual prevention approach that supports both early sexual health education for youth and ongoing community-based education, testing, and prevention initiatives targeted to adult populations.

Tuberculosis: Tuberculosis activity remained a public health concern, with 17 active cases reported in each of 2024 and 2025 (rate: 4 cases per 100,000). Latent tuberculosis cases increased by 34.9% in 2025 relative to 2024 (i.e., 394 [79 cases per 100,000] versus 292 [59 cases per 100,000]). As of late June 2026, there have been 12 active and 131 latent cases identified (i.e., rates of 2 cases and 26 cases per 100,000, respectively).

Vector-Borne and Zoonotic Diseases: Cases of vector-borne and zoonotic diseases continue to occur throughout WEC. In 2025, 9 mosquito pools tested positive for West Nile Virus (up 12.5% from 2024; 8 pools) and 9 human cases were identified (up 28.6%; 7 cases). In 2026, 16 mosquito pools tested positive for West Nile Virus (up 77.8% from 2025; 9 pools), while three human cases were identified (down 66.7% from 2025; 9 cases).

While no black-legged ticks were collected locally during the 2024, 2025, or 2026 (to June 30) surveillance seasons, 14 human Lyme disease cases were reported in WEC in 2025. To date in 2026, 21 Lyme disease cases had been reported. The WECHU also investigated 1,155 animal exposure incidents involving human contact in 2025, representing a 10.6% increase from 2024 (1,044 exposure incidents), with 586 investigations completed by mid-year 2026.

Facility Infection Prevention Compliance Program

The Facility Infection Prevention Compliance program is delivered through a comprehensive approach that combines routine inspections, outbreak management, education, consultation, complaint investigations, and enforcement activities. Examples of their work include:

- Conducting infection prevention and control (IPAC) inspections and compliance monitoring across licensed childcare centres, congregate living settings, personal service settings, and other regulated facilities, including follow-up inspections, enforcement, and corrective action support.

- Investigating and managing outbreaks, IPAC breaches, and related complaints to identify transmission risks, implement control measures, support compliance, and prevent further spread of illness.
- Providing IPAC education, consultation, and capacity-building support to operators, healthcare providers, schools, congregate living settings, personal service settings, and other community partners to strengthen prevention and response efforts.
- Developing, maintaining, and disseminating IPAC resources, training, and guidance to promote evidence-informed practices, support knowledge exchange, and enhance awareness of emerging risks and best practices.

Zoonotic and Vector-Borne Disease Management Program

The Zoonotic and Vector-Borne Disease Management program is delivered through a coordinated approach that integrates disease surveillance, exposure investigation, vector control, public education, emergency preparedness, and partnership development. Examples of their work include:

- Investigating and managing animal exposures and zoonotic disease risks, including rabies exposure assessments, case investigations, implementation of public health measures, and coordination with healthcare, veterinary, wildlife, agricultural, and government partners.
- Conducting surveillance and monitoring of zoonotic and vector-borne disease threats, including mosquitoes, ticks, animal reservoirs, and emerging pathogens, to identify risks, inform prevention strategies, and support early detection and response.
- Implementing vector control and risk mitigation measures, including larviciding, enhanced response activities, public education, and risk communication informed by surveillance findings and local risk assessments.
- Providing education, consultation, and guidance to healthcare providers, veterinarians, municipalities, and community partners to support disease prevention, reporting, exposure management, and coordinated response activities.

Communicable Diseases and Outbreak Management Program

The Communicable Diseases and Outbreak Management program is delivered through a combination of case and contact management, outbreak management, data collection and surveillance, and community outreach and engagement. Examples of their work include:

- Conducting case and contact management for diseases of public health significance, including investigation of reported cases, contact follow-up, exposure assessment, implementation of control measures, and administration of public health interventions such as post-exposure prophylaxis.
- Investigating and managing infectious disease outbreaks in congregate and community settings, including implementation of outbreak control measures, provision of IPAC guidance, and coordination with facility operators and healthcare partners.
- Conducting infectious disease surveillance, monitoring, and risk assessment to identify disease trends, detect outbreaks, support situational awareness, and guide timely public health action and communication.

- Providing education, consultation, and outreach to community partners and priority settings to support disease reporting, outbreak preparedness, IPAC practices, and management of communicable disease risks.

IPAC Hub Program

The IPAC Hub program collaborates with congregate living settings across WEC to build their capacity to sustainably implement IPAC practices. Examples of their work include:

- Providing IPAC outreach, consultation, and technical support to congregate living settings, including long-term care homes, retirement homes, shelters, and supportive housing providers, to strengthen local IPAC capacity and reduce infectious disease risks.
- Delivering education, training, coaching, mentoring, and networking opportunities to support the implementation and sustainability of evidence-informed IPAC practices across congregate living settings.
- Fostering collaborative partnerships and capacity building by working alongside congregate living settings to address emerging IPAC challenges, share leading practices, and support locally driven, sustainable solutions.
- Supporting outbreak preparedness and response through exercises, targeted guidance, and tailored support that enhance organizational readiness and strengthen infection prevention and control practices.

STBBI Program

The STBBI program works to promote, protect, and support the sexual and reproductive health of clients across the lifespan and ensures that all investigation and management of eligible reported cases are investigated to minimize the spread of infection. Examples of their work include:

- Conducting case and contact management for STBBIs, including assessment, treatment follow-up, contact notification, risk reduction counselling, provision of publicly funded medications and vaccines, and implementation of public health measures when required.
- Monitoring and responding to congenital syphilis trends and risks through surveillance, case review, healthcare provider outreach, and targeted interventions to improve prevention, early identification, and follow-up.
- Engaging and supporting healthcare providers and community partners through education, consultation, communities of practice, and knowledge-sharing initiatives that promote evidence-informed testing, treatment, reporting, and management of STBBIs.
- Planning and implementing community outreach and health promotion initiatives to improve awareness of STBBIs, reduce stigma, increase access to services, and support healthy sexual practices among priority populations.

Tuberculosis Program

The Tuberculosis program provides expertise, guidance, and support to reduce the burden and prevent the spread of tuberculosis, with a focus on early diagnosis and effective treatment. Examples of their work include:

- Managing tuberculosis cases and medical surveillance referrals, including assessment, investigation, coordination of diagnostic testing and medical follow-up, treatment support, and provincial reporting requirements.
- Conducting contact investigations and exposure management for active cases, including identification, assessment, testing, follow-up, preventive treatment, and collaboration with affected settings to prevent further transmission.
- Identifying and managing latent tuberculosis infection through risk assessment, education, counselling, preventive treatment, adherence monitoring, and ongoing follow-up.
- Providing education, consultation, and treatment support to clients, healthcare providers, and community partners to strengthen tuberculosis prevention, early identification, treatment adherence, and disease management.
- Facilitating immigration medical surveillance referrals and ensuring access to tuberculosis medications in accordance with provincial requirements.

Safe Water

The goal of the Safe Water standard is to prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use and drinking water.

Recreational Water: In 2025, there were 368 recreational water facilities operating in WEC, including public swimming pools, wading pools, splash pads, and spas, that required public health inspection (a 132.9% increase from 2024; 158 inspections). The WECHU inspected these facilities, responded to 7 complaints (down 36.4% from 2024; 11 complaints), and issued 1 Section 13 closure orders (down 80.0% from 2024; 5 orders) to address identified health hazards.

Beach Water: Across WEC, 7 public beaches were tested weekly for E. coli levels and blue-green algae during the 14-week beach season. In 2026, there were 31 water-quality warnings (201-999 E. coli/100 mL) and 3 beach closures (≥1,000 E. coli/100 mL) issued. Lakeview Park and Colchester Beach showed the highest exceedances. No blue green algae warnings were issued during this time. In 2025 and 2026, the WECHU implemented a beach water predictive model to provide the public with daily assessments of beach water safety risks and will continue running this with the support of local municipalities.

Drinking Water: The region's 14 municipal water treatment and distribution systems provide most residents with safe drinking water, supported by continuous monitoring and corrective actions for any adverse water quality incidents. In 2025, 14 such incidents were reported (down 12.5% from 2024; 16 reported incidents) and led to 14 boil water advisories (down 6.7% from 2024; 15 advisories), one of which required public notification through media channels due to its scope of impact.

Of the 35 small drinking water systems in operation, 33 of which are on Pelee Island, 10 were inspected in 2025 (no change from 2024). During this time, 6 adverse water quality incidents (a 45.5% decrease from 2024; 11 incidents) were reported to the WECHU and actioned within 24 hours. There were 6 boil water orders issued due to bacterial or microbiological contamination (a 25.0% decrease from 2024; 8 orders). There were 4 small drinking water systems to be inspected and assessed in 2026 per specified directives.

Water-Borne Illnesses: In 2025, there were 15 confirmed cases of giardiasis (a 40.0% decrease from 2024; 25 cases), representing an incidence rate of 3.0 cases per 100,000 WEC residents (down from 4.9 cases per 100,000 in 2024). From January to July 2026, 4 such cases had been reported (a 50.0%

decrease from 2024; 8 cases). Of all the giardiasis cases reported since 2021, just over one-third of individuals were aged 9 or younger.

There were also 6 cases of Hepatitis A and 4 cases of Cyclosporiasis in 2025, representing incidence rates of 1.2 and 0.8 cases per 100,000 residents, respectively. For 2026 thus far, there was 1 case of Hepatitis A and 39 cases of Cyclosporiasis.

Safe Water Program

The Safe Water program is delivered through a comprehensive approach that integrates surveillance, inspections, risk assessment, education, compliance monitoring, emergency response, and community partnership activities. Examples of their work include:

- Monitoring, assessing, and protecting drinking water quality through oversight of municipal and small drinking water systems, investigation of adverse water quality incidents and water-borne illnesses, emergency response activities, risk assessments, operator education, private well testing promotion, and public communication to support safe drinking water across WEC.
- Inspecting and regulating recreational water facilities through routine inspections, complaint investigations, enforcement activities, operator education, training promotion, and public disclosure of inspection results.
- Monitoring recreational beach water quality through water sampling, harmful algal bloom surveillance, predictive modelling, and timely issuance of advisories, warnings, and closures.
- Delivering public education and health promotion initiatives to increase awareness of drinking water safety, recreational water safety, private well testing, boil water advisories, and beach water quality.
- Providing information and education for private drinking-water supply owners, small drinking-water system operators, and recreational-water facility operators, including public communication when unsafe conditions are identified.

Substance Use Prevention & Harm Reduction

The goal of the Substance Use Prevention standard is to prevent harms associated with substance use.

Opioids: Opioid-related ED visits in WEC have risen sharply over the last decade, from 9.3 per 100,000 population in 2016 to 71.5 visits per 100,000 in 2025 (i.e., a 668.9% increase). Local rates have been higher than provincial ones since 2020. Opioids were the second-highest substance-related cause of ED visits among WEC residents from 2020 to 2024. In 2025, rates were higher for males compared to females (89.2 versus 49.5 visits per 100,000) and residents aged 25 to 44 years (115.6 visits per 100,000).

Opioid-related deaths have increased since 2016, from 9.1 deaths per 100,000 to 11.2 deaths per 100,000 in 2025 (i.e., a 23.1% increase). This peaked in 2023, with 28.9 deaths per 100,000. In the past decade, WEC has had more deaths compared to the provincial rates every year but 2017.

Other Drugs: Also of local concern is the rate of cocaine-related ED visits compared to the provincial rate (i.e., 90.8 visits per 100,000 in WEC compared to 78.0 visits per 100,000 in the Ontario in 2024). Unlike in some previous years, WEC methamphetamine rates were lower than the provincial ones in 2025 (i.e., 8.4 versus 10.4 visits per 100,000). The same trend observed with opioids (i.e., that visit rates

were higher for males and that the most visits were from residents aged 25 to 44 years) holds for cocaine and methamphetamine as well.

Alcohol and Cannabis: Alcohol use continues to be the leading cause of substance-related ED visits in WEC. In 2025, there were 2,049 alcohol-attributable ED visits (down less than half a percent since 2024; 2059 ED visits), and the hospitalization rate of 259.6 per 100,000 exceeded the provincial rate of 212.5 per 100,000. In 2025, alcohol-related hospitalizations were highest in residents aged 65 and older (44.36 per 100,000) and were significantly higher in males than females (367.1 versus 150.6 per 100,000).

Since the legalization of cannabis, the rate of related ED visits and hospitalizations in WEC has seen a steady increase and peaked in 2021 (visits: 97.5 per 100,000; hospitalizations: 23.6 per 100,000). In 2025, WEC had a cannabis-related ED visit rate of 74.0 per 100,000 and a hospitalization rate of 21.2 per 100,000.

Comprehensive Tobacco Control: Data from the 2020 Canadian Community Health Survey (Statistics Canada, 2024) indicated that more adults in WEC reported smoking occasionally or regularly than the provincial rate (14.2% versus 12.4%). In WEC, smoking was most prevalent among 45-to-64-year-olds and individuals with lower income/education households. Youth data from 2023 also indicated that 17.2% of WEC students in grades 7 to 12 have vaped at least once and 5.6% do so daily, rates that are lower than or comparable to provincial ones. Factors associate with a higher likelihood of vaping daily included being in grade 11 or 12, being female, identifying as part of the LGBTQIA+ community, and having a history of school suspension and/or expulsion.

Local/Provincial Regulatory Compliance and Enforcement Program

The Local/Provincial Regulatory Compliance and Enforcement program promotes compliance with the *Smoke-Free Ontario Act* through education, inspection, progressive enforcement, and policy development. Examples of their work include:

- Conducting tobacco and vaping compliance and enforcement activities through inspections, youth access test shops, complaint investigations, specialty vape store and tobacconist oversight, and enforcement actions in accordance with provincial legislation and Ministry requirements.
- Promoting compliance through education and progressive enforcement by providing retailer education, issuing warnings where appropriate, laying charges when warranted, publicly reporting convictions, and coordinating enforcement activities with provincial partners.
- Supporting tobacco and vaping prevention in schools by collaborating with school boards and schools to implement the PPM 128 Policy Enhancement Toolkit, including policy supports, cessation resources, mental health supports, and alternatives to suspension.
- Advancing smoke-free environments and healthy public policy by working with municipalities, public health units, community organizations, educational institutions, and other stakeholders to strengthen smoke-free by-laws, reduce access to tobacco and nicotine products, and support community-wide prevention efforts.

Addiction and Harm Prevention Program

The Addiction and Harm Prevention program aims to reduce harms associated with substance use by improving access to non-stigmatizing overdose prevention services, increasing awareness of safer

consumption practices, and strengthening pathways to treatment, recovery, and social supports. Examples of their work include:

- Reducing substance-related harms through evidence-informed planning and community partnerships by using local surveillance data, community engagement, and collaboration with people with lived/living experience to guide responsive, equitable, and coordinated interventions.
- Improving access to harm reduction services and supplies through leadership of the Ontario Naloxone Program, Needle Syringe Program, drug testing initiatives, and distribution of harm prevention supplies to priority populations through community partners.
- Preventing overdoses and reducing the transmission of STBBIs by promoting safer substance use practices and ensuring timely, low-barrier access to naloxone, drug checking tools, sterile injection supplies, and other harm reduction resources.
- Strengthening connections to treatment, recovery, and social supports by facilitating service navigation, referrals, and linkages to housing, healthcare, mental health, addictions treatment, social services, and other wraparound supports through community partners and integrated care pathways.
- Enhancing awareness of available services and supports through WEC Connect and other coordinated approaches that improve access to substance use, mental health, and behavioural addiction services.

Comprehensive Substance Strategies Program

The Comprehensive Substance Strategies program is delivered through partnership development, healthy public policy initiatives, knowledge exchange, community capacity building, and systems-level approaches that support substance use prevention and reduce substance-related harms. Examples of their work include:

- Leading and supporting the implementation of community-wide substance use prevention, harm prevention, and treatment referral initiatives through the Windsor-Essex Community Opioid and Substance Strategy (WECOSS).
- Monitoring, analyzing, and communicating local substance use trends and emerging issues to support community awareness, preparedness, and coordinated response efforts.
- Delivering public education and knowledge exchange activities that increase awareness of substance-related risks, promote protective factors, and prevent substance-related harms.
- Providing consultation, policy guidance, and capacity-building support to community partners, including schools, healthcare organizations, municipalities, and community agencies, to strengthen substance use prevention efforts and supportive environments.

Accountability, Quality, and Organizational Readiness

Implementation of the 2027 plan will be supported through systematic program planning, monitoring, evaluation, quality improvement, knowledge exchange, financial stewardship, governance oversight, workforce planning, privacy and records management, and formal risk management. Program teams will routinely review inputs, resources, implementation processes, equity, reach, outputs, outcomes, and client, community, and partner experience, and will implement remediation or improvement plans where performance varies from expectations.

The WECHU will maintain transparent reporting through the Annual Service Plan and Budget Submission, quarterly and year-end financial and performance reporting, required ministry reports, and public reporting. Resource-allocation decisions will consider shifts in community need and organizational capacity, with program costing maintained for ministry-funded programs and expenditures managed in accordance with applicable funding, procurement, financial-control, capital, and legislative requirements.

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WINDSOR-ESSEX COUNTY
HEALTH UNIT

1005 Ouellette Avenue
Windsor, Ontario N9A 4J8

www.wechu.org

519-258-2146

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