

**Wellington-Dufferin-Guelph Public Health**  
**MINUTES OF BOARD OF HEALTH**  
**Wednesday April 3, 2024**

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The Board of Health of Wellington-Dufferin-Guelph Public Health Unit met at 2:05 p.m. at the GUELPH office.

**Members in attendance were:** George Bridge (Chair), Rodrigo Goller, Erin Caton, Ralph Manktelow, Guy Gardhouse, Steve Cavell, David Anderson, Sandra Starr, Linda Busuttil, and Chris White.

**Member(s) with regrets:** Duncan Bull.

**Ex-officio member(s) in attendance:** Dr. Mercer, Medical Officer of Health & CEO.

**Staff members in attendance were:** Chris Beveridge, Dr. Matthew Tenenbaum, Rita Isley, David Kingma, Kyle Wilson, Lisa Hebden, Emerson Rajaram, Patryk Wardach, Camille Loucks, Brian Herman, Chuck Ferguson, Anna Vanderlaan, Julian Martalog, Phil Wong, Liliana Marinko, Shelley Nuhn, Mary Anne Kozdras, Danny Williamson and Laura Kelly (Recording Secretary).

**Guests in attendance were:** Joanne Shuttleworth (MEDIA), Adam Donaldson (MEDIA), Taylor Pace (MEDIA), Joy Struthers (MEDIA).

**1.0 Call to Order**

**1.1 Land Acknowledgement**

Chair G. Bridge called the meeting to order at 2:05 p.m., and Dr. Mercer read the WDGPH Land Acknowledgement in full.

**2.0 Disclosure(s) of Pecuniary Interest**

There are no disclosures of pecuniary interest declared at this time.

**3.0 Approval of Minutes**

**MOTION: “To approve the Minutes of March 6, 2024 as presented.”**

**Moved: L. Busuttil**

**Seconded: D. Anderson**

**CARRIED**

#### 4.0 MOH Updates

MOH Update(s):

Dr. Mercer provided an update as follows:

- The 2023 Chief Medical Officer of Health Annual Report was released publicly, and an update regarding the same was provided by Dr. Mercer. Focus of the report was on Tobacco/Vaping Products, Cannabis, Alcohol and Opioids.
- The goal of the report was to provide evidence-based recommendations on effective measures to reduce substance use and harms in Ontario.
- Substance use harms and estimated costs for Ontario are in the billions annually and leads to hospitalizations, increased ER visits and death.
- Board members were encouraged to read the full report which included strategies and suggestions to decrease the harms associated with the use of these substances. Some suggestions in the report include upstream initiatives including addressing SDH, equitable access to resources and strengthening social connections. Downstream policies and programs were also addressed such as accessibility, pricing, promotion, treatment access and addressing the toxicity of the substance.
- The challenges of substance use were recognized as a significant burden on families and society and the need for equitable access to local and timely treatment options was highlighted.
- Dr. Mercer also encouraged the public to read the full report for comprehensive insights.
- The importance of equitable access to services across Ontario was emphasized, with specific attention paid to rural areas and indigenous communities.
- The Board highlighted the lack of a detox centre in WDG as a barrier to entering substance use treatment programs.

#### 5.0 Presentation(s)

Vectorborne Disease Update

P. Wong presented in conjunction with Board of Health report BH.01.APR0324.R10 - (see 8.0 BOH Report(s) for summary).

#### 6.0 Business Arising

- None.

#### 7.0 Consent Agenda

- **BH.01.APR0324.C07 – Vaccine Wastage 2023**

**MOTION: “To receive the Consent Agenda item(s) which have been given due consideration, for information.”**

**Moved:**

**S. Cavell**

**Seconded:**

**R. Goller**

**CARRIED**

## 8.0 BOH Report(s)

### **BH.01.APR0324.R10 – Vectorborne Disease Update**

Dr. Mercer introduced and P. Wong presented on screen and reviewed the contents of BOH Report BH.01.APR0324.R10– as follows:

- Rising temperatures in Ontario and throughout Canada have contributed to an increased tick population, along with heightened activity levels. Wellington-Dufferin-Guelph Public Health (WDGPH) surveillance data is available on the Agency’s website.
- WDGPH launched an online tool for tick submissions in 2023 to enhance the efficiency and completeness of data collection. QR codes are currently in development.
- Climate change has contributed to enhanced growth in the mosquito population and as such WDGPH has strengthened its surveillance systems to monitor species that could carry harmful illnesses.
- The interconnections between climate change and public health cannot be overemphasized and WDGPH will continue to work with community partners to ensure that strategies and programs remain adaptable to changing conditions.

**MOTION: “That the Board of Health receive BOH Report BH.01.APR0324.R10 – Vectorborne Disease Update as presented for information.”**

**Moved: L. Busuttil**  
**Seconded: S. Starr**

**CARRIED**

### **BH.01.APR0324.R11 – Injury Surveillance and Prevention**

Dr. Mercer introduced and J. Martalog reviewed the contents of BOH Report BH.01.APR0324.R11– as follows:

- J. Martalog provided a high-level overview of the annual report.
- The report provides a critical overview of rising trends in hospitalizations, ER visits, and mortality in the WDG (Wellington-Dufferin-Guelph) region.
- Fall injuries account for 60% of all injury-related ER visits.
- WDGPH (Wellington-Dufferin-Guelph Public Health) will continue to collaborate with community partners to reduce the impact of injuries through data analysis, research evidence and evaluation support.
- It was noted that there is an opportunity for the establishment of a fall prevention awareness group in the Guelph area.

**MOTION(1): “That the Board of Health receive BOH Report BH.01.APR0324.R11 – Injury Surveillance and Prevention as presented, for information.”**

**Moved: E. Caton**  
**Seconded: D. Anderson**

**CARRIED**

**BH.01.APR0324.R12 – Adopting the Quality and Impact Performance Framework**

Dr. Mercer introduced and Dr. Tenenbaum reviewed the contents of BOH Report BH.01.APR0324.R12 – as follows:

- WDGPH has designed and enacted the Quality and Impact Performance Framework, which is a structured guide for every tier of the organization. The facilitates a comprehensive inquiry into the Agency’s operations, assessing the effectiveness of its actions and determining the resultant benefits to stakeholders.
- By monitoring and assessing the quality and impact of public health work, WDGPH is ready to disseminate its achievements, communicate effective methodologies and exhibit the indispensable function of public health services in nurturing a healthier community.

**MOTION: “That the Board of Health receive BOH Report BH.01.APR0324.R12 – Adopting the Quality and Impact Performance Framework as presented, for information.”**

**Moved: R. Goller**  
**Seconded: G. Gardhouse**

**CARRIED**

**BH.01.APR0324.R13 – Rabies Program Benchmarking Project**

Dr. Mercer introduced and P. Medeiros reviewed the contents of BOH Report BH.01.APR0324.R13 – as follows:

- Rabies is a serious and fatal human infection, however thanks to excellent public health prevention programs, human cases are extremely rare. WDGPH routinely evaluates its internal processes for efficiency and effectiveness.
- There were six opportunities identified and WDGPH will continue to collaborate with community partners to improve program efficiency and community impact.
- The second phase of the evaluation project is scheduled for late 2024/early 2025.
- More information about Rabies and animal bites is available on the WDGPH website.

**MOTION: “That the Board of Health receive BOH Report BH.01.APR0324.R13 – Rabies Program Benchmarking Project as presented, for information.”**

**Moved: R. Goller**  
**Seconded: D. Anderson**

**CARRIED**

### **BH.01.APR0324.R14 – Naloxone Distribution**

Dr. Mercer introduced and C. Loucks reviewed the contents of BOH Report BH.01.APR0324.R14 – as follows:

- Drug poisonings and related deaths have continued to rise in the WDG region and Ontario in general.
- WDGPH understands that fostering an understanding of harm reduction and addiction concerns within the WDG region contributes to the reduction of stigma and enhances health for the entire community.
- The Agency harm reduction program will continue to collaborate with community partners to diminish the stigma directed at substance users and advocate for health equity among WDG residents.

**MOTION: “That the Board of Health receive BOH Report BH.01.APR0324.R14 – Naloxone Distribution as presented, for information.”**

**Moved: L. Busuttill**

**Seconded: E. Caton**

**CARRIED**

### **BH.01.APR0324.R15 – Artificial Intelligence for Enhanced Public Health Outcomes**

Dr. Mercer introduced and K. Wilson reviewed the contents of BOH Report BH.01.APR0324.R15 – as follows:

- K. Wilson reviewed the report at a high-level for the Board and highlighted the potential for AI to revolutionize public health practices through improved disease surveillance. Ethical concerns such as privacy, bias and transparency were reviewed.
- WDGPH will be submitting a collaborative resolution to alpha (Association of local Public Health agencies) with Simcoe-Muskoka District Health Unit (SMDHU) which includes the ongoing collaboration on the AI chatbot project.
- Board approval will facilitate the formal presentation of initiative insights to alpha.

**MOTION(1): “That the Board of Health receive BOH Report BH.01.APR0324.R15 – Artificial Intelligence for Enhanced Public Health Outcomes as presented, for information.”**

**Moved: R. Goller**

**Seconded: S. Cavell**

**CARRIED**

**MOTION(2): “That the Board of Health approve the resolution, in Appendix A, to be submitted to alpha.”**

Moved: G. Gardhouse  
Seconded: R. Manktelow

CARRIED

## 9.0 Committee (Verbal) Report(s)

### Finance + Audit Committee Report:

- NONE.

### Human Resources Committee Report:

- See Closed Session at #12.

### Executive Committee Report:

- NONE.

## 11.0 Correspondence

- NONE.

Media and Public attendees were asked to leave the meeting, at this time, as this Board of Health meeting contains a “Closed Session” section which falls under the exemptions pursuant to Section 239 of the *Municipal Act*. Please note that this session is **not** open to members of the public or the press.

(3:32) The Open Session portion of the meeting ended, and everyone left the meeting room.

## 12.0 CLOSED SESSION

- To approve the Closed Session minutes of March 6, 2024 [labour relations or employee negotiations and personal matters about an identifiable individual, including BOH employees].
- To receive Closed Session Human Resources Committee (Verbal) Report from Chair – APR 03/24 [labour relations or employee negotiations and personal matters about an identifiable individual, including BOH employees].

**MOTION: “To move into Closed Session to approve the Closed Session Minutes of March 6, 2024 [labour relations or employee negotiations and personal matters about an identifiable individual, including BOH employees]; and to receive Closed Session Human Resources Committee (Verbal) Report from Chair – APR 03/24 [labour relations or employee negotiations and personal matters about an identifiable individual, including BOH employees].”**

Moved: L. Busuttil  
Seconded: E. Caton

CARRIED

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**CLOSED SESSION**

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**Members in attendance were:** George Bridge (Chair), Guy Gardhouse, Ralph Manktelow, David Anderson, Sandra Starr, Linda Busuttill, Steve Cavell and Chris White.

**Member(s) with regrets were:** Duncan Bull.

**Ex-officio member(s) in attendance were:** Dr. Mercer, Medical Officer of Health & CEO.

**Staff member(s) in attendance were:** Rita Isley, David Kingma, Kyle Wilson, Chris Beveridge, Dr. Matthew Tenenbaum, and Laura Kelly (Recording Secretary).

**Guest(s) in attendance were:** NONE.

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**CLOSED SESSION MINUTES TO BE PROVIDED UNDER SEPARATE COVER.**

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**(3:39) Returned to Open Session.**

*Motions to be brought into Open Session:*

***MOTION: “That the Board of Health approve the Closed Session Minutes of March 6, 2024, as presented.”***

***MOTION: “That the Board of Health receive Closed Session Human Resources Committee Report BH.05.APR0324.R01 – Annual Health and Safety Activities, as presented, for information.”***

***MOTION: “That the Board of Health receive Closed Session Human Resources Report BH.05.APR0324.R02 – Key Human Resources Activity as presented, for information.”***

**MOTION: “To ratify the Closed Session decisions of the April 3, 2024 Board of Health meeting.”**

**Moved: L. Busuttil  
Seconded: S. Starr CARRIED**

**13.0 Adjournment**

The meeting was adjourned at 3:39 p.m.

**MOTION: “To adjourn the meeting.”**

**Moved: C. White  
Seconded: D. Anderson CARRIED**