

Wellington-Dufferin-Guelph Public Health
MINUTES OF BOARD OF HEALTH
Wednesday June 4, 2025

The Board of Health of Wellington-Dufferin-Guelph Public Health Unit met at 2:00 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, Duncan Bull, Linda Busuttil, Sandra Starr, and Chris White.

Member(s) with regrets: NONE.

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

Staff members in attendance were: Rita Isley, David Kingma, Kyle Wilson, Lisa Hebden, Emerson Rajaram, Katrina Arellano, Paul Medeiros, Chuck Ferguson, Shelby Leenders, Jacob McKinlay, Karen Mulvey, Patryk Wardach, Camille Loucks, Brian Herman, Anna Vanderlaan, Phil Wong, Liliana Marinko, and Laura Kelly (Recording Secretary).

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

1.0 Call to Order

1.1 Land Acknowledgement

Chair G. Bridge called the meeting to order at 2:04 p.m., and Dr. Mercer read the WDGP 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 May 7, 2025 as presented.”

Moved: R. Manktelow

Seconded: D. Anderson

CARRIED

4.0 MOH/CEO Verbal Report

MOH/CEO Verbal Report:

Dr. Mercer provided several updates as follows:

- Dr. Mercer provided an update on measles. There are currently 72 confirmed measles cases in WDG, though underreporting is suspected. While local case numbers are decreasing, provincial trends continue to rise with just over 2000 cases provincially. WDGPH is using AI-driven tools to send personalized letters to parents of potentially under-immunized children. Public health nurses are on the front lines in vaccine delivery and case and contact management.
- Dr. Mercer also emphasized the importance of primary care and family physicians in managing the outbreak. She referenced the 1000s of measles vaccines provided by primary care in the community supporting the work of public health nurses in vaccinating the population. She thanked primary care for everything they are doing during this outbreak.
- An update was provided regarding the air quality situation given the ongoing Canadian wildfires. Guelph is currently experiencing a moderate air quality risk level (4), with improvement expected by the end of the week due to forecasted thunderstorms. Those with asthma or chronic conditions, as well as seniors, pregnant people, infants, and outdoor workers, should take precautions, especially during strenuous activity.
- High-quality masks like N95s are recommended to reduce exposure to fine particles in poor air quality. Air quality levels range from 1–3 (low risk) to 10+ (very high risk).
- Local air quality updates are accessible via the WDGPH website and AI chatbot, which link to the Government of Canada site, as well as through weather apps like The Weather Network.

5.0 Presentation(s)

Substance Use and Stigma

C. Loucks presented in conjunction with Board of Health report BH.01.JUN0425.R16 – (see 8.0 BOH Report(s) for summary).

6.0 Business Arising

- None.

7.0 Consent Agenda

- None.

8.0 BOH Report(s)

BH.01.JUN0425.R16 – 2024 Annual Community Report

- The Community Report presentation video was shown in the Trillium Room, and copies of the report are available upon request.

- The annual report highlights the unique challenges that WDG faces and how WDGPH addresses those challenges, as well as the evolving annual priorities that are addressed via thoughtful and timely initiatives.

MOTION: “That the Board of Health receive BOH Report BH.01.JUN0425.R16 – 2024 Annual Community Report as presented, for information.”

Moved: C. White
Seconded: R. Manktelow

CARRIED

BH.01JUN0425.R17 – Client and Community Support Team

Dr. Mercer introduced and L. Hebden presented on screen and reviewed the contents of BOH Report BH.01.JUN0425.R17 – as follows:

- The Client and Community Support (CCS) Team enhanced support for children's health by prioritizing immunizations, health literacy, and developmental guidance—responding to over 15,000 community interactions and increasing outreach through schools, childcare, and health campaigns.
- WDGPH launched a generative AI-based chatbot to provide real-time, multilingual health information 24/7. Since its launch, usage has increased by nearly 15%, helping address common questions about immunizations, parenting, and child health.
- CCS strengthened cross-sector collaborations through Early Years Planning Tables and community events, while the ongoing Parent Insight Survey is gathering key data to guide future public health initiatives for children aged 0–6.
- The CCS Team has significantly advanced WDGPH’s strategic priorities through tech-driven service delivery, strong community collaboration, and equity-focused outreach, ensuring families have accessible, responsive, and inclusive health support.

MOTION: “That the Board of Health receive BOH Report BH.01.JUN0425.R17 – Client and Community Support Team as presented, for information.”

Moved: E. Caton
Seconded: D. Bull

CARRIED

BH.01.JUN0425.R18 – Supporting Transition: WDGPH’s Role in the Guelph CTS Closure

Dr. Mercer introduced and C. Loucks presented on screen and reviewed the contents of BOH Report BH.01.JUN0425.R18 – as follows:

- On March 31, 2025, the Guelph Consumption and Treatment Site (CTS) closed and was replaced by a new model—Homeless and Addiction Recovery Treatment

(HART) Hubs. WDGPH collaborated with community partners to ease the transition and support individuals affected.

- WDGPH increased services at the Royal City Mission, including weekly clinics offering harm reduction supplies, wound care, immunizations, and STI testing. It also expanded needle disposal kiosks and Naloxone distribution through new partnerships like the Guelph Public Library.
- Through partnerships with the Wellington Guelph Drug Strategy (WGDS), WDGPH is tracking the CTS closure's impact using surveys and enhanced data systems (ACES, FAST). So far, no rise in overdoses or ER visits has been observed.
- L. Busuttill raised concerns about whether the initiative enhances support for First Nations communities. Camille acknowledged ongoing inequities, noting that while treatment access exists, the local initiative is not significantly advancing it. She emphasized the importance of equitable care and expressed optimism that, with proper funding and collaboration, access will improve.
- Questions were raised about the availability of provincial funding and progress on reducing punitive approaches. Camille noted that HART Hubs have not yet received provincial funding and are currently supported by multiple organizations handling different aspects of care.

**MOTION: “That the Board of Health receive BOH Report
BH.01.JUN0425.R18 – Supporting Transition: WDGPH’s Role in the
Guelph CTS Closure as presented, for information.”**

Moved: R. Goller

Seconded: G. Gardhouse

CARRIED

BH.01.JUN0425.R19 – EH and IC Food Safety Program Updates

Dr. Mercer introduced and P. Medeiros presented on screen and reviewed the contents of BOH Report BH.01.JUN0425.R19 – as follows:

- WDGPH achieved a 100% inspection completion rate in 2024 and Q1 2025 across 1,746 fixed food premises, despite a 22% increase in inspection volume since 2015 and a fivefold rise in complaints, reflecting strong public engagement and operational efficiency.
- Initiatives such as free food handler certification exams, targeted education at special events, and a high school training program improved access to food safety knowledge, especially for youth, newcomers, and low-income individuals.
- WDGPH implemented new strategies including allergen awareness education, updated mass catering protocols, and guidance on novel food processes like robotic vending machines and shared kitchens. These efforts enhance safety in high-risk or emerging food environments.
- The program demonstrates WDGPH's commitment to excellence, equity, and innovation. By blending regulatory compliance with community-focused initiatives, the food safety program is building a safer and more inclusive food environment across Wellington, Dufferin, and Guelph.

- E. Caton inquired about allergy incident reporting, and it was clarified that the Canadian Food Inspection Agency (CFIA) handles labeling, while Public Health gets involved when establishments sell or prepare ingredients themselves, particularly when a health hazard is identified during inspection. L. Busuttil expressed appreciation for the thoughtful and unique presentation.
- R. Goller raised concerns about increased workload. While staffing levels remain unchanged, the team has been managing through continuous improvement strategies like travel efficiency. Dr. Mercer and others acknowledged that this strategy to manage funding shortfalls with no increased staffing has an upper limit with continued rising service demands driven by population growth.

MOTION: “That the Board of Health receive BOH Report BH.01.JUN0425.R19 – EH and IC Food Safety Program Updates as presented, for information.”

Moved: D. Anderson

Seconded: S. Cavell

CARRIED

BH.01.JUN0425.R20 – Children’s Health Services – April 2024 – March 2025

Dr. Mercer introduced and K. Arellano presented on screen and reviewed the contents of BOH Report BH.01.JUN0425.R20 – as follows:

- The CHS program, fully funded by MCCSS, integrates the Healthy Babies Healthy Children (HBHC) home-visiting service to support families from prenatal stages through early childhood. WDGPH introduced online and simplified referral forms to improve access and ease of connection with services.
- Strong partnerships with EarlyON centres, CMHA WW, and local planning tables have enhanced prenatal education and the transition to school for young children. These collaborations aim to improve service coordination and support early intervention.
- The program is transitioning to the TELUS Collaborative Health Record system for better data tracking and service planning. It maintains a strong equity focus, ensuring accessibility for newcomers and uninsured families through inclusive referral and service processes.
- CHS remains dedicated to promoting healthy child development and reducing inequities through early intervention, innovation, and community collaboration. Ongoing efforts will focus on increasing prenatal referrals and strengthening partnerships to support families across the region.

MOTION: “That the Board of Health receive BOH Report BH.01.JUN0425.R20 – Children’s Health Services – April 2024 – March 2025 as presented, for information.”

Moved: L. Busuttil

Seconded: D. Bull

CARRIED

9.0 Committee (Verbal) Report(s)

Finance + Audit Committee Report:

- NONE.

Human Resources Committee Report:

- NONE.

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.

(3:12) 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 May 7, 2025 [personal matters about an identifiable individual, including BOH employees and the security of the property of the BOH].
- To receive Closed Session Report BH.01.JUN0425.R21 – 2025 – The Modern Enterprise [the security of the property of the BOH].

MOTION: “To move into Closed Session to approve the Closed Session Minutes of May 1, 2024 [personal matters about an identifiable individual, including BOH employees]; and to receive Closed Session Report BH.01.JUN0425 – 2025 – The Modern Enterprise [the security of the property of the BOH].

Moved:

C. White

Seconded:

D. Bull

CARRIED

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MINUTES OF THE BOARD OF HEALTH
Wednesday June 4, 2025

CLOSED SESSION

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

Member(s) with regrets were: Campbell Cork.

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, Phil Wong, Emerson Rajaram, and Laura Kelly (Recording Secretary).

Guest(s) in attendance were: NONE.

CLOSED SESSION MINUTES TO BE PROVIDED UNDER SEPARATE COVER.

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(3:43) Returned to Open Session.

Motions to be brought into Open Session:

MOTION: “That the Board of Health approve the Closed Session Minutes of May 7, 2025, as presented.”

MOTION: “That the Board of Health receive Closed Session Report BH.01.JUN0425.R21 – 2025 – The Modern Enterprise, as presented, for information.”

MOTION: “To ratify the Closed Session decisions of the June 4, 2025 Board of Health meeting.”

Moved:	D. Anderson	
Seconded:	E. Caton	CARRIED

13.0 Adjournment

The meeting was adjourned at 3:45 p.m.

MOTION: “To adjourn the meeting.”

Moved:	D. Bull	
Seconded:	G. Gardhouse	CARRIED

APPROVED this 3rd day of September, 2025.

Board of Health Chair

Medical Officer of Health, CEO