

Wellington-Dufferin-Guelph Public Health
MINUTES OF BOARD OF HEALTH
Wednesday March 5, 2025

The Board of Health of Wellington-Dufferin-Guelph Public Health Unit met at 2:05 p.m. via the **ZOOM** platform.

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

Member(s) with regrets: Sandra Starr.

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

Staff members in attendance were: Chris Beveridge, Rita Isley, David Kingma, Kyle Wilson, Lisa Hebden, Emerson Rajaram, Patryk Wardach, Camille Loucks, Eric Campbell, Karen Mulvey, Brian Herman, Chuck Ferguson, Anna Vanderlaan, Leslie Binnington, Julian Martalog, Phil Wong, Justin Angevaare, Liliana Marinko, Danielle Pelligrini, Mary Anne Kozdras, Jessica Tomasik, Danny Williamson and Laura Kelly (Recording Secretary).

Guests in attendance were: Joanne Shuttleworth (MEDIA), Adam Donaldson (MEDIA), and Taylor Pace (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 WDGPB 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 February 5, 2025 as presented.”

Moved:

S. Cavell

Seconded:

D. Anderson

CARRIED

4.0 MOH Updates

MOH Update(s):

Dr. Mercer provided an update as follows:

- A measles update was provided by Dr. Mercer.
- Prior to 1970, before a vaccine became widely available, measles was widespread.
- Most recent cases have been imported from outside of Canada or contracted by unvaccinated travelers returning to the country. Measles is highly contagious and can spread rapidly in unvaccinated populations.

- Vaccination rates have been declining especially following the pandemic. This results in an increase in individuals susceptible to measles. Some populations within Ontario have very low vaccination rates, and when measles enters these population it can lead to rapid increase in person-to-person measles transmission which is what is occurring in Ontario. Some populations are at higher risk, children especially infants under one year of age for complications of measles.
- One local case has been confirmed.
- Case and contact management can be challenging but is helped significantly with the cooperation of any patients involved to ensure the spread is limited.
- The high school vaccination program has been completed for high school students in WDG, and the elementary school campaign is in progress. A busy appointment schedule is anticipated for the coming weeks, with elementary student suspensions scheduled for March 19th for those with incomplete vaccination records.

5.0 Presentation(s)

2024 Community Alcohol Survey

K. Alderson presented in conjunction with Board of Health report BH.01.MAR0525.R04 - (see 8.0 BOH Report(s) for summary).

6.0 Business Arising

- None.

7.0 Consent Agenda

- **BH.01.MAR0525.C04 – WDGPH Annual Privacy Program Update**
- **BH.01.MAR0525.C05 – Influenza and Respiratory Syncytial Virus Vaccinations**

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

Moved: R. Manktelow
Seconded: L. Busuttil

CARRIED

8.0 BOH Report(s)

BH.01.MAR0525.R04 – 2024 Community Alcohol Survey

Dr. Mercer introduced and K. Alderson presented on screen and reviewed the contents of BOH Report BH.01.MAR0525.R04 – as follows:

- The 2024 Community Alcohol Survey collected 2,565 valid responses from WDG residents aged 16 and older, providing insights into alcohol-related knowledge, attitudes, and behaviours.
- Key knowledge gaps identified include alcohol’s impact on cardiovascular disease, cancer, and alcohol use during pregnancy. These will be addressed through public messaging.
- WDG Public Health will continue to collaborate with community partners to raise awareness of alcohol’s health impacts and support the development of prevention and harm reduction strategies.
- A board member requested clarification regarding the proximity of alcohol sales to schools. The WHY survey will continue to monitor alcohol use among students in grades 4-12, specifically examining the proximity of alcohol retail outlets to schools.

Investigation is ongoing, but there are currently no regulations like those for cannabis regarding the distance of alcohol sales from schools.

- A board member requested clarification about public outreach and the availability of statistics supporting recommendations related to the increased cancer risk associated with alcohol consumption. Action to gather relevant information and share with the public will be taken.

**MOTION: “That the Board of Health receive BOH Report
BH.01.MAR0525.R04 – 2024 Community Alcohol Survey as presented for
information.”**

Moved: D. Anderson
Seconded: S. Cavell

CARRIED

BH.01.MAR0525.R05 – Trends in Tuberculosis

Dr. Mercer introduced and C. Loucks reviewed the contents of BOH Report
BH.01.MAR0525.R05 – as follows:

- WDGPH aims to continue reducing TB disease cases across the region by providing efficient and qualified TB services.
- The TB program at WDGPH will continue to monitor TB rates and provide appropriate care to all TB clients in the WDG region.
- A board member requested clarification regarding whether schools require TB skin tests. C. Loucks explained that there is no requirement for TB skin tests to attend school. Any individual who would require a TB skin for work can access a test at all three WDGPH locations.
- Further discussion was had regarding OHIP coverage for TB skin tests. TB tests for clients being investigated by WDGPH for potential TB are covered by OHIP. For most other cases, individuals are required to pay to cover the cost of the test. WDGPH's rates continue to be significantly lower than at other clinics.
- The TB skin test is a two-step procedure, with each test being read 2-3 days later. The total cost for both tests is \$40.

**MOTION(1): “That the Board of Health receive BOH Report
BH.01.MAR0525.R05 – Trends in Tuberculosis as presented, for
information.”**

Moved: G. Gardhouse
Seconded: R. Manktelow

CARRIED

BH.01.MAR0525.R06 – Maturing the Quality and Impact Performance Framework

Dr. Mercer introduced and M. Whyte reviewed the contents of BOH Report
BH.01.MAR0525.R06 – as follows:

- The evolution of the Quality and Impact Performance Framework represents a significant milestone in WDGPH's commitment to accountability, transparency, and quality improvement.
- 40 programs are actively measuring performance, with 200 unique indicators in place, strengthening WDGPH's ability to measure impact, refine public health strategies, and improve service delivery.

- By refining and expanding this framework, WDGPB reinforces its role as a leader in evidence-informed public health practice and quality improvement, ensuring effective use of resources and meaningful results from public health initiatives.
- Dr. Mercer highlighted the unique position at WDGPB, the Quality Performance Specialist role, which is incredibly valuable for reporting to the Ministry of Health.
- Evidence-based decision-making is crucial, and integrating variables across the agency is uncommon amongst PHUs, however this position has made it possible for WDGPB to be a leader in this field. Currently, PHO is exploring initiatives to achieve this.

MOTION: “That the Board of Health receive BOH Report BH.01.MAR0525.R06 - Maturing the Quality and Impact Performance Framework as presented, for information.”

Moved: R. Manktelow
Seconded: C. White

CARRIED

9.0 Committee (Verbal) Report(s)

Finance + Audit Committee Report:

BH.04.MAR0525.R01 – Fourth Quarter Financials

C. White introduced and D. Kingma reviewed the contents of F+A Committee Report BH.04.MAR0525.R01 – as follows:

- The Finance + Audit Committee met on March 5, 2025 at 11:00 a.m. – 12:00 p.m.
- The report was reviewed, and key points were highlighted for the Board.

MOTION: “That the Board of Health receive BOH Report BH.04.MAR0525.R01 – Fourth Quarter Financials as presented, for information.”

Moved: L. Busuttil
Seconded: G. Gardhouse

CARRIED

- See Closed Session reports at #12.

Human Resources Committee Report:

- NONE.

Executive Committee Report:

- NONE.

11.0 Correspondence

- None.

Media and Public attendees were asked to disconnect from 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.

(3:03) The Open Session portion of the meeting ended, and everyone disconnected from the meeting.

12.0 CLOSED SESSION

- To approve the Closed Session minutes of February 5, 2025 [personal matters about an identifiable individual, including BOH employees and the security of the property of the BOH].
To receive Closed Session MOH Update(s) [personal matters about an identifiable individual, including BOH employees].
- To receive Closed Session Finance + Audit Committee (Verbal) Report from Chair – MAR 5/25 [the security of the property of the BOH].
 - BH.04.MAR0525.R02 – Risk Registry
 - BH.04.MAR0525.R03 – Reserves + Reserve Funds

MOTION: “To move into Closed Session to approve the Closed Session Minutes of February 5, 2025 [personal matters about an identifiable person, including BOH employees, and the security of the property of the BOH]; and to receive Closed Session Finance + Audit Committee Reports BH.04.MAR0525.R02 – Risk Registry [the security of the property of the BOH] and BH.04.MAR0525.R03 – Reserves + Reserve Funds [the security of the property of the BOH].

Moved:

D. Bull

Seconded:

L. Busuttil

CARRIED

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MINUTES OF THE BOARD OF HEALTH
Wednesday March 5, 2025**

CLOSED SESSION

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

Member(s) with regrets were: Sandra Starr.

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.

CLOSED SESSION MINUTES TO BE PROVIDED UNDER SEPARATE COVER.

CLOSED SESSION MINUTES TO BE PROVIDED UNDER SEPARATE COVER.

(3:54) Returned to Open Session.

Motions to be brought into Open Session:

MOTION: "That the Board of Health approve the Closed Session Minutes of February 5, 2025, as presented."

MOTION: "That the Board of Health receive Finance + Audit Committee Report BH.04.MAR0525.R02 – Risk Registry, as presented, for information."

MOTION: "That the Board of Health receive Finance + Audit Committee Report BH.04.MAR0525.R03 – Reserve + Reserve Funds, as presented, for information."

MOTION: "To ratify the Closed Session decisions of the March 5, 2025 Board of Health meeting."

Moved: C. White

Seconded: E. Caton

CARRIED

13.0 Adjournment

The meeting was adjourned at 3:55 p.m.

MOTION: "To adjourn the meeting."

Moved: G. Gardhouse

Seconded: C. White

CARRIED

APPROVED this 7th day of April, 2025.

Board of Health Chair

Medical Officer of Health, CEO