

**BRANT COUNTY BOARD OF HEALTH
REGULAR AGENDA
Wednesday, June 16, 2021, 9:30 a.m, Zoom**

1. CALL TO ORDER

Chair John Bell

2. CONFLICT OF INTEREST

3. ADDITIONS TO AGENDA / Motion to APPROVE AGENDA

4. APPROVAL OF MINUTES

4.1 Motion to approve Brant County Board of Health Minutes of May 14 and May 19, 2021 *

All

5. FINANCIAL REPORT

5.1 Amended December 31, 2020 Audited Financial Statements Report *

Lisa DiDonato

5.2 Amended 2020 Audited Financial Statements **

Diane Paxton

5.3 Financial Position Report ended April 30, 2021 *

Lisa DiDonato

5.4 Governance: Finance and Audit Committee Proceedings *

Nancy Church/John Sless

6. BUSINESS ARISING FROM PREVIOUS MINUTES

6.1 Report from the Chair

John Bell

6.2 Report from the Medical Officer of Health *

Dr. Malcolm Lock

6.3 Report from the Chief Executive Officer *

Jo Ann Tober

6.4 Food Safety Disclosure Report

No report

6.5 COVID-19 Reports

6.5.1 COVID-19 Case Management Report *

Dr. Malcolm Lock

6.6.2 COVID-19 Immunization Report *

Jo Ann Tober

Motion to accept reports as presented.

7. NEW BUSINESS

7.1 Harm Reduction Program Report *

Gerry Moniz

7.2 Healthy Schools Program Report *

Gerry Moniz

7.3 Oral Health and Vision Health Programs Report *

Michelle Regan

7.4 alPHa Annual Conference Report

Chair Bell/Susan Brown/Joy O'Donnell/Nancy Church

Motion to accept reports as presented.

8. CORRESPONDENCE (*Board members may request a copy of items that are not attached from Board of Health Secretary*)

8.1 Correspondence from Peterborough Public Health, dated May 14, 2021, re Stay-at-Home Order.

Motion to receive the correspondence.

9. INCAMERA

10. QUESTIONS / ANNOUNCEMENTS

11. FUTURE AGENDA ITEMS

12. NEXT MEETING DATE

Wednesday, July 21, 2021, at 9:30 a.m. – Meeting is at the Call of the Chair

Wednesday, August 18, 2021, at 9:30 a.m. – Meeting is at the Call of the Chair

13. ADJOURNMENT

Chair

** Attachments
⊕ to be distributed at the meeting*

***Attachments for Board of Health members only*

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 5.1

FROM: Lisa DiDonato, Director, Finance
REPORT DATE: June 4, 2021
RE: Amended December 31, 2021 Audited Financial Statements

On April 21, 2021, the Board of Health Board received and approved the audited financial statements for the year ended December 31, 2020. At that time, the financial statements, based on the understanding of the information available, showed no program funds as returnable to the municipalities.

Subsequent to the approval of the financial statements, during the Ministry of Health Annual Reconciliation Report (ARR) process, the health unit identified excess general program funding to be returned to the City of Brantford and the County of Brant. Though the amounts are considered immaterial, the health unit, in consultation with the auditors, is recommending that, the yet to be publicly released financial statements, be amended to correct the error.

Normally due on April 30 and completed prior to the presentation of the financial statements, the 2020 ARR due date was extended to June 30, 2021 with the instructions and forms issued by the Ministry of Health on April 16, 2021. As a result of the delay, the calculation of the apportionment of excess funds did not appropriately reflect the impact of the 2020 provincial funding model changes.

Though not material, in respect to conformity with Canadian public sector accounting standards, the amendments are such they could be relied on by funding partner stakeholders including the Ministry of Health. As the financial statements have yet to be finalized and publicly released the recommendation is for the Board of Health to approve the amended audited financial statements as presented.

The recommendation is for the Board of Health to approve the amended audited financial statements as presented.

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 5.3

FROM: Lisa DiDonato, Director, Finance
REPORT DATE: June 4, 2021
RE: Financial Report for the period ended April 30, 2021

The purpose of this report is to provide an update on the financial position of the Brant County Health Unit (BCHU) on April 30, 2021.

The Financial Variance Summary, attached as Appendix A, provides a synopsis of the financial results of BCHU and the net expenditure surplus of \$304,523 for the four months ended April 30, 2021.

For the 2021 funding year, provincial health units are expected to take all necessary measures to continue to respond to COVID-19 and support the Ministry in the roll-out of the Vaccine Program in their catchment areas, while continuing to maintain critical public health programs and services as identified in their business continuity plans. The costs to continue to respond to COVID-19 and support the provincial Vaccine Program are expected to be managed within existing annual funding with one-time funding to support extraordinary costs over and above the approved mandatory cost shared program budget.

For 2021, the BCHU is estimating that approximately \$5.1 million in COVID-19 Response and COVID Vaccine Program expenditures will be absorbed within the mandatory programs funding and has requested \$2.6 million in COVID Response and COVID Vaccine Program Extraordinary one-time funding.

By April 30, 2021, the Health Unit had incurred \$2.4 million in COVID Response and Vaccine Program expenditures. In addition to the redeployment of personnel, the costs included incremental salaries and wages, technology and communication purchased services, clinic supplies, personal protective equipment, cleaning supplies, and mileage. The expenditures for the four months ended April 30, 2021 are summarized below.

Expense Categories	Total
Employee Salaries and Benefits	\$2,185,399
Other Program Supplies	\$252,788
Total	\$2,438,187

At this time, BCHU is optimistic that the anticipated levels of Ministry of Health and Municipal funding will support the Health Unit's programs and services in 2021.

Appendix A

**Brant County Health Unit
Financial Variance Summary
For the Period Ending April 30, 2021**

	Budget 4/30/2021	Actual 4/30/2021	Variance Surplus (Deficit)	% of Budget	Budget 12/31/2021
Mandatory Cost Share Programs					
Salaries	2,710,956	3,120,182	(409,226)	38.4%	8,132,868
Benefits	673,650	719,641	(45,991)	35.6%	2,020,952
Mileage	14,277	15,948	(1,671)	37.2%	42,831
Staff Development	37,693	16,082	21,611	14.2%	113,080
Supplies	313,182	510,436	(197,254)	54.3%	939,542
Needle Exchange	25,567	11,899	13,668	15.5%	76,700
Operating Cost	42,006	46,558	(4,552)	36.9%	126,014
Building Maintenance	98,918	102,199	(3,281)	34.4%	296,748
Housekeeping Supplies	24,333	26,297	(1,964)	36.0%	73,000
Utilities	28,667	24,031	4,636	27.9%	86,000
Professional Fees	105,716	57,426	48,290	18.1%	317,148
Mandatory Cost Share Program Expenses	4,074,965	4,650,699	(575,734)	38.0%	12,224,883
COVID Expenses	(1,706,783)	(2,438,187)	731,404	47.6%	(5,120,348)
Mandatory Cost Share Program Expenses excluding COVID	2,368,182	2,212,512	155,670	31.1%	7,104,535
COVID Response and Vaccine Program					
COVID Budget Absorbed Expenses	1,706,783	1,706,783	-	33.3%	5,120,348
COVID Extrodinary One Time Request	877,336	731,404	145,932	27.8%	2,632,008
Total COVID Response and Vaccine Program Expenses	2,584,119	2,438,187	145,932	31.5%	7,752,356
Total Mandatory Cost Share Program Expenses	4,952,301	4,650,699	301,602	2.0%	14,856,891
100% Funded Programs					
MCCSS - HBHC	343,578	362,036	(18,458)	35.1%	1,030,734
MOH - School Focused Nurses Initiative	187,171	226,438	(39,267)	48.3%	469,000
MOH - Ontario Seniors Dental	177,833	122,427	55,406	22.9%	533,500
Health Canada - CPNP	27,043	21,803	5,240	26.9%	81,130
Total 100% Funded Program Expenses	735,625	732,704	2,921	34.7%	2,114,364
Total Program Expenses	5,687,926	5,383,403	304,523	31.7%	16,971,255

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 5.4

FROM: Nancy Church, Board of Health Member
REPORT DATE: May 27, 2021
RE: Board of Health Governance: Finance and Audit Committee Proceedings

DRAFT FOR DISCUSSION PURPOSES

MEMO

TO: John Bell, Board of Health Chair
John Sless, Finance and Audit Committee Chair

FROM: Nancy Church, Board of Health Member
(This memo is not, and should not be construed as, legal advice)

DATE: May 27, 2021

RE: Board of Health Governance and Finance and Audit Committee Proceedings

Issue:

Certain members of the Board of Health, who are not also members of the Board's Finance and Audit Committee, may not be fully informed in a timely manner about the financial affairs of the Brant County Health Unit.

Discussion:

The Board of Health, as a whole, has responsibility for the assets, liabilities, income and expenses, capital and operating budgets, and financial reporting of the Brant County Health Unit. Decision-making authority for such matters rests with the Board.

The Board has legitimately delegated part of its oversight role to a Finance and Audit Committee. By its terms of reference (Procedure III-032(b)), the Committee has the authority to review and conduct due diligence on certain matters, on behalf of the Board, and to report to and make recommendations to the Board concerning the Committee's work.

Proposals for Consideration:

1. To allow time for preparation of written reports from the Committee Chair to the Board (including recommendations to and draft resolutions of the Board) and their inclusion in Board meeting materials, hold Committee meetings sufficiently in advance of the time for delivery of Board materials.
2. Direct management to send Finance and Audit Committee agendas and meeting materials (and any amendments) to all Board members by email, contemporaneously with their delivery to Committee members or, alternatively, to use a secure digital location where all Board members are able to access Committee meeting materials, and provide notice of the Committee meeting to all Board members.
3. The Committee Chair's reports are made easier and the other Board members' access to information is more complete if most of the information submitted to the Committee is given in writing rather than orally. Direct management and auditor to maximize use of written materials.
4. Ask the Committee to undertake a review of its terms of reference and current practices with a view to ensuring that all Board members are fully informed and decision-making authority is retained at the Board level, and to make a recommendation to the Board about proposed amendments.

BRANT COUNTY BOARD OF HEALTH MEETING on June 16, 2021
REPORT #: 6.2

FROM: Dr. Malcolm Lock, Acting Medical Officer of Health
REPORT DATE: June 10, 2021
RE: Medical Officer of Health's Report

The focus has been on COVID-19 response and vaccination campaign which will be covered in separate reports.

In follow-up to discussion at the May Board of Health meeting regarding in-person vs virtual meetings, I recommend that the Board of Health continue to meet in a virtual format until January 2022 and be re-evaluated at that time.

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 6.3

FROM: Jo Ann Tober, Chief Executive Officer
REPORT DATE: June 10, 2021
RE: Chief Executive Officer Report

Ontario Health Team Update

The accountability direction from the Ministry of Health for Ontario Health Teams (OHTs) is the “Quadruple Aim” – improved patient experience, better health outcomes, lower costs of care, and improved staff experience. These goals are the basis for all of the work of the team.

The Brantford Brant OHT has 10 working groups: four foundational support groups: digital health, finance, human resources and home and community care; three priority populations: mental health and addictions, dementia, and homelessness; two advisory tables: persons with lived experience and the Brantford Brant Primary Care Council; and one ad hoc group: communications. The OHT continues to work on the development of the foundations for the team while concurrently projects are being undertaken by the priority population working groups. Currently in development are the foundation or backbone supports for the infrastructure of the team including financial and human resources processes.

In addition, a consensus decision making process is currently being developed to facilitate the Collaborative Decision Making Agreement which underpins the new way of working for the OHTs. A governance meeting is currently being planned to discuss the development of the governance model for the future of the team and a future strategic planning process.

New Chief Medical Officer of Health

Dr. David Williams will be retiring as Chief Medical Officer of Health (CMOH) effective June 25, 2021. Dr. Williams has served as CMOH for the past six years and was slated to retire in February 2021 but agreed to stay on during the pandemic. Dr. Keiran Moore, formerly of the Kingston, Frontenac, Lennox and Addington Health Unit, will be taking over as CMOH effective June 26. Dr. Moore started working with Dr. Williams on June 7 to facilitate a smooth transition into the CMOH role. Dr. Moore is currently a member of the Scientific Advisory Table and has played a significant support role at the Ministry during the pandemic.





Board of Health Document Repository


A Sharefile document repository has been developed for Board of Health materials. This repository will be password protected and will house the Board documents including future meeting materials. Board members will be provided with a password and instructions on how to access board documents.

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 6.5.1

FROM: Dr. Malcolm Lock, Acting Medical Officer of Health
REPORT DATE: June 10, 2021
RE: COVID-19 Case Management Report

As more information is obtained regarding the COVID-19 variants of concern (VOC), there has been a change to the names used for them. The table below shows the four current VOCs, the country/region of original detection, the scientific name and the name assigned by the World Health Organization.

Country/region	Scientific name	WHO name
 Kent, UK	B.1.1.7	Alpha
 South Africa	B.1.351	Beta
 Brazil	P.1	Gamma
 India	B.1.617.2	Delta

Source: WHO 

Updates on the following will be provided to Members at the Board meeting:

- Letter of Instruction regarding fitness centres
- Zoo request to open
- School re-opening.

As well, up-to-date metrics will be reported at the meeting.

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 6.5.2

FROM: Jo Ann Tober, Chief Executive Officer
REPORT DATE: June 10, 2021
RE: COVID-19 Immunization Report

There continues to be significant changes and accelerations to the provincial vaccine roll out plan. The immunization of those 12 to 17 years of age is currently actively underway and the second dose vaccine interval has been decreased for several populations.

On May 28, a second dose strategy was released outlining the different stages and timelines for second doses for the priority groups outlined during the sequencing of the first phase of the vaccine roll out. Effective May 31, the province announced the acceleration of second doses for those ages 80+. On June 7, several additional groups including those ages 70+ and those who had received an immunization between March 9 and April 18, became eligible for an accelerated second dose of vaccine. Additional groups are to become eligible for an accelerated dose on June 28, and it is anticipated that the second doses for these groups will be accelerated even more. The table of the specific groups and their second dose timeline eligibility is attached for reference.

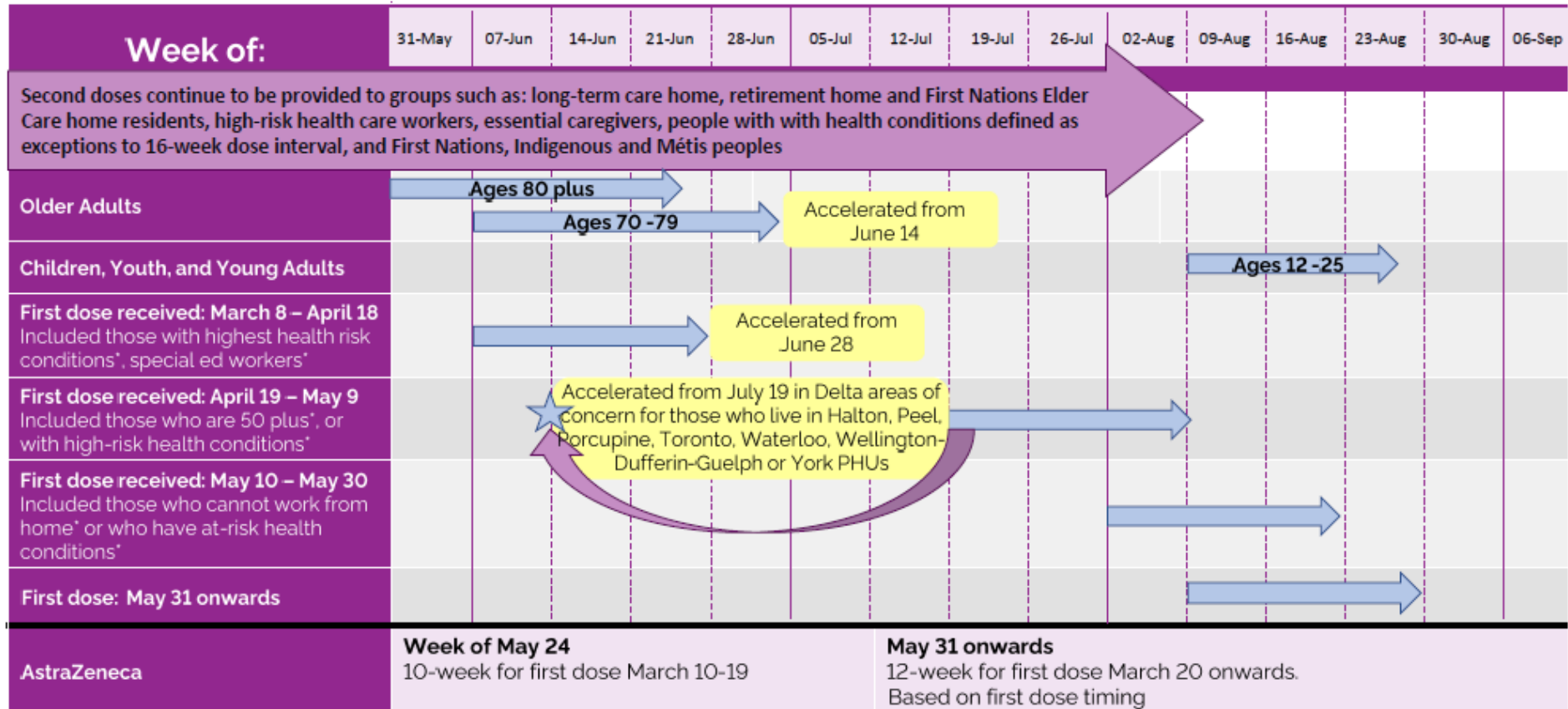
The National Advisory Council on Immunization (NACI) has announced the interchangeability of vaccine types. While NACI recommends that the same vaccine be used whenever possible, they did indicate that it was acceptable to interchange vaccines when operationally required, for example, when due to vaccine supply the vaccine received by an individual was not available at the time of the second dose. NACI has approved the administration of a second dose of an mRNA vaccine (Pfizer or Moderna) for an individual who received a first dose of AstraZeneca as well. They did again suggest that it was preferable to complete the series of AstraZeneca with the same vaccine but did agree that if, with informed consent, individuals wanted their second dose of vaccine to be an mRNA vaccine, that there were no contraindications to this. NACI is an advisory body only and direction is pending from the province on if and how the Province may apply these recommendations.

The Province has set coverage targets for the various stages of reopening. A target of 60% of the eligible adult population having a first dose at least 14 days prior to reopening was established for moving to stage 1. This target was achieved facilitating the ability to move to stage 1 on June 11. The vaccine coverage targets for moving to stage 2 are 70% of the adult population having received 1 dose and 20% having received 2 doses and the targets for stage 3 are a first dose rate of 70 to 80% with a second dose rate of 25%. The provincial first dose rate has exceeded the 70% target and the second dose rate is increasing quickly with the recent acceleration of eligible age groups which will facilitate the movement to stage 2.

Local clinics continue to be fully booked at the capacity of vaccine supply. Updated statistics of doses administered will be provided at the Board meeting.

Overview of Second Dose Booking Eligibility

(Plan is based on confirmed vaccine supply and does not include any additional June Moderna shipments; with additional vaccine supply timelines may be advanced to allow more accelerated second doses)



*Possible example only, an individual will only be able to accelerate their second dose if the first dose was received in the specified timeframe.

Note: Dates provided are for when the group is eligible to book a second dose. The new dose interval could be as short as 28 days, where local appointments and supply are available. Timing of second dose appointments may vary based on local considerations, vaccine supply and the date of an individual's first dose appointment. Throughout the second dose rollout, the Ministry will continue to take into consideration historical as well as current COVID hotspot regions across Ontario.

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 7.1

FROM: Gerry Moniz,
Manager, Chronic Disease Prevention and Injury Prevention (CDIP)
REPORT DATE: June 9, 2021
RE: Harm Reduction Report

Overview of activities in May 2021

Brantford-Brant Community Drugs Strategy (Drugs Strategy)

1. The Drugs Strategy Coordinating Committee completed an action plan with priorities and specific harm reduction initiatives for 2021. See the workplan enclosed. Work is underway to implement it.
2. Engagement surveys with community partners, general public, and people who use substances have been launched and responses are starting to come in. The surveys aim to gather information on community priorities regarding substance use, ways to address stigma related to substance use, and other topics. Data will be collected over the month of June.

Harm Reduction Program

1. The Needle Return Incentive pilot is ongoing. An estimated 14,600 needles were returned in May. A full evaluation of the pilot is planned for June-July.
2. The Brant County Health Unit (BCHU) continues to monitor and respond to calls for needle pick up and conduct needle sweeps. In May, there were 23 calls received and 57 needles picked up.
3. The Memorandum of Understanding (MOU) for installation of the used needle bins has been completed and is being reviewed by the City of Brantford legal team. The bins have now been coated with anti-graffiti wrap and will be installed as soon as the MOU is finalized.
4. Two new needle bins were purchased to replace the worn bins at St Leonard's Community Services that were not operating properly.
5. Work with Six Nations of the Grand River continues as BCHU provides program consultation support and evidence for harm reduction initiatives. Six Nations is engaged in the anti-stigma education priority working group.
6. Public awareness activities to shift attitudes and beliefs about substance use and harm reduction continue via social media. Anti-stigma education will involve the creation of a social media toolkit for agencies to use, as well as educational sessions to key stakeholders (businesses, neighborhood associations, healthcare and social service providers, public, media, etc.).
7. A forum for service providers and members of the public to engage in Drugs Strategy priority setting is being planned for the fall 2021. The fall forum will include an educational session related to stigma and substance use, as well as strategic planning for the next few years. This session will be informed by the engagement surveys currently in progress.

Opioid Surveillance

1. Three opioid-related deaths and 24 overdoses were reported in May.

Brant-Brantford Drugs Strategy Action Plan 2021

The action plan provides an overview of the 2021 initiatives related to the goals and recommendations from the *Brant-Brantford Drugs Strategy* (2017). The action plan offers insight into the collaborative work of partners of the Drugs Strategy, and is not intended to be an exhaustive list of activities that many agencies within the Brant/Brantford communities are doing to achieve the vision of a healthy, safe community free from the harms of drug use. The work of many organizations to fulfill their respective mandates may directly or indirectly support the goals of the Drugs Strategy.

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
<p>Goal 1: A community that is responsive to the unique and immediate needs of vulnerable people</p> <ul style="list-style-type: none"> Increase access to medically supervised mental health and addictions programming. <p>Goal 3: A community that supports the recovery and long-term success of individuals</p> <ul style="list-style-type: none"> Increase opportunities for coordinated planning with individuals struggling with addiction and mental health issues. <p>Goal 4: A community that prioritizes the health and safety of its residents</p> <ul style="list-style-type: none"> Implement supervised consumption services. 	<p>Consumption and Treatment Services (CTS) A site where people who use injectable substances can attend to consume their substances in a hygienic space with key services available, including health, addiction treatment, counselling, housing, and other social services.</p> <p>Interim option to explore: Urgent Public Health Needs Sites (UPHNS) / Overdose Prevention Sites (OPS) An alternative option for implementing CTS with an expedited approval process but requires a funding source for operating and capital costs to be sustained until the CTS is approved. Approval through Health Canada for up to 1 year with possibility of extension, mainly if CTS is being explored.</p> <p>Safer Supply A harm reduction approach to substance use that offers people who use substances a reliable source of accessing legal and regulated supply of drugs. Healthcare practitioners prescribe the substances either within their private practice or within a particular site, such as CTS. Substances include certain opioids, stimulants, and benzodiazepines.</p>	<p>Lead: Grand River Community Health Centre</p> <p>Partners: St. Leonard’s Community Services, The AIDS Network, People with Lived Experience, Brantford Police, Brant County Health Unit (BCHU)</p> <p>Timeline: May to December (and onward)</p>

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
<p>Goal 1: A community that is proactive and prevention focused</p> <ul style="list-style-type: none"> • Increase public awareness of harm reduction principles and its function in community safety • Increase public awareness of the realities of substance use, addiction, and stigma for the individual and families <p>Goal 5: A community that values the dignity, expertise and spirit of all people</p> <ul style="list-style-type: none"> • Launch an anti-stigma campaign targeting community members, local institutions, and services <p>Goal 7: A community that wants to learn more</p> <p>Offer education opportunities for community members and organizations to learn about harm reduction and stigma around drug use</p>	<p>Anti-Stigma Education</p> <p>This initiative will build on the existing web-based and social media campaign about the stories of people with lived experience to humanize the experience of these individuals. The education will focus on: shifting derogatory language used to describe the people and experience of addiction and substance use; breaking down misconceptions and providing evidence-based explanations; creating opportunities for interacting with and learning from people with lived experience; engaging in reflections on implicit biases toward people who use substances; and others topics as they arise.</p>	<p>Lead: Brant County Health Unit</p> <p>Partners: Brantford Substance Users Network</p> <p>Timeline: May to December (and onward)</p>
<p>Goal 1: A community that is proactive and prevention focused</p> <ul style="list-style-type: none"> • Increase awareness and education about substance use and mental health for youth and their caregivers. 	<p>PreVenture</p> <p>An evidence-based prevention-focused education program for adolescents (12-18 years) delivered through workshops tailored to assessment profiles of participants.</p>	<p>Lead: Woodview</p> <p>Partners: BCHU, Brant Family & Children’s Services, Boys and Girls Club, Six Nations Child and Family Services</p> <p>Timeline: May to June (preparations), July and ongoing referral and education of youth</p>

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
<p>Goal 8: A community that engages, supports, and empowers youth</p> <ul style="list-style-type: none"> Encourage enhanced coordination between mental health and addiction services for youth. 		
<p>Goal 3: A community that supports the recovery and long-term success of individuals</p> <ul style="list-style-type: none"> Increase recovery-focused solutions for individuals involved in the criminal justice system. Increase opportunities for coordinated planning with individuals struggling with addiction and mental health issues. 	<p>Drug Treatment and Court collaborative A collaborative effort to bring together the criminal justice system with treatment services for people with substance use disorders to help reduce crime committed because of drug dependency.</p>	<p>Lead: TBD</p> <p>Partners: TBD</p> <p>Timeline: TBD</p>
<p>Goal 6: A community that works collaboratively</p> <ul style="list-style-type: none"> Develop a mechanism for ongoing implementation and evaluation of the Drugs Strategy. 	<p>Public Forum for Drugs Strategy Priority Planning The forum will focus on developing a 3-year plan for the Drugs Strategy. It will involve identifying priorities and interventions, as well as mapping them over the next 2-3 years. The initiative will be informed by data collected through surveys of the Drugs Strategy partners, general public, and people with lived experience to help identify the needs, experiences, and priorities of the community.</p>	<p>Lead: Drugs Strategy Coordinating Committee</p> <p>Partners: Brantford Substance Users Network, City of Brantford, St Leonard’s Community Services, The AIDS Network, Woodview, Grand River Community Health Centre, Brant County Health Unit</p> <p>Timeline: May to June (data collection), July to August (forum planning), September or October (forum), October to December (future planning)</p>

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
Goal 6: A community that works collaboratively <ul style="list-style-type: none">• Develop a mechanism for ongoing implementation and evaluation of the Drugs Strategy.	Drugs Strategy Evaluation <p>The purpose is to learn about the Drugs Strategy development, evolution, and accomplishments from past and forthcoming experiences. The learning derived from the evaluation is intended to support the work of BCHU, other Drugs Strategy partners, and key decision-makers in leading and guiding implementation of the Drugs Strategy.</p>	Lead: Brant County Health Unit Timeline: May 2021 - May 2022

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 7.2

FROM: Gerry Moniz, Manager, Chronic Diseases Prevention and Injury Prevention
REPORT DATE: June 8, 2021
RE: Healthy Schools Program Report

The goal of the Healthy Schools program is to achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools. The program employs a comprehensive school health approach and a range of strategies to achieve the goal, such as education, social marketing, capacity building amongst school administration and other allied professionals, and policy development. Public Health staff also facilitate the implementation of mandated clinical programs, such as the school-based immunization, oral health, and vision screening.

In 2020, the core Healthy School program activities were disrupted by the COVID-19 pandemic. A limited number of activities were implemented in January, February, and early March 2020 and included the following:

- 136 individual sexual health counselling sessions were provided to high school students by Public Health Nurses.
- 29 students received tobacco use counselling and cessation support.
- 135 resources were distributed at school events to parents, students and school staff on various health topics, including mental health, sexual health, substance use, injury prevention, healthy eating and physical activity.
- 20 students were referred to community agencies for further assistance with addressing their health needs.

From March to December 2020, Public Health Nurses focused primarily on the COVID-19 response by assisting schools with the following:

- Providing support in the development and implementation of COVID-19 health and safety plans.
- Assisting with infection prevention and control (IPAC) practices including conducting on-site visits.
- Conducting ongoing case and contact management, and outbreak management.
- Ensuring ongoing communication and engagement with school staff (teachers, administrators, etc.) through a dedicated Brant County Health Unit phone line and email address.
- Assisting parents with interpretation and application of COVID guidelines and protocols, and providing guidance in the event of a positive case in class or a school outbreak.

Priorities in 2021:

- Continue to support schools during the COVID-19 pandemic.
- Support COVID-19 mass immunization initiative.
- Support schools in the fall with the focus on a safe return to school.
- Slowly transition back to a comprehensive school health with a focus on student mental health, sexual health, and vaping/tobacco education and resources.

BRANT COUNTY BOARD OF HEALTH MEETING of June 16, 2021
REPORT #: 7.3

FROM: Michelle Regan, Manager, Clinic Services
REPORT DATE: June 9, 2021
RE: Oral Health and Vision Health Programs Report

ORAL HEALTH SERVICES

In 2020, Oral and Vision Health programs, like all programs, were impacted by the COVID-19 pandemic. The program, however, continued to implement the Ontario Seniors Dental Care Program, within the limitations of COVID-19 restrictions.

Access to Dental Care Programs

Fluoride Varnish (FV) Clinics

- No daycare fluoride varnish applications were done.

Clinical Services

The proposal to expand the dental operatories was approved and construction began in January 2021. The work is expected to be completed and fully operational by end of June 2021.

Although staff were not able to go to schools, they were able to continue to support screenings in response to pain or parent concern in small numbers.

School screening

- No school oral health screening was completed.

ONTARIO SENIORS DENTAL CARE PROGRAM (OSDCP)

The Brant County Health Unit (BCHU) was committed to providing services to seniors within acceptable limits under the pandemic restrictions to ensure access to dental care for one of our most vulnerable populations. There were 86 unique clients seen through 404 appointments and about 20 dentures were delivered.

VISION SCREENING SERVICES

- No school vision screening was completed.

The focus for 2021 will be as follows:

- Continue with the implementation of the Ontario Seniors Dental Care Program and Healthy Smiles Ontario.
- Expand seniors' dental care once the new operatories are completed and fully functional.
- Explore different formats to continue delivering the school based oral health screening program and interventions if schools remain virtual.
- Implement health promotional activities to support healthy vision in school-aged children.
- Ensure Infection Prevention and Control standards are met at both clinic sites.
- Work with BCHU Quality Assurance and Professional Practice Team to continuously improve on processes and data quality.