

**BRANT COUNTY BOARD OF HEALTH
REGULAR AGENDA
Wednesday, February 20, 2019, 9:30 a.m, Boardroom**

1. CALL TO ORDER

Chair Anderson

2. CONFLICT OF INTEREST

3. IN-CAMERA MEETING

4. ADDITIONS TO AGENDA

5. APPROVAL OF MINUTES

5.1 Brant County Board of Health Minutes of January 30, 2019 *

All

6. FINANCIAL REPORT

6.1 Finance and Audit Committee Report **

Ms. Mills

7. BUSINESS ARISING FROM PREVIOUS MINUTES

7.1 Report from the Chair

Chair

7.2 Report from the Medical Officer of Health

Dr. M. Lock

7.3 Report from the Executive Director *

Dr. J. Tober

7.4 Food Safety Disclosure Report

No report

7.5 Board of Health Policies and Procedures Update **

Dr. J. Tober

8. NEW BUSINESS

8.1 Program Standards Overview—Part 2 *

Ms. C. Rajsic

8.2 Harm Reduction Report *

Ms. A. Riley

Motion to accept reports as presented.

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

9.1 Correspondence from Simcoe Muskoka District Health Unit, dated February 6, 2019 re support of a provincial oral health program for seniors.

9.2 Correspondence from Southwestern Public Health, dated January 10, 2019, re regulatory framework for cannabis storefronts.

9.3 Correspondence from Durham Region, dated January 31, 2019, re cannabis use in public places.

10. QUESTIONS / ANNOUNCEMENTS

11. FUTURE AGENDA ITEMS

12. NEXT MEETING DATE

Wednesday, March 20, 2019, 9:30 am

13. ADJOURNMENT

Chair

**Attachments*

***Attachments for Board of Health members only*

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 7.3**

DATE: February 20, 2019

FROM: Jo Ann Tober

RE: Executive Director's Report

Auditor General Value for Money Audit – Food Safety has been identified for a value-for-money audit by the Ontario Auditor General (OAG). The audit encompasses the Ministry of Health and Long-Term Care and the Ministry of Agriculture, Food and Rural Affairs. Health Units have been asked to complete a survey by February 13. In addition, the OAG, will be selecting a number of public health units to participate in the audit and for a potential interview and visit in the near future.

Ministry Reporting - 2019 Planning – Ministry of Health and Long-Term Care budget and program activity submissions are due by March 1, 2019. The electronic template is nearing completion and will be submitted to the Ministry by the due date.

Ministry Reporting – 2018 Fourth Quarter Financials and Program Activities – On February 8, the Ministry requested the submission of Fourth Quarter Financial Statements and provided the template for 2018 program activity reporting. The financial submission is due February 20 and the program activity report is due April 26, 2019.

Annual Financial Audit – Initial meetings have occurred to plan for the 2018 financial audit and preparations are underway. Millards has commenced their audit and will be on-site February 19 to 21.

FROM: Christina Rajsic, Director, Program Standards

RE: Program Standards Overview—Part 2

To provide Board of Health Members with more detail on the requirements under the new Ontario Public Health Standards and Brant County Health Unit programming, and to provide orientation to new Board of Health Members; the following overview is provided. Part 2 describes the remaining two program areas: Chronic Disease Prevention and Wellness; and Substance Use and Healthy Schools.

Chronic Disease Prevention and Wellness

The overall program goal is to reduce the burden of chronic diseases of public health importance and improve well-being. The strategies and interventions within this portfolio are primarily designed to be delivered within other programs where relationships have been established with community partners or settings, i.e., schools, daycares, etc.

Program Description: Health Equity

The Health Equity program goal is to decrease health inequities so everyone can attain their full health potential without disadvantage due to social position or other socially-determined circumstances. The Health Equity (HE) program utilizes promising practices, and a multiple health promotion strategy to address the social determinants of health and meet the needs of identified priority populations. Many of the interventions are holistic in nature, addressing physical, spiritual and mental health issues. Interventions are delivered in partnership with local organizations and the Grand River Healthy Communities initiative that focuses on addressing barriers to accessing health and well-being such as income, education, housing, safety, food security, transportation and social isolation.

Additionally, the HE program provides supports, outreach, and direct service provision by community health brokers to priority populations identified in other program standards such as the *Substance Use and Injury Prevention Guideline*, *Healthy Growth and Development Guideline*, *Chronic Disease and Wellness Guideline* and *Mental Health Promotion Guideline*. Using the tenet of 'meeting people where they are', program activities are provided at targeted locations and supported by members of the Health Equity team.

A priority for 2019 is to review geographical supports and provide enhanced outreach to priority neighbourhoods, to ensure there is a health equity lens across Health Unit programs.

As Health Equity is a Foundational Standard, ongoing internal training and support for the use of a health equity tool in the planning process as well as focusing on indigenous partnerships will be included in the portfolio.

Program Description: Youth Wellness

In Brantford, youth have been identified as a priority population due to their vulnerability to psychological distress, peer influence, parental stressors and greater potential to engage in risky health behaviours. The focus of the Youth Wellness program is to increase the number of youth being engaged within the community. Evidence in this field suggests that the positive health outcomes include increasing self-esteem and building new relationships; reducing depressive symptoms and risk of suicide; increasing

coping mechanisms and well-being; reducing substance use and smoking; strengthening resiliency; and increasing ownership for one's own care.

The key activities for the youth engagement team are creating supportive environments, reducing barriers by using social media and other mechanisms for positive youth engagement. For more vulnerable youth, activities include increasing access to food literacy skills, increasing physical activity, decreasing sexually-transmitted illnesses/blood-borne infections, providing pregnancy counselling, parenting support programs, and substance use supports provided through face-to-face and drop-in support programs in the community. A focus for 2019 is to work collaboratively with community partners to develop a youth hub in Brantford.

Working collaboratively with the Mental Health Promotion, Substance Use Prevention, Harm Reduction and Healthy Growth and Development programs to ensure appropriate supports, identification of community needs and priorities, and integrating clinical services to meet the population where they are is key to success.

Program Description: Healthy Living

The Healthy Living program incorporates interventions for both healthy eating (including food menu labelling) and active living across the lifespan, and is closely aligned with upstream mental health promotion for priority populations (children, youth and the aging population). The elements and activities for the healthy aging program will be incorporated into healthy living by reducing social isolation, and increasing physical activity.

The aim of the program is to increase access to healthy food choices and physical activity. The program targets both individual determinants of nutrition (e.g., influencing nutrition knowledge and improving food skills), and physical activity (i.e. supporting physical literacy). It also targets the physical environment (i.e., supporting active transportation through school travel and community planning by considering community design, neighbourhood walkability, pedestrian safety, crossings, public transport, access to parks/trails/rec facilities, walking/cycling facilities, building location/design; supporting local workplaces). The food environment (i.e., education and policy/advocacy pieces within schools, workplaces and the consumer food environment) and food systems (i.e., policy and advocacy work to minimize barriers for programs that make sustainable, local food more accessible) including policy (i.e., transportation systems, urban planning). (e.g. policy approaches for dietary guidance, food advertising/marketing/pricing) are also targeted.

Key focus areas for 2019 include working on the built environment and engaging in menu labelling activities. The activities will include education and awareness, increasing food literacy across the lifespan through food skills activities for priority populations. Additional attention will be on food systems and working closely with community partners through our healthy aging activities.

Program Description: Mental Health Promotion

The Mental Health Promotion program strives to enhance/strengthen protective factors of good mental health and reduce/minimize risk factors to poor mental health. The program encompasses individual determinants (e.g., education and skills training), interpersonal determinants (e.g., promotion of stigma reduction and influencing cultural norms), and environment/settings determinants (e.g., workplace policy development). Key settings are post-secondary schools, workplaces and community settings.

Priority Populations: The majority of interventions are broader community-based and universal in nature (not tailored to age or gender); however, targeted focus has been placed on emerging adults (i.e., 18 to 25 years) and adults in the workplace. One of the current priorities for the Workplace Health program is to develop a more comprehensive approach to promoting and protecting mental health in the workplace,

with a focus on priority workplaces (i.e., workplaces in sectors with low-wage, precarious employment, lower education levels, etc.). Through these consultations and assessments, the Health Unit has identified mental wellness, including workplace stress, inactivity and work-life balance, as priority health topics.

One of the most significant upstream risk factors to the health of older adults is social isolation since social connections can have a protective effect on many other negative health behaviours.

Program Description: Prevention of Injuries

The Injury Prevention program focuses on providing local partner organizations with relevant data on both the older adult population and youth under 14, to support their program planning. This can include local-level injury statistics for best practice recommendations and topic-specific research. This addresses a gap identified by service providers who do not often have the capacity to collect/analyze/interpret this level of information. By ensuring community partners have access to quality, local, and relevant information and research, programming can be tailored to best support the older adult population of Brant and children and youth. Promoting and supporting fall prevention activities is one key area of this portfolio, as injuries and deaths related to this injury are of importance for Brantford and Brant.

Interventions for the Injury Prevention program are primarily through working with Healthy Living, Healthy Schools, and Healthy Growth and Development teams.

Substance Use and Healthy Schools

The Substance Use and Healthy Schools portfolio includes operationalization of the following programs: 1) Alcohol and Substance Use Prevention, 2) Smoke-Free, 3) Healthy Schools, and 4) Harm Reduction programs. While the primary responsibility for planning and outcomes rests on this portfolio, there will be a need to collaborate and communicate with other programs and managers to complete the tasks.

Substance Use and Healthy Schools is responsible for being familiar with and implementation of the *Substance Use and Harm Reduction Guideline*, *Smoke-Free Ontario Act*, and School Health and Substance Use and Injury Prevention program standards and respective requirements and guidelines.

Program Description: Alcohol and Substance Use Prevention (including tobacco prevention)

This program is responsible for planning and implementation of education and awareness activities on the topics of alcohol, cannabis, tobacco and other substances (including illegal) across the community and through venues such as schools and workplaces. The overall program goal is to reduce the use of substances (including excessive use) and minimize the harms associated with them. The goal is to be achieved through the use of social marketing tools, key health messages, education/ curriculum enhancement resources, capacity building among community partners and provision of support for policy development.

Collaboration with managers of Healthy Growth and Development, Communications and Chronic Disease and Wellbeing is essential for success under this portfolio.

The focus for 2019 will be to raise public awareness of the harms associated with excessive use of substances, prevent youth from using substances, and promote abstinence among pregnant women as well as cannabis education and awareness.

Program Description: Smoke Free Program

This program is responsible for the enforcement and implementation of the *Smoke-Free Ontario Act* and following the tobacco, vapour, and smoke protocol and guideline using a comprehensive tobacco control framework. The goal of the program is to reduce the burden of illness related to tobacco use and/or exposure to tobacco smoke through protection, cessation and enforcement activities within schools, workplaces and community. Cessation activities include: one-on-one services offered through the clinical services, group interventions and physician outreach.

Collaboration with the Healthy Schools Team and manager of Clinic Services is essential for planning and implementation of activities under this portfolio.

Program Description: Healthy Schools

Taking a comprehensive school approach, the goal of this program is to achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools. This may be achieved by offering support to schools and school boards to assist with health-related curricula based on the identified needs of the school and school boards and addressing broader community health issues in partnership with schools to meet the program outcomes. The Team also supports the Clinic Services Teams for dental clinics, vision clinics and vaccine-preventable diseases clinics.

Healthy Schools program liaises with each manager and school board to ensure that effective and timely information is shared where appropriate.

Program Description: Harm Reduction Enhancement

The Harm Reduction Enhancement program focuses on reducing the burden of substance use utilizing a harm reduction framework. The key focus areas include: public awareness of harm reduction; anti-stigma around drug consumption practices; provision of sterile needles; appropriate disposal of, as well as safer use of, drug use supplies; naloxone distribution to eligible community partners; and enhancing access to addiction services and other supports to develop personal skills to prevent harms from substance use (including illegal drugs).

Collaboration and consultation with community partners, particularly those involved in the planning and implementation of the local drug strategy, is essential to accomplish activities under this portfolio.

Internally, collaboration is required with the sexually transmitted infections/blood-borne illnesses Clinic Services, and healthy sexuality and health equity/social determinants of health staff.

FROM: Andrea Riley, Manager, Substance Use and School Health

RE: Harm Reduction Report

Injection drug use has been steadily increasing across Ontario and Canada since 2016 and has become a public health concern. As mandated by the Ministry of Health and Long-Term Care (MOHLTC), the Brant County Health Unit (BCHU) ensures the availability of sterile needles and syringes for those who use drugs in the public health unit's region to reduce the burden of illness for those who are at risk for the spread of infection.

Currently the health unit provides harm reduction supplies including needles to 4 sites to support their Harm Reduction Program they include:

St. Leonard's Community Services (225 Fairview Dr.),
St. Leonard's Community Services (133 Elgin St.),
Towards Recovery (95 Darling St.),
Colborne Street Clinic (349 Colborne St.).

Over that time the agencies provided 227, 228 needles to individuals totaling 4031 contacts in 2018. The return rate reported by each agency is 31% (needles handed back to the provider).

The other areas that needles have been returned is through the needle disposal kiosks at St Leonard's and Colborne Street clinic, filling 1-2 boxes monthly. There is no evidence to support the effectiveness of a one- to- one exchange.

With a focus on service coordination, BHCU staff working on the Enhance Harm Reduction team have been meeting with city officials and community partners to both initiate and mobilize strategies to improve needle return rates and safe handling practices throughout both Brantford and Brant County.

A connected community response is planned, through the implementation of the following programs and/or activities:

Community Needle Tracking System (CNTS)

As partners, BCHU, the City of Brantford and Brant County staff will work collaboratively to develop a Community Needle Tracking System. This system will provide clarity, outlining how needles on both private and public properties should be disposed of, reported and tracked. This connected approach between partners will help to improve needle surveillance, providing current data that clearly outlines clustered activity across the city/county.

Needle Return Rate Surveillance (NRRS)

In response to community feedback, planning staff in the Foundational Standards Division are working to develop a 'weighted return formula'. This formula will be applied to those needles being returned through the needle exchange program. In turn, this approach will provide monthly data to help staff better understand the rate of return on needles being provided through the Enhanced Harm Reduction Program at the community level.

Community Disposal Bins

City officials and BCHU staff will begin meeting in early March to review provisions for sharps disposal bins, used for return of used injecting equipment in community spaces. Formal MOU's will be developed with municipal partners to outline roles, responsibilities, best practice specific to monitoring and surveillance and to provide guidelines for disposal. Once complete, additional bins will then be placed in the community to increase disposal options in high risk neighbourhoods. Bin placement will be determined based on data collected through the CNTS, with a focus placed on training staff regarding monitoring/emptying of sharps disposal bins and safe handling of sharps that have been disposed of unsafely.

Community Needle Sweeps

Beginning in the second quarter, BCHU staff will be working with Helping Ourselves Through Peer Support and Employment (HOPE) to implement a volunteer driven 'Community Needle Sweep Program'. Volunteers will be managed, trained and scheduled through HOPE in partnership with assigned BCHU staff from the Program Standards Division. Needle sweeps will be done in areas where unsafe needle disposal is common – along the river, in public bathrooms, parks, wooded areas and trails etc. Staff are currently organizing interested volunteers, with training planned for early April. Needle sweeps are planned to begin in the spring of 2019.

Safe Needle Pickup and Reporting – Targeted Training

Harm Reduction staff are now working to develop a strategic outreach plan, aimed at specific sectors to educate and train the general public, community partners, businesses and local organizations on safe needle handling and disposal practices. Training will provide a general overview of community trends, will educate participants on both municipal and BCHU roles, and will provide information on how to report, handle and dispose of needles found in the community. This training plan will begin in the spring, with the focus being given to Community Services Staff (Parks and Public Works), Municipal ByLaw Officers, School Administrators, Canada Post Staff and Neighbourhood Association Staff and Volunteers from high risk areas.