

BRANT COUNTY BOARD OF HEALTH
REGULAR AGENDA
Wednesday, November 18, 2020, **9:00 a.m.**, Classroom 420/421/Zoom

1. CALL TO ORDER

Chair John Bell

2. CONFLICT OF INTEREST

3. ADDITIONS TO AGENDA / APPROVAL OF AGENDA

4. APPROVAL OF MINUTES

4.1 Brant County Board of Health Minutes of October 21, 2020 *

All

5. FINANCIAL REPORT

5.1 Financial Report ended October 31, 2020 *

Ms. Lisa DiDonato

5.2 COVID-19 Financial Projections Update *

Ms. Lisa DiDonato

6. BUSINESS ARISING FROM PREVIOUS MINUTES

6.1 Report from the Chair

Chair John Bell

6.2 Report from the Medical Officer of Health *

Dr. Elizabeth Urbantke

6.3 Report from the Chief Executive Officer *

Dr. Jo Ann Tober

6.4 Food Safety Disclosure Report

No report

Motion to accept reports as presented.

7. NEW BUSINESS

7.1 COVID-19 Report *

Dr. Jo Ann Tober/Dr. Elizabeth Urbantke

7.2 Quality Assurance and Professional Practice Report *

Ms. Janet Kwansah

7.3 Population Health Assessment Report *

Ms. Deborah Moore

7.4 Communication Report *

Mr. Ryan Spiteri

7.5 Meeting Schedule for 2021 **

Dr. Jo Ann Tober

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 Grey Bruce Health Unit, dated October 30, 2020, re COVID and long-term care reform.

8.2 Correspondence from Grey Bruce Health Unit, dated October 30, 2020, re Municipal Drug Strategy

Coordinators Network of Ontario, Safe Supply

9. INCAMERA

10. QUESTIONS / ANNOUNCEMENTS

11. FUTURE AGENDA ITEMS

11.1 Strategic Planning (2021)

12. NEXT MEETING DATE

Tuesday, December 8, 2020, at 9:30 a.m. – 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
REPORT #: 5.1**

DATE: November 18, 2020

FROM: Lisa DiDonato, Finance Manager

RE: Financial Report for the period ending October 31, 2020

The purpose of this report is to provide an update on the financial position of the Brant County Health Unit (BCHU) on October 31, 2020.

The Financial Variance and Forecast, attached as Appendix A, provides a synopsis of the financial results of BCHU for the ten months ended October 31, 2020, and a forecast for the year ending December 31, 2020.

For the period ended October 31, the Health Unit had a Net Expenditure surplus of \$1.2 million. Although the BCHU has experienced favourable financial results to October 31, 2020, there has been and will continue to be an increase in program and COVID response related spending for the balance of the year.

For the year ending December 31, 2020, the BCHU is forecasting a \$135,547 Net Expenditure surplus. The forecast includes the additional one-time funding and offsetting expenditures for the School Focused Nurses Initiative and the Case and Contact Management Solution.

At this time, BCHU is confident that the existing level of funding from both the City of Brantford and the County of Brant will be enough to fund programs, services, and COVID costs for 2020.

Appendix A

**Brant County Health Unit
Financial Variance and Forecast
For the Period Ending October 31, 2020**

	Budget 10/31/2020	Actual 10/31/2020	Variance Surplus (Deficit)	% of Budget	Budget 2020	Forecast 2020	Forecast Surplus (Deficit)
Mandatory Programs							
Salaries	5,352,577	5,102,335	250,242	79.4%	6,423,092	6,252,850	170,242
Benefits	1,338,653	1,328,384	10,269	82.7%	1,606,382	1,602,808	3,574
Mileage	22,250	19,642	2,608	73.6%	26,700	24,092	2,608
Staff Development	82,113	58,293	23,820	58.6%	99,535	84,882	14,653
Supplies	809,369	488,040	321,329	50.2%	971,498	749,956	221,542
Building Maintenance and Operations	434,926	359,673	75,253	68.9%	521,910	446,658	75,252
Professional Fees	114,444	57,577	56,867	41.0%	140,333	140,333	-
COVID Incremental Costs	-	352,024	(352,024)	0.00%	-	510,024	(510,024)
Total MP Expenses	8,154,332	7,765,968	388,364	79.3%	9,789,450	9,811,603	(22,153)
Total 75% Funded	108,064	85,186	22,878	65.7%	129,676	129,676	-
100% Funded							
MCYS	858,233	857,793	440	83.2%	1,030,735	1,030,735	-
MoH Public Health	1,251,258	1,008,678	242,580	67.2%	1,501,511	1,501,511	-
MoH Public Health Seniors Dental	444,166	120,489	323,677	22.6%	533,500	452,489	81,011
MoH Health Promotion	335,013	258,917	76,096	64.4%	402,015	402,015	-
Health Canada	67,608	58,577	9,031	72.2%	81,130	81,130	-
Total 100% Funded	2,956,278	2,304,454	651,824	64.9%	3,548,891	3,467,880	81,011
Total Gross Expenditures	11,218,674	10,155,608	1,063,066	75.4%	13,468,017	13,409,159	58,858
MCYS	(858,946)	(858,947)	1	83.3%	(1,030,735)	(1,030,735)	-
MoH Public Health	(6,830,500)	(7,032,375)	201,875	85.8%	(8,196,500)	(8,354,200)	157,700
MoH Public Health Seniors Dental	(444,583)	(444,583)	-	0.0%	(533,500)	(452,489)	(81,011)
Health Canada	(67,608)	(67,608)	-	83.3%	(81,130)	(81,130)	-
Municipal Funding	(2,889,376)	(2,889,376)	-	83.3%	(3,467,251)	(3,467,251)	-
Other Revenue	(132,417)	(87,769)	(44,648)	55.2%	(158,901)	(158,901)	-
Total Revenue	(11,223,430)	(11,380,658)	157,228	84.5%	(13,468,017)	(13,544,706)	76,689
Net Expenditures (Revenue)	(4,756)	(1,225,050)	1,220,294		-	(135,547)	135,547

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 5.2**

DATE: November 18, 2020

FROM: Lisa DiDonato, Finance Manager

RE: COVID-19 Financial Projections Report

The purpose of this report is to provide an update on the expenditures incurred to respond to the COVID-19 pandemic.

As expected, the Brant County Health Unit (BCHU) has seen an increase in the use of personal protective equipment (PPE), cleaning, disinfecting, and hand hygiene supplies. The incremental costs associated with the COVID response are provided for in the financial variance. The expectation is that BCHU's COVID-related costs, including personnel deployment costs, can be provided for within the forecasted surplus.

COVID Related Expenditures

	Supplies	Wages	Total
March	\$2,456	\$29,217	\$31,673
April	\$12,010	\$51,031	\$63,041
May	\$11,920	\$36,716	\$48,636
June	\$15,576	\$35,796	\$51,372
July	\$16,739	\$24,461	\$41,200
August	\$12,500	\$24,001	\$36,501
September	\$11,600	\$24,001	\$35,601
October Estimate	\$20,000	\$24,000	\$44,000
November Estimate	\$20,000	\$54,000	\$74,000
December Estimate	\$30,000	\$54,000	\$84,000
Estimated Total	\$152,801	\$357,223	\$510,024

At this time, BCHU is confident that the existing level of funding from both the City of Brantford and the County of Brant will be enough to fund COVID costs for 2020.

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 6.2**

DATE: November 18, 2020

**FROM: Dr. Elizabeth Urbantke
Acting Medical Officer of Health**

RE: Medical Officer of Health's Report

Influenza

- To date for this flu season, the Brant County Health Unit (BCHU) distributed the following doses of influenza vaccine to the community (Doctors, Long-Term Care, Hospital and EMS): High Dose – 7,350 / Regular – 11,910. This surpasses the number distributed over the whole season last year.
- BCHU's four community flu clinics were fully booked with 648 appointments in total
- BCHU is still ordering regular dose vaccine but not able to in large quantities.
- BCHU is unable to order any additional high dose for the remainder of the season as Ontario has received its total allotment. BCHU has 4,740 doses currently on hand. That said, there is no preferential recommendation for high-dose over regular according to the National Advisory Committee on Immunization. Both vaccines are safe and effective. It is important for seniors to get a flu shot. Any of the available influenza vaccines would be preferable to remaining unvaccinated.
- The province is also reaching out to the federal government and the private sector to identify additional opportunities to procure quadrivalent flu vaccine.
- The early uptake of the flu shot and continued COVID-19 public health measures including masks, hand hygiene, and physical distancing will help to keep cases of flu low this year.

CPSO Supervision Requirement

The College of Physicians and Surgeons of Ontario has confirmed no further low-level supervision is required in regards to changing my scope of practice to public health. The College indicated that given my education, training and experience, and the fact that I have now met the Ministry of Health's requirements set out in the Health Protection and Promotion Act by successfully completing a Masters of Public Health, that there will be no further requirements for me under the Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy.

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 6.3**

DATE: November 18, 2020

FROM: Jo Ann Tober

RE: Chief Executive Officer Report

Provincial Budget 2020 – The 2020 provincial budget was released on November 5, 2020 and is being framed as “the next phase” of the COVID – 19 Action Plan. The announced budget remains focused on expenditures and measures to address and recover from the ongoing pandemic. There is no mention of funding changes for public health or changes to the structure or functioning of public health units. There is also no mention of additional supports for public health units to provide public health programs impacted by the COVID pandemic.

Dental Operatory – Weekly meetings are occurring to continue the planning for the new Dental Operatory. The floor plans for the clinical space and the reception area have been finalized, decisions for finishes have been made and equipment is being purchased. The project is on track for completion within the funding timelines.

Maintenance of Public Health Programs – A number of public health programs and services are being maintained, albeit in many cases at a reduced rate. Some examples are as follows: school immunization programs commenced on October 21 to provide vaccinations to grade 7 and 8 students, smoking cessation workshops have moved to an online platform as have visits for families within the child health programs, dental staff have reinitiated dental hygiene appointments at the Grand River Community Health Centre, and staff are providing sexual health services both at local high schools and at Brant County Health Unit (BCHU).

Strategic Planning Process – A request for proposals has been issued for the development of a new strategic plan for BCHU. Proposals are due at the end of November 2020 for review.

Ontario Health Team Update – The Executive Leadership Team of the Brantford Brant Ontario Health Team (OHT) continues to work on requirements and foundational elements which will be necessary to support the Ontario Health Team once the team is approved to move forward. One of the first requirements for OHTs is the development of a Collaborative Decision Making Arrangement (CDMA) to describe how decisions will be made by all of the OHT partners. A governance meeting was held on November 5 of Board Chairs of all of the OHT partners to discuss the status of the OHT and determine next steps in the development of the CDMA.

BRANT COUNTY BOARD OF HEALTH
REPORT #: 7.1

DATE: November 18, 2020

FROM: Dr. Elizabeth Urbantke, Acting Medical Officer of Health
Dr. Jo Ann Tober, Chief Executive Officer

RE: COVID-19 Report

Up-to-date metrics will be reported at the meeting. During the previous weeks both Ontario and Brant have seen an increased number of cases surpassing the numbers of cases reported during the first wave of the COVID-19 pandemic. An increased number of staff have again been redeployed from Ontario Public Health Standards activities to COVID response activities.

On November 3, 2020, the provincial government announced a new COVID-19 Response Framework: Keeping Ontario Safe and Open which was to come into effect on November 8. This framework stratifies a level of response for public health regions based on a number of indicators including COVID-19 incident rate, testing percent positivity, number of outbreaks, mode of virus transmission, hospital capacity, number of current cases, and public health unit capacity for case and contact management. The response levels are as follows: green — prevent; yellow – protect; orange – restrict; red – control; and black – lockdown.

On November 8th, under this new COVID-19 Response Framework, the Brant County Health Unit was put into the “Protect” (yellow) category. Strengthened measures include the following: enhanced targeted enforcement, fines and enhanced education to limit further transmission, and the application of public health measures in high-risk settings. Indicators will generally be assessed based on the previous two weeks of data and generally a region will not be recategorized before 28 days unless there is significant concern.

Table 1: Indicators to be Used for Adjusting and Tightening Public Health Measures

	Incidence rate	% positivity	R0	Non-epi linked transmission	Outbreaks	Hospital Capacity	PHU Capacity Cases	PHU Capacity Contacts
Prevent	<10	<1	<1	stable	Stable	adequate	100%	100%
Protect	10-39.9	1-2.5	Approx. 1	Stable or increasing	Increasing, repeated or large number	adequate	100%	100%
Restrict	40-99.9	2.5-9.9	1 - 1.19	Stable or increasing	Increasing, repeated & large number	Adequate or becoming at risk	At risk of being overwhelmed	At risk of being overwhelmed
Control	>100	>10	>1.2	Increasing	Repeated & large number in many sectors	At risk	n.e 100%	n.e 100%

**shading indicates BCHU status week ending Nov. 8, 2020*

BRANT COUNTY BOARD OF HEALTH
REPORT #: 7.2

DATE: November 18, 2020

FROM: Janet Kwansah, Program Standards, Quality Assurance & Professional Practice

RE: Quality Assurance and Professional Practice Report

The mandate of the Quality Assurance & Professional Practice (QA&PP) program is to promote a culture of quality at the Brant County Health Unit by supporting organization wide and program level continuous quality improvements, ongoing professional development of staff, and ensuring adherence to professional standards and regulations in the delivery of public health services and programs. In addition, QA&PP promotes evidence informed decision-making (data utilization) and knowledge exchange.

In the year under review, about 100% of QA&PP resources were diverted to support COVID in the last 3 quarters of the year. Staff supported call center, call monitoring, case and contact management. The team continues to support with process improvements in relation to the COVID response including resource development, process creation and improvements.

Continuous Quality Improvements: The following projects have been completed:

- Contact Centre process maps (and regular updates as needed):
 - Email & voicemail processes
 - Telephone screening tool
 - Process for stopping self-isolation
- Schools and Daycares projects:
 - School guidance document for parents
 - School guidance document for staff
 - FAQs for communicating with school parents
 - FAQs for communicating with daycare parents
 - Daycare illness reporting process
- Case Management process maps (and regular updates as needed):
 - Intake process
 - Negative lab result process
 - Calling with negative results
 - Positive lab result process
 - Six Nations Case Management process
 - Telephone Screening & Case Management Tool for EHID
 - Lab reports process for Long-Term Care & Retirement Homes
 - Response to cases in schools' process
 - Response to cases in LTCH process
 - Response to cases in workplaces process
- Central booking / reception
 - In-person screening tool
 - Telephone screening tool
 - Reception process
- Clinic services
 - Sexual Health and Immunization Clinic re-opening process
 - Seniors dental clinic re-opening process

Quality Assurance

- For the year under review, only 30% of program documentation audits were completed.

Student Placement and Preceptor Development

- A total of 9 students were provided with practicum opportunities in the Winter and Summer of 2020. The summer placement students were mainly Public Health Inspection students. The student placement program was put on hold for the Fall Semester. We are currently exploring virtual placement opportunities.

In 2021, the QA&PP Team will:

- Continue with supporting the COVID response as needed
- Continue to improve the use and functionality of Profile
- Continue to coordinate student placements
- Support knowledge translation - Explore and implement virtual delivery of knowledge translation events
- Support programs to develop and finalize program operational manuals to ensure consistency in the application of policies and procedures within the program areas.

FROM: Deborah Moore, Manager, Population Health Assessment

RE: Population Health Assessment Report

The Population Health Assessment (PHA) Team provides scientific and technical advice, and support to all Brant County Health Unit (BCHU) program areas for the development, planning, implementation, and assessment of public health programs, services or policies.

Due to the COVID-19 pandemic, the operational plan for 2020 has been adjusted to dedicate time and resources to support BCHU's COVID-19 response activities. The following are the highlights of the PHA Team's work in 2020:

COVID-19

- Since March, Health Promoters and Health Planners have been redeployed to support BCHU's contact centre and work on negative test callbacks to the public
- Conducting COVID-19 surveillance, reporting daily statistics and trends both internally and to the community, analyzing indicators such as the reproductive rate and case doubling time
- Working with case/contact managers to ensure data quality
- In collaboration with the Communications Team, BCHU COVID-19 reporting on the website has been enhanced by using Microsoft Power BI dash-boarding software
- Conducted an evaluation of BCHU's COVID-19 response activities during Wave 1; collected feedback from the public, Brantford/Brant Emergency Operations Centre (EOC), community partners, and BCHU staff; currently analyzing data and preparing a summary report with key findings.

Brant Health Atlas

- In the process of developing a new user-friendly system for the Health Atlas using Microsoft Power BI to improve visualization of publicly-released health data
- Information on the Health Atlas has been used by staff and community stakeholders for programming purposes, as well as the general public for interest.

Harm Reduction

- Worked with the Harm Reduction and Communications Teams to develop education materials and key messages for the anti-stigma campaign, safe needle retrieval and disposal, and overdose prevention
- Worked with the Harm Reduction Team to determine community locations for Needle Bin deployment
- Developed a number of evidence briefs for the Board of Health on the needle syringe program and returns
- Writing manuscripts for publication based on the Photovoice research project conducted in 2019.

Opioid Surveillance

- As part of the Community Drugs Strategy, the PHA Team continues to chair the Surveillance Working Group involving community partners, such as St. Leonard's, Emergency Medical Services (EMS), Brantford Police, Ontario Provincial Police, Brant Community Healthcare System, and Brant Family and Children's Services.
- Revamped and enhanced the opioid reporting page on the website, making opioid overdose-related data more user friendly, interactive, and detailed

- Developed a new method for alert thresholds based on evidence and statistical analysis
- Continue to collect and analyze “real-time” data on Emergency Department visits, EMS calls, and daily police calls for illegal substances/opioid overdoses within Brant; tracking information on the number of naloxone kits distributed in the community.

Urban Planning

External Collaboration

- Working with City and County planners to provide input into site development proposals with a focus on identifying public health risks and promoting healthy built environments at the site design level. In 2020, a total of 65 development proposals were reviewed and comments went forward to Development Review meetings with the City of Brantford as well as 25 for the County of Brant
- Working with the Brant Tree Coalition and the City, County, and Grand River Conservation Authority on school ground greening and the tree planting programming
- Working with the County and the City in developing Official Plan policies and advising on area-wide zoning by-law amendments (tree conservation by-laws, amendments to Cannabis Growing operations)
- Working with the Active and Sustainable School Transportation Committee as well as both school boards to continue school travel planning in both the County and the City
- Working with the City of Brantford and their climate change specialist to bring a collaborative approach to the overall climate change strategy.

Internal collaboration

- Developing a climate change strategy in collaboration with the Environmental Health and Infectious Diseases Program, working with the programs to determine internal priorities,

For 2021, the focus for PHA will be to:

- Maintain the focus on COVID-19 surveillance, reporting, projections and data quality assurance
- Revamp the Brant Health Atlas to make it more user friendly and visually appealing, and incorporate new GIS features to graphically show trending and distribution of populations
- Conduct outcome evaluations to determine whether programs offered in the community are truly effective and inform further program improvements (i.e. Wave 2 COVID evaluation, Needle Exchange Program Evaluation, pedestrian safety pilot in the schools)
- Continue to work with program teams to routinely collect and verify data, and report on program indicators as part of BCHU’s performance management system
- Enhance surveillance of diseases of public health significance (i.e. infectious diseases) to deliver relevant and timely reports to the Board of Health, Medical Officer of Health, and program areas
- Continue to work on the Climate Change study, including monitoring of the impacts of climate change within Brant and work with community partners and hold community consultation events
- Continue to work with community agencies on awareness building and policy development around climate change and the built environment (Brant County Official Plan, School Ground Greening Committee, Active Transportation Committee, Earth Week, Brant Tree Coalition, and education with schools)
- Continue to assess and report on health inequalities in Brant internally and to community partners
- Monitor food affordability
- Continue learning and using artificial intelligence tools such as Python and Tensor Flow for better data analysis and visualization.

**BRANT COUNTY BOARD OF HEALTH
REPORT #: 7.4**

DATE: November 18, 2020

FROM: Ryan Spiteri, Manager, Communications

RE: Communication Report

The Communications Team mandate is to support the development and implementation of Brant County Health Unit's (BCHU's) programs and services by utilizing various communication strategies to ensure the greatest impact. The Team is also responsible for managing media relations, ensuring alignment of the Health Unit's communications with the Accessibility for Ontarians with Disabilities Act (AODA), plain language and copyright requirements, supporting risk and issues management, internal communications, and stakeholder engagement.

In 2020, the Communications team worked to achieve the deliverables laid out in its operational plan. Some projects were adjusted due to the COVID-19 pandemic as the team needed to dedicate a considerable amount of time and resources to emergency communications to ensure the public and stakeholders were well informed and up-to-date on the status of the pandemic and BCHU's COVID-19 response activities in Brant. The following are the key accomplishments of the Communications Team in 2020:

- Increased the Health Unit's presence on social media. The current number of BCHU followers on each social media platform is summarized below:
 - Twitter – 2,847 followers (+1,087 from 2019)
 - Facebook – 2,855 followers (+2,058 from 2019)
 - Instagram – 1,143 followers (+778 from 2019)
 - LinkedIn – 189 followers (+107 from 2019)
- Collaborated with program standards teams to develop and implement health communications initiatives (including key messages, promotional materials, and campaigns) focused on priority health issues, including Lyme disease, West Nile Virus, Rabies, Healthy Pregnancy, Positive Parenting, and Harm Reduction.
- Provided communication support to the Brantford-Brant Community Drugs Strategy; this included issuing public safety alerts, developing the anti-stigma campaign, education materials and messaging regarding safe needle retrieval and disposal, and overdose prevention.
- Developed a broad crisis communications strategy to support the Health Unit's Infectious Disease Emergency Response Plan
- Continued to build and maintain relationships with media representatives. As of October 29, 2020, the Health Unit:
 - responded to 71 media requests (including non-COVID related topics).
 - distributed 10 media releases (and 43 statements following media briefings), 2 public safety alerts, and pitches (including non-COVID related topics).
 - were mentioned in 354 media articles/news clips (including non-COVID related topics); 327 of these articles were COVID-related
 - organized 45 COVID-19 media briefings designed to facilitate access to the Medical Officer of Health for questions from media

- Provided timely information to the public and stakeholders on BCHU's COVID-19 response activities:
 - recorded and released 15 videos to inform the public on key topics
 - responded to 228 social media questions regarding COVID from members of the public
 - assisted front-line staff in ensuring they were aware of latest information to convey to the public
 - provided updates on the COVID-19 status in Brant through the organization's social media and website
- Worked with the Population Health Assessment Team to develop a COVID-19 dashboard on the website to improve data visualization for the public
- Re-designed and improved functionality and content of educators' and health-care providers' sections of the BCHU website to improve engagement from those specific stakeholders
- Continued to update website content so that information is current, accurate, and compliant with the accessibility standards:
 - BCHU's website has seen a considerable increase in traffic this year as compared to 2019, due to the organization's profile during COVID-19. Overall the BCHU website has seen 305,092 visits during 2020 so far, which is up from 43,743 between January and October in 2019. The main coronavirus webpage has seen more than 1.2 million page views since its inception in January 2020.
 - BCHU website accessibility score (a measure of how well people can perceive, understand, navigate, and interact with the website) has increased by 7% over the past 12 months and is currently at 95.1%, which is above the industry recommended threshold ($\geq 70\%$)
 - BCHU website quality assurance score (a measure of the credibility and usability of the user-facing characteristics of the site, e.g., no misspellings, no broken links, content freshness, security, etc.) is currently at 92.8%, which is above the industry recommended threshold ($\geq 80\%$).
- Launched the Internal Communications Working Group designed to improve overall internal communications and have an open dialogue between management and staff on new ideas and strategies.

For 2021, Communications will focus on the following areas:

- Provide communication support with respect to the COVID-19 pandemic
- Maintain and foster relationships with new followers to the Health Unit's social media channels
- Continue to collaborate with program standards teams to develop and implement health communications initiatives, utilizing social marketing principles and various communication modalities, including social media, as well as complementing regional, provincial or national health communication initiatives
- Continue to ensure BCHU's internal communications vehicle becomes a one-stop-shop for staff seeking relevant, internal BCHU information and make better use of it as an engagement tool
- Work with program area staff to revitalize website content on key public health topics.